rootedinrelationships.org

2023-2024

Annual Evaluation Report

University of Nebraska Medical Center
MUNROE-MEYER INSTITUTE

Rooted in Relationships
nebraskachildren

TABLE OF CONTENTS

BOQ v.2 – Benchmarks of Quality, version 2

CCDF – Child Care Development Fund

CDN – Coach Development Network

C4K – Communities for Kids

CoP – Community of Practice

COS – Circle of Security

COSC – Circle of Security Classroom

COSI – Circle of Security International

COSP – Circle of Security Parenting

CPP – Child-Parent Psychotherapy

EDN – Early Development Network

ECMH – Early Childhood Mental Health

ESU – Educational Service Unit

FAN – Facilitating Attuned Interactions

FCCH BOQ – Family Child Care Home Benchmarks of Quality

MMI – Munroe-Meyer Institute; located at the University of Nebraska Medical Center

MTSS – Multi-Tiered Systems of Support

NeAEYC – Nebraska Association for the Education of Young Children

NAIMH – Nebraska Association for Infant Mental Health

NCFF – Nebraska Children and Families Foundation

NC EC – Nebraska Children Early Childhood

NCAPF – Nebraska Child Abuse Prevention Fund

NCRP – Nebraska Center for Reflective Practice; part of Nebraska Resource Project for Vulnerable Young Children; located at the University of Nebraska-Lincoln, Center for Children, Families and the Law

NDE – Nebraska Department of Education

NRPVYC – Nebraska Resource Project for Vulnerable Young Children; located at the University of Nebraska-Lincoln, Center for Children, Families and the Law

PBS – Positive Behavior Support

PCIT – Parent-Child Interaction Therapy

PIWI – Parents Interacting with Infants

PDG – Preschool Development Grant

PSLT – Pyramid State Leadership Team

RiR – Rooted in Relationships

SUTQ – Step Up to Quality

TPITOS – Teaching Pyramid Infant-Toddler Observation Scale-Revised

TPOT – Teaching Pyramid Observation Tool-Research Edition

ACRONYMS GLOSSARY

Initiative Overview

Rooted in Relationships (RiR) is an initiative that partners with communities to implement evidence-based practices that enhance the social-emotional development of children from 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. 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.

Community Data Gathering

To identify strengths, assets, and critical gaps in community services and systems for young children in order to make informed recommendations for action and to build community awareness.

Timeline: Ongoing through planning period

Who participates: Community Stakeholder Team and Others as Needed

Selection of a Systems Priority

To select a systems priority and implement evidence-based practices that will address the needs identified through community data analysis.

Timeline: By the end of Year 1

Who participates: Community Stakeholder Team

Pyramid Model Planning

To plan for the three year Pyramid Model implementation cycle, including recruiting and training a community-based coaching team, recruiting participating child care providers, and setting up the infrastructure supports necessary to ensure fidelity to the Model.

Timeline: Ongoing through the planning period

Who participates: Community Stakeholder Team

Community Work Plan

Early Childhood Systems

Implementation of Systems Strategies

To influence change in the early childhood systems within the community that affect social emotional outcomes by implementing the systems strategies outlined in the community work plan.

Timeline: Ongoing throughout the grant period

Who participates: Community Stakeholder Team and others as needed

Pyramid Model Implementation

Training

To share the Pyramid Model framework and content in order to support provider readiness for implementation of practices and application of knowledge and skills.

Frequency:
4 Trainings and Director Training in Yr 1
3 Trainings in Yr 2
2 Trainings in Yr 3

Who participates: Providers, Directors and Coaches

Coaching

To promote growth and change the knowledge and skills of providers in order to effectively implement and sustain Pyramid Model practices.

Frequency:
- 2.5 hrs/mo in Yr 1
- 1.5 hrs/mo in Yr 2
- Min. of 6 hrs/ max. of 12 hrs completed throughout Yr 3

Who participates: Providers

Coach Consultation

To ensure high-quality coach support to the provider by identifying the coach's thoughts, feelings, and experiences related to coaching and how they affect the coaching relationship.

Frequency: Monthly

Who participates: Coaches with Rooted in Relationships Reflective Consultants

Provider Collaboration Meetings

To promote a community of peer learning which leads to sustainability and continuous quality improvement in practice.

Frequency:
- Minimum of 6/ maximum of 12 meetings per year
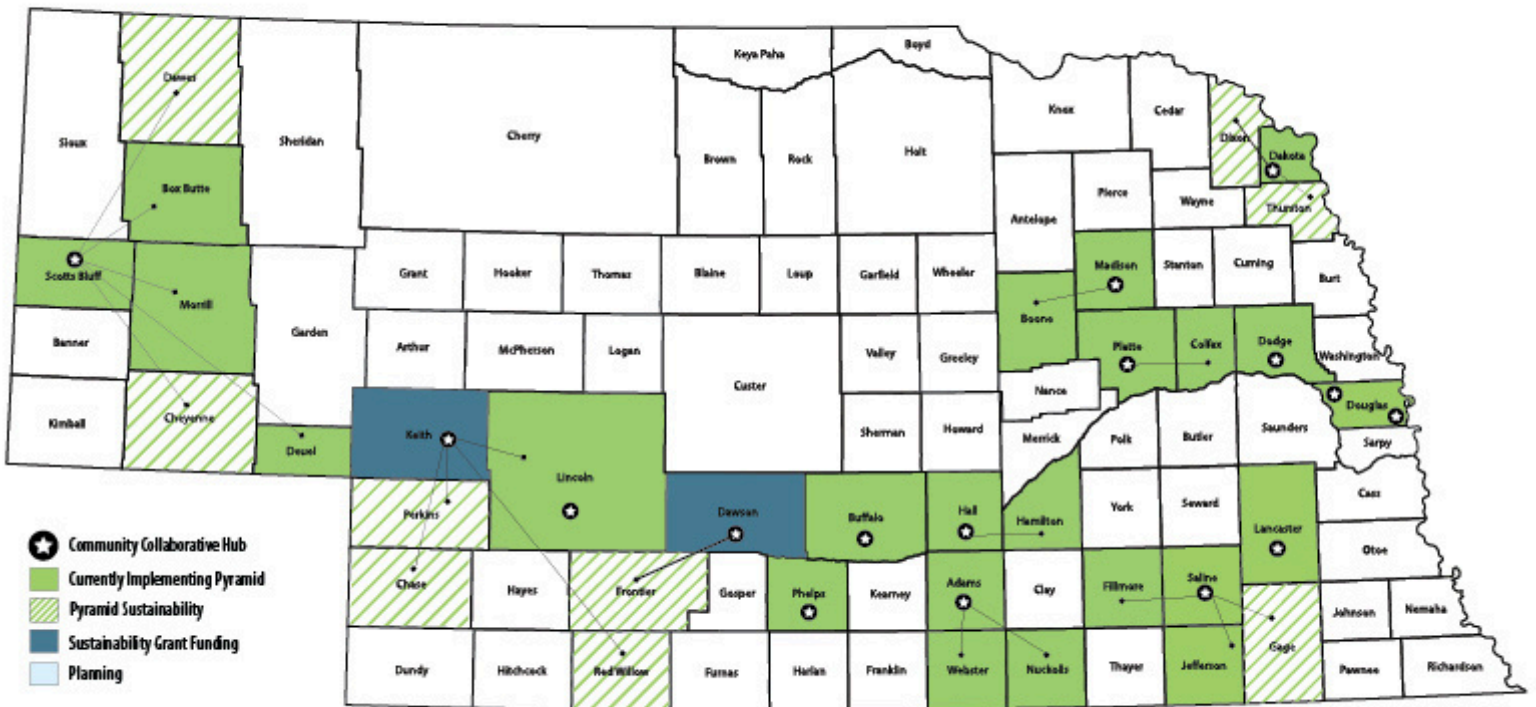
Who participates: Providers and Coaches

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Initiative Reach in 2023-2024

In 2023, Rooted in Relationships supported 16 collaboration hubs, including Buffalo, Dakota (Dixon and Thurston), Dawson (Frontier), Dodge, Douglas (North Omaha and South Omaha), Hall (Hamilton), Keith (Chase, Perkins and Red Willow), Lancaster, Lincoln, Madison (Boone), Panhandle (Box Butte, Cheyenne, Dawes, Deuel, Morrill and Scotts Bluff), Phelps, Platte (Colfax), Saline (Jefferson, Gage and Fillmore), and South Central (Adams, Webster and Nuckolls). These hubs are engaged in various stages of the initiative, including planning, expansion, and sustainability.

Rooted in Relationships

Legend:
- ⭐ Community Collaborative Hub
- Currently Implementing Pyramid
- Pyramid Sustainability
- Sustainability Grant Funding
- Planning

Last update: 11/16/23

Support for Equitable and Inclusive Practices

RiR has committed to an intentional focus on race, equity, diversity, and inclusion. Efforts in this area include:

- Providing professional development and exploration opportunities related to equity and inclusion
- Promoting the "Nebraska Early Childhood Coaching Guidebook: Competencies for Professional Practice" and associated trainings to ensure coaching practices are inclusive and equitable
- Tracking sociodemographic data within the evaluation process to monitor and address disparities that may be identified
- Pyramid State Leadership Team co-leads participation in technical assistance through the National Center on Pyramid Model Innovation focused on suspension, expulsion, and inclusion practices
- Intentional focus on translation of initiative materials
- Active recruitment of bilingual individuals and those who reflect the diversity of communities implementing ECMH practices (e.g., coaches, Pyramid Model trainers, Circle of Security and PIWI facilitators, and TPOT/TPITOS observers)
- Pyramid State Leadership Team focus on equity specific goals within the work plan

Statewide Capacity to Support Early Childhood Systems of Care

Coaches Trained by Year

Year	EC Coaches	Pyramid Coaches
2023	47 EC Coaches	40 Pyramid Coaches
2022	39 EC Coaches	29 Pyramid Coaches
2021	48 EC Coaches	32 Pyramid Coaches
2020	12 EC Coaches	11 Pyramid Coaches
2019	58 EC Coaches	44 Pyramid Coaches
2018	18 EC Coaches	18 Pyramid Coaches
2017	41 EC Coaches	29 Pyramid Coaches
2016	26 EC Coaches	15 Pyramid Coaches
2015	16 EC Coaches	28 Pyramid Coaches
2014	31 EC Coaches	11 Pyramid Coaches
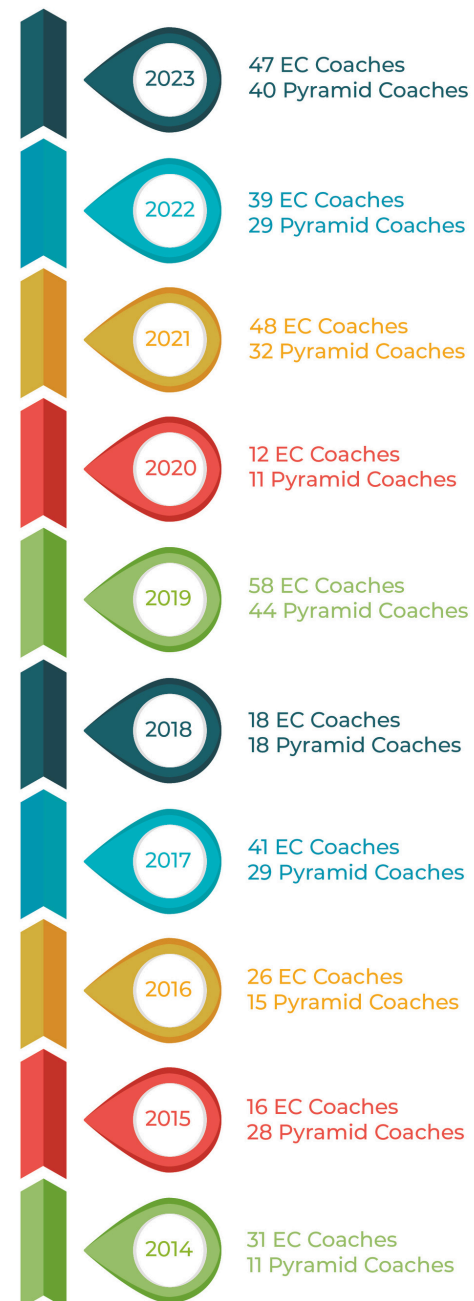
Statewide Capacity to Support Early Childhood Systems of Care

A primary goal of the RiR initiative is to strengthen the system of care at the state level through cross-system collaboration and partnerships. These efforts work to ensure alignment across initiatives and build state infrastructure and capacity. This cross-system collaboration is accomplished through various meetings and ongoing communication with statewide initiatives that are working towards similar goals. Initiative and partnership information can be seen below.

