



ROOTED IN RELATIONSHIPS EXECUTIVE SUMMARY 2024-2025

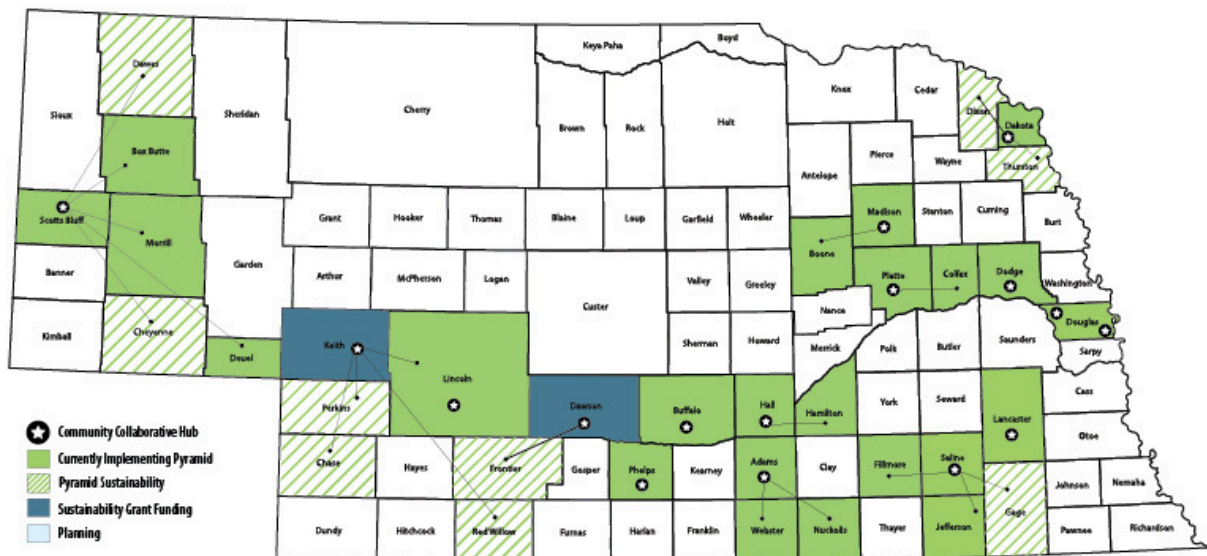
INITIATIVE OVERVIEW

The Rooted in Relationships (RiR) initiative partners with communities to implement evidence-based practices that enhance the social-emotional development of children, birth through age 8.

BUILDING STATEWIDE CAPACITY ▼

To support early childhood systems of care, RiR partners with stakeholders across the state to build infrastructure and capacity. Such partnerships and practices include Child Parent Psychotherapy, Early Childhood Mental Health Community of Practice, Parent-Child Interaction Therapy), Nebraska Center on Reflective Practice, Nebraska Association for Infant Mental Health, Communities for Kids, Circle of Security Parenting, Parents Interacting with Infants, Pyramid State Leadership Team and coach collaboration teams.

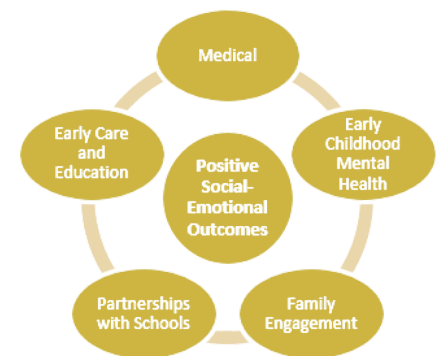
Rooted in Relationships



Last update: 11/16/23

SYSTEMS PRIORITIES FOR RiR COMMUNITY STAKEHOLDER TEAMS

- Week of the Young Child events
- Hosting family fun nights and events
- Parenting classes and workshops
- Partnerships with local schools to provide training
- Events hosted in collaboration with community partners



Systems Priorities for RiR
Community Stakeholder Teams



8,913

families and children were directly served by systems-level efforts from July 2024 to June 2025.

PYRAMID MODEL OUTCOMES

ABOUT THE PYRAMID MODEL ▼

For those implementing the Pyramid Model, in 2024-2025, RiR supported:



1 ABOUT THE CHILDREN

In 2024-2025, RiR Pyramid Model served over 2,716 children. Of children with reported demographic data (n=2,626), 54.9% were of preschool age, 23.9% were toddlers, and 16.5% were infants. 64.1% were Caucasian, followed by 15.6% were Hispanic, and 5.2% were Black/African American. 91.0% had typical social-emotional skills and 53.2% of children qualified for a state child care subsidy.

