Rooted in Relationships

2015-2016 Evaluation Report
January 2017
Nebraska Children and Families Foundation

Rooted in Relationships
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Nebraska Children and Families Foundation 2015-2016 Evaluation Report

Rooted in Relationships (RIR) is an initiative that partners with communities to implement evidence-based practices that enhance the social-emotional development of children, birth through age 8. One part of this initiative supports communities as they implement the *Pyramid Model*, a framework of evidence-based practices that promote the social, emotional, and behavioral competence of young children, in selected family child care homes and child care centers. Using the Pyramid Model in these settings is an emerging practice nationally; therefore, development of implementation and evaluation processes and procedures is evolving over time. In addition to Pyramid Model implementation, each community establishes a multi-disciplinary stakeholder team charged with developing and implementing a long-range plan to influence the early childhood systems of care in the community and support the healthy social-emotional development of children.

The work of this initiative is focused on the following three goals and critical outcomes

1. Nebraska has shared principles, definitions, and collaborative practices related to screening, assessment, and adult-child interactions, which promote the positive development of the "whole child". The RIR initiative includes ongoing evaluation for continuous improvement.
2. Early care and education environments meet the needs for all children's positive social-emotional development.
3. Rooted in Relationships seeks to improve the social-emotional competence of children ages birth through 8.

Selected communities engage in three key activities

1. **Community Work:** Stakeholders connect with additional local partners for the development of a long-range plan to support the social-emotional development of young children. Such a plan will include community assessment, systems building, and the development of a process for coordination of systems and services.

2. **Implement the Pyramid Model:** The communities identify 9-15 child care providers from both in-home and center-based early care and education settings to engage in a three-year implementation cycle using a train-coach-train approach.

3. **Selection of a Systems Priority:** Communities choose at least one additional system (e.g. health, child welfare, early elementary, parent engagement) to support the implementation of evidence based strategies to promote social emotional development. The community utilizes this system in order to meet the needs and improve the overall well-being of children, families, and their community.

RIR is currently supporting six communities (Cohort 1-Dawson, Dakota, and Saline Counties and Cohort 2- Dodge, Hall, and Lancaster Counties) in these efforts. Two additional communities

(Buffalo County & Keith County) are in the planning stages and will begin implementation in July 2017. Funding for this project is a partnership between the Buffett Early Childhood fund (beginning in 2013) and Nurturing Healthy Behaviors funding made available through a grant award to Nebraska Children (NC) following a state funding appropriation to the Nebraska Department of Education (NDE) in 2014.

Evaluation Completed to Monitor Progress and Outcomes

Throughout the implementation of the RIR initiative, quantitative and qualitative evaluation data is collected to monitor progress and measure outcomes on both Pyramid Model implementation and community-based systems work. This evaluation report is organized in three major sections: Community Early Childhood Systems of Care, Pyramid Model Implementation, and Building Statewide Capacity to Support Early Childhood Systems of Care. The results of the evaluation found positive outcomes across all three initiative components.

Supporting Community Early Childhood Systems of Care: Communities completed systems level planning and have initiated community specific strategies including expanding social-emotional screenings of young children, public awareness activities, development of an infrastructure system for the community's implementation of Circle of Security™-Parenting, promoting the importance of high quality child care, and parent engagement activities. Circle of Security™-Parenting, a strategy implemented by four of the six communities, was effectively implemented with parents demonstrating significant increases in parenting skills, improved relationships with their children, and decreased parenting stress.

Pyramid Model Implementation: Pyramid Model fidelity measures for program-wide implementation and classroom evaluations for quality practices were collected at baseline and the end of Year 1, for Cohorts 1 and 2, and at the end of Year 2 for Cohort 1. Programs adopting the program-wide implementation demonstrated improvement in implementing Pyramid Model strategies each year. By the end of Year 2, center-based programs on average met fidelity in seven areas (n=3) and family child care programs met fidelity on average in all areas (n=8). All the infant/toddler classrooms (n=3) and 80% of preschool classrooms (n=5) achieved the quality benchmarks after two years of implementation. In addition, providers reported that their skills improved significantly over time and were highly satisfied with their Pyramid Model coach. During this evaluation period, coaches frequently (61% of the time) reported that they engaged in joint planning with their providers and focused most of their sessions (82%) on supporting the implementation of Tier 1 and Tier 2 Pyramid practices.

Building Statewide Capacity to Support Early Childhood Systems of Care: RIR successfully established cross-agency partnerships to align activities with the goal of building statewide capacity to support young children and their families, especially related to social emotional development and early childhood mental health. For example, RIR increased the state's capacity to implement evidence-based practices, including creating infrastructure supports, reflective consultation, facilitator networking, and evaluation to support statewide implementation of Circle of Security™-Parenting and collaborating with multiple agencies to provide training and consultation for mental health providers to implement Child Parent Psychotherapy. In addition, RIR has assisted in convening and chartering a newly established Coach Collaboration Team to coordinate the development and sustainability of cross-system early childhood professional development in Nebraska focusing on coaching as one delivery mechanism.

Rooted in Relationships Package

Rooted in Relationships is an initiative that partners with communities to implement evidence based practices that enhance the social-emotional development of children, birth through age 8. One part of this initiative supports communities as they implement the Pyramid Model, a framework of evidence-based practices that promote the social, emotional, and behavioral competence of young children, in selected family childcare homes and childcare centers. In addition, communities develop and implement a long-range plan that influences the early childhood systems of care in the community and supports the healthy social-emotional development of children.

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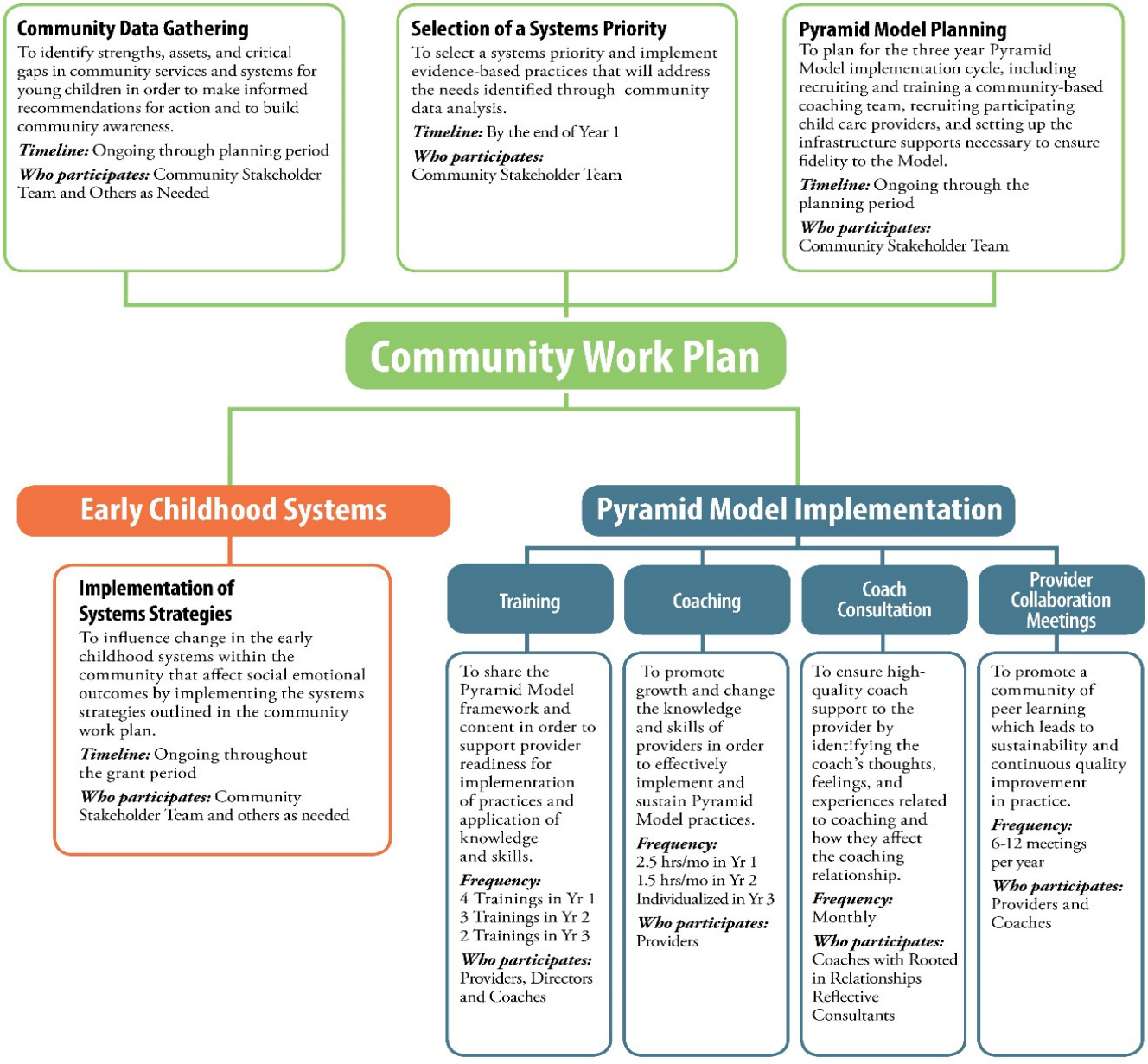

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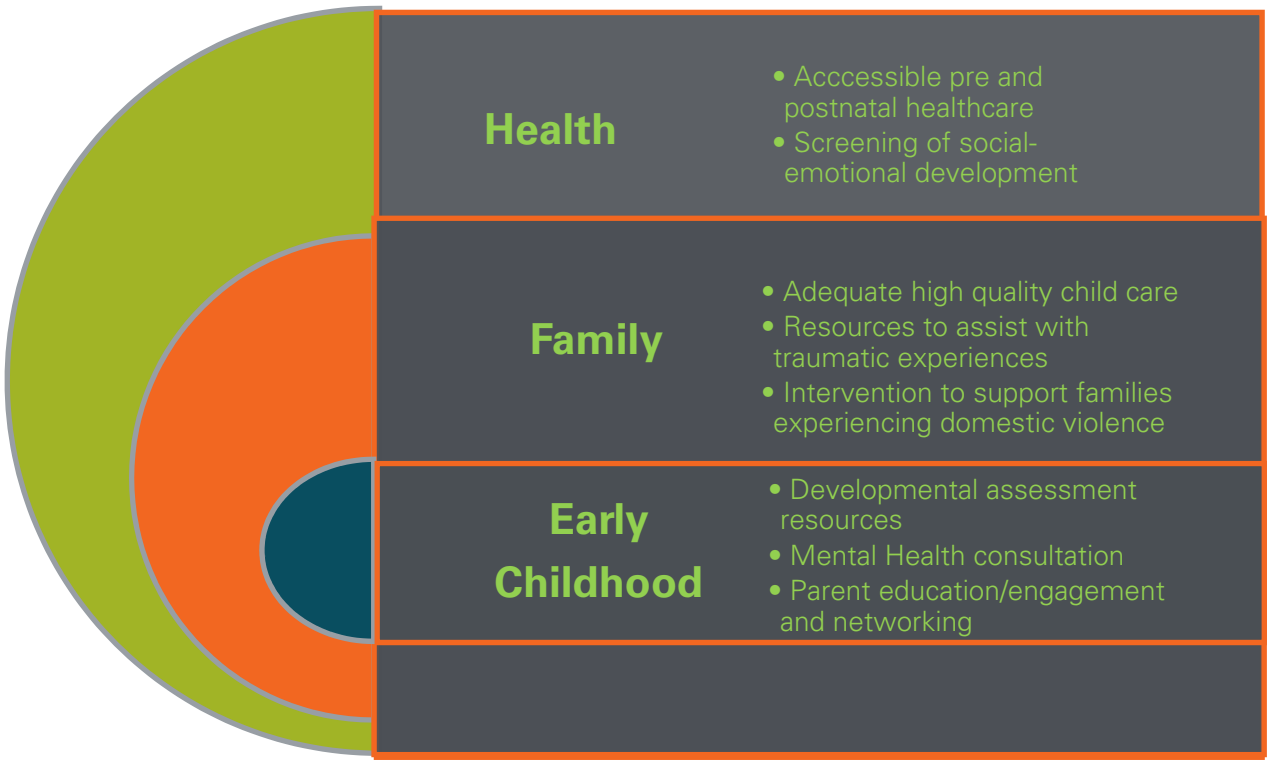
Supporting Community Early Childhood Systems of Care

This report will focus on the efforts of Cohort 1 (Dakota, Dawson, and Saline Counties) and Cohort 2 (Dodge, Hall, and Lancaster Counties) communities to improve their early childhood systems of care. The communities in Cohort 3 (Buffalo and Keith counties) are in the preliminary stages of this work and will be included in the next annual report. In Cohort 1 and 2, each community Stakeholder Team was responsible for developing a community plan to strengthen their early childhood systems and supports for social emotional development and early childhood mental health. This planning process included two primary elements: community data gathering and selection of a systems priority. Following the selection of a systems priority the community developed a work plan to guide their work. Cohort 1 communities completed this process in 2014-2015. Cohort 2 communities completed this process in 2015-2016.