Child-Parent Psychotherapy (CPP)

CPP is a dyadic therapy that focuses on healing traumatic or stressful events within the context of the caregiving relationship. RiR has supported the effort to train mental health providers in CPP. There are currently 90 clinicians able to provide CPP. For more information, visit: https://www.nebraskababies.com

Early Childhood Mental Health Community of Practice (ECMH CoP)

The ECMH CoP offers a variety of training opportunities for those in the early childhood field and additional training for practitioners that work in ECMH. For more information, visit: https://www.nebraskababies.com/ecmh/cop

Circle of Security (COS) Parenting and Classroom

COS helps families and early care providers form strong relationships and is based on decades of attachment research. RiR supports COS facilitators by offering training, reflective consultation, and supporting evaluation, marketing tools and the statewide website. For more information, visit: https://www.necosp.org/

Nebraska Association for Infant Mental Health (NAIMH)

The NAIMH collaborates with RiR staff to ensure that messaging around infant and early childhood mental health has continuity across organizations. RiR supports the NAIMH mission by continuing to offer professional development opportunities and awareness by serving as a co-lead. For more information, visit: https://www.neinfantmentalhealth.org

Coach Collaboration & Capacity Building

Sixpence Child Care Partnerships, Step Up to Quality (SUTQ), and the Nebraska Department of Education (NDE) Office of Special Education collaborate with RiR to align coach training, reduce duplication of services, and increase the capacity of coaches in each initiative. For more information, visit: https://coachdevelopmentnetwork.com/

Statewide Capacity to Support Early Childhood Systems of Care

Nebraska Center on Reflective Practice

The Nebraska Center on Reflective Practice provides reflective practice Facilitating Attuned Interactions (FAN) training to early childhood education professionals and other professionals. RiR supports this organization by funding and supporting the evaluation of the training process. For more information, visit: https://www.nebraskababies.com/ncrp

Nebraska Child Care Referral Network (CCRN)

The CCRN allows parents and caregivers to look for care that meets their needs and then maps the results. It was developed in response to the pandemic. RiR has provided ongoing support to continue to grow the CCRN. For more information, visit: https://www.nechildcarereferral.org/

NC EC Initiatives

Rooted in Relationships collaborates with other Nebraska Children initiatives, such as Communities for Kids, Sixpence, and Nebraska Growing Readers.

Parent-Child Interaction Therapy (PCIT)

PCIT is a dyadic treatment for families with children ages 2-7 who are exhibiting disruptive or challenging behaviors. RiR supports PCIT by offering training support. There are currently 74 PCIT therapists trained in Nebraska. For more information, visit: https://www.nebraskababies.com/ecmh

Parents Interacting with Infants (PIWI)

PIWI is an evidence-based set of practices based on a philosophy about families, children and helping relationships. The objectives of PIWI are to increase confidence, competence, and positive relationships for parents and children ages 0-36 months. For more information, visit: https://rootedinrelationships.org/piwi

Pyramid State Leadership Team (PSLT)

PSLT is co-led by RiR staff and partners with the Nebraska MTSS system. Together they work to integrate the Pyramid Model into early childhood systems of care.

Evaluation Overview

Quantitative and qualitative evaluation data is collected to monitor progress and measure outcomes on both Pyramid Model implementation and community-based systems work. Evaluation findings are utilized to refine and update processes, improve outcomes, reduce burden, and support communities. This report primarily highlights findings from 2023 and the first half of 2024 (January-June). Due to the 3-year implementation period of the Pyramid Model, evaluation data is reported for the 2020-2023 cohort and the 2021-2024 cohort.

Supporting Community Early Childhood Systems of Care

The evaluation of each community's implementation plan for systems of care was customized to match the strategies adopted by that community. Community-level implementation priority areas included early care and education, early childhood mental health, family engagement, medical, and partnerships with schools. Evaluation findings are largely descriptive in nature and describe the reach of initiatives at the community and state level.
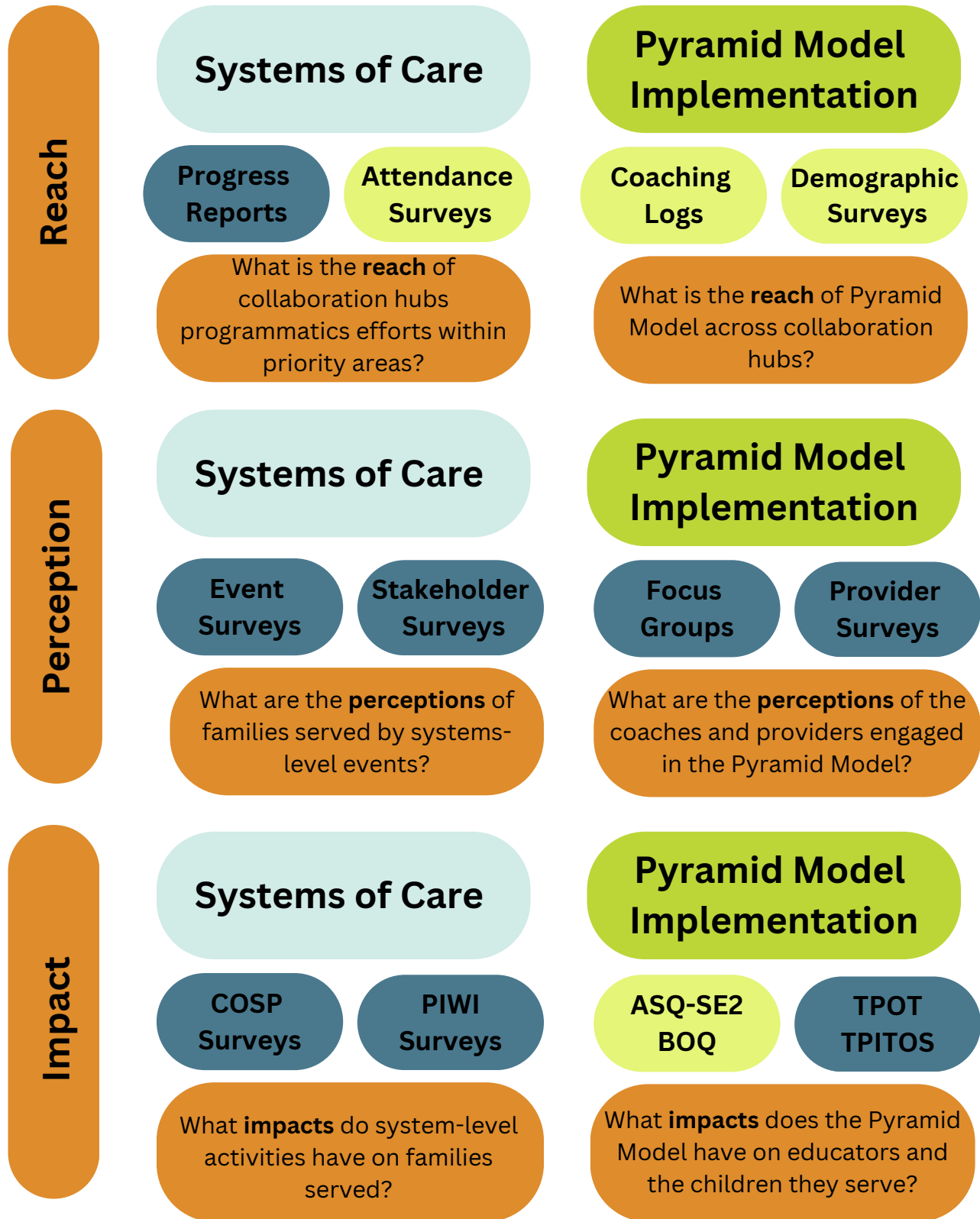
Pyramid Model Implementation

The evaluation of the Pyramid Model focused on assessing programmatic outcomes and triangulating findings with qualitative data gathered from coaches and providers over a 3-year implementation period. Within this evaluation, the following information was gathered:

- Child/provider sociodemographic data (survey)
- Coaching session logs (survey)
- Programmatic fidelity via a Benchmarks of Quality assessment (BOQ survey)
- Classroom outcomes via the Teaching Pyramid Observation Tool (TPOT) and the Teaching Pyramid Infant-Toddler Observation Scale (TPITOS)
- Program satisfaction (provider focus groups/interviews)
- Coaching satisfaction (survey)
- Social-emotional well-being of children (ASQ-SE2)

Evaluation Questions and Measures

■ Quantitative Measures
■ Qualitative Measures

Reach

Systems of Care

Progress Reports · **Attendance Surveys**

What is the **reach** of collaboration hubs programmatics efforts within priority areas?

Pyramid Model Implementation

Coaching Logs · **Demographic Surveys**

What is the **reach** of Pyramid Model across collaboration hubs?

Perception

Systems of Care

Event Surveys · **Stakeholder Surveys**

What are the **perceptions** of families served by systems-level events?

Pyramid Model Implementation

Focus Groups · **Provider Surveys**

What are the **perceptions** of the coaches and providers engaged in the Pyramid Model?

Impact

Systems of Care

COSP Surveys · **PIWI Surveys**

What **impacts** do system-level activities have on families served?

Pyramid Model Implementation

ASQ-SE2 BOQ · **TPOT TPITOS**

What **impacts** does the Pyramid Model have on educators and the children they serve?

Community Early Childhood Systems of Care Priority Areas

Early Care and Education

Strategies that fit into this system impact the affordability, accessibility, reliability, and quality of child care in the community.

Partnerships with Schools

Strategies that fit into this system impact the engagement between parents and schools or build partnerships with schools to increase social-emotional learning.

Early Childhood Mental Health

Strategies that fit into this system impact the knowledge of, availability of, and access to mental health consultation, assessment resources, and therapy services.

Family Engagement

Strategies that fit into this system encourage families to spend quality time together and encourage parent-child interactions.

Medical

Strategies that fit into this system impact the availability and accessibility of quality pre- and postnatal healthcare services.

Medical

Early Childhood Mental Health

Positive Social-Emotional Outcomes

Early Care and Education

Partnerships with Schools

Family Engagement

Community-Level Priority Areas

The table below identifies the strategies that were implemented across the RiR communities based on the five common priority areas as well as the year RiR communities began implementation of their system strategies.

Community	Year Implementation Began	Early Care and Education	Early Childhood Mental Health	Family Engagement	Medical	Partnerships with Schools
Buffalo	2017	✓		✓		
Dakota	2014	✓	✓	✓	✓	✓
Dawson	2014	✓	✓	✓		
Dodge	2015	✓	✓	✓	✓	
Douglas(N.Omaha)	2023	✓		✓	✓	
Douglas (S.Omaha)	2021		✓	✓		
Hall	2015	✓	✓	✓		
Keith	2017	✓	✓	✓		
Lancaster	2015	✓		✓		
Lincoln	2023	✓		✓		
Madison	2020	✓	✓	✓		✓
Panhandle	2018	✓		✓		✓
Phelps	2023	✓		✓		
Platte	2021	✓	✓	✓		✓
Saline	2014	✓		✓		
South Central	2023	✓				

"It [RiR] gives kids a voice. All these emotions they are feeling, it makes them valid. They're allowed to feel upset and frustrated, it [RiR] allows their voices to be heard."
-Year 1 RiR Provider

Systems of Care Reach in 2023

Within the bi-annual progress reports, communities were asked to estimate the number of families and children reached directly and indirectly as well as the number of individuals reached through communication efforts. Additional definition details can be seen in the key below.