2 ABOUT THE PROVIDERS & DIRECTORS

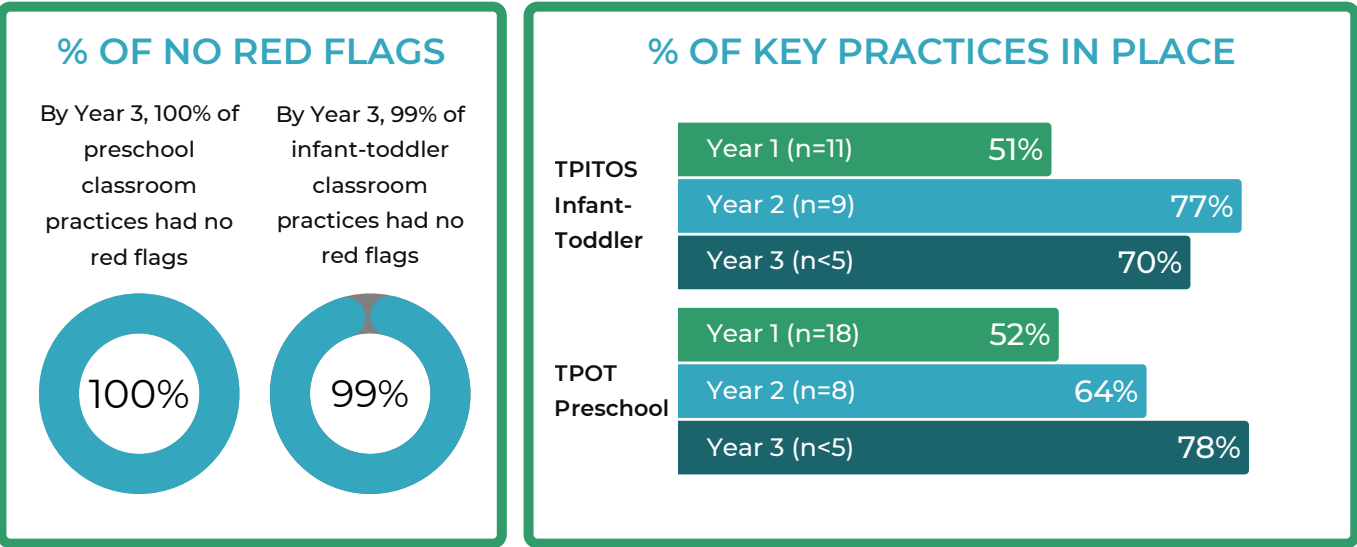
Of the providers with reported demographic data (n=275), 33.3% had 1-2 years of experience in child care with their current employer, followed by 3-5 years (31.7%). 56.1% of providers highest level of education was a high school degree.

3 ABOUT THE COACHES

Across the state, 45 coaches worked closely with providers to implement the Pyramid model. Each county had one to six coaches including a lead coach. Coaches were a mixture of mental health providers and early childhood specialists

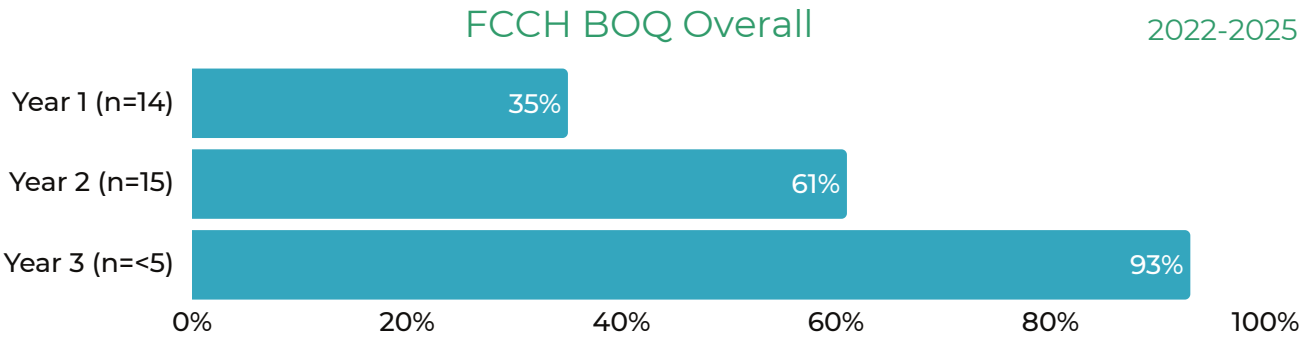
CENTER-BASED OUTCOMES ▼

Center-based classrooms receive Teaching Pyramid Observation Tool (TPOT) and Teaching Pyramid Infant-Toddler Observation Scale (TPITOS) observations three times during Pyramid implementation. The goal is to have 80% of key practices in place by year 3 and no red flagged classroom practices. The following results include all lead providers from cohort 2022-2025 who had at least two observations using the same tool (TPOT or TPITOS). From 2022 to 2025, average TPITOS scores increased from 51% to 70%. TPOT scores increased from 52% to 78%. No red flags were identified within the TPOT observation and 99% of the TPITOS red flag indicators were not present by Year 3.



PROVIDER OUTCOMES

All home providers use a tool called the Family Child Care Home Program-Wide PBS Benchmarks of Quality (FCCH BOQ). The following graph shows the percentage of Pyramid practices that were fully in place on average across time for each sub-scale and overall. To meet the program goal set by RiR, 75% of the practices are recommended to be in place.



"[My coach] has always encouraged me to take care of myself so I am able to have the capacity to take care of those in my classroom."
-Year 2 Provider

"It really helped me understand that there is a reason for every behavior, interaction, etc. Building positive relationships is key with children. It's so easy to just be present and "watch" the kids, but taking the time to sit down and play and have conversations with children can make a world of a difference."
-Year 1 Provider

CHARACTERISTICS OF COACHING SESSIONS

During 2024-2025 coaches logged 2,249 in-person visits, phone consultations and teleconferencing sessions. The majority (92.9%) of coaching sessions happened in-person with the average coaching session lasting 62 minutes. A typical coaching session used a cyclical process, and characteristics included problem-solving (74%), planning (71%), providing feedback (57%), or focused observation of provider with a group (30%).

PROVIDER PERCEPTIONS

After Year 2:

- 100% of providers believed the Pyramid Model had been helpful with addressing challenging behaviors.
- 100% of providers believed Pyramid Model coaching has been helpful to support children's social-emotional development.
- 100% of providers felt they could help children calm down when they were upset after engaging in coaching.

After Year 3:

- 100% of providers would recommend the Pyramid Model to a colleague.
- 100% of providers found Pyramid Model coaching to be valuable.
- 100% of providers found Pyramid Module trainings to be valuable.
- 100% of providers found the Provider Collaboration meetings to be valuable.



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Executive summary prepared by:
Kerry Miller, Ph.D., Abbey Siebler, M.A.,
and Sasha Spencer, M.Ed.

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