

| 2018  
2019

  
**Rooted in Relationships**  
nebraskachildren



# EVALUATION REPORT

February 2020

Nebraska Children and Families Foundation

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**Rooted in Relationships**  
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# Nebraska Children and Families Foundation

## 2019 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. In addition to the Pyramid Model implementation, each community establishes a multi-disciplinary stakeholder team charged with developing and implementing a long-range plan to enhance 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. RiR seeks to improve the social-emotional competence of children ages birth through 8.

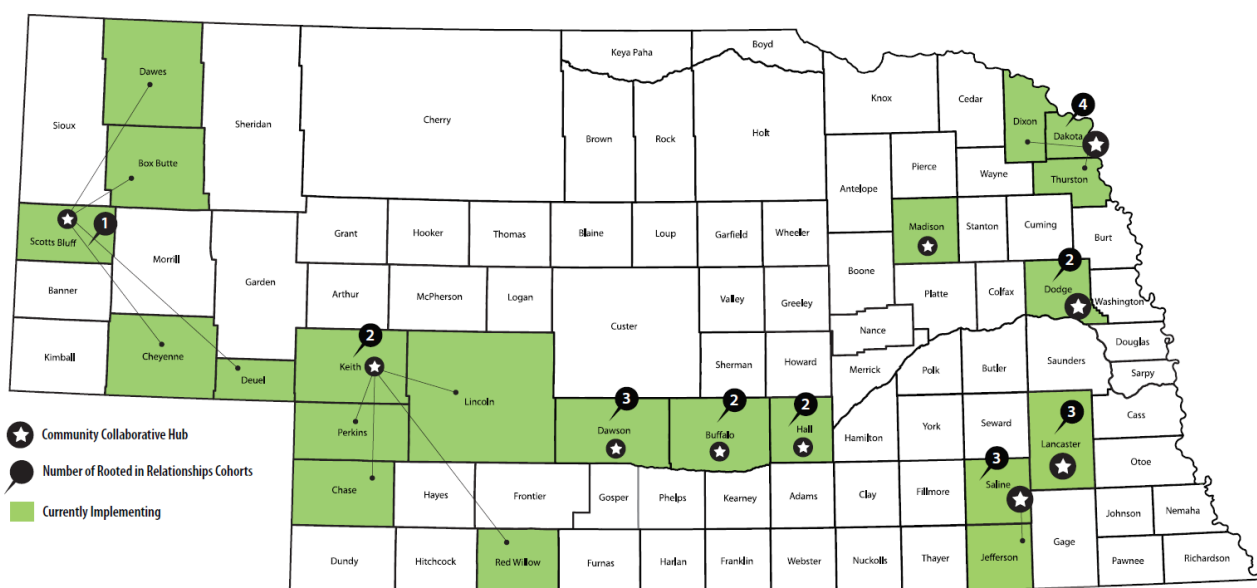
### Communities engage in three key activities

1. **Community Work:** Stakeholders connect with additional local partners to develop a long-range plan to support the social-emotional development of young children. The plan includes community assessment, systems building, and a process to coordinate systems and services.
2. **Implement the Pyramid Model:** The communities identify 9-15 child care providers from in-home and center-based early childhood settings to participate 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 to meet the needs and improve the overall well-being of children, families, and their community.

RiR currently supports ten collaborative hubs in various stages of the initiative inclusive of planning, implementation and expansion: Buffalo, Dakota (Dixon and Thurston), Dawson, Dodge, Hall, Keith (Chase, Lincoln, Perkins and Red Willow), Lancaster, Madison and Saline (Jefferson) Counties as well as the Panhandle (Box Butte, Cheyenne, Dawes, Deuel, and Scottsbluff).

Funding for this initiative is provided by the Buffett Early Childhood Fund (beginning in 2013), Nurturing Healthy Behaviors funding through a grant award to Nebraska Children (NC) following a state funding appropriation to the Nebraska Department of Education (NDE) in 2014 and Nurturing Healthy Behaviors Child Care Development Funds (CCDF) beginning in 2019.

## Rooted in Relationships Growth Map (Current)



## Technical assistance provided to support community success

Nebraska Children and Families Foundation (NC) provides the backbone support for Rooted in Relationships. Currently 5.5 FTE staff provide:

- Technical assistance to communities inclusive of:
  - Community-Based infrastructure and systems development utilizing the Collective Impact framework;
  - Planning and implementation of the Rooted Package to ensure fidelity and outcomes
- Research on Evidence Based Practices (EBP's) for possible systems implementation;
- Ongoing initiative development and Continuous Quality Improvement (CQI);
- State level systems participation/development;
- Partnership with Munroe-Meyer Institute to develop/implement evaluation;
- Contract/grants management and
- Infrastructure support for EBP's such as Circle of Security-Parenting and Reflective Practice

## Evaluation Completed to Monitor Progress and Outcomes

Quantitative and qualitative evaluation data is collected to monitor progress and measure outcomes on both Pyramid Model implementation and community-based systems work. Evaluators conducted focus groups and one-on-one phone interviews with providers and directors. Based on key findings from both quantitative and qualitative evaluation methods, RiR staff continuously refine and update processes to improve outcomes, reduce burden, and support communities.

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. Evaluation results found positive outcomes across all components.

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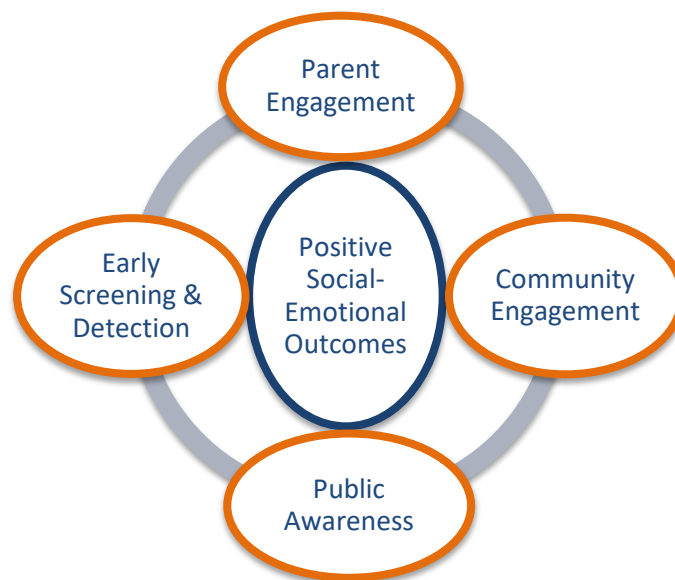
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# Supporting Community Early Childhood Systems of Care

This section will focus on the system efforts of all communities currently implementing the Rooted in Relationships (RiR) package. In each community, the Stakeholder Team developed a community plan to strengthen their early childhood systems and supports for social-emotional development and early childhood mental health based on a needs assessment process which included parent input. From this planning process, each team developed a long-range plan to strengthen early childhood systems of care in their community that support children's social-emotional development. This process of assessment and planning is ongoing.

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 of 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 including cross-community and within-community strategies. All communities worked to build capacity locally to implement the Pyramid Model. They all followed the Rooted Pyramid Package to complete the required trainings, coaching dosage, provider collaboration meetings, and reflective consultation sessions. Other cross-community strategies included: Parents Interacting with Infants (PIWI) (three communities), Parent Child Interaction Therapy (PCIT) (three communities), Positive Solutions for Families, which is the Parent Pyramid Module training (five communities), and Circle of Security Parenting (COSP™) (eight communities). Madison County is engaged in the planning phase. All other communities are in the implementation phase. Data regarding COSP™, Positive Solutions for Families and PIWI begins on page 17.

### BUFFALO COUNTY

Buffalo County began implementation of the RiR Initiative in 2017. Work in Buffalo County is coordinated through Buffalo County Community Partners. Their goal is to create public awareness for social-emotional development for ages 0-8 in all Buffalo County communities.

#### Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	697	Number of Families Served Indirectly	114,865*
Number of Children Served Directly	709	Number of Children Served Indirectly	3,543

\*This number reflects Facebook and website visits that were reported by some communities.

#### Parent Engagement

**Circle of Security Parenting:** Buffalo County RiR provided scholarships to seven parents so that they were able to attend and complete a COSP™ program.

#### Community Engagement

**Expansion of the Pyramid Model:** Pyramid Model work was expanded to include kindergarten classes in the Kearney Public Schools (KPS) in 2018 and continued this year. RiR in partnership with the Kearney Public Schools offered a training for 60 Early Learning, Kindergarten and 1st grade teachers. The Buffalo County Suicide Prevention Coalition supported KPS in identifying a social-emotional screening tool that was adopted as part of the school's Multi-Tiered System of Support (MTSS). RiR assisted the KPS in securing funds to support a coordinator for the schools' MTSS work. RiR also secured funding and expanded Second Step curriculum for K-8th grade in Elm Creek Public Schools, Second Step bullying prevention and child protection kits to KPS K-5th grade classrooms, and met with Pleasanton administration to discuss social-emotional priorities for the school district.



**Provider Training and Community Events:** Buffalo County RiR has supported a number of trainings and community events:

- Four Pyramid Module trainings were held with up to 35 early childhood directors and providers in attendance at each one.
- 11 early childhood directors participated in a Pyramid Model directors' meeting.
- 60 early learning, kindergarten and 1st grade teachers from the Kearney Public Schools participated in a Pyramid Module training.
- 80 Early Head Start staff participated in Wellness training. The focus area was overall health and wellness, covering topics and tools for physical wellness at home and in the workplace, mental wellness and mindfulness for caregivers and children and families, along with additional tools and resources for early childhood mental health.
- 259 families and children participated in the Kearney Area Children's Museum Fun Night. This event was to thank child care providers, recognizing their important caregiving qualities such as their relationships with children and parents, and their skills in supporting social-emotional development. Participants ranked the importance of the five provider traits of high-quality child care. The highest ranked were respecting the child's individuality, providing a stimulating child-friendly environment and supporting families with information on social-emotional development.