One of the first steps a community takes to identify their systems priorities is to go through a systematic process of community mapping using the Early Childhood System of Care Community Self-Assessment (ECSOC) tool and analyzing other sources of existing community data. There are four primary areas rated on the ECSOC self-assessment: health, family resources, early childhood mental health and school. Community stakeholders rate the degree to which each of these services is available in the community and the degree of importance they place on the service. Communities also gather parent feedback via a parent survey. Once communities gather their existing data and complete the ECSOC this information is used to develop a long-range plan to influence the early childhood systems of care in their community and support the healthy social-emotional development of children.

The evaluation of the implementation of each community's plan was customized to match the strategy(ies) adopted by that community. This was accomplished through a collaborative effort between the evaluator and community stakeholder team to identify the questions and design the evaluation plan. For strategies that were shared across communities, a common evaluation was developed. This report will describe the priorities that were found across RIR Stakeholder Teams and describe the strategies that communities adopted based on this plan, including any evaluation results.

Common Priority Areas across RIR Community Stakeholder Teams



Program Descriptions and Evaluation Findings

This section provides a summary of each community's systems work. All the communities implemented the Pyramid Model, and four of the six communities implemented Circle of Security-Parenting. Those findings will be reviewed in detail later in the report. The communities in Cohort 1 (Dakota, Dawson, and Saline Counties) engaged in systems planning for 9-12 months before they began implementation of their work plan. In contrast, the communities in Cohort 2 (Dodge, Hall, and Lancaster Counties) only engaged in planning for three months, due to constraints imposed by the funding source. These communities have spent the last year engaging in the full systems planning process and have now identified systems priorities to focus on moving forward.

Dakota County (Cohort 1)

The Dakota County Collaborative systems work is funded thorough blended Rooted in Relationship and Community Well-Being (CWB) funds. Several parts on the Dakota work plan are funded primarily by CWB funds including Al's Caring Pals (social emotional training for in home child care providers), Parents Interacting with Infants (PIWI) and Parent Child Interaction Therapy (PCIT). Evaluation results for these projects are reported in their CWB annual report. The following is an overview of projects that are funded by RIR and chosen to fulfill their systems focus around parent engagement. The group chose to offer an array of opportunities for parents to select from, realizing that parents needs differ and having learned from parents their desire to learn more once they have completed a particular parenting activity.

Parent Engagement Activities

Pyramid Modules for Parents: The Dakota collaborative group supported one of their Pyramid Model coaches to provide training for parents using the Pyramid Parent Modules. Fourteen parents attended the six-week series. Dinner and child care were provided to support parents' attendance. Incentives that correlated with the lesson were sent home each week. Overall, parents' attendance was consistent across the six weeks. The following topics were covered:

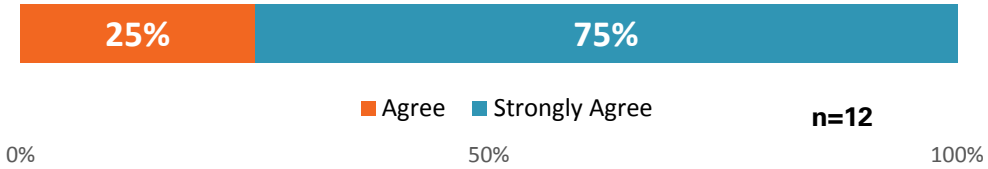
- Week 1: Building the parent/child relationship
- Week 2: The importance of playing with your child
- Week 3: Understanding the meaning behind your child's behavior
- Week 4: Teaching children emotion identification and expression
- Week 5: Logical consequences and appropriate expectations
- Week 6: Examining challenging behavior

The series also included a session where parents toured a preschool classroom alongside the trainer who described how teachers were incorporating social-emotional activities in the classroom with the children.

What did participants tell us about their experience?

The parents viewed the training very positively. Several reported that it helped them learn to work with their children's emotional development. The training was easy to understand and the print resources were helpful in dealing with challenging behaviors.

All participants agreed or strongly agreed that meeting with a group of parents was helpful and that the trainer was effective.



What did the parents learn?

Participants were asked to rate a series of statements that were related to: 1) their relationship with their child, 2) the degree they could support their child's social-emotional well-being, and 3) and their access to needed resources. A total of 12 individuals completed the survey. A statistical analysis (a paired t-test) was completed to determine if there was a significant change in participants' ratings of the programs' outcomes. There were significant positive differences found between overall scores at the beginning of the parent module training (M=3.25 SD=1.06) and scores at the groups' conclusion (M=4.75; SD=.45); $t(11)=-4.450$, $p<.001$, $d=1.28$, two-tailed test. These results suggest a strong meaningful change.

Parents **learned new strategies** to support their **child's social-emotional well-being** through Pyramid Parent Module training.

Common Sense Parenting: Common Sense Parenting (CSP) is a group-based class for parents comprised of six weekly, two-hour sessions led by a credentialed trainer through Boys Town. The content focuses on teaching practical skills to increase children's positive behavior, decrease negative behavior, and model appropriate alternative behavior.

The goals of CSP are to:

- Equip parents with a logical method for changing their children's behaviors through teaching positive behaviors, social skills, and methods to reduce stress in crisis situations, and
- Provide parents with practical strategies for enhancing parent-child communication and building robust family relationships.

A total of eight individuals enrolled in the workshop. Seven of these individuals completed the workshop, which was an 88% completion rate. The Parenting Children and Adolescents Scale

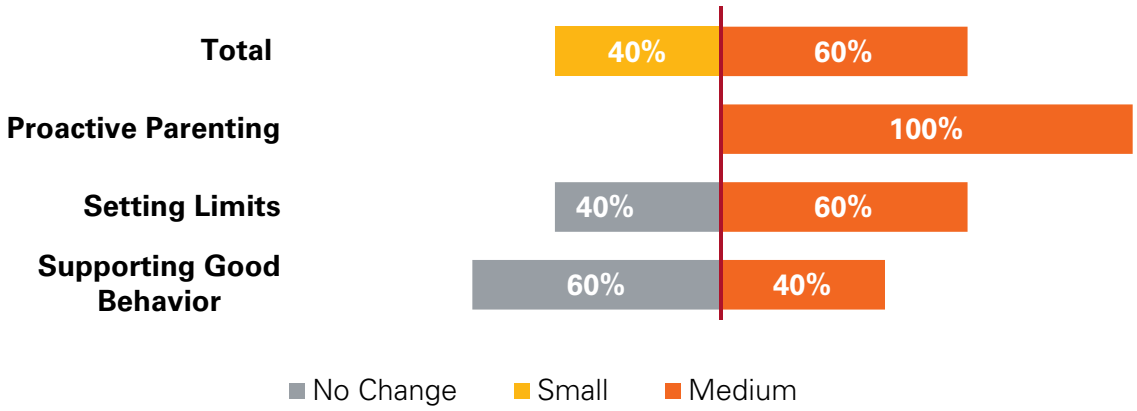
"This class provided me with tools to take home and to work better at home on meeting my child's emotional needs."

A parent participant

(PARCA) was completed by parents as a pre-post assessment. This 19 item assessment has a total score that evaluates parent's skills in supporting good behavior, setting limits and being proactive in their parenting.

A statistical analysis (a paired-samples t-test) was completed to determine if there was a significant change in participants' perceived skills by the end of the CPS. There were significant positive differences found between scores at the beginning (m=5.31) compared to the end (m=6.09) of the CSP (p<.011, d=1.24). These results suggest substantial meaningful change. In addition to the statistical analyses, the data was analyzed at the individual level to determine if there were any significant clinical improvements. The results found that overall the participants experienced clinically significant improvements. Most improvements were made in the area of proactive parenting. Fewer parents made significant improvements in supporting good behavior.

Parents made significant improvements in their parenting skills.
Parents strengths were in proactive parenting skills.



STEP- Systematic Training for Effective Parenting (STEP): STEP provides skills training for parents dealing with frequently encountered challenges with their children through a seven-session training curriculum. STEP promotes a more participatory family structure by fostering responsibility, independence, and competence in children; improving communication between parents and children; and helping children learn from the natural and logical consequences of their own choices. There are four current versions of STEP: Early Childhood STEP for parents of children up to age 6; STEP for parents of children ages 6 through 12; STEP/Teen for parents of teens; and Spanish STEP, a complete translation of the STEP program for parents of children ages 6 through 12. During this past year nine parents completed the STEP series. In November, a second series was initiated in Winnebago.

At the completion of the series, parents completed a parenting survey that evaluated the quality of the parent-child interaction and knowledge of parenting. Despite the small sample, statistical analysis of pre (m=106) and post data (m=113) indicated a significant increase in scores (p=.03, d=0.86). These results suggest meaningful substantial change in skills and knowledge.

Circle of Security™-Parenting: Dakota County Connections supported the Circle of Security™-Parenting classes as part of their community's parent engagement strategy. Circle of Security™-Parenting is an 8-week parenting program designed to help parents learn how to respond to their child's needs in a way that enhances their connection with the child. During this year, the Dakota County collaborative group sponsored two classes for nine parents. Results from the evaluation of these classes can be found on page 15 of this report.

Provision of Social-Emotional Resources at the Public Library: Multiple resources were purchased and placed in the local library, e.g., Fairy Tales STEAM kits, social-emotional books. The collaborative group is working with the library to find a way to advertise so families know these resources are available for checkout. Information about the library resources was disseminated during parent engagement activities/classes in the area.

Additional Social-Emotional Development Activities

Social-Emotional Early Learning Guidelines: Social-Emotional Early Learning Guidelines is a training for child care providers that teaches schedules, routines, physical environments, and emotional literacy strategies for promoting social skills, working in partnership with families.

Social-Emotional Screening: The Dakota County Connections collaborative group has recognized the importance of developmental screening for young children. This year they partnered with the Dakota Public Schools to enhance the screening process in their schools. In doing so, all pre-kindergarten children in their early childhood programs were screened using the Ages and Stages Questionnaire- Social-Emotional (ASQ-SE) and therapists with early childhood mental health expertise were present to engage with and answer parent questions.

Dawson County (Cohort 1)

Parent Engagement

The Dawson County RIR stakeholder team continued to focus their systems work on increasing parents' engagement in community activities. A needs assessment completed the previous year found that parents were interested in participating in parenting activities, specifically those that include fun activities with their children or a series of classes that were delivered in a convenient location at low or no cost. This year, Dakota County RIR identified a number of community events for parents to attend. These events were promoted using a variety of venues (e.g., newspapers, radio, Facebook, and materials disseminated by agencies).

Circle of Security™-Parenting: Dawson County RIR continued to support Circle of Security-Parenting classes as a parent engagement strategy. Circle of Security™-Parenting is an 8-week parenting program designed to help parents learn how to respond to their child's needs in a way that enhances their connection with the child. During this year, the group sponsored four classes for 23 parents. Results from the evaluation of these classes can be found on page 15.

Public Awareness

Another focus was a social and emotional messaging campaign which included the development and dissemination of television and radio spots. Additionally, the stakeholder team is currently in the process of compiling a list of mental health providers and their expertise in their community that will be disseminated to agencies who make family referrals for mental health services. Three primary activities were sponsored by the Dawson County RIR stakeholder team to promote awareness of parent engagement and social-emotional needs of children that were well attended by community families. For the second year, RIR was represented in the Homecoming Parade. A Child Care provider from Lexington who is in her second year of implementing the Pyramid attended with 12 of her enrolled children; the children and two adults dressed in Super Friend capes they had decorated during a coaching visit. The children handed out 200 small bottles of bubbles to children as they walked in the parade "to blow anger away." A Lights On after school event (presenters talked about what it means to be a good friend) and a Community Health Fair were also attended by RIR team members who shared information regarding social-emotional development with attendees

200 families and **375 children** participated in community events to increase awareness of **parent engagement** and the **social emotional needs of children.**

Saline County (Cohort 1)

Developmental Screening

The Saline County RIR Stakeholder Team determined that the screeners programs used were not as sensitive as they would have like. The team worked with two sites, a local pediatric clinic and a Sixpence program, to pilot the Survey of the Well-Being of Young Children (SWYC). The SWYC is a comprehensive screening instrument for children under five years of age that covers a broad range of areas including developmental milestones, social-emotional concerns, autism and trauma informed care. At the pediatric office training was completed and the pilot was initiated. The physician that championed the pilot left the practice and thus, the office decided to stop the pilot. Representatives of the RIR stakeholder team are in the process of talking with another physician who has shown interest in adopting the trauma informed section of the SWYC to augment other screenings they use.