4,292 Families served directly

5,072 Children served directly

9,981 Families served indirectly

13,710 Children served indirectly

105,738 Individuals reached through communication strategies

Definitions

Served Directly
Sustained contact with children or families (e.g., Pyramid Model implementation in the child's center or home child care, participation in a program like PIWI or COSP)

Served Indirectly
Typically reflects short-term activities with children and families (e.g., attendance at health fairs, attendance at parent trainings, etc.)

Reached through Communication
Typically reflects those reached through a communication strategy (e.g., a billboard, social media post, radio ad, etc.)

Systems of Care Reach in January-July 2024

Reach information was also captured for the first half of 2024 (January-June). The following numbers were reported.

1,981 Families served directly

2,552 Children served directly

4,031 Families served indirectly

6,387 Children served indirectly

411,680 Individuals reached through communication strategies (e.g., social media posts, radio ads, newsletter)

Early Care and Education

Strategies that fit into this system impact the affordability, accessibility, reliability, and quality of child care in the community. This report highlights systems-level activities for the entirety of 2023, as well as the first half of 2024 (January-July).

Networking Events

Networking events were hosted in seven RiR communities. A total of 35 networking events were reported by 11 communities with over 900 attendees throughout 2023. During the first half of 2024, 8 events were hosted in 3 communities with over 1,274 attendees.

2023

900 attendees

2024

1,274 attendees

Trainings

In 2023, trainings related to early childhood care and education were hosted in three communities with a total of 65 attendees. During the first half of 2024, 6 trainings were hosted in 4 communities with 193 attendees

2023

65 attendees

2024

193 attendees

Information Sharing

In 2023, three communities engaged in information-sharing strategies. These strategies were presentations (n=26), disseminating a community newsletter (n=358) or sending out an informational video (n=52). In the first half of 2024, information sharing events and newsletters were shared with over 492 individuals.

2023

436 engaged

2024

492 engaged

*Attendance information is based on estimates or attendance logs reported in the progress reports. Some events did not track attendance information and therefore it is not reported.

Early Childhood Mental Health

Strategies that fit into this system impact the knowledge about, availability of, and access to mental health consultation, assessment resources, and therapy services.

Parent-Child Interaction Therapy (PCIT)

PCIT is an empirically supported treatment for children ages two to seven that places emphasis on improving the quality of the parent/child relationship. In 2023 and 2024, 4 mental health providers provided PCIT to over 30 families in Dakota County.

Trainings

In 2023, Buffalo County hosted two mental health first aid trainings. Trainings related to early childhood mental health were also offered in Dodge* and Hall County (n=25).

Community Engagement

In Madison County, a mental health consultant shared their contact information at various provider events reaching over 20 providers. In Dakota County, various mental health round tables and trainings were conducted and reached at least 360 attendees during 2023. Within the first half of 2024, Dodge County worked with the Fremont Family Coalition to share resources to 940 parents/professionals via social media. Platte County provided mental health awareness campaign materials for the "How are you really" campaign to 192 individuals.

*Attendance data not reported

Family Engagement

Strategies that fit into this system encourage parents and caregivers to engage with and build strong relationships with their children. Three evidence-based programs that are used in this strategy are Circle of Security Parenting (COSP), Circle of Security Classroom (COSC), and Parents Interacting with Infants (PIWI).

Circle of Security Parenting™ (COSP) and Circle of Security Classroom™ (COSC)

COSP is an 8-week parenting program focused on building strong attachment relationships between parents and children. Rooted in Relationships supports COS facilitators by offering training, reflective consultation, supporting evaluation, marketing tools, and the statewide website. Many Nebraska Children initiatives (e.g., Community Well Being, Sixpence, Rooted in Relationships) and other funding sources (e.g., Nebraska Child Abuse Prevention Funds, Preschool Development Grant, DHHS, etc.) provide localized support, including funding programs in communities and offering childcare and incentives for class participation. Due to the unique blending and braiding of funding that supports COS across the state, all data is compiled into a statewide report. In the years 2021-2022, over 250 COS programs were conducted across the state (197 Circle of Security Parenting, and 60 Circle of Security Classroom).

For more information and to view the biannual evaluation report, visit: https://www.necosp.org/content/resources

In 2023, the following RiR communities provided COSP classes: Dodge County, Keith County, Platte County, Saline County and South Omaha.
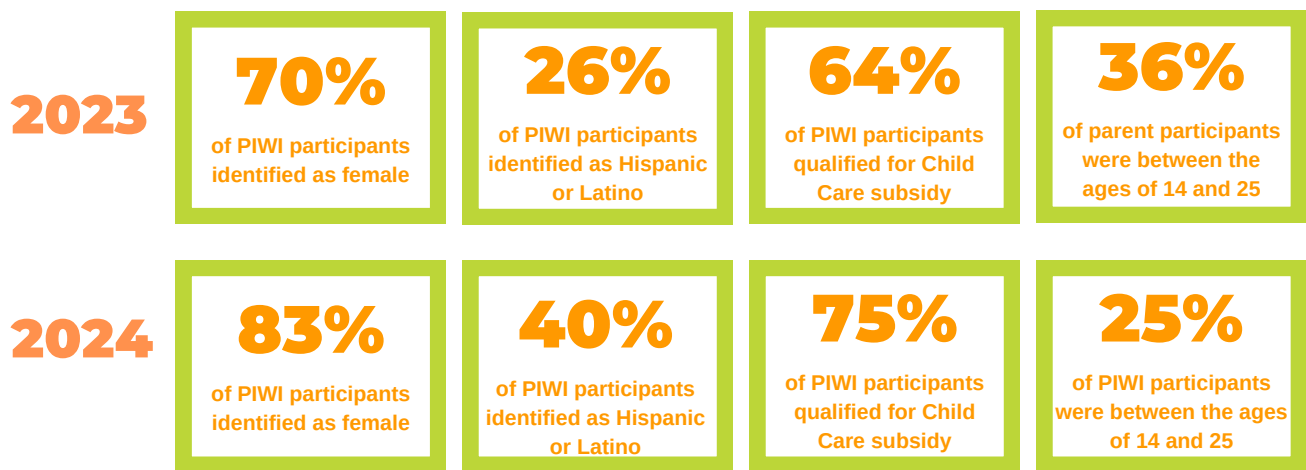

"It was such a great class, they reminded me of important parenting strategies, reaffirmed what I was doing well and gave me the tools to strengthen my relationships with my children."
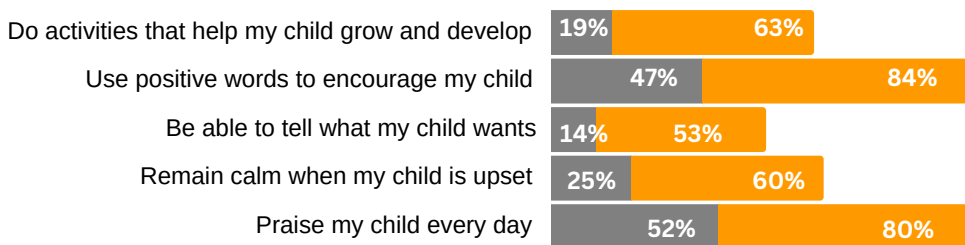**-COSP Participant**

Family Engagement
Parents Interacting with Infants (PIWI)

PIWI aims to increase confidence, competence, and positive relationships for parents and children 0-36 months of age. In 2023, RiR supported 11 classes that were offered in seven different communities with a total of 110 caregivers participating. Of those 110, 61 completed a participant survey (parent/caregiver demographics reported below). In the first half of 2024, RIR supported 2 classes in Lancaster and Dakota Counties to 11 caregivers. Of those 11, 10 completed a participant survey.* Survey items are aggregated across the 18-month time period.
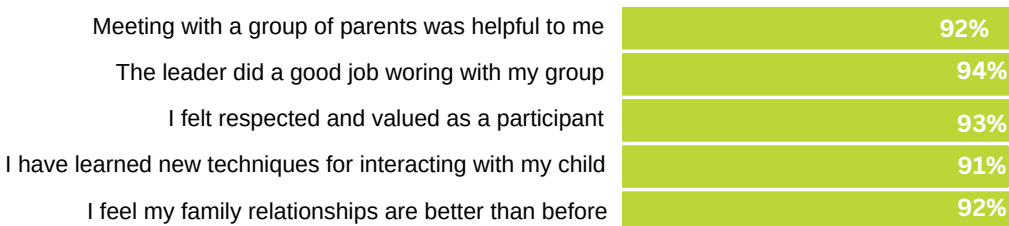
2023

70% of PIWI participants identified as female

26% of PIWI participants identified as Hispanic or Latino

64% of PIWI participants qualified for Child Care subsidy

36% of parent participants were between the ages of 14 and 25

2024

83% of PIWI participants identified as female

40% of PIWI participants identified as Hispanic or Latino

75% of PIWI participants qualified for Child Care subsidy

25% of PIWI participants were between the ages of 14 and 25

Legend:
- Before the class, I always or most of the time
- Now, at the end of class I always or most of the time

	Before	Now
Do activities that help my child grow and develop	19%	63%
Use positive words to encourage my child	47%	84%
Be able to tell what my child wants	14%	53%
Remain calm when my child is upset	25%	60%
Praise my child every day	52%	80%

"I enjoyed watching my children interact with other kids. We received lots of good information and some great new techniques for interacting."
-PIWI Parent Participant

Legend: Agree/Strongly Agree

	Agree/Strongly Agree
Meeting with a group of parents was helpful to me	92%
The leader did a good job woring with my group	94%
I felt respected and valued as a participant	93%
I have learned new techniques for interacting with my child	91%
I feel my family relationships are better than before	92%

"I got more ideas for interactions and support for dealing with behaviors."
-PIWI Parent Participant

*Some participants left parts of the survey incomplete

Community-Level Strategies for Developing and Sustaining Family Engagement

Community events were divided into three categories: family fun events, family interaction resources, and other community efforts. The table below describes events that occurred in 2023 and the first half (January-July) of 2024.

Family Fun Nights/Events	Family Interaction Resources	Other Community Efforts
YMCA Healthy Kids Day (Dakota County; n=53)	5 Ways to Help Your Child Learn (Dakota County; n=250)	Project Connect: Provides healthcare services to families in need (Hall County; n=80)
Library StoryWalks/summer reading kick-off events (Dakota County & Dodge County; n=2487)	Community baby showers (Dakota County; n=73)	Family engagement presentation on social/emotional development for parents (North Omaha; n=32)
Week of the Young Child events (Buffalo County, Dawson County, Dodge County & Panhandle; n=1,036)	Social emotional backpacks (Dawson; n=67 backpacks checked out)	Health fair (Panhandle; n=26)
Party in the Park (Dodge County; n=400)	Family Cafes (Buffalo County; n=40)	Hosted a Mondo Method Training for Families (Phelps County; n=38)
Wildlife Encounters show (Dodge County; n=20)	Book Walk for families (Dakota County; n=488)	Social Media posts and flyers on early childhood mental health were shared (Dawson County; n=2,232)
Daniel Tiger meet & greet (Dodge County; n= 50)	Summer Kick off to share resources about quality child care (South Central; n=110)	
Play is the Way event (Lincoln County; n=14)		
ESU HeadStart Family Night (Panhandle; n=9)		
Juneteenth Parade (North Omaha; n=725)		
Springtacular Event (Madison County, n=250)		

Partnerships with Schools

Strategies that fit into this system impact the engagement between parents and schools or builds partnerships with schools to increase social emotional learning. Below are some example activities that took place during 2023 and the first half of 2024.