## Public Awareness

Buffalo County RiR engaged in a number of public awareness activities:

- Radio ads launched their "All Child Care is High-Quality" awareness campaign, which promoted the importance of social-emotional development and high-quality caregiving and the long-lasting outcomes it has on children. They increased parent knowledge about high-quality care and where to find it in their community.
- Child care providers participating in the Pyramid Model were recognized on Facebook to celebrate their successes.
- Press releases were distributed seeking applicants to participate in the Pyramid Model implementation through the RiR three-year package.
- HealthyMINDS Newsletter was disseminated monthly to promote partner events and provide the community with information on early childhood topics.



## DAKOTA COUNTY

Dakota County's Growing Community Connections (GCC) began implementation of the RiR initiative in July of 2014. GCC work is funded through blended RiR and Community Well-Being (CWB) funds. Several parts of the GCC work plan are funded primarily by CWB funds (e.g., Parent Child Interaction Therapy and Community Response). Evaluation results for these projects are reported in their CWB annual report.

### Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	186	Number of Families Served Indirectly	515
Number of Children Served Directly	465	Number of Children Served Indirectly	727

### Parent Engagement

**Parents Interacting with Infants (PIWI):** GCC has increased the number of trainers and now has three who are available to implement PIWI. The newest is a Spanish-speaking trainer which allowed GCC to reach the Hispanic communities in Wakefield and Wayne.

GCC sponsored the implementation of three PIWI groups that supported 31 parents and their children. The evaluation found that parents improved their parent-child interaction skills by the completion of PIWI training.

"Now I know why I hear my child labeling their emotions at home (they are learning at Cubby Care) and now I do that with them as well."

A parent in PIWI

**0-3 Prime Age to Engage:** GCC RiR, in collaboration with the Siouxland Community Health Clinic (SCHC) and South Sioux City Schools, identified a strategy to help parents realize the importance of reading and spending quality time with their young children. As a result, every child who comes to the SCHC of Nebraska and Iowa gets a free book, and their parents receive a doctor's "prescription" to read with their child and encouragement to spend special one-on-one time with their child. Since July, in just Nebraska alone, the SCHC has given books and a prescription to read to over 313 children.

**Library Parent Corner:** The Parent Corner in the South Sioux City Public Library is a designated area where children and parents can go to play and read together. Social-emotional toys and books are available for check out. There is a librarian on duty to give parents fun ideas for learning through play and positive feedback. Each toy includes suggestions on how to use the toy in a way that promotes their child's language and social-emotional development. This corner provided an opportunity for all families to have access to materials that they can use with their children at home. This year, 315 parents and their children accessed the Parent Corner.

**Circle of Security Parenting:** GCC RiR continued to support COSP™ through blended funding. Three parents participated in the session that was offered.

**Parent-Child Interaction Therapy (PCIT):** GCC RiR offered PCIT as a therapy option to parents. This year they helped to support locating a new PCIT therapy room that is within a counseling service that offers a sliding scale fee which improved access to therapy services.

**Parenting Training and Events:** GCC sponsored a number of trainings for parents:

- 16 parents engaged in Parent Pyramid Module training.
- 12 parents engaged in a community parent training activity that supported parenting skills.



## Early Screening and Detection

**Supporting Students in South Sioux City Schools:** GCC RiR worked in partnership with the schools to implement universal social-emotional screeners to identify any potential students at risk for mental health issues. The Lions Quest *Skills for Growing* curriculum has been adopted by the South Sioux City schools and after school programs to develop positive healthy students with a strong commitment to their families, schools, and communities. GCC also partners with the AWARE project to provide a full-time mental health therapist in the schools.

## Community Engagement Activities

**Summer School Program:** GCC RiR initiated a week long social-emotional summer school session for 19 kindergarten and first graders. A mental health consultant facilitated 30-minute sessions within the summer school session. These sessions covered content from the Second Step curriculum (e.g., identifying feelings, deep belly breathing, empathy, caring for others, and identifying coping skills). Parents were given information about strategies to support these skills at home.

**Provider Training:** GCC RiR supported a number of community trainings:

- Six Pyramid Module trainings were held with up to 25 early childhood directors and providers in attendance at each one.
- Two coaches participated in the Pyramid Module Train the Trainer event.
- One therapist participated in the PCIT International Conference.

**Community Events:** GCC collaborated with community organizations (e.g., police and fire department, Optimist Club, etc.) to provide a Family Fun Night that included fun games, prizes, and food for 300 families in their community. RiR sponsored a social-emotional activity and multiple agencies collaborated to provide children bikes and helmets.

## DAWSON COUNTY

Dawson County began implementing the RiR initiative in 2014. Their work is coordinated by Two Rivers Public Health Department. Their goal is to collaborate so individuals in Dawson County will be able to identify and access early childhood social-emotional supports and services that will result in healthy and stable families.

### Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	429	Number of Families Served Indirectly	19,820*
Number of Children Served Directly	706	Number of Children Served Indirectly	10,071

\*This number reflects Facebook and website visits that were reported by some communities.

### Parent Engagement

**Circle of Security Parenting:** Dawson County RiR coordinated eight COSP™ programs strategically scheduled across the county in different communities. They were able to secure additional funding from additional sources so funding could be braided to provide programs and incentives for 52 parents.

**Parent Pyramid Module Training:** Three Parent Pyramid Module trainings were held with up to four parents in attendance at each one.

**Supporting Reading in Libraries:** Six backpacks filled with social-emotional books, activities, and ideas for engagement are available in five Dawson County libraries. Since July 2019, 130 children and their parents have checked out the backpacks.

### Community Engagement Activities

**Community Events:** Dawson County RiR sponsored or collaboratively engaged in a number of community events where they provided social-emotional activities or content to support children and families:

- 950 joined the Gothenburg Party in the Park.
- 175 participated in Lights Out in Lexington.
- During the Week of the Young Child, 15-minute news segments on RiR topics reaching 250,000 viewers.
- Gothenburg and Lexington celebrated the Week of the Young Child by disseminating books, reaching 125 families and 175 children.

- 170 community members joined a family matinee.
- 26 parents participated in a Lexington Community Shower.

**Provider Trainings:** Dawson County RiR provided community child care providers and directors the opportunity to participate in a number of training events:

- Four Pyramid Module trainings were held with up to 12 early childhood directors and providers in attendance at each one.
- Two Pyramid collaboration meetings were held with up to 9 early childhood directors and providers in attendance at each one.

## Public Awareness

Dawson County RiR engaged in a variety of public awareness activities:

- Facebook was used to promote community awareness of the importance of supporting children's social-emotional development, provide tips on child development and parenting practices, and promote community events. Over a 12-month period, they had 29,656 impressions (number of times RiR page posts to a person's screen).
- A community parent listserv disseminated information to 2,411 families. Posts contained information on the importance of social-emotional competencies, community information, child development, and opportunities for families.

## DODGE COUNTY

Dodge County began implementation of the RiR initiative in 2015 and their work is coordinated via the Fremont Family Coalition. The broader work of the coalition is funded through blended RiR and Community Well-Being (CWB) funds. Several parts of the Fremont Family Coalition (FCC) work plan are funded primarily by CWB funds (e.g., Parent Child Interaction Therapy, Community Response). Evaluation results for these projects are reported in their CWB annual report. Dodge County experienced horrific flooding in March 2019. To help families talk through this traumatic time, two of the RiR coaches supported young children and their families during the spring flood crisis. One of the coaches brought Pyramid strategies including emotional literacy materials into one flood shelter and offered children an opportunity to talk about how they were feeling. Another coach provided social-emotional materials for young children at one of the resource centers.

## Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	208	Number of Families Served Indirectly	627
Number of Children Served Directly	227	Number of Children Served Indirectly	891

## Parent Engagement

**Community parent engagement activities:** A family engagement event included a variety of activities for parents and their children to interact together including: face painting, balloon art, bounce house and pony rides. Over 200 parents and their children attended the event.

**Parent Pyramid training modules:** The FFC RiR supported 16 parents to participate in the Parent Pyramid Module training.

**Parents access needed resources:** The FFC RiR provided resource manuals to child care centers to enhance their knowledge of where to refer families for community resources. In addition, agency members at Collaborative meetings shared information about their agency in order to increase the membership's awareness of community resources.



## Community Engagement

**Provider Training:** Four Pyramid Module trainings were held with up to 22 early childhood directors and providers in attendance at each one.

## HALL COUNTY

### Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	135	Number of Families Served Indirectly	20
Number of Children Served Directly	187	Number of Children Served Indirectly	93

Hall County began implementing the Rooted in Relationships (RiR) initiative in 2015. The fiscal agent for RiR in Hall County is Grand Island Public Schools (GIPS). Hall County Community Collaborative (H3C) provides workgroup support and infrastructure to develop and implement the RiR work plan. H3C and GIPS work together to lead RiR. This year, the primary work of the Collaborative has been revisiting the work plan and mission of their work which resulted in a new mission and vision for their Birth to 8 work group and a unified, detailed work plan across early childhood initiatives.

## Parent Engagement

**Circle of Security Parenting:** H3C RiR uses blended funds to support community implementation of COSPTM programs as a parent engagement strategy.

## Community Engagement

**Provider Training:** Three Pyramid Module trainings were held with up to 25 early childhood directors and providers in attendance at each one.

**Work Plan Update:** In December, a draft of a unified detailed work plan was released for review which included an updated mission/vision and integrated work of various H3C initiatives.

## KEITH COUNTY

Keith County began implementing the RiR initiative in 2017. Their work is coordinated by Educational Services Unit (ESU) 16. The vision of the Collaborative is “growing our social and emotional strengths with each other and for each other.” A focus of the group has been conducted to increase community-wide implementation of the Pyramid Model, ensuring equal access to trainings and professional development opportunities.

### Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	406	Number of Families Served Indirectly	860
Number of Children Served Directly	601	Number of Children Served Indirectly	470

## Parent Engagement

**Circle of Security Parenting:** Keith County RiR supported 14 participants to attend the one COSPTM program offered.

**Parent Trainings:** Two Parent Pyramid Modules were held with up to 11 parents in attendance at each one.

## Early Screening and Detection

**Primary Care Project:** One primary care practice has begun using the Survey of Well-Being of Children (SWYC) as a common developmental screening tool. To date, 126 screenings have been completed. The results of the screenings found that 50% of the children were identified with at least one area of family or child concern (e.g., food insecurity, possible developmental delays, child irritability, maternal depression, etc.). This information gave health providers an opportunity to support the family in the identified area of concern. Keith County RiR has provided training and technical assistance to the practice to assist them in the adoption of this valuable screening tool.