The Sixpence program (which provides home visiting services for children 0-3 and their families) has implemented the SWYC, as well as the Ages and Stages Questionnaire (ASQ) during the 2015-2016 year. Sixpence also uses the Decision Tree Matrix developed by the Saline County RIR team to guide referrals based on screening results.

How is the implementation of the SWYC working?

Advantages: Interviews were completed with Sixpence administrative and home visiting staff to determine the usefulness of the screening tool. They found the greatest value of the SWYC was the family section. These questions provided an important avenue to open up hard conversations with families. It gave home visitors an opportunity to discuss how alcohol, drugs or violence in the family may affect them and their children. These are areas that home visitors were not as comfortable discussing and having the questions provided them with a context for beginning the conversation.

Sixpence staff often found that parents think the program is just for their baby. Parents may not even think to ask the home visitor for help around mental health areas such as postpartum depression. By including these questions as part of the screening, families saw that the program was also about helping the parents. The SWYC allowed the home visitor to help the parent see why this is important and linked to their child's well-being.

Sixpence staff complete the SWYC through a conversation with the parent. Staff felt this improved the validity of the tool as parents were required to provide examples to justify their answers. This process also allowed for more accountability. Sixpence staff feel that screeners completed by parents without an interview may not be as accurate as the SWYC. Added benefits of the SWYC include that it is a free tool and available in many languages.

Challenges: Access to mental health services was identified as a challenge to address the broader family issues that arose as part of the SWYC interview. The Decision Tree Matrix, developed by the Saline County RIR Stakeholder Team, has helped the community identify appropriate resources but there is still a shortage of available mental health services and supports. However, having identified points of contact identified in the Matrix has helped community programs find the services they needed for families.

Two challenges were identified related specifically to the tool. Initially, the scoring was more difficult than other screening tools, however with experience the scoring became much easier. Secondly, the number of items for preschool children and older increase the length of the screening process. This can be a problem for agencies that have limited time for screening.

Conclusion: Overall, the Sixpence staff recommended the SWYC as a screening tool. They felt that the results of the ASQ and the SWYC are very similar, yet the SWYC has the advantage of having the family section. This has proven to be invaluable for Sixpence staff. The Saline community is looking at areas to expand it use, including medical clinics, Head Start, and the Early Development Network program in Crete.

Parent Engagement

The Saline County RIR stakeholder team continued to support Circle of Security™-Parenting classes as a parent engagement strategy. Circle of Security™-Parenting is an 8-week parenting program designed to help parents learn how to respond to their child's needs in a way that enhances their connection with the child. The group has focused on serving a five-county area (Fillmore, Gage, Jefferson, Saline and Thayer) with their classes and utilizes not only RIR funds but also leverages in-kind funds from community partners to offer classes throughout these communities. During this year, the group sponsored 7 classes for 48 parents. Results from the evaluation of these classes can be found on page 15 of this report. Additionally, the team has paid special attention this year to reaching out to additional community partners by being more strategic and targeted in their marketing and public awareness efforts and have plans to contract with a COS-P Facilitator to do more intensive public outreach efforts to engage additional funders in their community.

Dodge County (Cohort 2)

Promotion of High Quality Child Care

Toward the end of 2016, the stakeholder team for Rooted in Relationships in Dodge County chose to focus on enhancing parent engagement and increasing child care quality by promoting Step up To Quality. A few gaps that they want to address include educating childcare professionals and parents about what high quality childcare looks like, coming up with a clear definition of quality childcare, and addressing the need for more child care settings that are of high quality in the community.

To begin this effort, the group worked with their local Early Learning Connection coordinator to host a Step Up to Quality Orientation training which providers and directors were invited to learn more about how to enroll in the program and what the rating system means for their child care program. Since the RIR project began in Dodge County six additional childcare programs have enrolled in Step Up to Quality. Five of these programs are receiving coaching and training with the RIR project.

Using the SWYC helped providers open-up conversations related to the family that allowed the program to broaden their support to families.

A Community Provider

Hall County (Cohort 2)

Building Provider Capacity to Support Community Initiatives

Hall County RIR systems work, via their larger collaborative group the Hall County Community Collaborative (H3C), focused on building providers' capacity to support social-emotional initiatives in their community. The work of the H3C is braided with the work of its partners to provide a continuum of services for youth ages 0 to 24 years of age to increase protective factors and reduce risk factors in youth and families.

They are working to identify 6-8 individuals to be trained to provide Circle of Security™ – Parenting classes and have developed community partnerships to assist in funding COS-P efforts. These providers will join the statewide training in the Spring of 2017. They also focused on identifying providers who could be trained to complete the evaluation of Pyramid Model implementation to build community capacity. This includes becoming reliable on one or both observations tools including the Teaching Pyramid Observation Tool (TPOT R) or Teaching Pyramid Infant/Toddler Observation Scale (TPITOS R).

Lancaster County (Cohort 2)

Development of Circle of Security™-Parenting Infrastructure

The Lancaster County Rooted in Relationships stakeholder team began its systems work by gathering all the COS-P Facilitators that had been trained in the county. Through these networking meetings, it became evident that an integrated system of services would be beneficial. As such, the group has identified a goal of working to increase awareness and coordination of COS-P, as both a prevention and an intervention. COS-P Facilitator meetings have occurred monthly over the last year and two Coordinators have recently been contracted to dedicate time and efforts to this project. The primary goals of the Circle of Security - Parenting systems building include connecting facilitators with one-another to provide an opportunity for networking and support, boosting county-wide collaborative efforts to coordinate class offerings, educating key agencies on the use and value of COS-P as a parenting program appropriate for both prevention and intervention, and problem-solving the financial needs associated with facilitator fees and participant costs.

During this year, COS-P facilitators completed four classes for 20 parents. Results from the evaluation of these classes can be found on page 15 of this report.

Circle of Security™-Parenting (COS-P)

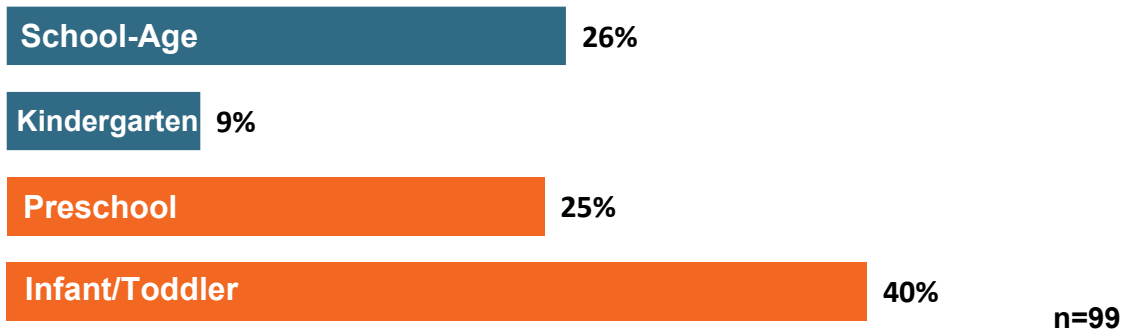
Four (Saline, Dawson, Dakota, and Lancaster) of the six communities in Cohort 1 and 2 sponsored COS-P series. In total, the communities implemented 17 COS-P class series across seven counties. The communities began offering COS-P as a part of their parent engagement systems strategy identified as a priority during the analysis of their community data. Saline County expanded its COS-P efforts to the surrounding counties of Gage, Fillmore, Thayer and Jefferson. Additionally, a variety of different supports such as child care, food, and incentives were made available to increase participant access to COS-P.

Circle of Security™-Parenting is an 8-week parenting program based on years of research about how to build strong attachment relationships between parent and child. It is designed to help parents learn how to respond to their child's needs in a way that enhances the attachment between parent and child.

About the COS-P Participants

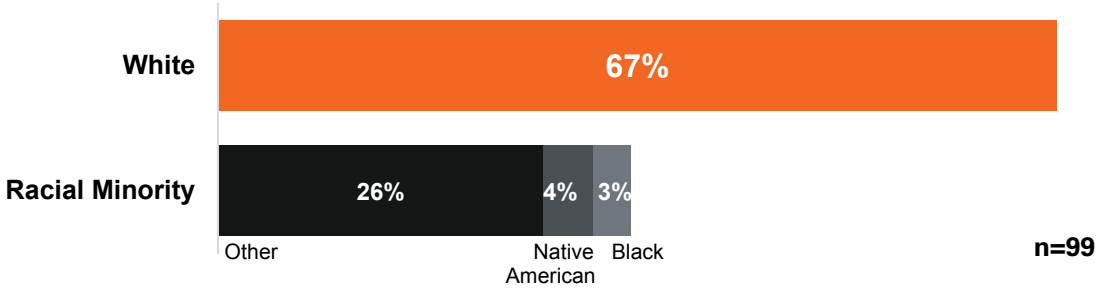
A total of **99** participants enrolled in 17 COS-P classes that were supported by RIR funding. Demographic data was completed on the post-survey at the final COS-P session. All participants completed the evaluation survey. The majority (85%) of the participants in the COS-P sessions were parents. Other groups represented included: grandparents (3%), unknown (3%), foster parents (3%) and other (2%). These participants were primarily female (83%) and were in the 19-30 (50%) and 31-50 (34%) age groups. The participants on average had three children and ranged from having 0 to 7 children. The majority (61%) were eligible for Child Care Subsidy or Free and Reduced Lunch, which was an increase from last year.

Participants had children that spanned a wide-range of ages.



Both the race and the ethnicity of the participants were reported. Most of the participants were white (race); however, of this group, 38% noted their ethnicity was Hispanic. These results suggest that there has been good outreach to the Hispanic population. Only 9% of the state population is Hispanic.

The race of most participants was white.
Of this group, 31% of the participants indicated their ethnicity was Hispanic.



Why did individuals participate in COS–P?

Participants joined a COS-P class for a variety of reasons. The primary reason was an interest in improving their parenting skills or improving their relationships with their children. Many found out about the classes from other parents and came based on their recommendations. Some joined as part of a court requirement. As one person reported, the training was, "court ordered, but benefitted me a lot." Several professionals participated to gain skills or to receive "job credits."

Program supports were provided to help increase participation and attendance. Many of the sessions included child care (58%), food (43%) and incentives (67%), which were primarily gift cards. No programs provided transportation for the participants. Across all 17 series, four families were referred on for additional services.

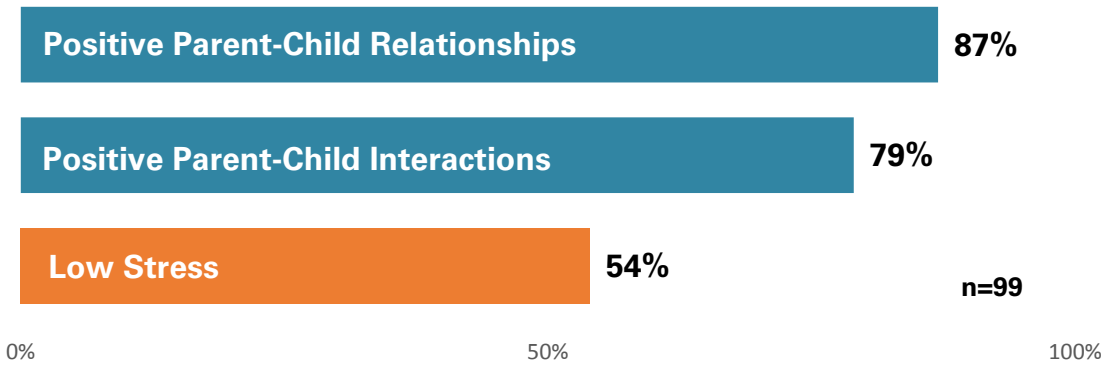
How did participants evaluate their COS-P experience?

Participants were asked about caregiver stress, their relationship with their children, and their confidence in their parenting skills on a retrospective pre-post survey. A total of 99 individuals completed the survey. The results of the data were analyzed in two different ways. First, a statistical analysis (a paired t-test) was completed to determine if there was a significant change in participants' perception by the end of the COS-P series across the program identified outcomes. There were significant positive differences found between overall scores at the beginning of the group (M=3.13 SD=.77) and scores at the groups' conclusion (M=4.28; SD=.43); $t(93)=-15.19$, $p<.001$, $d=1.57$, two-tailed test. These results suggest a strong effect size that is in the zone of desired effects.

41% of the parents demonstrated **decreased stress** after participating in COS-P sessions.