Engagement with Local School Systems in 2023

Buffalo County hosted a provider transition night (n=40)

Dakota County hosted summer school sessions focused on social emotional learning (n=79)

Dawson County shared social emotional books and information at an event (n=186)

Madison County hosted a "Power of Preschool" presentation for birth to five providers (n=12)

The Panhandle community hosted an "Unpacking the Pyramid" training to school staff (n=10)

Platte County partnered with ESU #7 productions to allow RiR providers to access productions like school providers (n=37)

Engagement with Local School Systems in January-July 2024

Dakota County hosted summer school sessions focused on social emotional learning (n=37)

Phelps County hosted a "Summer Blowout" with over 100 attendees

Medical

Strategies that fit into this system impact the availability and accessibility of quality pre- and postnatal healthcare services (e.g., screenings for parental mental health/substance use, child development screenings within primary care, increase in engagement around early childhood mental health).

In Dakota County during 2023 & 2024, a Prescription for Reading program offered during well child checks reached over 1,291 parents/caregivers. In addition, meetings targeted towards childcare professionals included over 550 attendees. Meeting topics included behavioral health, autism, substance abuse screening for pregnant mothers, and childhood lead and poisoning prevention.

1,841 individuals reached in Dakota County

Dodge County hosted a Winter Resource Fair in 2023 where services such as vaccines and dental screenings were provided for children five and under. A total of 115 individuals attended the fair. In 2024, Dodge County made connections with Women and Infant Clinics and Connect with Good Neighbor to discuss recruitment and referrals.

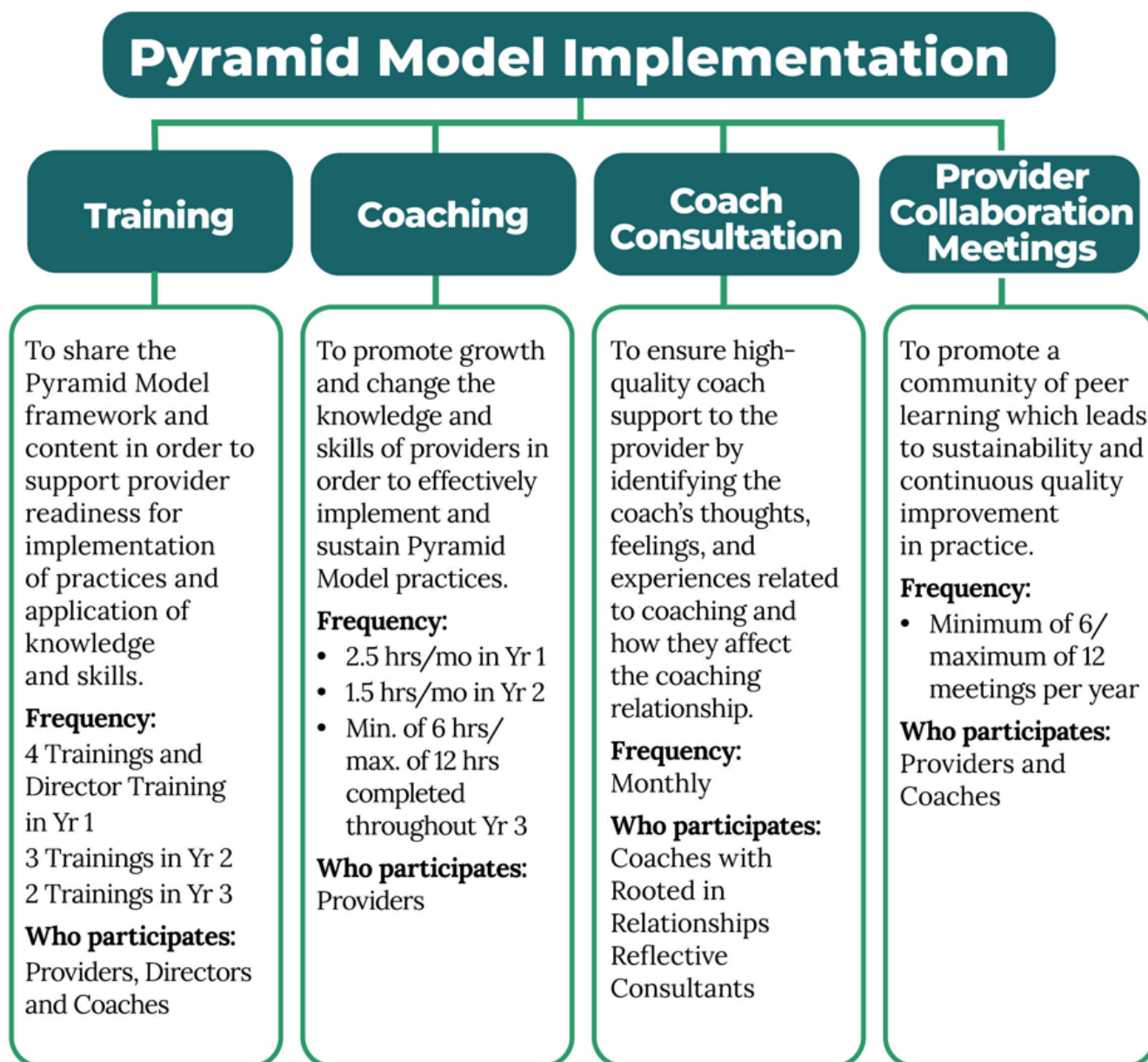**115 individuals attended the Dodge County resource fair**

In North Omaha in 2023, health screening and vaccination events were hosted in collaboration with Methodist College of Nursing and Creighton University College of Nursing. A total of 56 children received hearing tests, lead tests, and dental screenings. Additionally, 29 parents receiving information on diabetes and cholesterol.

75 parents and children reached in North Omaha

Pyramid Model Implementation

About Implementation

The RiR Pyramid Model implementation offers center-based and home-based child care providers with Pyramid Model training and ongoing coaching support for the implementation of positive strategies to promote young children's social-emotional development and skills. Providers participate in training, coaching, and collaboration meetings for three years.

Pyramid Model Implementation

Training

To share the Pyramid Model framework and content in order to support provider readiness for implementation of practices and application of knowledge and skills.

Frequency:
4 Trainings and Director Training in Yr 1
3 Trainings in Yr 2
2 Trainings in Yr 3

Who participates:
Providers, Directors and Coaches

Coaching

To promote growth and change the knowledge and skills of providers in order to effectively implement and sustain Pyramid Model practices.

Frequency:
- 2.5 hrs/mo in Yr 1
- 1.5 hrs/mo in Yr 2
- Min. of 6 hrs/ max. of 12 hrs completed throughout Yr 3

Who participates:
Providers

Coach Consultation

To ensure high-quality coach support to the provider by identifying the coach's thoughts, feelings, and experiences related to coaching and how they affect the coaching relationship.

Frequency:
Monthly

Who participates:
Coaches with Rooted in Relationships Reflective Consultants

Provider Collaboration Meetings

To promote a community of peer learning which leads to sustainability and continuous quality improvement in practice.

Frequency:
- Minimum of 6/ maximum of 12 meetings per year

Who participates:
Providers and Coaches

More Information About the Pyramid Model Evaluation

The Pyramid Model evaluation employs a mixed-methods longitudinal design. Provider/director counts include all provider types (e.g., director, assistant director, home-based provider, lead provider, assistant provider).
A few important notes related to the evaluation process include:

1. Centers only complete the Benchmarks of Quality v2 (BOQ) if the Pyramid Model is being implemented center-wide. All home-based providers complete a BOQ. Center-wide engagement is reduced in the reported numbers from 2020-2023 due to the COVID-19 pandemic.
2. Only lead center-based teachers receive a TPOT or TPITOS observation. assistant providers, directors, and home-based providers do not receive an observation.
3. A new "cohort" starts every year. Therefore, some regions may have cohorts in Year 1 of implementation as well as Year 2 and Year 3. The following data is reported for cohorts that began in 2020 and ended in the Spring of 2023 and cohorts that began in 2021 and ended in the Spring of 2024.
4. The TPOT/TPITOS data and the BOQ data analyzed in this report represent lead providers and sites that have at least two time-points of data collection since 2020. All reported data is from providers that were in Year 1 of implementation in Fall of 2020.

Year 1 Data

BOQ
ASQ-SE2
Child Demographic Survey
TPOT & TPITOS
Provider Focus Groups
Reflective Consultation Surveys
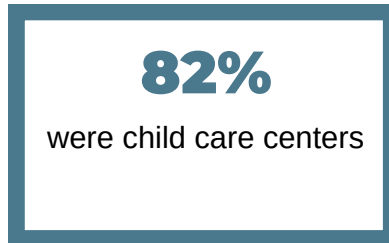Coaching Logs

Year 2 Data

BOQ
ASQ-SE2
Child Demographic Survey
TPOT & TPITOS
Provider Interviews
Provider Satisfaction Survey
Reflective Consultation Surveys
Coaching Logs

Year 3 Data

BOQ
ASQ-SE2
Child Demographic Survey
TPOT & TPITOS
Provider Exit Survey
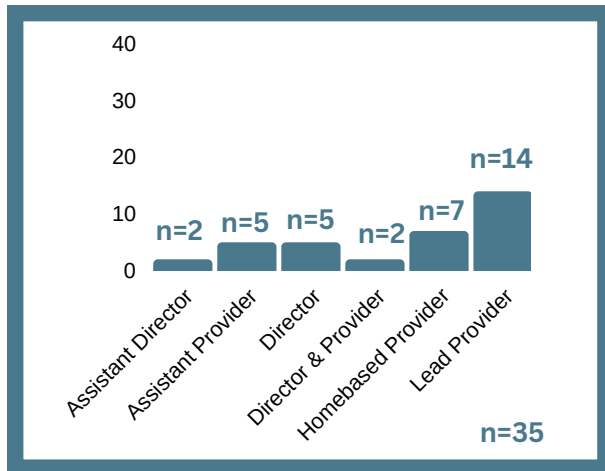Reflective Consultation Surveys
Coaching Logs