## Community Engagement

**Community trainings and events:** Several community trainings were offered to increase awareness of the importance of social-emotional competence, and high-quality experiences for young children:

- Eight Pyramid Module trainings were held with up to 36 early childhood directors and providers in attendance at each one.
- Six Pyramid Provider Collaboration meetings were held with up to 16 early childhood directors and providers in attendance at each one.
- 104 providers engaged in one of four community trainings (e.g. Building Blocks of the Brain; Literature, Language, and Life Skills).
- Family Block Party helped to raise community awareness of the importance social-emotional competence in all sectors of the community.
- Community Connect along with 35 agencies sponsored an information fair for community members. The agency's staff networked, built relationships, and shared information.

## Public Awareness

Keith County RiR participated in a number of public awareness activities:

- Five presentations were conducted with community organizations to increase awareness of the importance of high-quality early childhood experiences and social-emotional development and the work of RiR. A total of 86 community members attended the events.
- An active Facebook page has information on the importance of social-emotional competence and advertises trainings and events. Currently there are 109 followers.

## LANCASTER COUNTY

Lancaster County began implementing the RiR initiative in 2015. Their work is coordinated through The Nebraska Association for the Education of Young Children and supported with stakeholders from the Access to Quality Child Care Workgroup, a sub-group of the Lincoln Early Childhood Network. The goal of this workgroup is to create community-wide awareness of the importance of early childhood social-emotional development in order to increase the quality of child care in the Lincoln community.

## Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	133	Number of Families Served Indirectly	260
Number of Children Served Directly	134	Number of Children Served Indirectly	372

## Parent Engagement

**Circle of Security Parenting:** The Lancaster County RiR team continued its systems work by providing infrastructure support for the COSP™ facilitators in the county. The primary goal was the development of an integrated system to increase awareness and coordination of COSP™, as both a prevention and an intervention strategy. COSP™ programs were supported through blended funds.

**Expanded Services for Parents:** The Lancaster County RiR received grant funding to expand PIWI and PCIT services in their community to begin in 2020.

## Community Engagement

**Policy Activities:** LECN Access to Quality Child Care brought in a facilitator to identify goals and strategies to support quality child care services in their community. They initiated one of the strategies identified which was to meet with their local council woman to begin the discussions of creating a Mayor's Commission on early childhood.



## MADISON COUNTY

Madison County began planning for implementation of RiR in 2019. They are funded through blended RiR and Community Well-Being (CWB) funds. The Norfolk Family Coalition coordinates the planning for RiR with support from their Child Well Being subcommittee. This year they completed the Early Childhood System of Care self-assessment process. Thirty community stakeholders attended, representing a variety of child-serving organizations across the community. The Child Well-Being subcommittee is planning to release a parent survey to gather further input in February 2020. The community has many early childhood initiatives to build on so the subcommittee is being intentional about integrating initiatives from the beginning of planning to reduce duplication and build strong partnerships.

## PANHANDLE

The Panhandle Partnership began implementation of RiR in 2018. The Panhandle Partnership work is funded through blended RiR and Community Well-Being (CWB) funds. Several parts of the Panhandle Partnership work plan are primarily funded by CWB funds including Community Response, FAST, and TEAMS. Evaluation results for these projects are reported in their CWB annual report.

## Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	39	Number of Families Served Indirectly	401
Number of Children Served Directly	655	Number of Children Served Indirectly	523

## Parent Engagement

**Parent Pyramid Module Training:** Panhandle Partnership in partnership with Head Start purchased training module kits that were used in conjunction with the Parent Pyramid training.

**Circle of Security Parenting:** Panhandle Partnership supports the implementation of COSPTM programs through blended funding.

## Community Engagement

**Supporting Children's Social-Emotional Skills:** Panhandle Partnership purchased books to place in community agencies where children may experience wait times. This provides parents resources to engage their children in these settings.

**Ages and Stages Questionnaires (ASQ):** Social-emotional activity books were provided for each community program and their Pyramid coaches so that their provider could have additional ideas on how to enhance their curriculum for children who had lower scores on the ASQ screening.

**Integrating Activities with Other Initiatives:** Panhandle Partnership has worked to integrate and coordinate with other initiatives to maximize the existing social-emotional supports in their community. They have partnered with Sixpence to expand the Pyramid training modules. All coaches for RiR and the Sixpence Child Care Partnership are now cross-trained to provide coaching support to both center-based and family child care homes engaged in both initiatives thus reducing duplication of efforts.

**Provider Training:** Eight Pyramid Module trainings were held with up to 24 early childhood directors and providers in attendance at each one.

## Public Awareness

**Facebook:** A Panhandle Rooted in Relationships page was established on Facebook to increase parent and community awareness of the importance of social-emotional development.

## SALINE AND JEFFERSON COUNTIES

Saline County began implementation of the RiR initiative in 2014. In 2016, the work was expanded to Jefferson County. Their work is coordinated by the local area health department, Public Health Solutions. Workgroup support and infrastructure are provided by the Jefferson Community Coalition. The goal of the initiative is to focus on early childhood social-emotional development and the community capacity building and relationship building needed to support children and families.

### Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	115	Number of Families Served Indirectly	140
Number of Children Served Directly	189	Number of Children Served Indirectly	160

### Parent Engagement

**Circle of Security Parenting:** RiR supported 19 participants in one of five COSPTM programs. These classes occurred across a five-county area: Fillmore, Gage, Jefferson, Saline and Thayer.

**Parent-Child Interaction Therapy (PCIT):** Three therapists provided services to eight families.

**PIWI:** Ten parents participated in one PIWI session sponsored this year. The parents demonstrated significant improvements in their parent-child interactions. Overall, the parents rated the program very positively.

### Community Engagement

**Community Events and Training:** The Saline/Jefferson RiR supported a number of activities:

- Five Pyramid Module trainings were held with up to 12 early childhood directors and providers in attendance at each one.
- 55 families participated in the Summer Kick-Off Movie series.
- In collaboration with ESU #5, two screenings of “No Small Matter” were shown to 125 educators, principals, and superintendents and 18 parents.

### Public Awareness

The RiR Collaborative partnered with organizations to increase public awareness:

- Families, child care providers and children participated in the Plymouth Parent Community event to increase community awareness of the Pyramid Model.
- At back to school family nights, information was distributed to support children’s transition back to school. In addition, expulsion and suspension cards were handed out to 250 families.

## Circle of Security Parenting (COSP™)

**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.

The Circle of Security Parenting (COSP™) program is a core strategy supported by RiR communities. This year, eight RiR communities supported either the implementation, coordination, or other supports (e.g., child care, food, and incentives) that helped increase participant access to COSP™.

Due to the success that communities have had in braiding funding to support COSP™, it has become more difficult to attribute the number of

programs and/or participants that are funded by just RiR funds. Results of these communities COSP™ programs will be reported in the statewide evaluation report. The COSP™ Statewide Evaluation Report was completed in the spring 2019 and will be published again in 2021.

The results of COSP™ Statewide 2019 Report found that:

- Communities reached a diverse group of parents who engaged in the class to have a better understanding of their child's needs and to "being a better parent."
- The program helped providers gain a better understanding about how to support the parents they work with.
- Parents reported improved relationships and interactions with their children and reduced parenting stress.



## Parent Pyramid Module Training (Positive Solutions for Families)

Parent Pyramid Module trainings were completed in four communities: Dakota, Dawson, Dodge and Keith. This 6-week training provided parents with information on the model and how to support their children's social-emotional development using Pyramid Model strategies. A total of 38 parents attended one or more modules.

Parents completed a survey, rating their skills based on a 5 point Likert scale with 1=strongly disagree and 5=strongly agree. A statistical analysis (a paired t-test) was completed to determine if there was a significant change in parents' perceptions of their skills by the end of the Parent Pyramid Module trainings across the program-identified outcomes. The results found there were

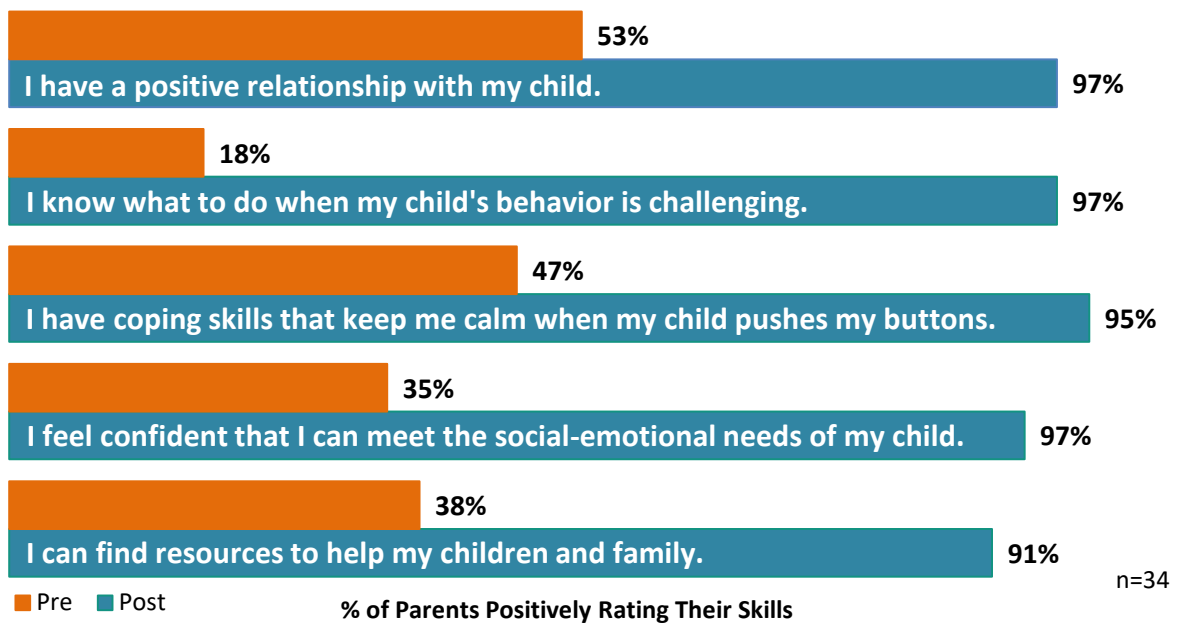
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significant positive differences found between overall scores at the beginning of the training (M=3.06; SD=.72) and scores at the conclusion (M=4.37; SD=.42);  $t(33)=-12.595$ ,  $p<.001$ ,  $d=2.160$ , two-tailed test. These results indicate a strong effect size suggesting positive meaningful change.