The second analysis examined the percentage of participants who, after the COS-P class series, positively rated their skills in three outcomes areas (a rating of agreed or strongly agreed). The results found very high percentages of participants met the program goal of rating their own parenting skills and their relationship with their children very positively by the final session. Slightly over half (54%) of the parents reported low stress related to their parenting at the end of the COS-P sessions; an increase from the pre- assessment, where only 13% reported low stress related to their parenting. These results suggest a decrease in stress.

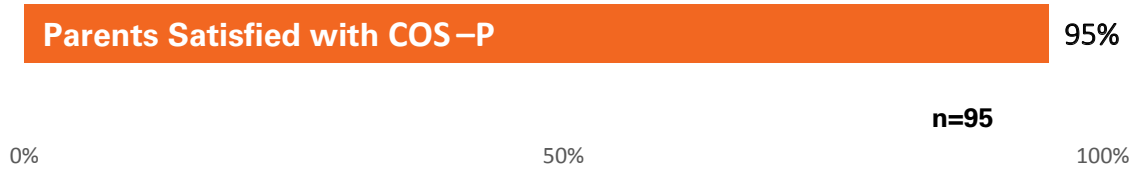
Most of the participants met the program goal in adopting positive parenting strategies and positive relationships with their children.
Fewer met the goal of feeling low levels of stress related to parenting.



What did participants tell us about their experience?

Participants were very positive about their COS-P experience, using descriptors such as "very awesome", "fun", "learned a lot", and "very helpful". Many commented on the benefits of participating in the sessions, specifically how the sessions helped them to gain parenting skills, improved their confidence, or enhanced the relationship with their children. As one parent commented, "This class really helped me with the bonding of my child during the times I am allowed visits!" Another parented pointed out, "It's helped me learn how to get closer to my boys and be there for them. I've learned that just being there at all times for them helps more than anything." Most importantly, they described that they "enjoyed their child" and had a better relationship. Several recommended this group to others, including new and adoptive parents. Overall, the participants rated the group format and their facilitator very positively (95%).

Nearly all of the participants agreed or strongly agreed that the group format was helpful and the COS-P Facilitator did a good job facilitating the group.



What did COS-P Facilitators tell us about their experience?

Facilitators confirmed many of the benefits that the participants described such as parents' discovery of how important it was to "be with" their children. Most surprising to many parents was the recognition that their "upbringing influenced how they interacted with their children." Not only did participants gain understanding of the concepts discussed in COS-P, many also changed their language and behaviors. One facilitator reported, "COS-P helped (a father) understand and manage his anger issues better than any anger management class he's ever had. He is sharing it with friends."

Facilitators were asked to describe any challenges or suggestions for improving COS-P sessions. Several noted the importance of class size. There were difficulties with class size being too small (e.g., less discussion) or too large. There were some situations where the parents were less engaged due to a variety of factors (e.g., court ordered, families having difficulty accessing concrete supports, or other family issues). A small number had difficulty recognizing their role when their child was experiencing problem behavior.

COS-P Facilitators (n=10) were offered the opportunity to participate in reflective consultation as part of their participation in RIR. Seventy percent joined consultation sessions. Nearly all (90%) participated one to two times per month. High percentages of the Facilitators rated the consultation as helpful (70%). Slightly fewer found the frequency of the reflective consultation to be adequate (60%).

"The class put most everything I already knew about parenting into a circle to simplify how the parent/child interaction is perceived."

A parent evaluates COS-P

Pyramid Model Implementation

The Pyramid Model is a framework of evidence-based practices that promote social-emotional competence in young children and prevent and address challenging behaviors (Fox, Dunlap, Hemmeter, Joseph & Strain, 2003). The model is a promotion, prevention, and intervention framework built on the foundation of a high quality workforce. The three tiers of the Pyramid Model include:

1. Nurturing and responsive relationships and high quality learning environments that have positive behavior expectations and predictable routines;

2. The intentional teaching of social-emotional competencies such as play skills and emotional regulation;

3. Individualized interventions for children who need additional supports such as a positive behavior support plan.

Program Description and Evaluation Findings

About the Implementation

Rooted in Relationships Pyramid Model Implementation offers center-based and home-based child care providers Pyramid Model training and ongoing coaching support for the implementation of Pyramid strategies to promote young children's social-emotional development. Implementation includes both training and on-site coaching and each community coaching team consists of both early childhood specialists and mental health providers.

In 2015-2016,

23 **coaches** supported

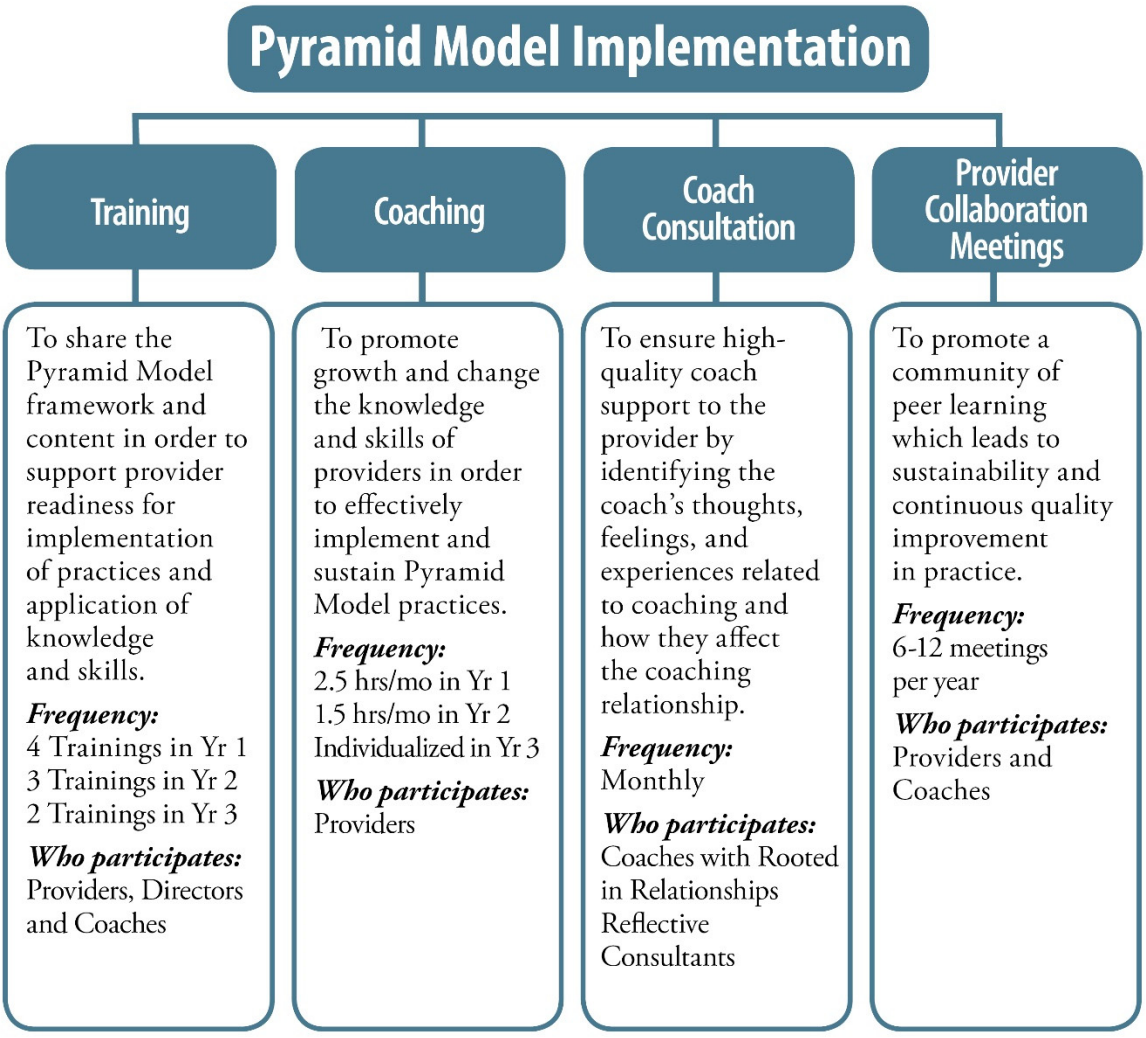
126 **center and home-based providers** in

55 **programs** impacting over

1,150 **children**

In addition to training and coaching, providers are eligible to apply for funds to support the social and/or emotional development and well-being of the children in their care. The funds are to be used to help the provider reach a specific coaching goal. In 2016, 29 grants were awarded totaling $27,938.29. Providers can use these funds to purchase materials, equipment, curricula and/or training that will help them reach their coaching goals.

The following graphic shows the implementation activities across three years.



About the programs and the providers

During this reporting period, **55 programs** participated in Rooted in Relationships. Sixty percent (n=33) were child care centers and 40% (n=22) were home-based child care programs.

Cohort 1, comprised of Dakota, Dawson and Saline counties, served 18 programs that are on their third year of participation in RIR, 10 of which were home-based child care programs and eight were child care centers. The retention rate for Cohort 1 was 94%, with only one program withdrawing.

In their third year, Cohort 1 communities were given the opportunity to expand to additional programs and begin another three-year implementation cycle. All of the Cohort 1 communities chose to expand. Cohort 1 Expansion consisted of 16 new programs that joined the project in July 2016. Some programs that have been in the project since its inception also added new staff

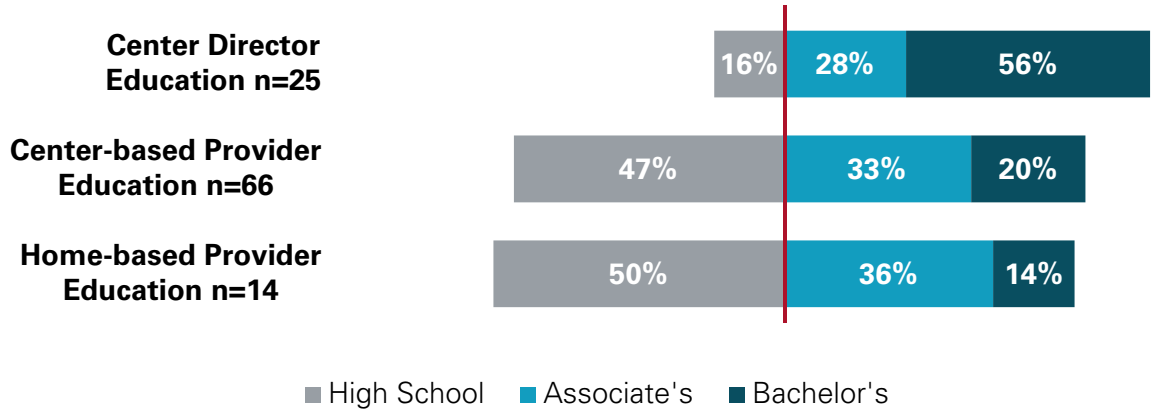
who are considered part of the Expansion cohort. Initially, nine home-based child care programs and seven child care centers enrolled, however one home-based child care program has since withdrawn. Please note that this report includes demographic data from the Cohort 1 Expansion programs and providers but does not include any other assessments because they had only collected baseline data by the fall of 2016.

Cohort 2, comprised of Dodge, Hall and Lancaster counties, served 21 programs, five were home-based child care programs and 16 were child care centers. During this reporting period, three programs withdrew, which is a retention rate of 86%.

A total of **126 providers** participated in the RIR program in the last 18 months: 31 in Cohort 1, 40 in Cohort 1 Expansion, and 55 in Cohort 2. In this report, "provider" signifies anyone who works directly with children. By the end of this reporting period, the overall retention rate for providers in the program was 70%. Retention rates varied in each cohort. In Cohort 1, eight providers exited, which is a retention rate of 74%. As of December 2016, seven of the Cohort 1 Expansion providers had exited, which is a retention rate of 80%. In Cohort 2, 23 providers exited which is a retention rate of 59%. Comparing retention rates across cohorts is not advised as each one has been operating for different lengths of time.

Information was collected about the education of the directors and the home and center-based providers.

The vast majority of center directors and just over half of the center-based teachers had an associate's or bachelor's degree.
Half of the home-based providers had post-high school degrees.



Most (72%) of the participants with a 2 or 4-year college degree majored in early childhood development or elementary education. Other areas of study included agricultural sciences, business, natural sciences, nursing, psychology, and social work.

About the children

From August of 2015 to December of 2016, programs participating in Pyramid Model implementation through RIR served about **1,150** children. Of these children,

- **89%** were in center-based programs and **11%** were in home-based programs
- **25%** qualified for a state child care subsidy, an indicator of low income
- **9%** spoke a primary language other than English

About the coaches

Each county had coaching teams that consisted of two to four coaches plus a lead coach who provided additional support and supervision to the team. Coaches had expertise in early childhood development and early childhood education. Some of the coaches were mental health providers with a master's degree in either social work or counseling. Other coaches were early childhood specialists who typically had experience as classroom teachers, trainers, supervisors or administrators.