Participating Programs in 2023

In 2023, the following regions participated in the RiR Pyramid Model Implementation: Buffalo, Dakota (Dixon and Thurston), Dodge, Douglas (North Omaha and South Omaha), Hall (Hamilton), Lancaster, Lincoln, Madison (Boone), Panhandle (Box Butte, Deuel, Morrill, and Scottsbluff), Phelps, Platte (Colfax), Saline (Jefferson and Fillmore), and South Central (Adams, Webster, and Nuckolls).
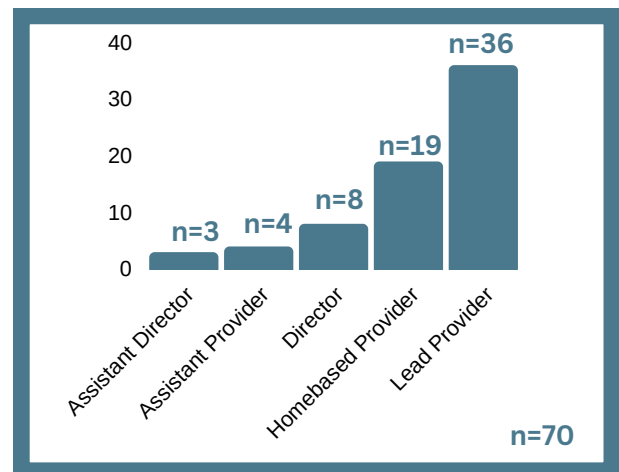
147	82%	18%
programs participated in RiR Pyramid Model in 2023.	were child care centers	were family child care homes
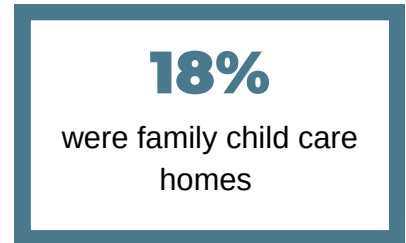
The following graphs demonstrate the number of providers/directors in each cohort that are currently engaged* in the RiR initiative or completed their engagement in 2023 or the spring of 2024. There were 265 participants actively engaged in the initiative at the end of 2023.
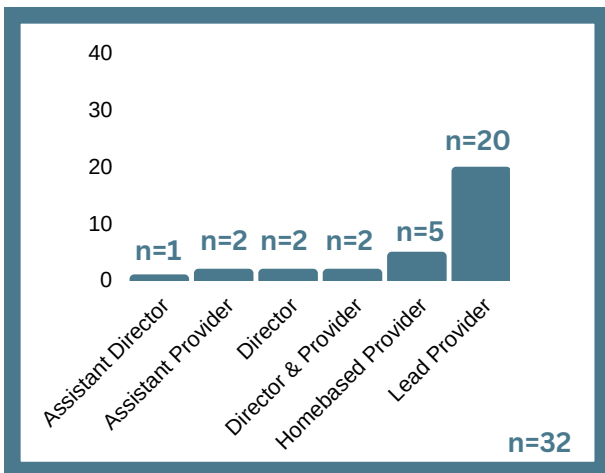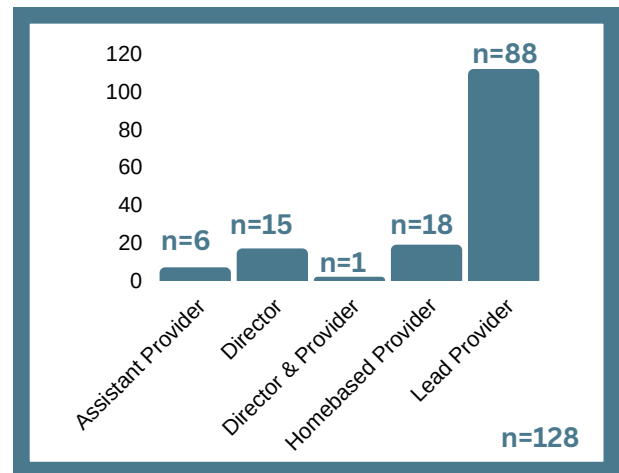
2020-2023

n=35

(Bar graph, values: Assistant Director n=2, Assistant Provider n=5, Director n=5, Director & Provider n=2, Homebased Provider n=7, Lead Provider n=14)

2021-2024

n=70

(Bar graph, values: Assistant Director n=3, Assistant Provider n=4, Director n=8, Homebased Provider n=19, Lead Provider n=36)

2022-2025

n=32

(Bar graph, values: Assistant Director n=1, Assistant Provider n=2, Director n=2, Director & Provider n=2, Homebased Provider n=5, Lead Provider n=20)

2023-2026

n=128

(Bar graph, values: Assistant Provider n=6, Director n=15, Director & Provider n=1, Homebased Provider n=18, Lead Provider n=88)
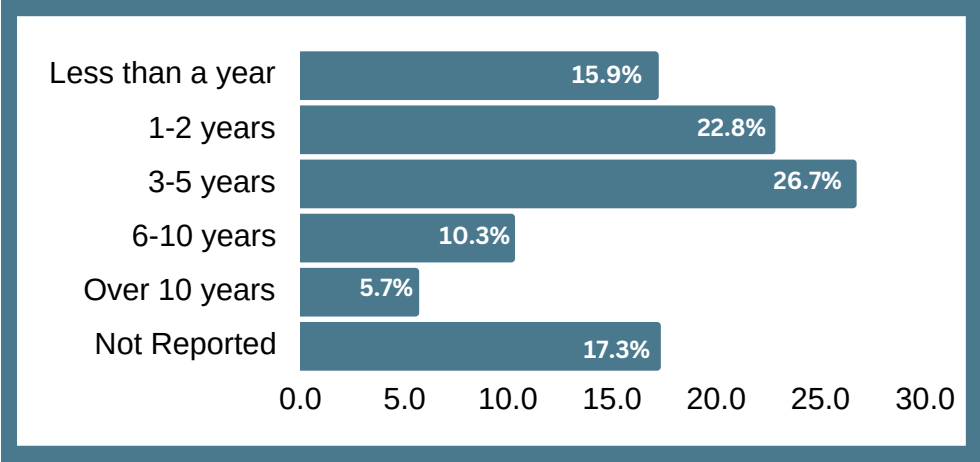
*Numbers shared in the following bar graphs report those currently enrolled in each cohort. Providers that had an early exit from the initiative are not included.

Participating Providers in 2023

In 2023, across all cohorts, 311 providers/directors were engaged in the Pyramid Model. Of those 311, 46 made an early exit from the program resulting in a retention rate of 85.3%. Of the providers that disclosed years of experience on their demographic survey (n=232)*, a plurality of providers had 3-5 years of experience (26.7%), followed by 1-2 years of experience (22.8%) or less than a year (15.9%). A total of 10.3% of providers reported 6-10 years of experience and 5.7% of providers had been involved in child care for over 10 years.

Provider Child Care Experience

Category	Percentage
Less than a year	15.9%
1-2 years	22.8%
3-5 years	26.7%
6-10 years	10.3%
Over 10 years	5.7%
Not Reported	17.3%

48.8% of providers' highest education level was a high school degree

17.6% of providers had an Associate's degree
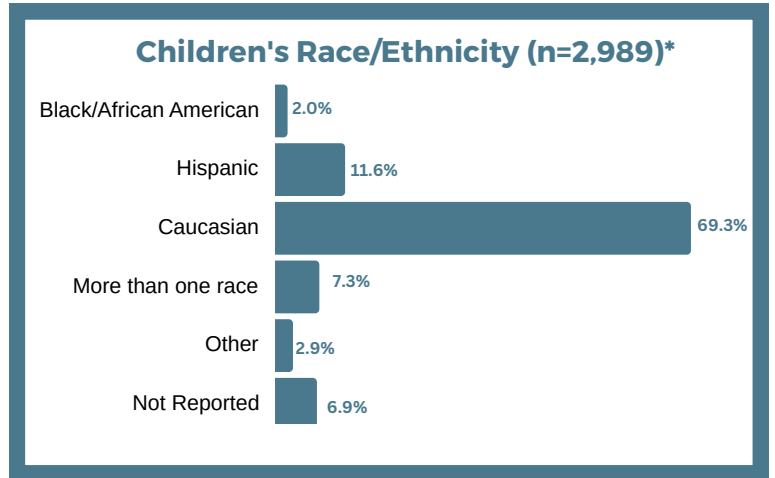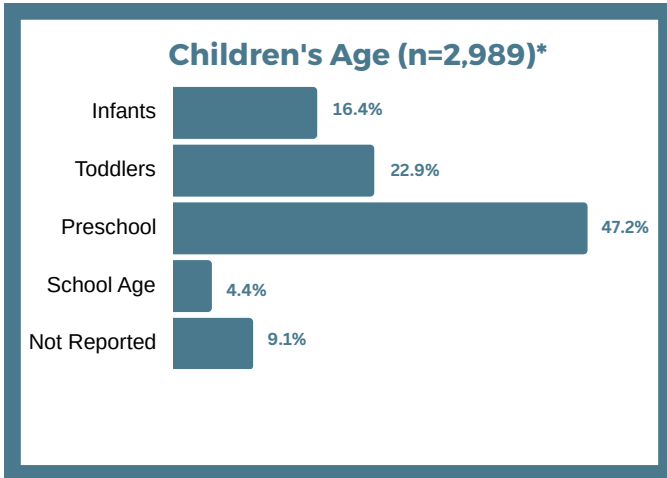
12.8% of providers had a Bachelor's degree

"This program is amazing. I have learned so much over the three years. I just loved the program."
-Year 3 RiR Provider

*Not all providers shared demographic information and therefore demographic data is missing for some providers.

Participating Children in 2023

Children's Age (n=2,989)*

- Infants: 16.4%
- Toddlers: 22.9%
- Preschool: 47.2%
- School Age: 4.4%
- Not Reported: 9.1%

Children's Race/Ethnicity (n=2,989)*

- Black/African American: 2.0%
- Hispanic: 11.6%
- Caucasian: 69.3%
- More than one race: 7.3%
- Other: 2.9%
- Not Reported: 6.9%

23%
of children qualified for a state child care subsidy

5%
of children had an IEP or IFSP in place

3%
of children were referred to early intervention services in the last Year

Social-Emotional Needs of Children Involved in Pyramid

To assess the social-emotional development of individual children engaged in the RiR initiative, providers asked parents to complete a screener, the Ages & Stages Questionnaire, Social-Emotional 2nd Edition (ASQ-SE2). The ASQ-SE2 has an age-anchored cutoff score. Scores at or above the cutoff are flagged, indicating that the child's skills are outside the typical range and that the child may be at risk for delays in social-emotional development. In 2023, ASQ-SE2 screeners were collected for 1,528 children that were in classrooms or family child care homes. 93.2% of children had typical social-emotional skills based on parent reported data, with 6.8% of children not demonstrating typical skills.