The second analysis examined the percentage of participants who rated their skills positively [a rating of agreed (4) or strongly agreed (5)], across multiple outcomes areas. The results found high percentages of participants rated their parenting skills and relationship with their children very positively.

### Parents made positive gains across all parenting areas.

The most gains were made in addressing their child's challenging behaviors.



**“It was a great experience! I learned a lot. It was a lot of good information but was given in a short amount of time.”**

A parent reflects on  
Positive Solutions for Families



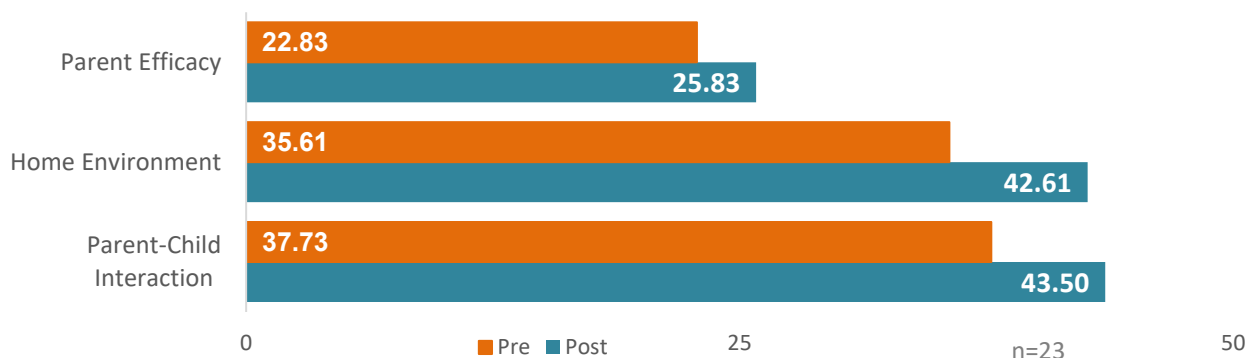


## Parents Interacting with Infants (PIWI)

PIWI was implemented in two communities: Dakota and Saline-Jefferson. Forty-one parents participated. PIWI is a facilitated group structure that supports parents with young children from birth through age two. PIWI provides parents opportunities to have responsive interactions with their young children. PIWI is designed to increase parent confidence, competence, and mutually enjoyable relationships with their children.

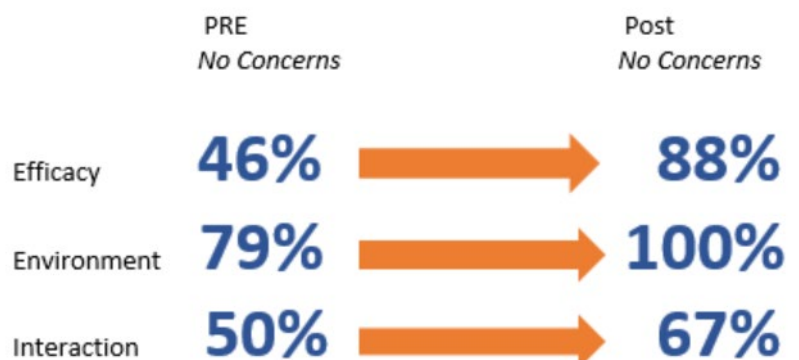
The Healthy Families Parenting Inventory (HFPI) was completed by parents at the beginning and end of the PIWI sessions. The HFPI subscale scores on the Home Environment Scale, Parent Efficacy, and the Parent-Child Interaction Scale were collected to measure how the home environment supported child learning and development, parent-child interactions, and parent efficacy. The results found that there were statistically significant increases with large meaningful change across all areas: Parent Efficacy [ $t(22)=-3.820$ ,  $p=.001$ ,  $d=-0.796$ ]; Home Environment [ $t(17)=-4.563$ ,  $p>.001$ ,  $d=-1.075$ ]; and Parent-Child Interaction [ $t(21)=-5.641$ ,  $p=.001$ ,  $d=-1.202$ ].

### Parents made significant and meaningful changes across all areas of parenting skills.



Parents' responses are categorized into "no concerns" and "possible concerns." The percent of concerns pre and post were compared descriptively. The results found that by the end of the PIWI sessions, the majority of the parents rated the three areas in the no concerns category. The greatest number of parents moved from the "concern" category in the Parent Efficacy area.

### More parents had "No Concerns" about their parenting by the end of the PIWI sessions.



# Pyramid Model Implementation

## Program Description and Evaluation Findings



**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.

### About the Implementation

The RIR Pyramid Model Implementation offers center- 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 and skills. Implementation includes training and on-site coaching. Each community's coaching team consists of both early childhood specialists and mental health providers. Providers participate in training and coaching for three years.

Since the start of the Pyramid Model Implementation in 2014, 50 coaches have supported 409 center-based and home-based child care providers in 154 programs impacting over 6,000 children.

In 2019,

**40 coaches** supported

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

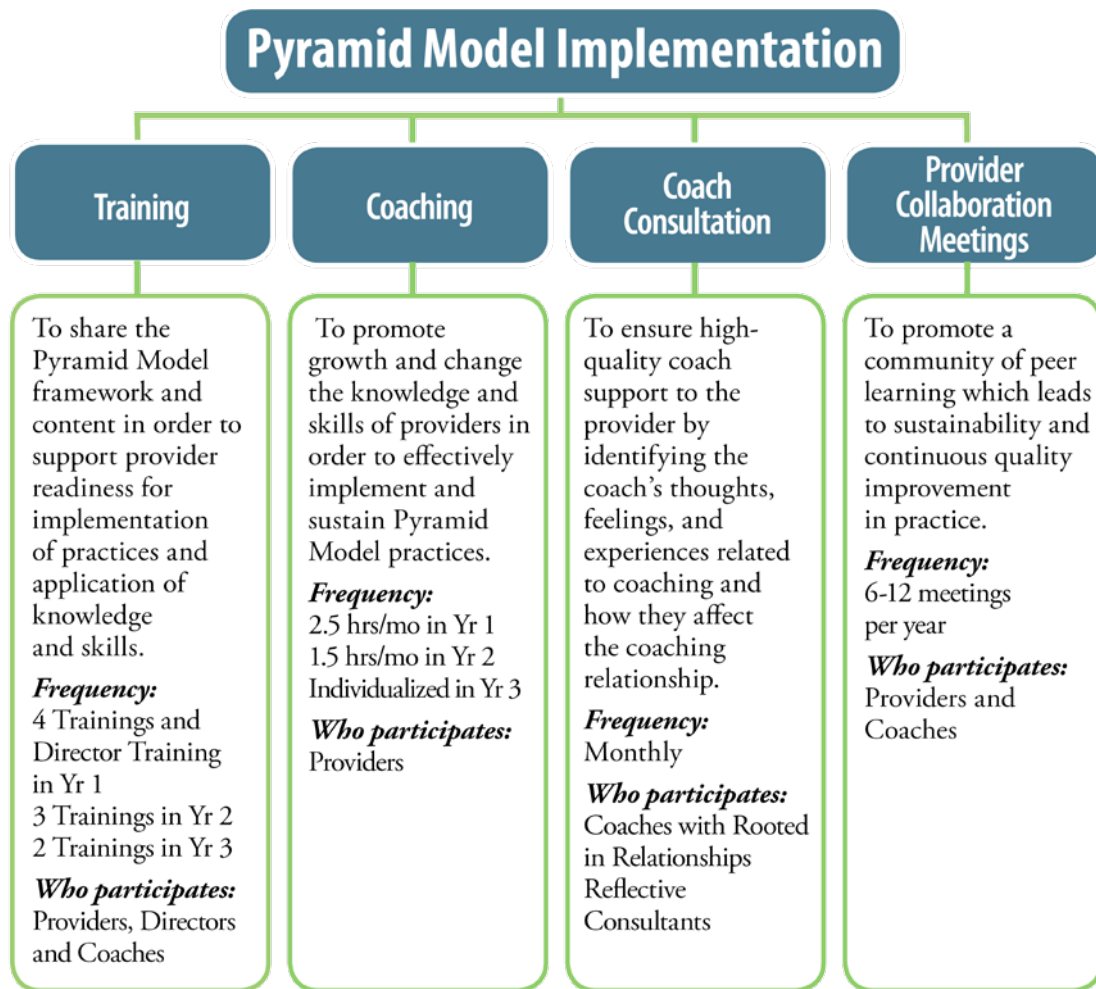
**119 programs** impacting over

**2,650 children**

In addition to training and coaching, providers are eligible to apply for funds to support the social-emotional development and well-being of the children in their care. The funds are used to help the provider reach a specific coaching goal. In 2019, 48 social-emotional enhancement grants were awarded totaling \$28,520. This is an increase of 5 grants and over \$10,000 in funding from 2018. Providers used these funds to purchase materials, equipment, curricula and/or attend trainings to help them reach their goals.

The following graphic shows the implementation activities across three years.

Rooted in Relationships 2019



## About the programs and the providers

In 2019, the following regions participated in the RiR Pyramid Model Implementation: Buffalo, Dakota, Dawson, Dodge, Hall, Keith, Lancaster and Saline/Jefferson counties and throughout the Panhandle. This report includes provider and child demographic data from all regions, including new sites in Dakota, Hall, Keith, and Lancaster counties. However, the outcome data (with the exception of the center-wide fidelity measure) are only reported for those who have participated in the program for at least a year. New RiR participants collected baseline data in the fall of 2019. Outcomes for these new providers will be included in the 2020 RiR report.