"Before coaching, I wasn't able to handle a room with 11 children without my director coming in and helping. Now I rarely have her come in!"

"Coaching has helped me get my families more involved and knowledgeable about the importance of social-emotional development in children. I have loved having my coach available!"

Providers reflect on Pyramid Model coaching

Measures of Pyramid Model Fidelity
The fidelity measures are reported as a percentage of items meeting fidelity. Quality is considered a score greater than or equal to 75%.

Benchmarks of Quality (BOQ) Fox, Hemmeter & Jack, 2010.
A center-based self-assessment tool that the leadership team completes:

- 47 items
- 9 subscales plus 1 overall score

Family Child Care Homes Program-wide PBS Benchmarks of Quality (FCCH BOQ) Lentini, 2014:
A self-assessment tool that the home-based provider completes.

- 42 items
- 8 subscales plus 1 overall score

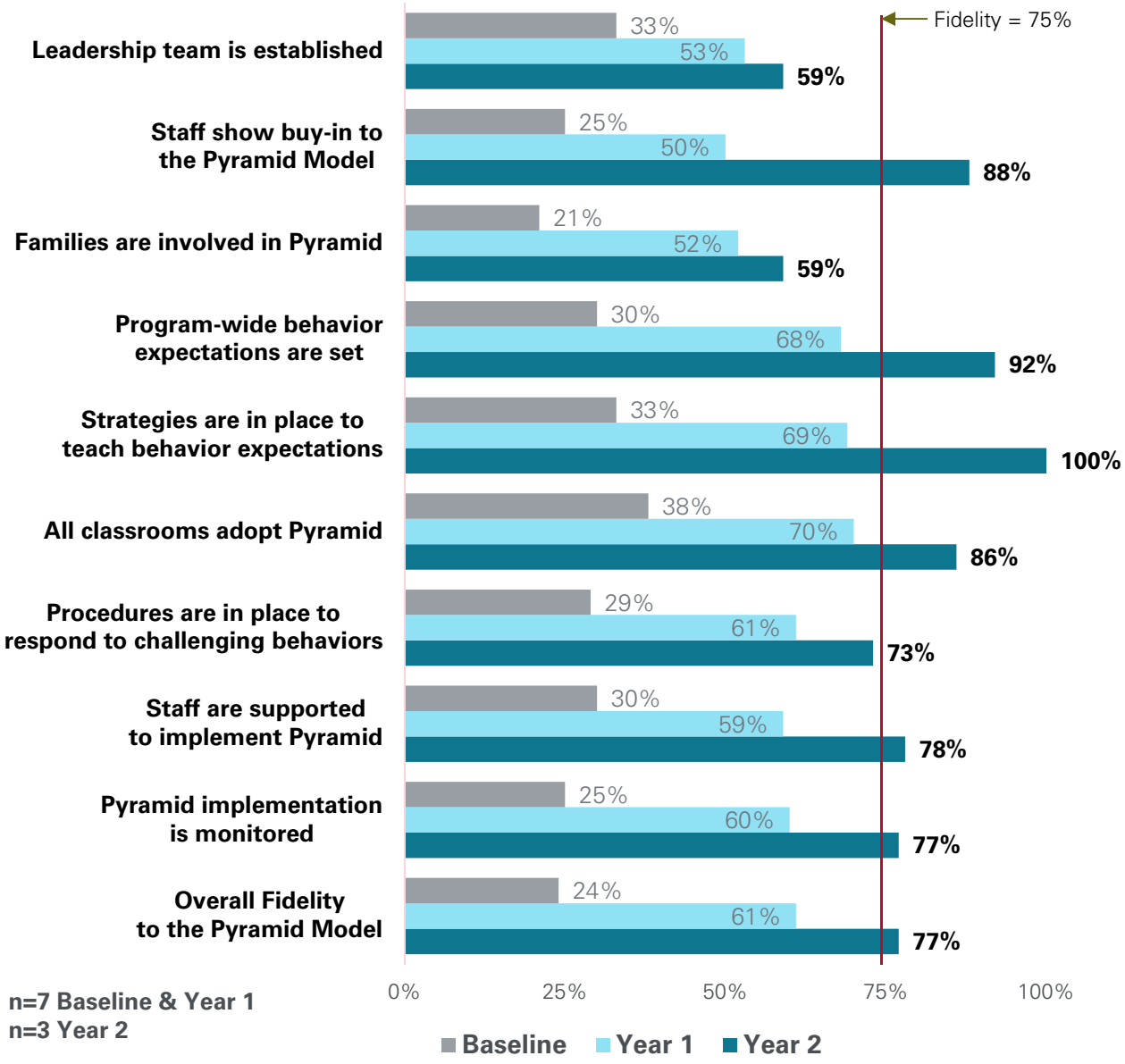
What was the fidelity to the Pyramid Model for program-wide implementation?

The Pyramid Model provides guidance for the adoption of evidence-based practices that promote young children's social-emotional development. Program-wide implementation includes a systematic approach to positive behavior supports to ensure consistency and predictability at every level. Parents, caregivers and administrators align to promote these model practices to support social-emotional development. Program-wide implementation includes setting program-wide behavior expectations, involving families in the Pyramid Model, adopting procedures to respond to challenging behavior, and monitoring the implementation of Pyramid practices.

Two surveys were used to evaluate the fidelity of the program-wide implementation of the Pyramid Model. Centers completed the **Benchmarks of Quality (BOQ)**. During the 2015-2016 program year, seven centers – three in Cohort 1 and four in Cohort 2 – maintained program-wide implementation meaning that all classrooms in the child-care center were implementing Pyramid Model strategies. It should be noted that center-based programs are not required to implement Pyramid Model program-wide to participate in the RIR project. During the reporting period, 13 home-based providers, eight in Cohort 1 and five in Cohort 2, completed the **Family Child Care Homes Program-wide PBS Benchmarks of Quality (FCCH BOQ)**. The side bar provides information about these tools. All of the providers completed the BOQ at baseline and again at approximately 12 months. Cohort 1 providers completed the BOQ a third time, approximately 24 months after starting the Pyramid Model Implementation.

The following chart shows how the program-wide Pyramid practices in the center-based programs have changed over time. Results are presented as an average across the programs. Cohort 1 and 2 results are combined at baseline and Year 1. Year 2 results are for Cohort 1 only, as Cohort 2 had not had two full years in the project at the time of this report. Fidelity is defined by the tool authors as implementing 75% of the practices in a given area.

Each year, centers increased fidelity to the Pyramid Model, and, on average, reached fidelity in seven areas after two years in the program.
Centers were less successful in establishing a leadership team and involving families in the Pyramid Model.



n=7 Baseline & Year 1
n=3 Year 2

The BOQ survey results indicate that centers improved in their program wide implementation of the Pyramid Model over time. The centers continued to make progress in the second year of coaching. There were not enough center-based programs implementing the Pyramid Model program-wide to do a statistical analysis to determine if these changes were significant.

However, the centers showed growth in every area. On average, at the end of the first year of coaching, centers did not reach fidelity but they were approaching it (scores of 65% to 74%) in three areas: setting behavior expectations throughout the center, using strategies to teach behavior expectations, and having all classrooms adopt Pyramid Model practices. By the end of the second year of implementation, programs on average met fidelity in seven areas. Greatest fidelity (scores of 85% to 100%) was in using strategies to teach behavior expectations, setting behavior expectations program-wide, staff showing buy-in to the Pyramid Model, and all classrooms adopting Pyramid practices.

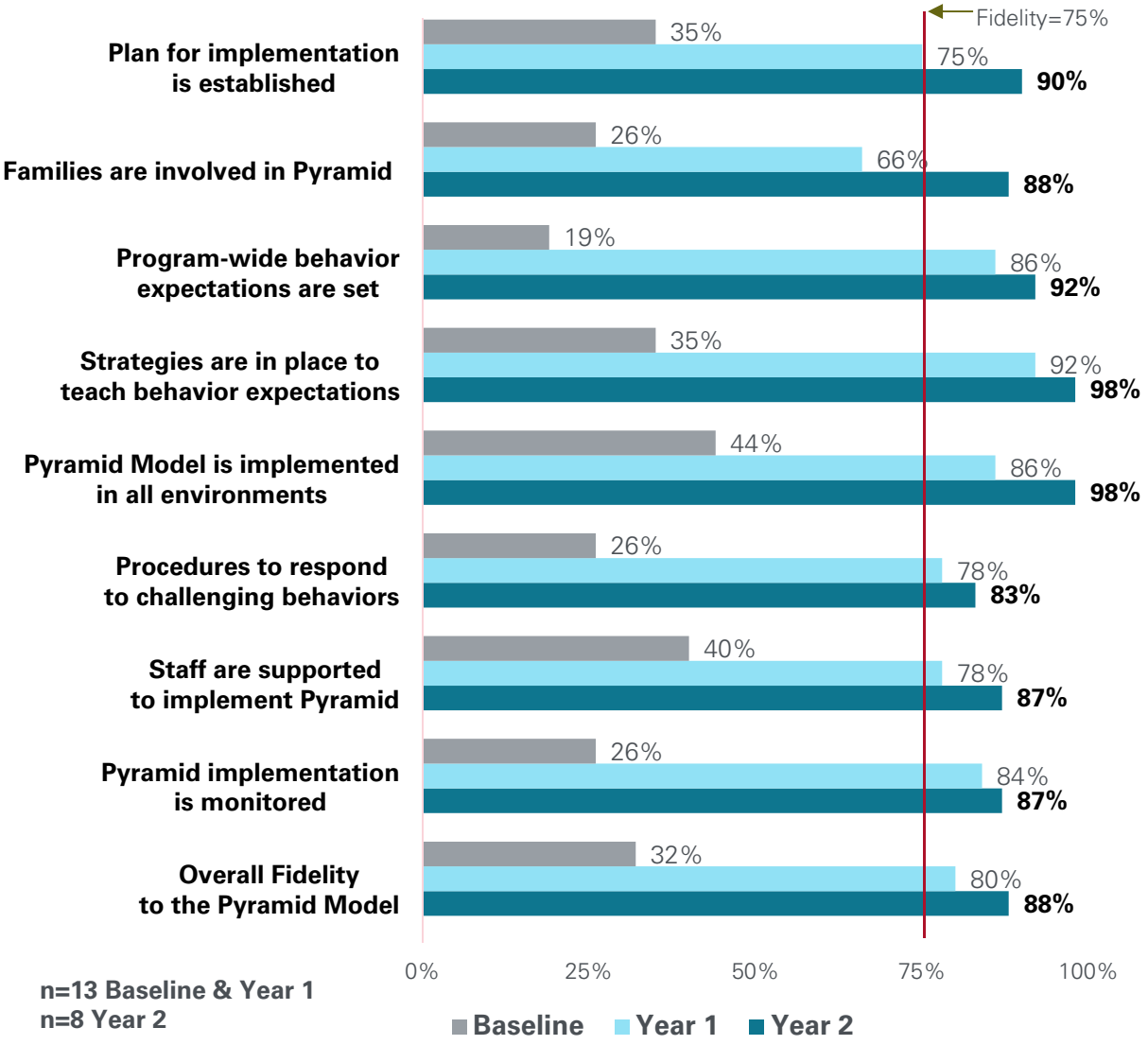
Areas that showed the least fidelity were establishing a leadership team to support the implementation of the Pyramid Model and involving families in the Pyramid Model. In the third year of coaching, focus on these areas could yield the most benefit in implementing the model to fidelity.

The following chart shows how the 13 home-based child care providers have changed their Pyramid Model practices over time, based on results from the FCCH BOQ. The scores are presented as an average across the Cohort 1 and 2 providers at baseline and Year 1. Year 2 results are only from Cohort 1, as Cohort 2 had not had two full years in the project at the time of this report. To meet fidelity to the Pyramid Model, 75% of the practices in a given area must be in place.

"My class is able to share, take turns and do some problem solving, mostly on their own. This is the first class I've had where the kids all play together as a group."

A provider reflects on the Pyramid Model

Home-based providers increased fidelity each year and, on average, reached fidelity in every area after two years in the program.



Home-based providers made great strides in implementing the Pyramid Model. Before coaching and training, none of the programs demonstrated fidelity. After one year in the program, they met fidelity in nearly every area, on average. After two years in the program, they achieved fidelity to a very high degree in all areas. Results of a paired t-test analysis indicate that home-based providers made significant meaningful gains in overall fidelity to the model from Baseline (M=31.68; SD=23.12) to Year 1 (M=80.00; SD=11.87), $p<.001$, $d=2.43$, two-tailed test. The results suggest large effect sizes within the zone of desired effects. A statistical analysis of the change from baseline to Year 2 could not be completed because of the small n.