93.2%
of children had typical social-emotional skills

*Not all participants completed a demographic survey, so reported data is not comprehensive of all engaged children.
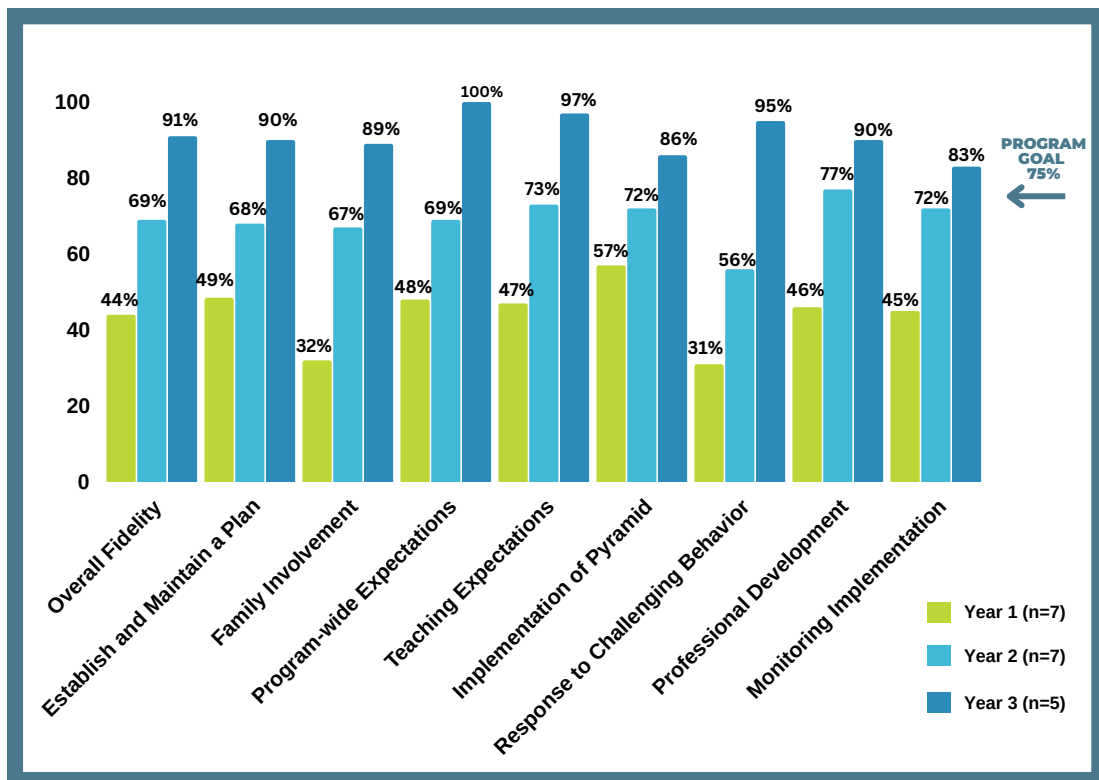
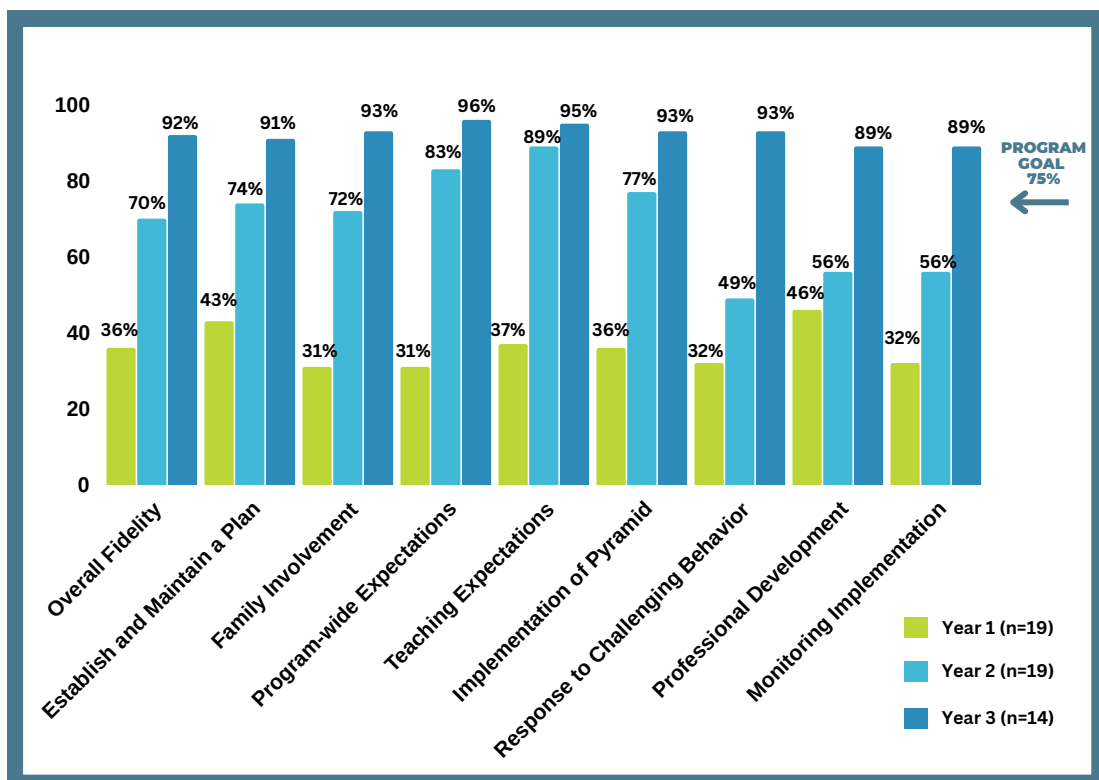# Fidelity for Family Child Care Home Benchmarks of Quality

2020-2023

Family Child Care Home 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

All home providers use a fidelity 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 fidelity to the Pyramid Model, 75% of the practices must be in place. For the 2020-2023 cohort, by Year 3, the program goal was met for overall fidelity (91%) as well as in all sub-scales. For the 2021-2024 cohort, by Year 3, the program goal was met for overall fidelity (92%) as well as in all sub-scales.

Chart: 2020-2023 — Percentage by sub-scale

Sub-scale	Year 1 (n=7)	Year 2 (n=7)	Year 3 (n=5)
Overall Fidelity	44%	69%	91%
Establish and Maintain a Plan	49%	68%	90%
Family Involvement	32%	67%	89%
Program-wide Expectations	48%	69%	100%
Teaching Expectations	47%	73%	97%
Implementation of Pyramid	57%	72%	86%
Response to Challenging Behavior	31%	56%	95%
Professional Development	46%	77%	90%
Monitoring Implementation	45%	72%	83%

PROGRAM GOAL 75%

2021-2024

Chart: 2021-2024 — Percentage by sub-scale

Sub-scale	Year 1 (n=19)	Year 2 (n=19)	Year 3 (n=14)
Overall Fidelity	36%	70%	92%
Establish and Maintain a Plan	43%	74%	91%
Family Involvement	31%	72%	93%
Program-wide Expectations	31%	83%	96%
Teaching Expectations	37%	89%	95%
Implementation of Pyramid	36%	77%	93%
Response to Challenging Behavior	32%	49%	93%
Professional Development	46%	56%	89%
Monitoring Implementation	32%	56%	89%

PROGRAM GOAL 75%

Pyramid Coaching Sessions in 2023-2024

Coaches logged coaching visits throughout the year. Information collected included frequency and intensity of coaching, content/characteristics of coaching sessions, and types of support provided.

Frequency and Intensity of Coaching

Coaches logged 2,873 in-person visits, phone consultations and teleconferencing sessions within 2023. During the first half of 2024 a total of 1,357 sessions took place. Over the 18-month total time period, 95.5% of coaching sessions happened in-person with the average coaching session lasting 67 minutes.

Characteristics of Coaching Sessions

A typical coaching session used a cyclical process. Session characteristics in 2023 included planning (66%), problem-solving (55%), providing feedback (35%), or focused observation of provider with a group (33%). In the first half of 2024, a typical session included planning (69%), problem-solving (56%), focused observation of the provider with a group (36%), and providing feedback to the provider (29%).

Support for Challenging Behaviors

In 2023, coaches documented 25 instances of referring a child to supportive services such as a mental health provider or the Nebraska Early Development Network (EDN). In the first half of 2024, 9 referrals were made to services such as EDN or a healthcare provider.

Content of Coaching Sessions

Over the 18-month time period, coaching sessions focused on the following:
- classroom environment (47%)
- promoting child engagement (35%)
- teaching social-emotional competencies (34%)
- providing/sharing resources (31%)
- discussing schedules/transitions (25%)
- teaching friendship skills (22%)
- using praise/reinforcement (21%)
- relationships with children (21%)
- communicating with families (19%)
- responding to persistent and challenging behaviors (15%)

Across the state, 45 coaches worked closely with early childhood providers to implement the Pyramid Model. Each county had coaching teams consisting of one to six coaches, including a lead coach who provided additional support and technical assistance to the team. Coaches had expertise in early childhood development and early childhood education. Some of the coaches were mental health providers; other coaches were early childhood specialists who typically had experience as classroom providers, trainers, supervisors, or administrators.
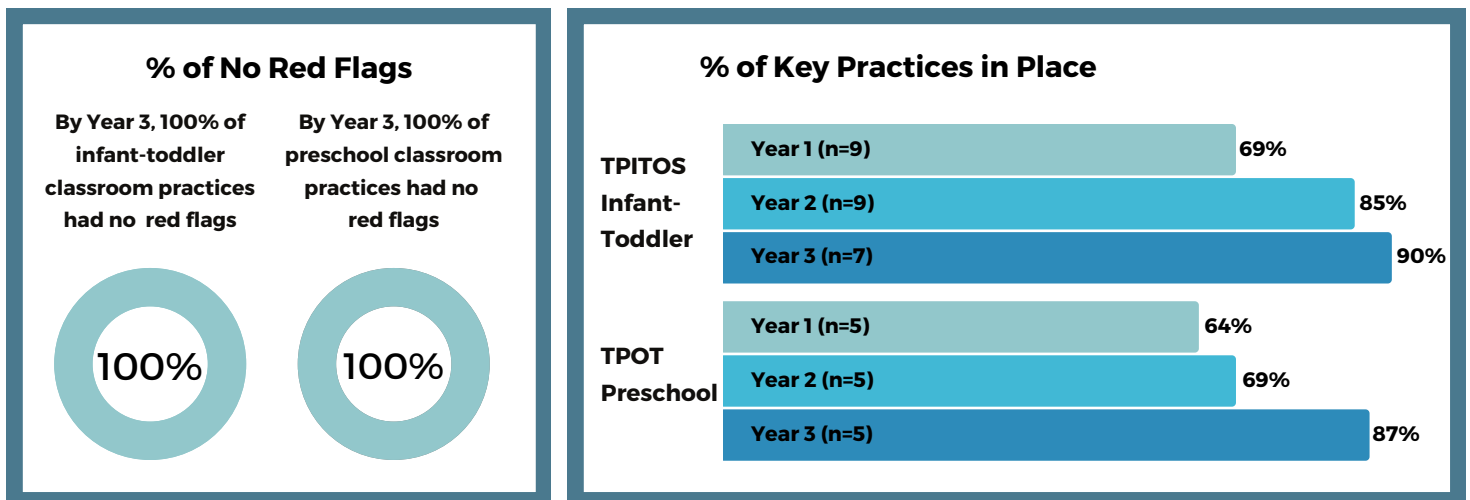
Outcomes for Center-Based Classrooms

To measure center-based classroom outcomes, external evaluators completed observations using the Teaching Pyramid Observation Tool, Research Edition (TPOT) for preschool rooms and the Teaching Pyramid Infant-Toddler Observation Scale, Revised (TPITOS) for infant and toddler rooms. The following results include all lead providers from cohorts 2020-2023 and 2021-2024 who have at least two observations using the same tool (TPOT or TPITOS). The analyses measured the incidence of negative classroom practices (i.e., red flags), changes over time and percentage of key practices (Pyramid Model strategies) that are met. Scores are reported on two scales. **Fidelity for both tools was defined as meeting 80% of key practices and having no red flags.**

Intensive Intervention

Targeted Social Emotional Supports

High Quality Supportive Environments

Nurturing & Responsive Relationships

Effective Workforce

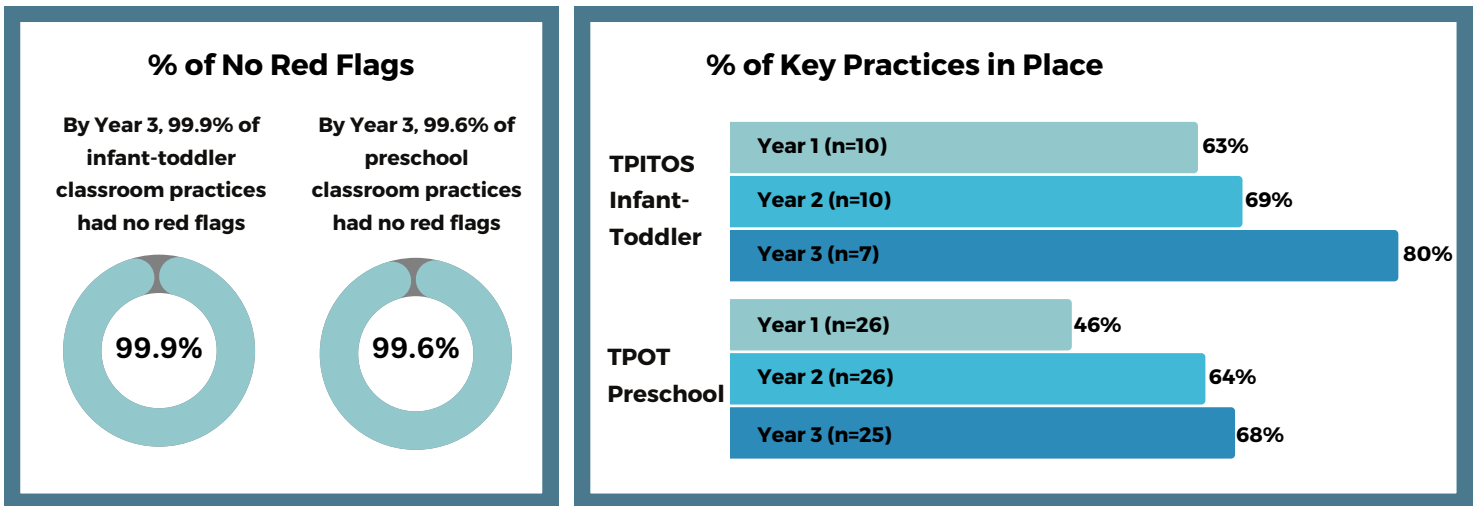## 2020-2023 Cohort TPOT/TPITOS Findings

From 2020 to 2023, average TPITOS scores increased from 69% to 90%. TPOT scores increased from 64% to 87%. No red flags were identified within either age group by Year 3. By Year 3, all providers had achieved fidelity to the observation tools. Providers' scores were only included in the analyses if they had at least two time points of data. *This cohort's size was impacted by the COVID-19 pandemic.*

% of No Red Flags

By Year 3, 100% of infant-toddler classroom practices had no red flags

100%

By Year 3, 100% of preschool classroom practices had no red flags

100%

% of Key Practices in Place

TPITOS Infant-Toddler	
Year 1 (n=9)	69%
Year 2 (n=9)	85%
Year 3 (n=7)	90%

TPOT Preschool	
Year 1 (n=5)	64%
Year 2 (n=5)	69%
Year 3 (n=5)	87%

Outcomes for Center-Based Classrooms
2021-2024 Cohort TPOT/TPITOS Findings

From 2021 to 2024, average TPITOS scores increased from 63% to 80%. TPOT scores increased from 46% to 68%. Tool fidelity is identified as achieving 80% of key practices thus fidelity to the tool was achieved for TPITOS scores but not TPOT scores. Providers' scores were only included in the analyses if they had at least 2 time points of data.