During this reporting period, **119 child care programs** participated in Rooted in Relationships. The majority (62%) were child care centers. The rest (38%) were home-based child care programs. The retention rate for programs in RiR was 92%.

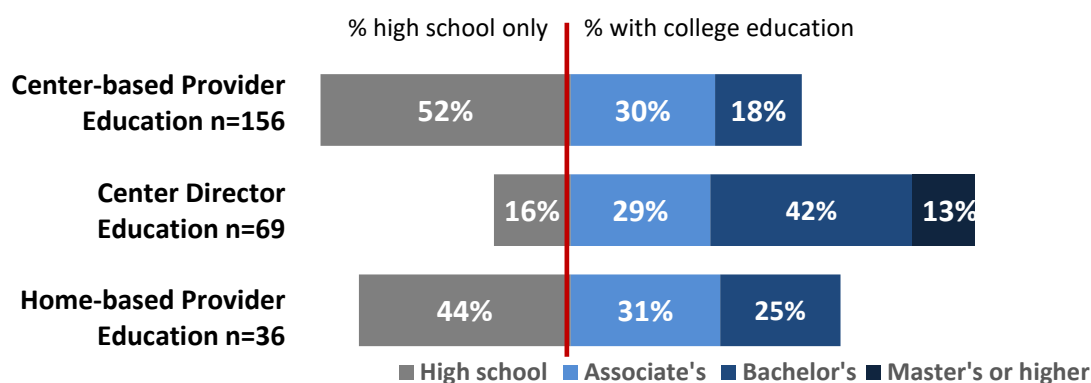
**253 providers** participated in the RiR program. In this report, “provider” signifies anyone who works directly with children. The majority (81%) of the providers worked in child care centers while the rest (19%) worked in family child care homes. Of the center-based providers, 81% were lead teachers and

19% were assistant teachers. In some child care centers, the director participated in coaching but it was not as extensive as the coaching providers received. In 2019, forty-three directors and assistant directors were part of the Pyramid Model Initiative. The overall retention rate for center-based lead teachers and home-based providers in the program was 78%.

Information about the participants' post high school education was collected for 97% of the center directors and 75% of the center-based lead teachers and home-based providers.

## The majority of center-based providers have not completed any formal education beyond high school.

Home-based providers and center directors have a higher rate of post-high school education.



Slightly less than half (48%) of center-based providers participating in RiR have an associate's or bachelor's degree. Of those who do, the majority (83%) majored in early childhood education, child development or elementary education. In contrast, most (84%) center directors have a college degree. The majority (71%) majored in a field relevant to early childhood or education. Of note, 15% of the directors majored in business. More than half (56%) of home-based providers have formal education beyond high school however less than half (40%) majored in a child- or education-focused field. Like center directors, 15% have a degree in business.

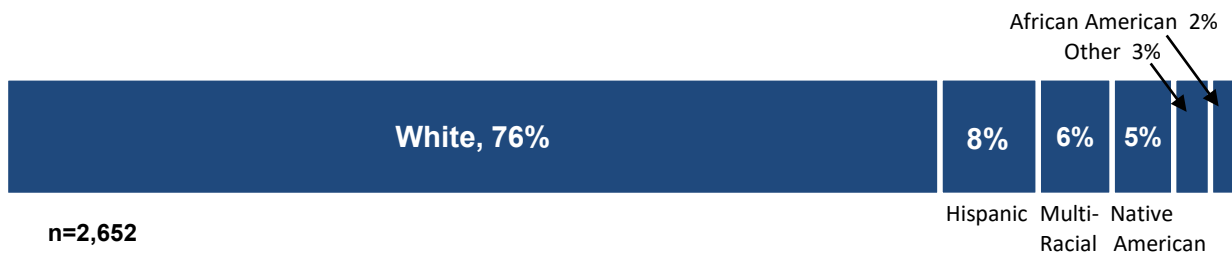
A highly qualified early childhood workforce is increasingly seen as essential to providing high-quality care and education to our youngest learners (Sarver et al., 2020). Communities across the state are realizing how important high-quality early childhood care is to economic development, workforce retention and to children's later success in school. The RiR Initiative, with its focus on intensive training, regular coaching, and the implementation of best practices through the Pyramid Model is helping to enhance the professional qualifications of the early childhood workforce across Nebraska.

## About the children

In 2019, RiR Pyramid Model programs served over **2,650** children.

- **87%** were in center-based programs and **13%** were in home-based programs
- **21%** qualified for a state child care subsidy, an indicator of low income
- **6%** spoke a primary language other than English
- **54%** were male and **46%** were female

**The largest group of children served were White, followed by Hispanic.**



## About the coaches

Each county had coaching teams that consisted of two to six coaches inclusive of 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 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. Early childhood specialists have at a minimum a bachelor's degree in early childhood education or a related field.



**“Pyramid coaching has enabled me to use specific skills to help my students with behavior challenges. Instead of getting frustrated, I know I have resources to use.”**

**A provider reflects on 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), v. 2**  
Fox, Hemmeter, Jack & Perez-Binder, 2017.

A center-based self-assessment tool that the leadership team completes:

- 41 items
- 7 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 evidence-based practices that promote young children's social-emotional learning and 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 young children's social-emotional development.

In a child-care center, program-wide implementation means that all classrooms in the center adopt Pyramid Model strategies. This includes setting program-wide behavior expectations, involving families in the Pyramid Model, implementing consistent procedures to respond to challenging behavior, and monitoring the implementation of Pyramid practices. RiR does not require center-based programs to implement the Pyramid program-wide.

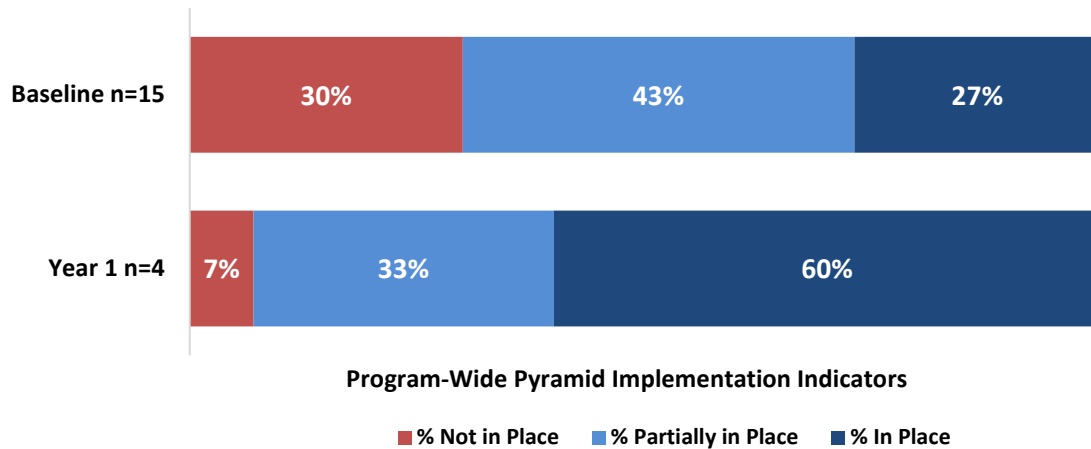
During the 2019 program year, 15 child care centers participated in program-wide implementation and four of them have been in RiR for over a year. To measure the fidelity of the implementation, the programs completed the **Benchmarks of Quality, version 2 (BOQ v.2)**.

The BOQ v.2 results report the percentage of Pyramid practices that are "in place," "partially in place" and "not in place." The goal is to have 75% of practices in place.

The following graph shows the fidelity of program-wide implementation across time. In the first graph, the color bands represent the overall percentage of practices in place, partially in place, and not at all in place across all programs implementing the model program-wide. The red band indicates the percentage of practices that are not in place. The dark blue band indicates the percentage of practices that are in place to fidelity. The goal is for the red band to shrink and the dark blue band to increase over time.



**After one year in RiR, centers implementing the Pyramid Model program-wide had 60% of the practices in place.**



The results indicate that overall, programs made positive changes by the end of Year 1. At baseline, just over a quarter (27%) of Pyramid indicators were in place. Nearly a third (30%) of indicators were not in place at all and an additional 43% were partially in place. After training and coaching, the majority (60%) of indicators were fully in place. While programs did not reach the goal of having 75% of practices in place, they demonstrated strong improvement by the end of Year 1, making meaningful progress towards full implementation, which is a three-year process.

In addition to an overall score, the BOQ v.2 is reported across seven subscales. Each subscale has multiple indicators that guide goal setting for program improvement. The following highlights some of the key elements of each subscale.

**Establish Leadership Team:** The team must include a teacher, an administrator, a coach, someone with expertise in behavior support and a family representative. The team meets at least once a month and develops a Pyramid Model program wide implementation plan.

**Staff Buy-In:** This subscale includes a staff poll that measures staff support for the Pyramid Model including culturally responsive practices and a system to address implicit bias. It also requires a system to collect staff feedback and a process to share outcome data with staff on a regular basis.

**Family Engagement:** Fidelity includes soliciting input from families and promoting family involvement in the Pyramid Model implementation.

**Program-wide Expectations:** The program must have two to five positively stated program-wide expectations that are displayed across the center. Fidelity also includes supporting families to utilize the expectations at home.