Measures of Center-Based Classroom Practices

Classroom assessments are completed by an outside evaluator. Scores are reported on two scales:
Key Practices examine Pyramid Model strategies. The score is reported as a % of indicators met.
Red Flags signify problem practices in need of immediate attention.
Quality for both tools was defined as meeting 80% of the Key Practices and having NO Red Flags.

Teaching Pyramid Observation Tool, Research Edition (TPOT R) Hemmeter, Fox, & Snyder, 2014.

- **Key Practices** - 14 areas
- **Red Flags -** 17 items

Teaching Pyramid Infant Toddler Observation Scale, Revised (TPITOS R) Carta, 2015

- **Key Practices** - 13 areas
- **Red Flags** - 11 items

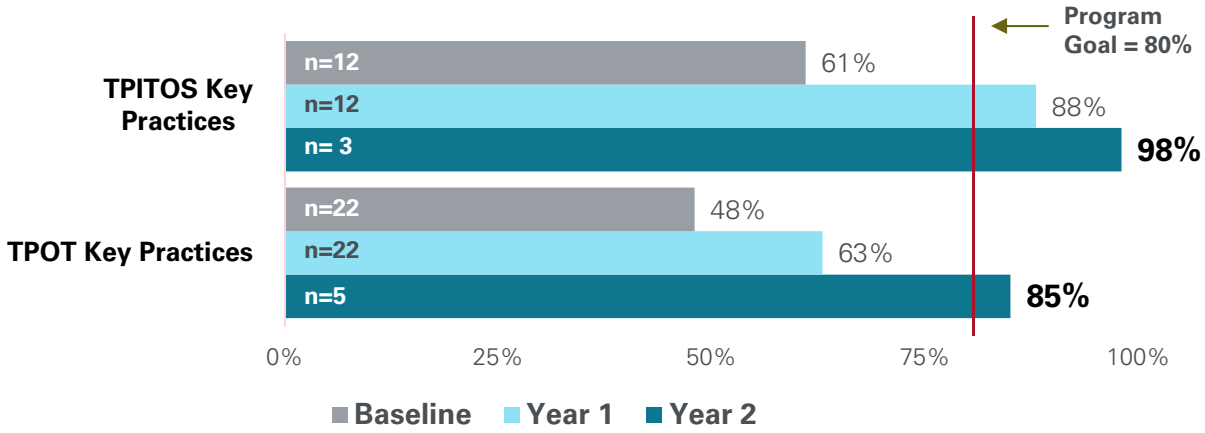
What were the outcomes for the center-based classrooms?

To measure the center-based classroom outcomes, outside evaluators completed observations using the **Teaching Pyramid Observation Tool Research Edition (TPOT R)** for preschool rooms and the **Teaching Pyramid Infant/toddler Observation Scale Revised (TPITOS R)** for infant or toddler rooms. Details about the TPOT R and TPITOS R can be found in the side bar. The TPOT R and TPITOS R have not been used to collect data in family child care homes, as they were not originally designed for this environment. However, RIR is currently piloting the use of these measures in the home-based setting. These tools were developed to measure the implementation of Pyramid Model strategies and focus on four areas of teacher practices: nurturing responsive relationships, creating supportive environments, providing targeted social-emotional supports and utilizing individualized interventions. Practices measured in the **Key Practices** scale include building warm relationships with children, utilizing preventative strategies such as posting a picture schedule and structuring transitions, teaching social-emotional skills, and individualizing strategies for children with behavior challenges. **Red flags** measure negative practices such as chaotic transitions and harsh voice tone.

To analyze the impact of Pyramid Model Implementation, classrooms were observed at the start of the project, and then on an annual basis thereafter. In Cohort 1, five infant-toddler and three preschool classrooms were observed three times. In Cohort 2, seven infant-toddler and 16 preschool classrooms were observed twice. Analyses were done to measure change in classroom practices over time. The following chart shows the outcomes across Cohorts 1 and 2 at Baseline and Year 1. Year 2 results are only for Cohort 1.

On average, infant, toddler and preschool classrooms met the quality indicator goal after two years in the program.

Classrooms made strong improvements each year.



Classrooms continued to demonstrate improvement across both years of the implementation. By the end of the first year, infant-toddler classrooms met the program goal (meeting 80% of the Key Practices), on average. At the baseline observation, only one of the infant/toddler classrooms met the program goal of 80%. By the second observation, the majority (75%) of classrooms met the goal. While preschool classrooms improved from the baseline observation to the end of year 1, they fell short of the program goal. None of the preschool classrooms met the goal at baseline; by the second observation (year 1), 14% (two) of classrooms met the goal.

By the end of the second year, infant-toddler rooms raised their scores even further and preschool rooms met the program goal, on average. All of the Cohort 1 infant-toddler rooms and 80% of the preschool rooms met the program goal.

Results of a paired t-test analysis indicate that preschool classrooms made significant meaningful gains from Baseline (M=46.05; SD=16.67) to Year 1 (M=60.04; SD=15.29), $p<.001$, $d=1.26$, two-tailed test. The results suggest large effect sizes within the zone of desired effects. A statistical analysis of the change from baseline to Year 2 could not be completed because of the small n. The n for the infant-toddler classrooms was also too small for statistical analysis, but classrooms demonstrated strong improvement over time.

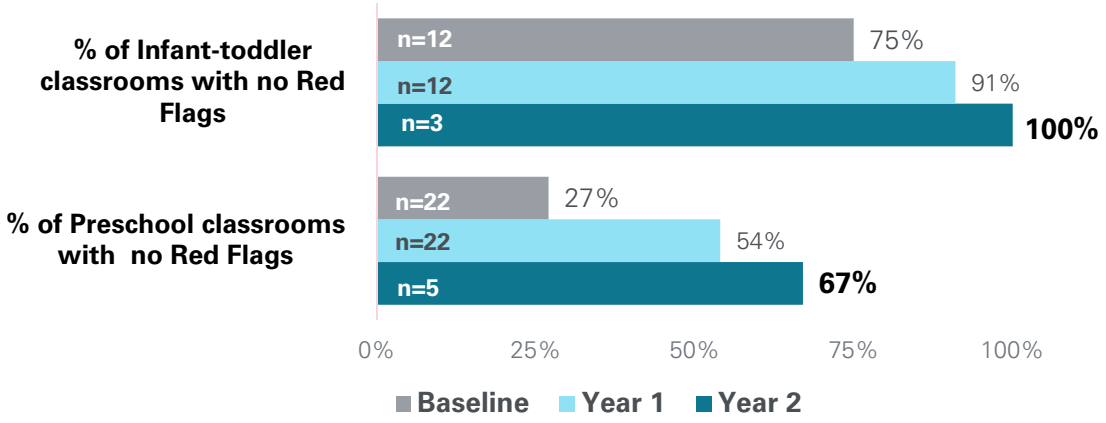
At baseline, **8% of infant-toddler** classrooms and **no preschool** rooms met the program goal.

After one year of training and coaching, **75% of infant-toddler** rooms and **14% of preschool** rooms met the goal.

After two years of training and coaching, **all infant-toddler** rooms and **80% of preschool** rooms met the goal.

The following chart presents the incidence of Red Flags at Baseline, Year 1 and Year 2. The program goal is for classrooms to have no red flags present. For both preschool and infant-toddler classrooms, negative practices decreased over time. By the Year 2 observation (beginning of the third year of Pyramid Model implementation), none of the infant-toddler classrooms had Red Flags. The majority (54%) of the preschool classrooms had no Red Flags by the second observation (the beginning of the second year of implementation) and by the third observation Red Flags had continued to decline and three of the five preschool classrooms had no Red Flags. For classrooms that still had Red Flags, the number of Red Flags decreased over time.

The number of classrooms without Red Flags increased over time.
All infant-toddler classrooms and the majority (67%) of preschool classrooms did not have Red Flags after two years of training and

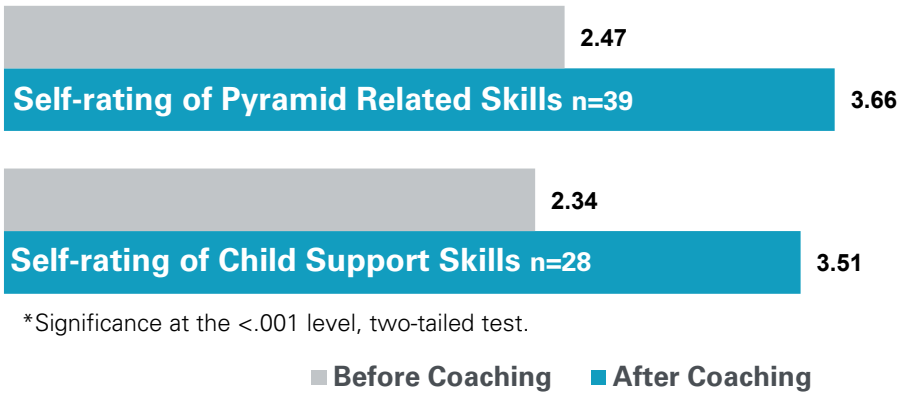


What were the outcomes for the providers?

Provider Survey Results

In the fall of 2016, Cohort 1 and Cohort 2 providers were asked to evaluate how their ability to support the social-emotional competency of young children had changed over time. They completed a 22-question pre-post survey to assess their skills in supporting the social emotional competence of all of the children in their program (e.g., I help children problem solve when they have a conflict) and in supporting an individual child who experienced more persistent challenges in this area (e.g., I can help this child learn to use positive skills to replace his or her challenging behaviors). The survey uses a 4 point Likert scale with 1 = almost never and 4 = almost always. There were 39 surveys returned, 22 from Cohort 1 and 17 from Cohort 2. This is a survey return rate of 44%.

Providers reported a significant* increase in their skills as a result of participation in Rooted in Relationships.



*Significance at the <.001 level, two-tailed test.

Results of a paired t-test analysis indicate that providers reported significant increases in Pyramid related skills such as creating a positive environment and following a daily routine as a result of Pyramid Model training and focused coaching. There were significant positive differences found between program skills at pre (M=2.47; SD=.52) and at post (M=3.66; SD=.32), $p<.001$, $d=2.29$, two-tailed test. The results suggest large effect sizes within the zone of desired effects.

Providers who implemented specific strategies to support individual children struggling with social-emotional skills also noted strong improvement in their abilities. As a result of coaching and training, providers felt more capable of implementing strategies to build children's social-emotional skills and to manage challenging behavior. Results of a paired t-test analysis indicate significant increases from pre (M=2.34; SD=.63) to post (M=3.51; SD=.41), $p<.001$, $d=2.10$, two-tailed test. The results indicate large effect sizes within the zone of desired effects.

An analysis was done to see if time in program made a difference in self-rating of skills. Since Cohort 1 respondents averaged 24 months in the project and Cohort 2 respondents averaged 13 months, a one-way between subjects ANOVA was conducted to compare the two groups. No significant difference was noted in self-rating of Pyramid Model classroom skills. Interestingly, Cohort 1 providers reported significantly higher self-ratings of child support skills than Cohort 2 respondents [$F(1,26)=7.274$, $p=.012$]. The effect size was large ($\eta^2=0.219$). These results may be explained by the fact that Pyramid module training about how to develop individualized interventions for children who struggle with social-emotional skills is provided in the second year of the program. Cohort 2 teachers had not yet had this training which may explain why their ratings were significantly lower.

Ninety-five percent of the providers were satisfied or very satisfied with their RIR coach and **90%** indicated that they made many changes to their program or behaviors as a result of participating in Pyramid Model training and coaching. There were no significant differences between the Cohorts in satisfaction or change.

Coaching strategies

What was the frequency and intensity of coaching received by providers?

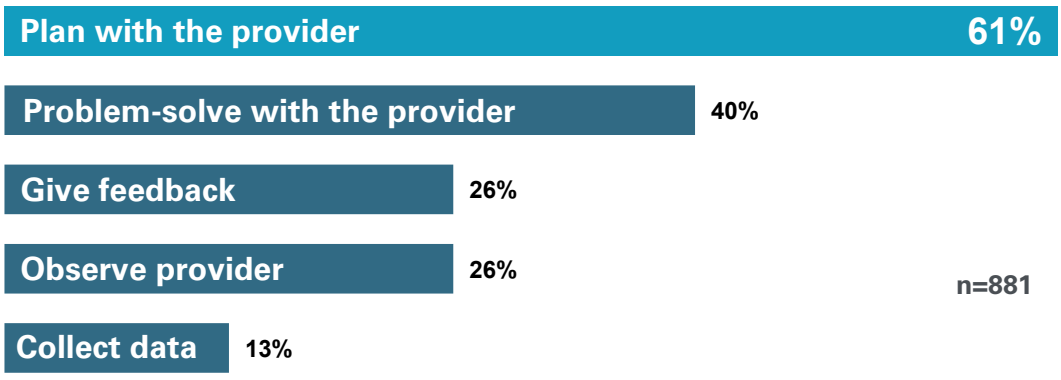
Coaches were expected to meet with providers up to 2.5 hours each month in year one and up to 1.5 in year two. In year 3 (Cohort 1) coaching frequency was less than monthly and determined between individual coaches and providers as needed in preparation for the phasing out of all coaching by the end of the third year. In addition, coaches were available by phone and e-mail. To monitor the content of the coaching sessions as well as the coaching strategies used, coaches were asked to answer a brief five question survey after each session.