% of No Red Flags

By Year 3, 99.9% of infant-toddler classroom practices had no red flags

99.9%

By Year 3, 99.6% of preschool classroom practices had no red flags

99.6%

% of Key Practices in Place

TPITOS Infant-Toddler
- Year 1 (n=10) — 63%
- Year 2 (n=10) — 69%
- Year 3 (n=7) — 80%

TPOT Preschool
- Year 1 (n=26) — 46%
- Year 2 (n=26) — 64%
- Year 3 (n=25) — 68%

ANOVA Findings

An Analysis of Variance (ANOVA) test was conducted to compare the means of groups across the 3-Year implementation period. 2020-2023 and 2021-2024 were combined for analyses purposes to determine if significant change in TPOT/TPITOS key practices occurred from Year 1 to Year 3.
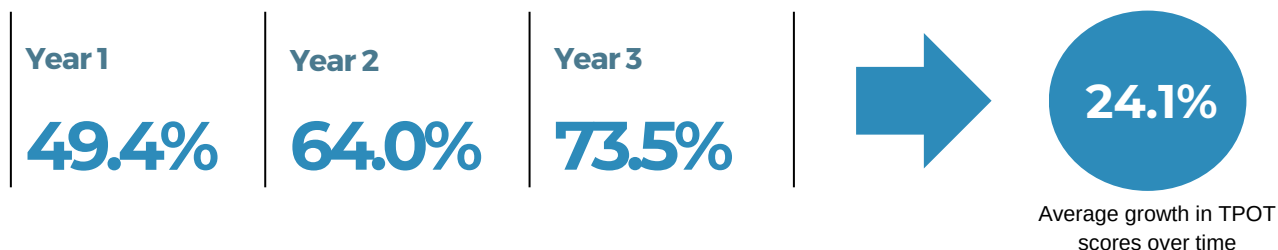
For the TPOT tool, there was a statistically significant difference between Year 1, Year 2 and Year 3 scores as determined by one-way ANOVA (F(2,203)=42.3, $p<.001$). A Tukey post hoc test revealed that scores were significantly higher between Years 1 and 2 (16% mean difference) and Years 1 and 3 (22% mean difference) between timepoints ($p<.001$). Scores were not significantly different between Year 2 and Year 3 (7% mean difference) between timepoints ($p=.104$).

For the TPITOS tool, there was a statistically significant difference between Year 1, Year 2 and Year 3 scores as determined by one-way ANOVA (F(2,283)=30.4, $p<.001$). A Tukey post hoc test revealed that scores were significantly higher between Years 1 and 2 (11% mean difference) and Years 1 and 3 (17% mean difference) between timepoints ($p<.001$). Scores were not significantly different between Year 2 and Year 3 with a mean difference of 6% between timepoints ($p=.103$). These findings suggest the most influential change in practice takes place from the 1st Year to the 2nd Year of initiative implementation.

Outcomes for Center-Based Classrooms Longitudinal Findings

To evaluate the impact of the Rooted in Relationships initiative over the past 10 Years an analysis took place examining the relationship between coaching logs and TPOT/TPITOS scores. The purpose of this analysis was two fold; (1) to determine if certain coaching characteristics were associated with TPOT/TPITOS score growth from Year 1 to Year 3 and (2) to determine if certain coaching characteristics are associated with achieving fidelity to the observation tools (i.e., achieving a score of 80%). Center-based lead providers were included in the analysis if they had 3 observation scores across the 3-Year implementation period. Providers were excluded if they switched classrooms during the implementation period thus requiring them to change which observation tool was employed or if they received less than 10 coaching sessions over the 3 years. Since program implementation in 2014, a total of 109 educators had 3 timepoints of data and were therefore included in the analysis.

TPOT Average Scores

Year 1	Year 2	Year 3
49.4%	**64.0%**	**73.5%**

24.1%

Average growth in TPOT scores over time

TPITOS Average Scores

Year 1	Year 2	Year 3
68.3%	**78.4%**	**84.7%**

16.4%

Average growth in TPITOS scores over time

P<.001

The number of coaching minutes was significantly associated with TPOT scores. Every 100 minute increase in coaching time was significantly associated with a growth of 0.6 in TPOT scores at the 5% level.

P=.061

In-person coaching was associated with higher TPOT scores. One percentage point increase was associated with a 0.17 higher score on TPOT. This was significant at the 10% level.
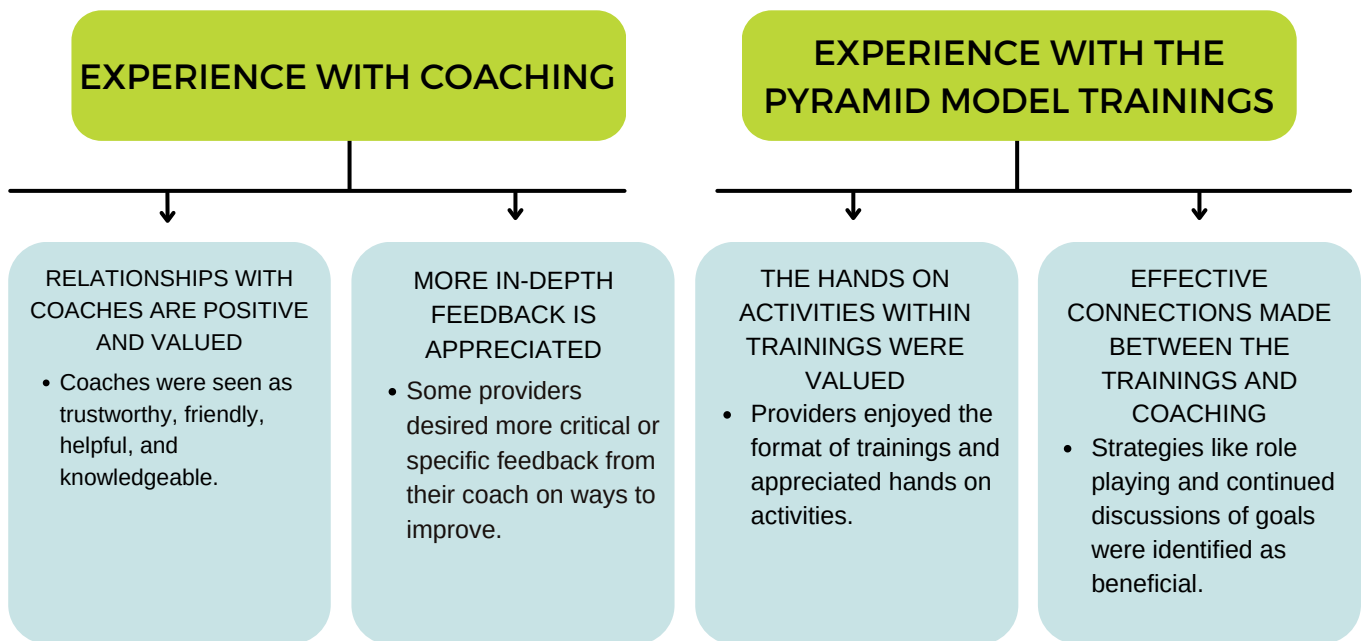
P=0.17 P=0.23

Observation score growth was higher by 11.8 points for TPOT and 5.1 points for TPITOS if participants received more than two-thirds of their coaching in-person.

2,149

Average number of minutes of total coaching that providers received over the 3-Year implementation period.

Year 1 Provider Perceptions

The RiR evaluation collected data from providers at three points in time via focus groups (Year 1) and surveys (Years 2 & 3) to determine their satisfaction with the program, to measure their self-assessment of their Pyramid skills, and to gather their feedback on how to improve the program. Full provider outcome findings are reported elsewhere. Perspectives of providers engaged in Year 1 in 2023 (n=3 communities) and 2024 (n=10 communities) were analyzed using a deductive thematic analysis. Thematic findings are reported below.

EXPERIENCE WITH COACHING

RELATIONSHIPS WITH COACHES ARE POSITIVE AND VALUED
- Coaches were seen as trustworthy, friendly, helpful, and knowledgeable.

MORE IN-DEPTH FEEDBACK IS APPRECIATED
- Some providers desired more critical or specific feedback from their coach on ways to improve.

EXPERIENCE WITH THE PYRAMID MODEL TRAININGS

THE HANDS ON ACTIVITIES WITHIN TRAININGS WERE VALUED
- Providers enjoyed the format of trainings and appreciated hands on activities.

EFFECTIVE CONNECTIONS MADE BETWEEN THE TRAININGS AND COACHING
- Strategies like role playing and continued discussions of goals were identified as beneficial.