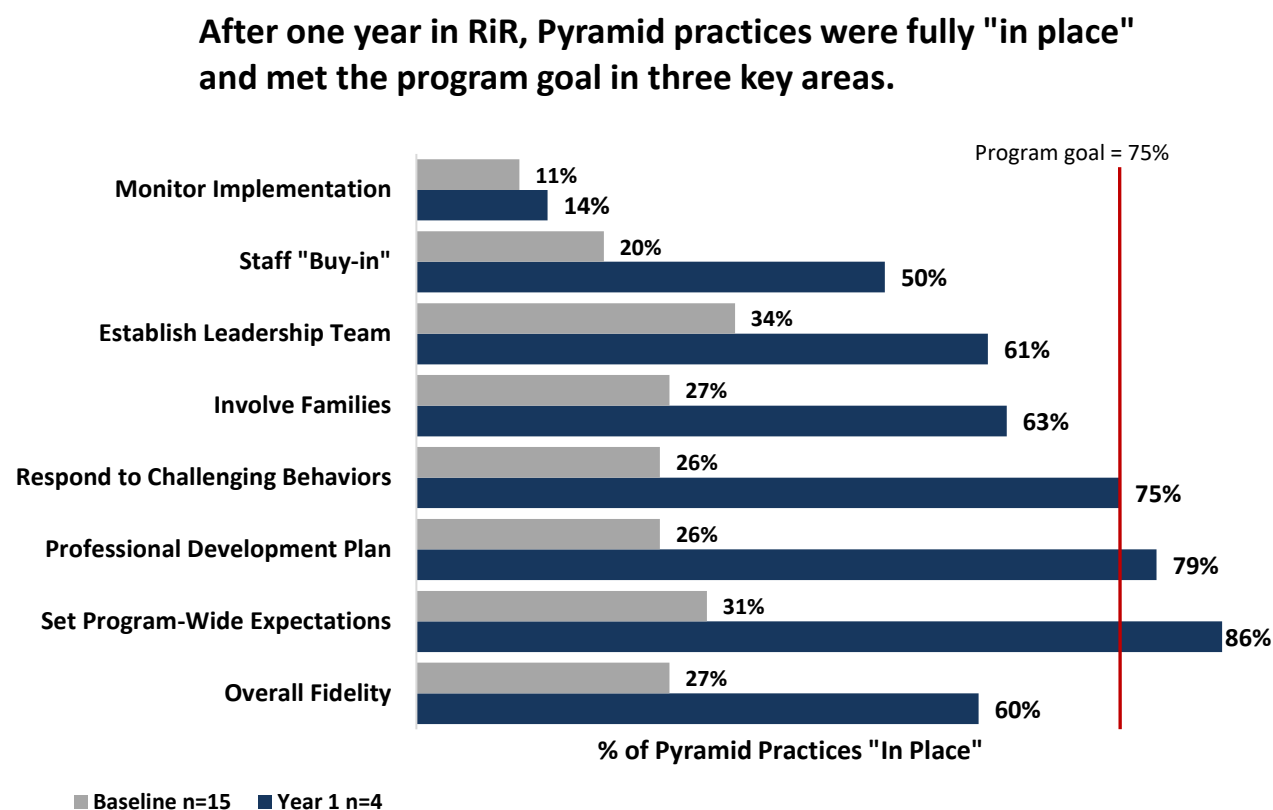
**Professional Development and Staff Support Plan:** Indicators include practice-based coaching, a plan for ongoing training in the Pyramid Model and an individualized professional development plan for each teacher.

**Procedures to Respond to Challenging Behavior:** Program staff respond to challenging behavior using evidence-based approaches that are positive and sensitive to family values, culture and home. There is a consistent process to support individual children with challenging behaviors and staff are trained about

potential bias in responding to children with challenging behaviors.

**Monitoring Implementation and Outcomes:** The leadership team reviews data, monitors the implementation and uses data for decision making and goal setting. Data are summarized and shared with program staff and families on a regular basis.

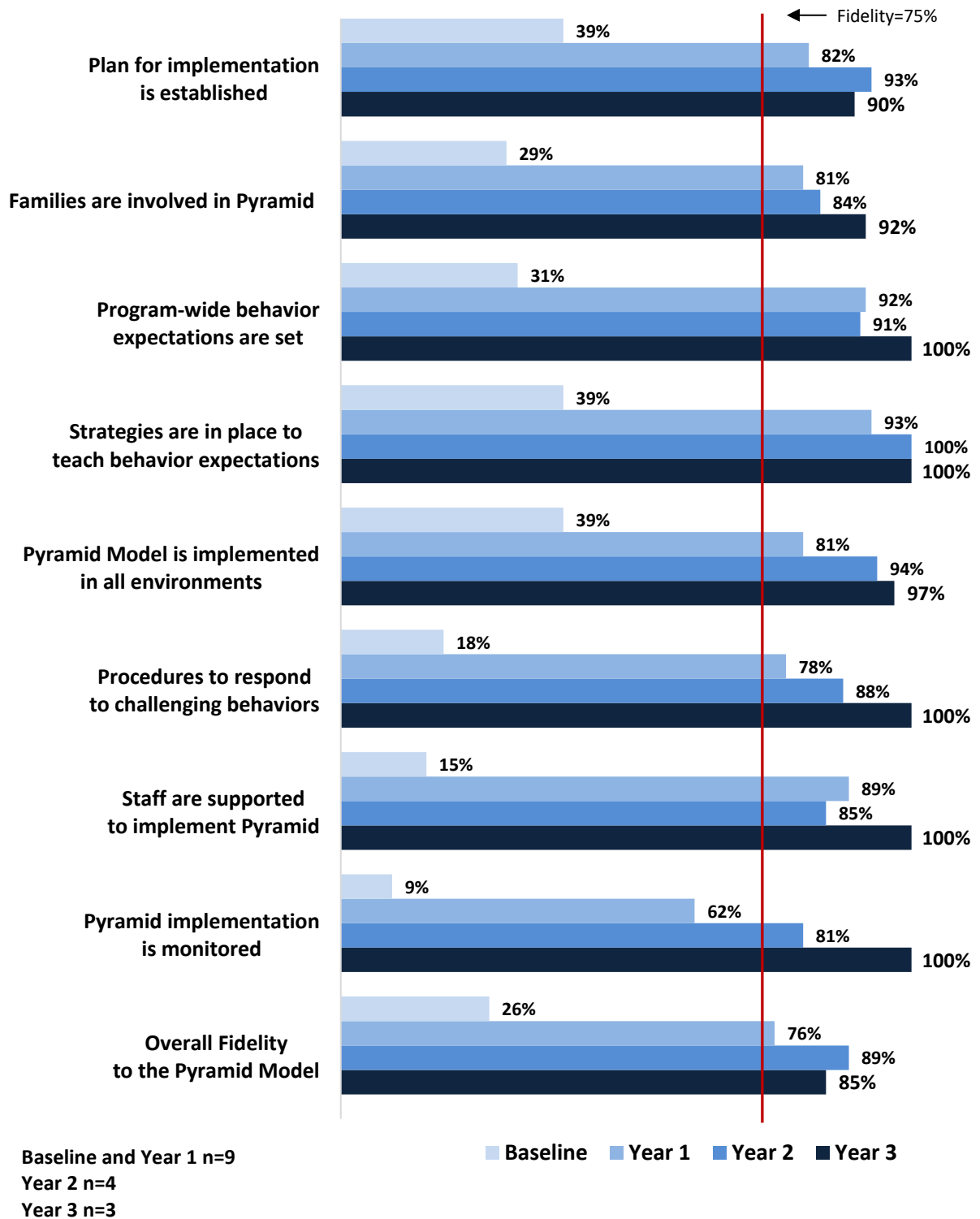
The following graph shows the percentage of Pyramid practices that were **fully in place** at baseline and Year 1 for each subscale.



Programs met the program goal of 75% of indicators in place in three subscales: setting program-wide expectations, having a professional development plan and responding to challenging behaviors. The area that showed the least growth and fidelity is monitoring the implementation of the Pyramid Model with only 14% of practices in place at the end of Year 1. A statistical analysis to measure the significance of change over time could not be conducted because the sample size (n=4) was too small (<10).

Home providers have a fidelity tool that is similar to the BOQ v.2 called the **Family Child Care Homes Program-wide PBS Benchmarks of Quality (FCCH BOQ)**. The following graph shows how home-based providers implemented Pyramid Model practices over time. The scores reported are an average across providers at baseline and Years 1, 2, and 3. To meet fidelity to the Pyramid Model, 75% of the practices in a given area must be in place.

**Home-based providers increased fidelity each year and on average, reached fidelity in all but one subscale after one year in RiR.**



Home-based providers made great strides in implementing the Pyramid Model. Before coaching and training, 26% of Pyramid Model practices were in place. After one year in the program, they met fidelity, on average, overall and in every subscale except for monitoring the implementation of the Pyramid Model. After two years of participation in RiR, home care providers achieved fidelity well above the program goal in all areas. Providers maintained high fidelity to the model through their final year of coaching.

With coaching and training, home-based providers showed a dramatic increase in use of the Pyramid Model in the first year of RiR. They continued to grow and master more facets of the model in Years 2 and 3, but the growth was not as dramatic.

A statistical analysis to determine if the change over time was significant could not be conducted because the sample size (<10) was too small.

At baseline, **none of the home-based child care providers** met the program goal for fidelity of the implementation.

After one year of training and coaching, **44%** met the goal.

After two years, **100%** met the goal.

**“I have learned many new ways to teach children social-emotional skills. Descriptive positive praise is something that comes natural to me now.”**

**A provider reflects on changing practices**



## What were the outcomes for the center-based classrooms?



### Measures of Center-Based Classroom Practices

Classroom assessments are completed by an external evaluator. Scores are reported on two scales:

**Key Practices** examine Pyramid Model strategies. The score is reported as a percentage 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)** Hemmeter, Fox, & Snyder, 2014.