In 2016, 881 coaching sessions were logged across the 23 coaches supporting RIR in all six communities. The number of coaching entries varied widely from coach to coach, with the most logging 108 sessions and one new coach logging none. This can be explained, in part, by the fact that some coaches were coaching multiple providers and some only a few, or even just one. The following data should be viewed as an indication of coaching practice trends but not a complete record of RIR coaching sessions.

Which coaching characteristics were used by coaches?

This data provides information about the coaching characteristics used while the coach was spending time observing and interacting within the center or home based setting.

The most frequent coaching characteristic used outside of a coach conversation was joint planning with the provider.
Problem-solving, including reflecting on practices, was also a frequent coaching activity.



In addition to the above activities, coaches occasionally did focused observations of the provider working with an individual child (12%) and modeled Pyramid strategies side by side with the provider (5%).

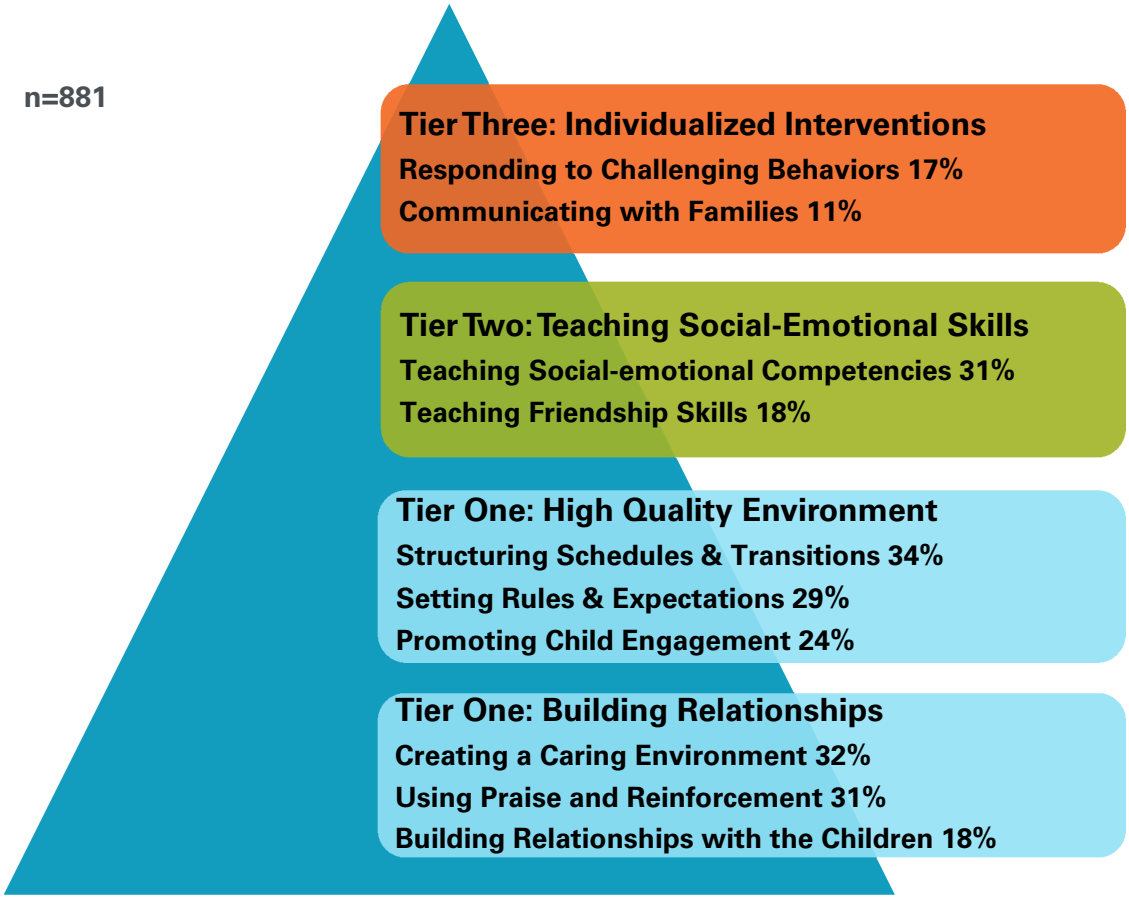
How were coaching characteristics determined?

The majority (63%) of the time, coaches selected coaching characteristics based on a previous coaching conversation or through joint planning with the provider. Coaching characteristics were also based on provider requests (18%), previous observations (10%), and data collected (8%).

What was the content of the coaching sessions?

The content of the coaching sessions can be mapped onto the tiers of the Pyramid Model. The percentage indicated after each item in the graphic below indicates the frequency that the topic was addressed during the coaching sessions.

Coaching sessions mostly focused on Tier One and Two Pyramid interventions. But nearly 20% of the time, the focus was on Tier Three, Individualized Interventions.

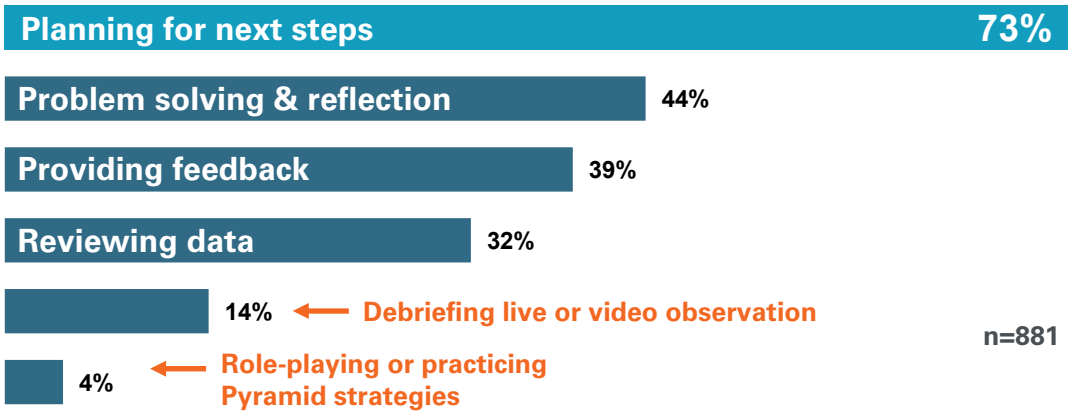


At the base of the Pyramid is building an effective workforce where coaches focused on using data to inform practices. Coaches also brought the providers materials and resources to build their capacity. Coaches and providers were least likely to discuss communicating with families.

Which coaching characteristics were used in coaching conversations?

A typical coaching conversation uses a cyclic process: the coach begins with the previous joint plan set with the provider, moves into some combination of the other characteristics, and ends with a new joint plan. The data is indicative of this process.

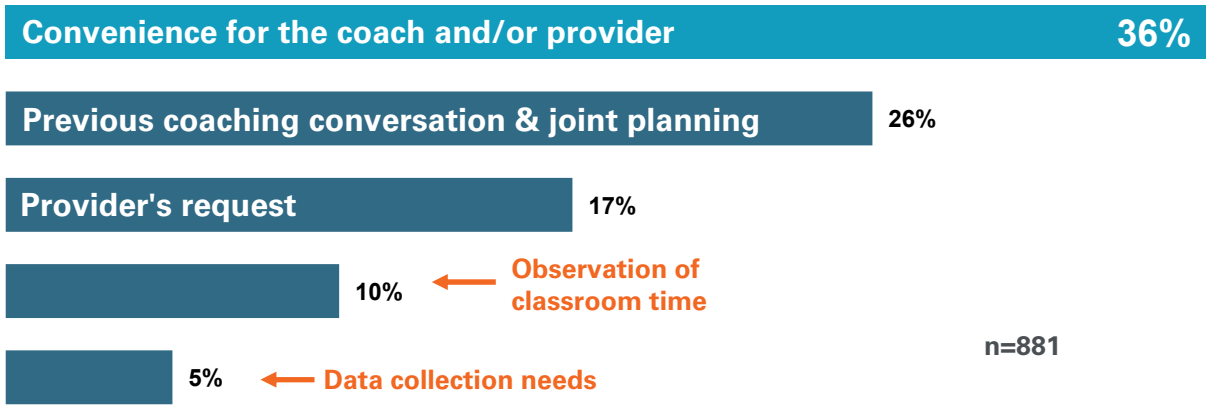
Coaching characteristics used in coaching sessions included:



How was the timing of the coaching conversation determined?

These data show how the coach and provider decided when they would meet. Results indicate that providers and coaches worked cooperatively to set a meeting schedule that was mutually convenient and met the need for planning. The coach and provider relied most often on their schedules when deciding when to meet, and less frequently on the previous joint plan they had developed.

Decisions about when to meet or how often to meet were determined by:



Summary of the Coaching Logs

Overall, the coaching data indicate that coaches worked closely with providers to plan coaching sessions that focused most frequently on Tier 1 and Tier 2 of the Pyramid Model. This is a shift from the previous program year when most of the coaching conversation focused on Tier 1 interventions. The coaching logs reflect the progression of the project. The Pyramid Model emphasizes the most essential practices first. Without the Tier 1 strategies of a positive classroom climate and strong personal relationships with the children, the Tier 2 and Tier 3 strategies will not be very effective. As providers master the Tier 1 strategies, the coaches increase focus on the Tier 2 strategies of teaching social-emotional skills. It is predicted that by the end of the third year of the project, more coaching conversations will focus on Tier 3 strategies.

Social-Emotional Measures

Ages & Stages Questionnaire, Social-Emotional 2nd edition (ASQ-SE2) Squires, Bricker & Twombly, 2002. The **ASQ-SE2** is a parent-completed 30 item social-emotional screener assessing self-regulation, compliance, affect and interactions.

Devereux Early Childhood Assessment- Clinical (DECA-C) LeBuffe & Nagliere, 2002. The **DECA-C** measures **Total Protective Factors (TPF)** and **Total Behavior Concerns (TBC)** based on a 62 item survey.

What were the social-emotional needs of the children?

A premise of the Pyramid Model is that as providers use Pyramid strategies to build caring relationships with the children, create positive and supportive environments and directly teach children social-emotional skills, children's challenging behaviors will decrease. However, it is expected that a small number of children (<5%) may still need more individualized, targeted support. The Model includes training and individualized interventions that providers can use in working with children and additional resources are available through RIR to fund more intensive interventions should no other payer source be available.

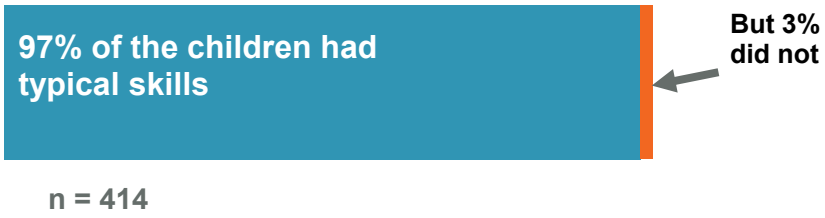
Coaches worked closely with providers to identify children who have demonstrated persistent challenging behaviors and/or delays in social or emotional development (behaviors in this category are referred to as needing "top of the Pyramid" interventions). Once identified, the coach helped providers select the best strategies to support the child (including bringing in additional supports, if needed).

To assess the social-emotional development of individual children, parents were asked to complete a screener, the **Ages & Stages Questionnaire, Social-emotional 2nd edition (ASQ-SE2)**. The ASQ-SE2 has an age anchored cutoff score. Scores below the cutoff are considered typical. Scores at or above the cutoff are flagged, indicating that the child's skills are outside the typical range and the child may be at risk

for delays in social-emotional development. Since the ASQ-SE2 is a screener, it is recommended that children who do not score in the typical range receive further evaluation.

The majority (71%) of the programs across the two cohorts collected ASQ-SE2 data. However, getting every parent to fill out the ASQ-SE2 was difficult. Across Cohorts 1 and 2, 414 children were screened which was 75% of the children enrolled.

Almost all of the children in programs implementing the Pyramid Model through RIR had typical social-emotional skills.



The screener results indicated that nearly all (97%) of the children had typical social and emotional competencies. They demonstrated the ability to engage in positive interactions with peers and adults and were able to regulate emotions appropriately for their age. However, a small percentage (3%) of children did not demonstrate typical skills. A total of 12 children, were flagged by the ASQ-SE2 because they did not meet the cutoff score. The screener results suggested that these children may be at-risk for delayed social-emotional development.