INFLUENCE OF PYRAMID MODEL

Limited utilization of time-outs and program expulsions

"I used to use time-outs but I have been working to get away from that. And being in this class, I just decided that this is going to be the change. There are times where they [children] do need a moment and I just look at them and it's like okay let's take a moment to sit, think, calm down and we will come up with a solution."-Year 1 Provider

Strengthened relationships and communication with parents

"I think it has helped my relationships with parents in making us more knowledgeable, especially when it comes to challenging behaviors. They come to us for guidance if it's happening at home, too. Now we have a lot more knowledge ourselves so we can help."
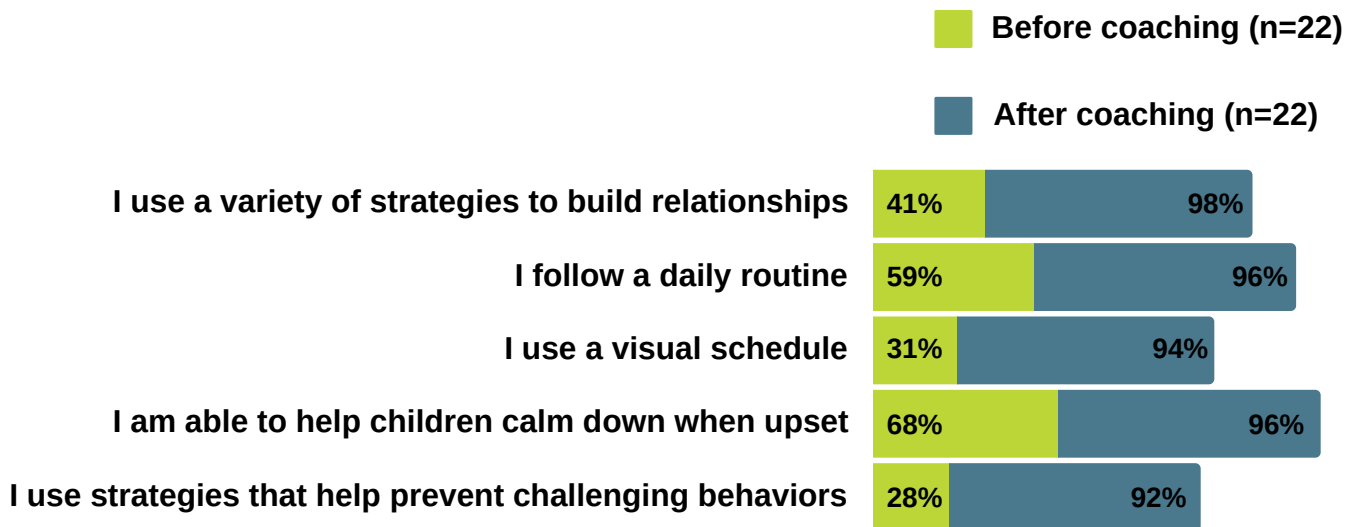-Year 1 Provider

Intrinsic value for program and a desire to maintain learned strategies

"I could see the different relationships I have with the kids with me being in Rooted and with my co-workers not being in Rooted. I like how much more calm I am when it comes to disciplining and behaviors."
-Year 1 Provider

Year 2 Provider Perceptions

Providers that were in their 2nd Year of RiR during 2023 (n=22) completed a 28-question pre- and post-survey as a self-assessment of their skills to support the social-emotional competence of all the children in their classroom and to support an individual child with more persistent behavioral challenges. The table below reports the percentage of providers that often or almost always engage in each Pyramid strategy before and after coaching.

Social-Emotional Competence Findings

Before coaching (n=22)

After coaching (n=22)

	Before	After
I use a variety of strategies to build relationships	41%	98%
I follow a daily routine	59%	96%
I use a visual schedule	31%	94%
I am able to help children calm down when upset	68%	96%
I use strategies that help prevent challenging behaviors	28%	92%

100%
believe the Pyramid Model has been helpful with addressing behavior challenges

100%
believe Pyramid Model coaching has been helpful to support children's social-emotional development
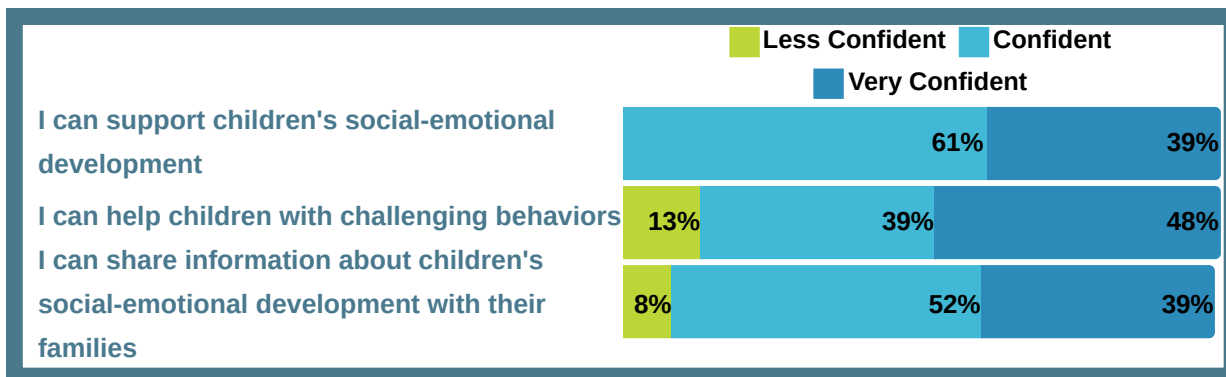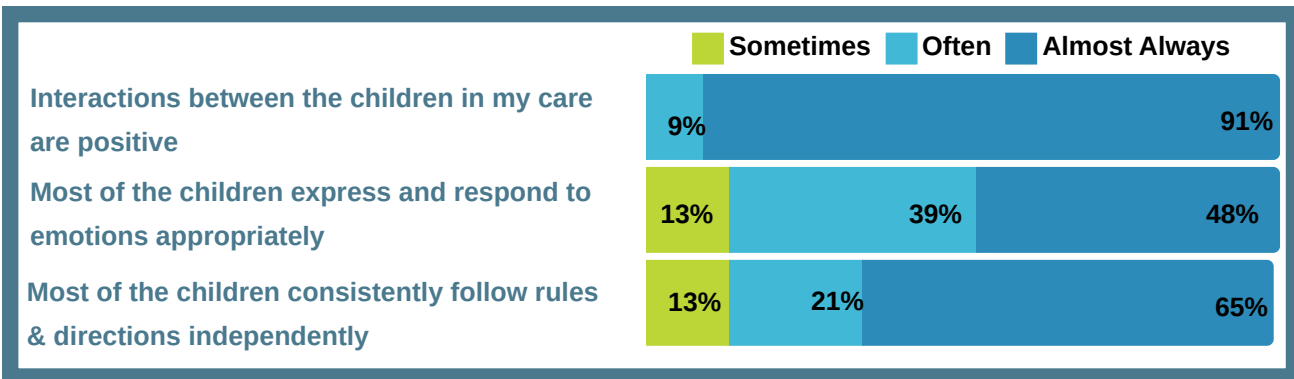
"Going through the steps has helped me so much in my classroom and knowing what I need to be working on."
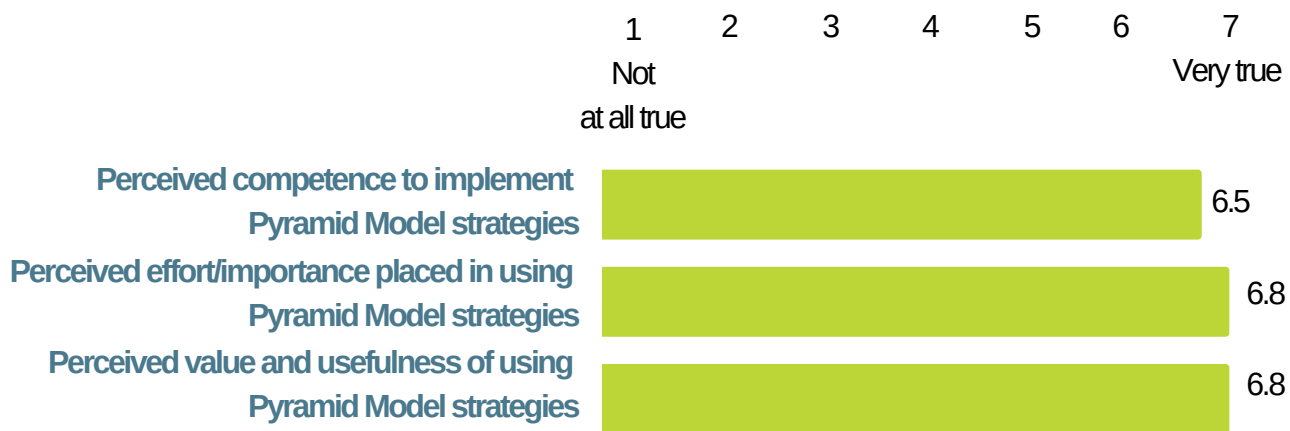
-Year 2 Provider

Year 3 Provider Perceptions

During Year 3, providers are asked to complete an exit survey. In 2023, this survey consisted of 14-items that included an assessment of their children's social-emotional skills, reflections on their mastery of Pyramid Model practices, and feedback about their experience in RiR. Between 2023 and 2024, the exit survey was modified to better capture changes in provider motivation related to the Pyramid Model. The 2024 survey findings are reported separately for the cohorts that exited the program in the Spring of 2023 (n=23) and the Spring of 2024 (n=62). **Surveys were provided in English and Spanish.** Scale items included: (1) almost never, sometimes, often, almost always and (2) not at all confident, a little bit confident, moderately confident, confident very confident.

Sometimes | **Often** | **Almost Always**

Interactions between the children in my care are positive: 9%, 91%

Most of the children express and respond to emotions appropriately: 13%, 39%, 48%

Most of the children consistently follow rules & directions independently: 13%, 21%, 65%

100% of providers found Pyramid Model coaching to be valuable

100% had a plan to continue Pyramid Model strategies

100% would recommend the Pyramid Model package

Less Confident | **Confident** | **Very Confident**

I can support children's social-emotional development: 61%, 39%

I can help children with challenging behaviors: 13%, 39%, 48%

I can share information about children's social-emotional development with their families: 8%, 52%, 39%

Year 3 Provider Perceptions

In the Spring of 2024, Year 3 providers (n=62) were asked to complete an exit survey which included open-ended quality improvement questions as well as a modified intrinsic motivation inventory.* Mean scale scores were calculated for the following inventory domains related to the Pyramid Model: perceived competence, effort/importance, and value/usefulness. Mean scores are reported for each domain below. Findings demonstrate intrinsically motivating factors are present across each domain.

| | 1 Not at all true | 2 | 3 | 4 | 5 | 6 | 7 Very true |

Perceived competence to implement Pyramid Model strategies — 6.5

Perceived effort/importance placed in using Pyramid Model strategies — 6.8

Perceived value and usefulness of using Pyramid Model strategies — 6.8

100% of the providers said they plan to continue implementing Pyramid Model strategies. When asked to describe strategies for continued implementation, responses largely focused on reviewing training materials, teaching their peers how to use the Pyramid Model, and using learned strategies every day, especially role-modeling.

> *"The strategies are so beneficial why would a person stop? We work on it daily and it has improved the children's behaviors. They feel and play so much better and so do I. Changes I have made I have passed on to the parents and it has made a big difference for things at home, too."*
> **-Provider reflects on continued use of Pyramid Model strategies**

94%
of providers found Pyramid Model coaching to be valuable

92%
of providers found Pyramid Module trainings to be valuable

81%
of providers found the Provider Collaboration meetings to be valuable

100%
of providers would recommend the Pyramid Model to a colleague

*https://selfdeterminationtheory.org/wp-content/uploads/2022/02/IMI_Complete.pdf

CONCLUSION & FUNDING SOURCES

Building Statewide Capacity to Support Early Childhood Systems of Care

RiR has continued to align activities across state initiatives. RiR continues to collaborate to build and support systems that enhance early childhood mental health as well as to standardize processes for coach training, methods of communication, strategies to reduce coach overload, and alignment of coaching processes and practices across initiatives.

Supporting Community Early Childhood Systems of Care

System-level efforts continue to be diverse in nature and meet the needs of the individual communities. The majority of efforts focus on Family Engagement and Early Care and Education. Initiative offerings have a large direct and indirect reach across the state.

Pyramid Model Implementation

Pyramid Model coaches have continued to support center and home-based child care providers to implement high-quality social-emotional practices. Providers have demonstrated improvements in their ability to use Pyramid practices over the 3-year initiative. Providers have high confidence, intrinsic motivation and strategies in place to continue Pyramid Model practices beyond the RiR initiative. Improvements in provider practices have the potential to ultimately improve child social emotional development and well-being.

Funding for Rooted in Relationships provided by:

- Buffett Early Childhood Fund
- Nebraska Department of Education, Office of Early Childhood-Nurturing Healthy Behaviors State Funds and CCDF
- William and Ruth Scott Family Foundation
- Grant Number 90TP0079-03, of the USDHHS-Administration for Children and Families, Office of Early Childhood; Nebraska Department of Health and Human Services; Nebraska Department of Education; and Nebraska Children and Families Foundation, following grant requirements of 70% federal funding with 30% match from state and private resources. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the U.S. Department of Health and Human Services
- IDEA Part C Funds, Grant Award #H181A220033