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

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

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

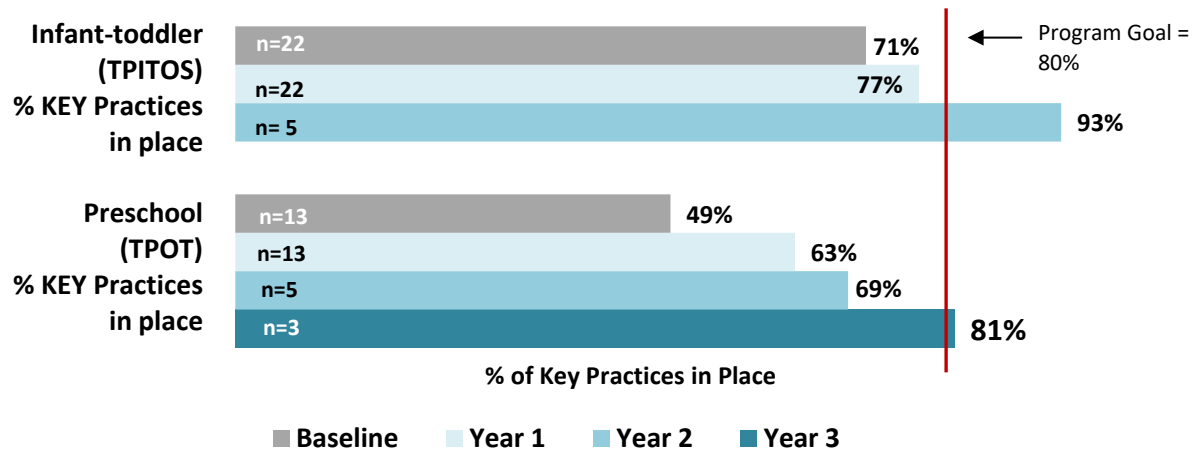
To measure the center-based classroom outcomes, external evaluators completed observations using the **Teaching Pyramid Observation Tool Research Edition (TPOT)** for preschool rooms and the **Teaching Pyramid Infant/toddler Observation Scale Revised (TPITOS)** for infant and toddler rooms. The TPOT and TPITOS were not used to collect data in family child care homes, as they were not designed for this environment. These tools measure the implementation of Pyramid Model strategies across 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. The following chart shows classroom outcomes for the providers participating in RiR in 2019 at baseline and each year they were observed. Additional analyses were completed to measure change in classroom practices over time.

Please note that only one infant-toddler classroom had data for year 3. This sample is too small to include in the report.

**On average, infant-toddler classrooms met the program goal after two years in RiR. Preschool rooms met the goal by Year 3.**

Classrooms improved each year.



Classrooms improved across all three years of the implementation. At the baseline observation, 41% the infant/toddler and 8% of preschool classrooms met the program goal of 80%. After a year of coaching and training, the majority (55%) of infant-toddler classrooms met the goal. Preschool classrooms showed gains but only 15% met the goal.

By the end of Year 2, classrooms continued to show improvement. ALL of the infant-toddler rooms and 40% of the preschool rooms met the program goal.

After three years in the program, the majority (67%) of preschool rooms met the goal. The infant-toddler sample was too small to report.

Results of a paired t-test analysis indicate that classrooms made significant improvements after one year in the program.

- Infant/toddler classroom gains: Baseline (M=71%; SD 17.67) to Year 1 (M=77%; SD 17.31),  $t(21) = -2.396, p < .05, d = 0.511$
- Preschool classroom gains: Baseline (M=49%; SD 20.41) to Year 1 (M=63%; SD 15.03),  $t(12) = -3.622, p < .01, d = 1.005$

The results suggest medium to large effect sizes within the zone of desired effects.

Classrooms continued to improve in Years 2 and 3 but the sample size was too small (<10) to do a statistical analysis.

At baseline, **41% of infant-toddler** rooms and **8% of preschool** rooms met the program goal.

After one year of training and coaching, **55% of infant-toddler** and **15% of preschool** rooms met the goal.

After two years, **ALL infant-toddler** and **40% of preschool** rooms met the goal.

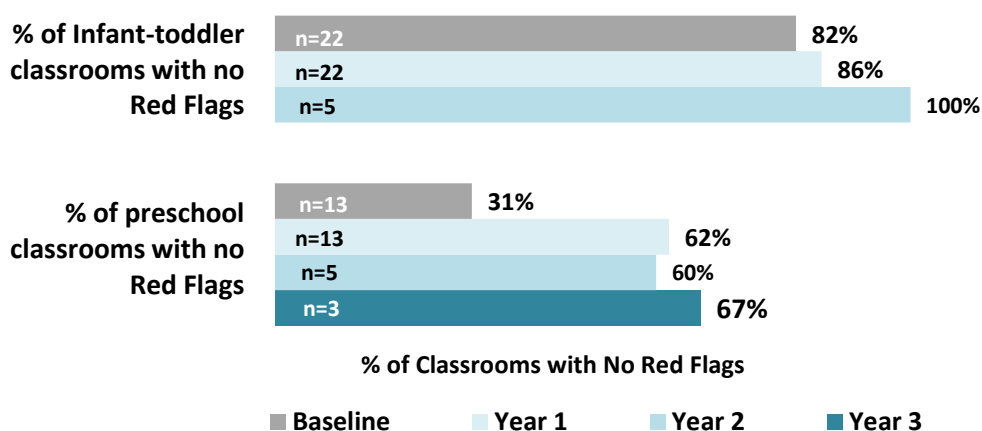
After three years, **67% of preschool** rooms met the goal.



The following chart presents the incidence of Red Flags over time. Red Flags measure negative classroom practices such as threatening negative consequences, reprimanding children for expressing emotions, and discouraging children from playing together. The program goal is for classrooms to have no Red Flags. In both preschool and infant-toddler classrooms, negative practices declined over time. The majority (82%) of infant-toddler classrooms had no Red Flags at baseline. After two years of coaching, 100% of these classrooms had no Red Flags. Only 33% of preschool rooms had no Red Flags at baseline. By Year 3, 67% of the preschool rooms had no Red Flags.

### The incidence of Red Flags decreased over time.

By Year 2, all infant-toddler classrooms met the program goal of having no Red Flags. By Year 3, 67% of preschool rooms met the goal.



## What were the outcomes for the providers?

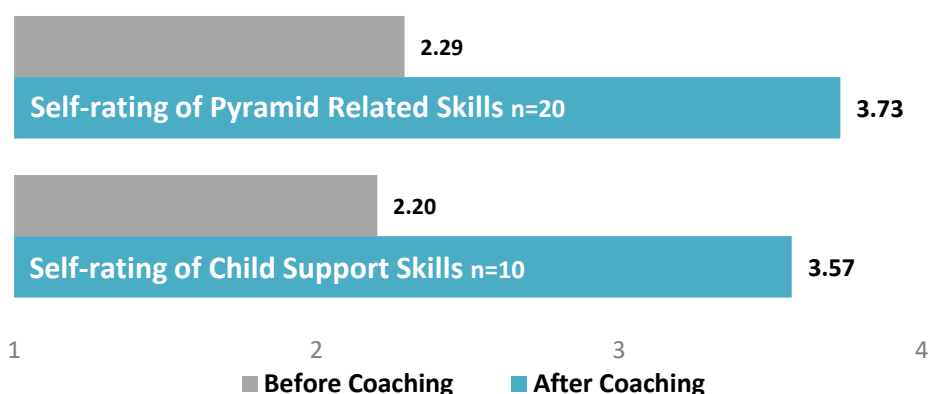
The RiR evaluation collects qualitative and quantitative data from providers at three points in time to determine their satisfaction with the program, their self-assessment of their Pyramid skills and to gather their feedback on how to improve the program. First year providers participate in focus groups about program implementation. Second year providers take a satisfaction survey reflecting on how their skills have changed over time. In addition, a sample of providers participate in one-on-one interviews. Third year providers complete an exit survey to about their students' social-emotional competencies and their own confidence in their Pyramid skills.

### Provider Satisfaction Survey Results

Providers in their second year of participation in RiR were asked to evaluate how their ability to support the social-emotional development of young children had changed over time. The 22-question pre-post survey is a self-assessment of skills to support the social-emotional competence of all the children in their program (e.g., I help children problem solve when they have a conflict) and to support an individual child with more persistent behavioral challenges (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. Twenty providers completed satisfaction surveys

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



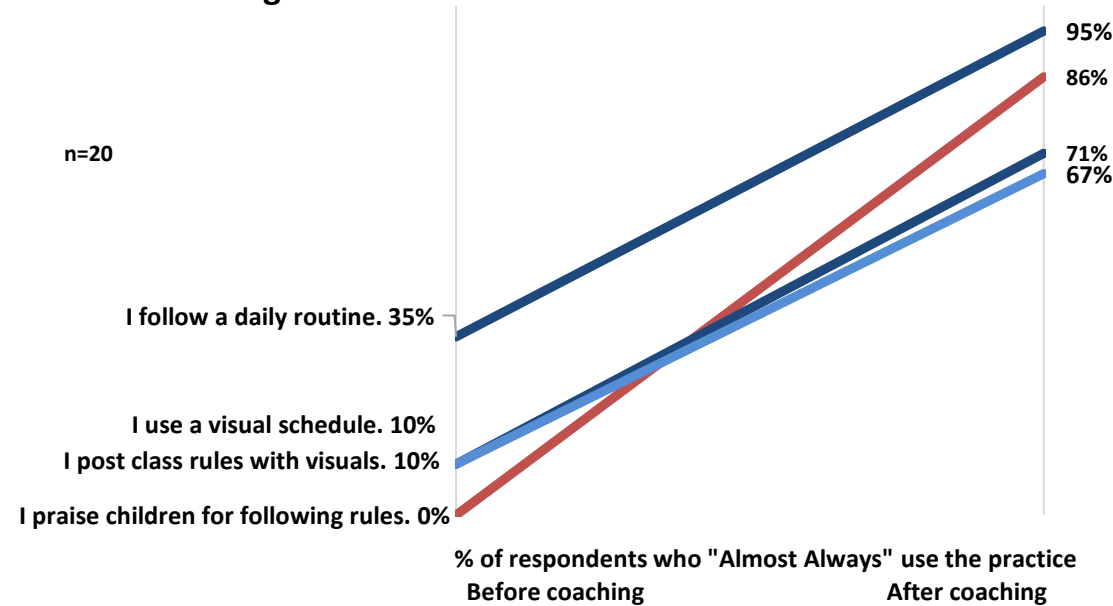
Results of a paired t-test analysis indicate that providers reported significant increases in Pyramid related skills such as creating a positive environment and following a daily routine after two years of Pyramid Model training and focused coaching. There were significant positive differences found between program skills at pre ( $M=2.29$ ;  $SD=0.56$ ) and at post ( $M=3.73$ ;  $SD=0.23$ ),  $t(19)=-12.305$ ,  $p<.001$ ,  $d=2.751$ , two-tailed test. The results suggest a large effect size 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. Thanks to RiR 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 ( $M=2.20$ ;  $SD=0.73$ ) to post ( $M=3.57$ ;  $SD=.30$ ),  $t(9)=-6.680$ ,  $p<.001$ ,  $d=2.113$ , two-tailed test. The results show large effect sizes within the zone of desired effects.