Providers completed the **Devereux Early Childhood Assessment – Clinical (DECA-C)** for six children who were either flagged by the ASQ-SE2 (n=12) or had demonstrated challenging behaviors or low emotional competence. This measure provides more specific information about the child's strengths, as measured by the **Total Protective Factors (TPF)** scale and about the child's challenging behaviors as measured by **Total Behavior Concerns (TBC)** scale. None of the children had a follow-up DECA-C so it was not possible to track change over time.

The coaching logs indicate that approximately 17% of coaching sessions discussed how to respond to challenging behaviors. We cannot determine which Tier 1 and Tier 2 strategies coaches may have recommended but the survey did ask the coaches about the use of an individual behavior support plan which is a Tier 3 strategy. In 3% of coaching sessions, the coach reported helping the provider develop an individual behavior plan.

While we do not have individual child data to chart progress and measure the impact of interventions, we do know that coaches assisted providers in developing behavior support plans and implementing individualized strategies. From the provider satisfaction surveys, we know that providers felt their skills in managing individual challenging behaviors increased significantly as a result of training and coaching.

Building Statewide Capacity to Support Early Childhood Systems of Care

A primary goal of Rooted in Relationships (RIR) is to strengthen the system of care at the state level through cross-system collaboration and partnerships to ensure alignment across initiatives and build state infrastructure and capacity. This cross-system collaboration is accomplished through regular RIR Implementation Team meetings and ongoing communication with statewide initiatives that are working towards similar goals. Key areas that were addressed include the establishment of common coaching processes, improved quality of early childhood settings, increased access to quality early childhood mental health services, collaboration among initiatives, and early childhood policy.

Collaborative Efforts to Align Early Childhood Social-Emotional Initiatives

Coaching

Pyramid Leadership Team. RIR partners with the Pyramid Leadership Team to work on aligning the statewide efforts with the long-term goal of an integrated early childhood system of care for young children and their families. This team, consisting of partners from across various systems (government, universities, and private organizations) is working together to implement the Pyramid process consistently in a variety of settings. Common training, evaluation and continuous improvement processes were established.

RIR collaboration with statewide partners has resulted in **common processes** across initiatives and has **promoted alignment** of cross-agency activities.

Coach Collaboration Team. The newly established Coach Collaboration team will continue work to develop standardized processes for coach training (initial and ongoing), methods of communication among coaches working in a program, strategies for reducing coaching overload, and alignment of coaching processes and practices across initiatives. The mission of this team is to encourage the optimal development of young children in Nebraska by supporting high quality child care, home, and educational environments and experiences through the provision of effective on-site coaching. RIR staff lead one sub-committee, the Coach Development Team, whose purpose is to coordinate the development of both initial and ongoing coach training and support.

RIR, with their collaborative partners, has successfully expanded the coaching pool. In 2014 RIR and partners began to build the cadre of coaches for the state. Along with the Nebraska Department of Education Pyramid Model work in pre-kindergarten classrooms that are state funded, RIR and Step Up to Quality share the costs for training new early childhood coaches.

These coaches participate in the core 2-day Early Childhood Coach training and then are eligible to participate in two specialty trainings to support Pyramid Model implementation or Step Up to Quality. Over the course of the past three years 77 coaches were trained in the core training and 67 of those chose to also participate in the Pyramid Coach training. Partners continue to work together to build coaching capacity across the state geographically and to provide ongoing professional development and support for NE coaches.

RIR builds the state capacity for Early Childhood and Pyramid Coaches

Step Up to Quality. RIR is collaborating to establish coaching content for childcare providers that are engaged with coaches in both Pyramid Model implementation and Step Up To Quality. Coach coordinators from both projects, along with coaches who contract in both Step Up to Quality and RIR, have been meeting regularly to establish common communication and decision making processes. In particular, the focus has been to ensure childcare programs involved in both initiatives have the primary voice as to coaching goals which articulate quality and integrated early childhood practices. Conversations were initiated and progress has been made to add certain evidence-based social-emotional curricula to the list of approved curricula for providers to gain credits in the Step Up to Quality point system.

Nebraska Center on Reflective Practice. RIR, in collaboration with their partners, identified a need to build a system of reflective consultation and reflective supervision. The Nebraska Center on Reflective Practice, housed within the Nebraska Resource Project for Vulnerable Young Children at the University of Nebraska's Center for Children, Families, and the Law, is building on previous reflective consultation training that was initiated in 2015 to support a train the trainer process using the Facilitating Attuned iNteractions (FAN) Framework. Dr. Linda Gilkerson of the Erikson Institute's Fussy Baby Network has been contracted to implement this 12 to 18 month training series with five individuals in Nebraska. This project is primarily funded by RIR with additional supplementary funds from the Nebraska Department of Education, University of Nebraska at Lincoln, and Munroe-Meyer Institute at University of Nebraska Medical Center.

Cross Agency Collaborations

Cross agency collaboration is a key component of the RIR systems work. This work has contributed to enhanced workforce and professional development across systems (early childhood, before/after school and mental health); expanding the referral base for families needing early childhood mental health services; improving the coaching system in Nebraska, and increased awareness to effective practices related to Trauma Informed Practices across systems.

Early Care and Education Groups. RIR staff participate on a number of early care and education groups in order to integrate work and contribute at the state and community levels. These include; Early Childhood Interagency Coordinating Council (RIR Coordinator serves as a Technical Assistant to the Governor appointed Council), Early Learning Connection Coordinators (attend quarterly meetings), the Early Childhood Data Coalition, and the Buffet Early Childhood Institute's Nebraska Early Childhood Workforce Commission.

State Systems Teams. Staff participate on numerous teams at the state systems level to promote cross system supports for RIR and other initiatives. For example, NC provides the "backbone support" to the Prevention Partnership made up of public agency officials from NDE (Commissioner), DHHS CEO and Division Deputies (Health, Behavioral Health, and Children and Family Services), Office of Probation, the Nebraska Supreme Court, along with legislative representation, and private philanthropists such as NC and Sherwood Foundation. Additionally, staff participated in Together for Kids and Families (TFKF) (DHHS-Public Health). This group developed a variety of projects such as the Early Childhood System of Care Community Self-Assessment. This fall, due to changes in funding, the group disbanded. Members from the TFKF Mental Health Sub-group were asked to join the RIR Implementation Team. RIR will be identifying if some of the functions of the TFKF group that can be absorbed in their work.

Nebraska Infant Mental Health Association. Rooted in Relationships staff are collaborating to ensure that messaging around Infant and Early Childhood Mental Health has continuity. RIR supports NAIMH's mission to continue offering professional development opportunities and awareness by serving as an ad hoc member of the NAIMH Board. This past year a brochure was developed along with bookmarks for distribution at conferences and other gatherings.

Support of Evidence-Based Practices

Child Parent Psychotherapy (CPP). Nebraska has a shortage of mental health providers and this shortage is further exacerbated by the lack of mental health professionals trained in early childhood mental health. For the last two years RIR collaborated with Project Harmony, Region Six Behavioral Healthcare, Region Three Behavioral Healthcare, and the Nebraska Resource Project for Vulnerable Young Children (NRPVYC) to train mental health practitioners in Child Parent Psychotherapy. CPP is an evidenced based therapy that is approved as a Medicaid reimbursed therapeutic practice for very young children, ages 0-5.

RIR collaborates to build **the capacity** of Nebraska **therapists** to serve young children.

Nebraska has four engaged trainer/consultants that have the opportunity to network nationally with CPP trainers through the University of California at San Francisco. These four work together to plan and conduct the trainings here in Nebraska.

There have been two groups of mental health practitioners from across the state trained in CPP. The first collaborative began in March 2015, and was completed in October 2016 with 28 therapists fully trained to provide CPP. The second collaborative began in May 2016, 40 individuals are participating and on track for completion in December of 2017. In order to complete the process participants are required to complete a three-day introductory CPP training, and two other workshops held approximately 6 months apart. Participants are also required to take part in bi-monthly consultation groups (done either by videoconferencing or in person) for 18 months with one of the four Nebraska trainers. On average, the first group of trainees used CPP therapy with nearly three clients each in their practices during the training period.

The Nebraska Resource Project for Vulnerable Young Children also developed a CPP brochure to be used for recruitment and referral and created a charter for the Nebraska Child Parent Psychotherapy Learning Collaborative to describe its purpose and goals.

Circle of Security™ -Parenting (COS-P). RIR has continued to support COS-P facilitators through updated website resources that included common evaluation and marketing tools. In September 2016COS-P trainer, Deidre Quinlan, provided a one-day Facilitator booster session. A total of 58 Facilitators attended this training. In addition, 2ork continues to build a strong support network for Facilitators through reflective consultation and Fidelity Coaching. A cadre of consultants has been developed through a pilot project approved by Circle of Security International to provide consultation to Facilitators as they lead classes. The consultation pilot will enter the implementation phase in 2017. In addition, RIR has supported Dr. Mark Hald to meet the requirements necessary to become a Circle of Security Fidelity Coach which allows for more intensive one on one or group support for Facilitators in the state. Another 4-day COS-P Facilitator training will be held in the spring of 2017 and RIR staff are managing the logistics to bring the training to Nebraska again.

TPOT R and TPITOS R Training. Evaluation of the Pyramid Initiative requires a cadre of providers trained in completing the Teaching Pyramid Observation Tool – Research Edition (TPOT R) and Teaching Pyramid Infant-Toddler Observation Scale – Revised (TPITOS R). In 2016, RIR supported two experienced evaluators to attend a national reliability training. RIR has also supported community based coaches to attend TPOT R or TPITOS R training at the National Training Institute on Addressing Challenging Behaviors (NTI). Mastery of this evaluation tool deepened participants' understanding of the Pyramid Model. Most of the training participants chose to complete live reliability to ensure that their scoring was aligned with experienced TPOT R evaluators. The training also contributed to the geographic distribution of TPOT R expertise in Nebraska. The Pyramid Leadership Team is currently working together to build capacity of observers in Nebraska and is exploring bringing the TPOT R training to Nebraska in 2017. Additionally, a Memorandum of Understanding was developed for coaches utilizing RIR funds to receive training at NTI in which they agree to become reliable and complete a defined number of observations for RIR.

Policy

RIR engages in several efforts that are supporting policy development that impacts early childhood mental health. Nebraska Department of Health and Human Services initiated strategic planning to develop a System of Care framework for designing mental health services and supports for children and youth who have a serious emotional disturbance and their families through collaboration across public and private agencies. RIR staff participate in the Implementation Team and Training subgroup. RIR also continues to work with First Five Nebraska around early childhood legislation and policy issues.

Conclusions

Supporting Community Early Childhood Systems of Care

- **RIR Stakeholder Teams implemented strategies to expand social-emotional screenings of young children in their communities.**
- **Circle of Security™-Parenting was effectively implemented across communities with parents demonstrating significant increases in parenting skills, improved relationships with their children and decreased parenting stress.**
- **RIR Stakeholder Teams worked to increase public awareness of the importance of early childhood mental health and social-emotional well-being**
- **RIR Stakeholder Teams worked to enhance parent engagement with their children and to identify the preferences and needs of parents related to parent engagement.**
- **RIR Stakeholder Teams raised their community capacity to address the identified barriers to service provision for children and families.**

Pyramid Model Implementation

- **Pyramid Model coaches have supported center and home-based child care programs to implement high quality social-emotional practices.**
- **With each year of participation in RIR, programs demonstrated increased fidelity to the Pyramid Model. Centers with two years in RIR met fidelity on average in 7 areas. Home-based providers with two years in RIR met fidelity across all areas.**
- **All the infant/toddler classrooms and 80% of preschool classrooms participating for over two years in RIR reached the quality benchmarks for classroom practices.**
- **Providers have demonstrated significant improvements in their ability to use Pyramid practices to support children's social-emotional development.**
- **Most (75%) of the children enrolled in the RIR programs have had a social-emotional screener. A small percentage (3%) were identified as needing additional evaluation.**
- **RIR coaches have worked collaboratively with providers to plan coaching sessions.**

Building Statewide Capacity to Support EC Systems of Care

- **RIR, through cross agency collaboration, has helped to align activities across statewide initiatives.**
- **RIR and partners continue to standardize processes for coach training, methods of communication, strategies for reducing coaching overload, and alignment of coaching processes and practices across initiatives.**
- **RIR has supported the inclusion of social-emotional strategies within the Step Up to Quality menu of options.**
- **RIR continues to collaborate to build a system to enhance the capacity of mental health providers to deliver Child-Parent Psychotherapy (CPP).**
- **RIR has developed infrastructure supports, reflective consultation, marketing materials, and evaluation to support statewide implementation of Circle of Security™-Parenting.**

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