**85%** of the providers were satisfied or very satisfied with their RiR coach and **95%** reported that they made many changes to their classroom and child care practices through their participation in Pyramid Model training and coaching.

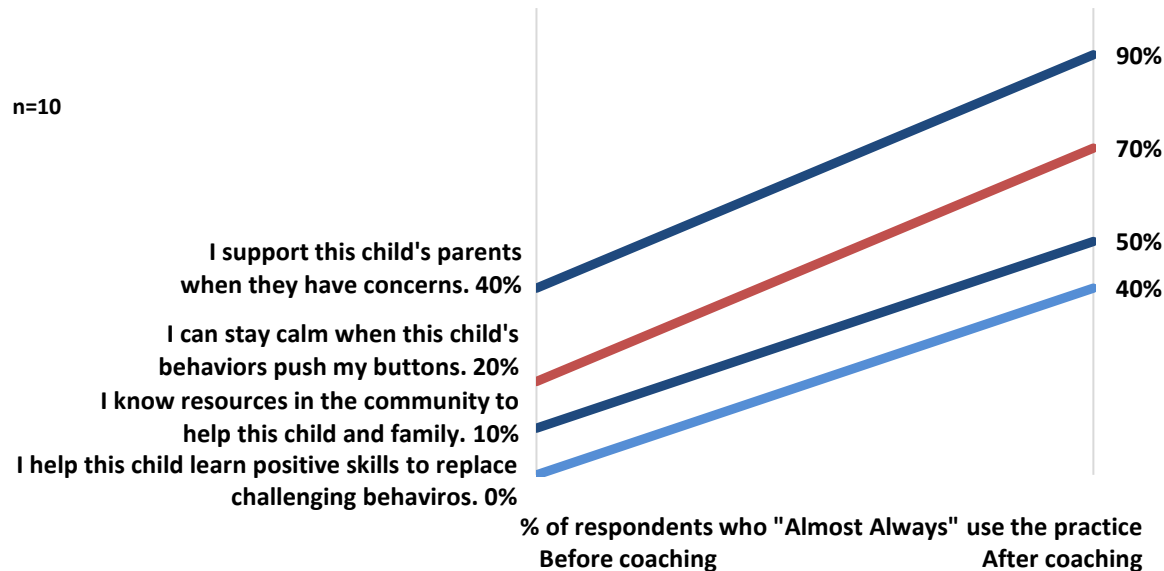
The following graph reports how respondents rated their use of selected Pyramid classroom practices. Prior to coaching, few providers were consistent in using daily routines, setting clear expectations, and praising children for meeting expectations. After coaching, most providers felt they were "almost always" implementing these key Pyramid practices.

**Praising children for following the rules increased the most with coaching. 86% of respondents state they almost always use this strategy after RiR coaching.**



Ten providers rated their ability to address the social-emotional needs of individual children who had ongoing behavior challenges. They saw their skills in supporting children and families increase after RiR coaching.

**Providers increased their skills in responding to individual children with challenging behaviors. 70% of respondents report they almost always stay calm during these challenging episodes.**



## Provider Focus Group and Interview Results

Qualitative feedback was collected from providers across the state to learn more about their experiences in RiR. A total of 44 Year 1 providers participated in one of five focus groups in Dawson, Dodge, and Saline/Jefferson Counties and in the Panhandle and 12 Year 2 providers from Buffalo, Keith and Lancaster Counties participated in one-on-one interviews. The following highlight the top takeaways from these sessions. A complete analysis of the focus groups and interviews is available in a separate report.

### Key Findings: Year 1 providers

- A positive, friendly relationship with the coach was essential and highly valued.
- Most providers felt supported and “not judged” by their coach.
- The training frequently taught new material and was “a good use of time”
- Providers liked opportunities to network and hearing “new ideas and different approaches” from their colleagues.
- Most providers felt they have learned and implemented new strategies and reached out more regularly to parents as a result of Pyramid Model training and coaching.
- Some center providers felt that all teachers in the classroom should receive coaching and training instead of just the lead teachers.
- Some providers would like more frequent and consistent meetings with their coach. Others were satisfied with the frequency and consistency of their coaching sessions.



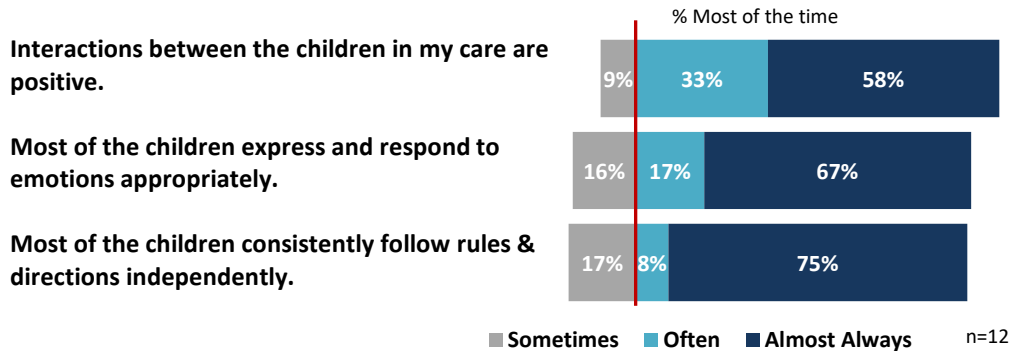
### Key Findings: Year 2 providers

- Pyramid Model coaching has positively affected the way they support the overall social-emotional development of children.
- Providers feel more equipped to handle children’s challenging behaviors.
- Some providers gained more tools to enhance their relationship with parents. Others felt these relationships were already very strong.
- Providers who had the same coach the whole time greatly valued coaching. Those who experienced coach turnover were not as connected to their coach and did not feel as supported.
- Some center-based providers shared concerns that not every classroom is implementing Pyramid so the children will not have consistency as they change classrooms.

## Provider EXIT Survey Results

A total of 12 providers, who had finished three years of participation in RiR, completed an exit survey that included ratings of children’s social-emotional skills, ratings of their mastery of Pyramid Model practices, and feedback about the RiR implementation experience.

## Nearly all providers feel that the children in their care interact positively with each other most of the time.



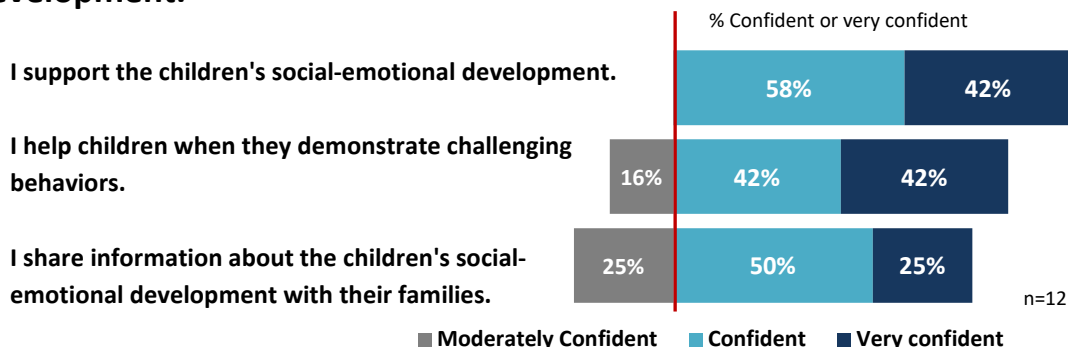
The veteran providers report that the children in their care are consistently meeting behavior expectations and demonstrating positive social-emotional skills. All of the infant-toddler providers agree that they can “almost always” soothe the infants in their care. Based on these exit survey results, children are benefitting from the RiR Pyramid Model Initiative.

All of providers found the Pyramid Model training and coaching to be valuable or highly valuable. The majority (58%) of the providers valued the provider collaboration meetings that brought providers together six to 12 times a year in each community. These meetings help caregivers build connections with other providers so they can learn from and support each other. A few (17%) did not find the collaboration meetings to be valuable at all.

“I have learned how to have a positive environment and be happy and excited for and with the children. It has changed how I respond to negative behavior and consequences. **Every training helps me to become a better teacher** and role model for the children.”

A 3<sup>rd</sup> year RiR teacher reflects on the impact of RiR

## Most providers are confident in their Pyramid Model Skills, including working with families to support children's social-emotional development.



prepared to support children's social-emotional development and are comfortable working with families to support their children. **100%** of the respondents would recommend Pyramid Model training, coaching and collaboration groups to another child care provider. All of the respondents report that they have a plan to continue using Pyramid Model strategies when they no longer receive coaching. This finding is important for the sustainability of the RiR initiative.

In the spring of 2020, evaluators will observe eight providers who have successfully completed three years in RiR to see if they have continued to use Pyramid Model practices without coaching support. Results will be reported in the 2020 RiR annual report.

## Coaching

### What was the frequency and intensity of coaching?

Coaches were expected to meet with providers 2.5 hours each month in Year 1 and 1.5 hours each month in Year 2. In Year 3, in preparation for the phasing out of all coaching by the end of the implementation, coaching was less frequent and was determined between individual coaches and providers. In addition to in-person sessions, coaches were available by phone and e-mail. Approximately 48% of the 253 providers were in the first year, 32% were in their second year and 20% were in the third and final year of the RiR implementation.

Coaches completed a brief survey after each session. In 2019, 38 coaches logged 1,935 coaching sessions. The number of coaching entries varied widely from coach to coach: from 1 to 157, and two coaches did not log any sessions. The average coaching session was 64 minutes long. Because of the wide variation in the number of sessions logged, the following data should be viewed as an indication of coaching practice trends but not a complete record of RiR coaching sessions.

The following presents some of the highlights from the coaching survey including coaching topics, most common coaching strategies, and how coaches supported teachers around individual children's challenging behaviors.



**"We have grown as a center as we increase my training hours, professional prep time and staff leadership meetings. Our focus on support and social-emotional coaching all have an impact."**

**A director reflects on the impact of RiR**

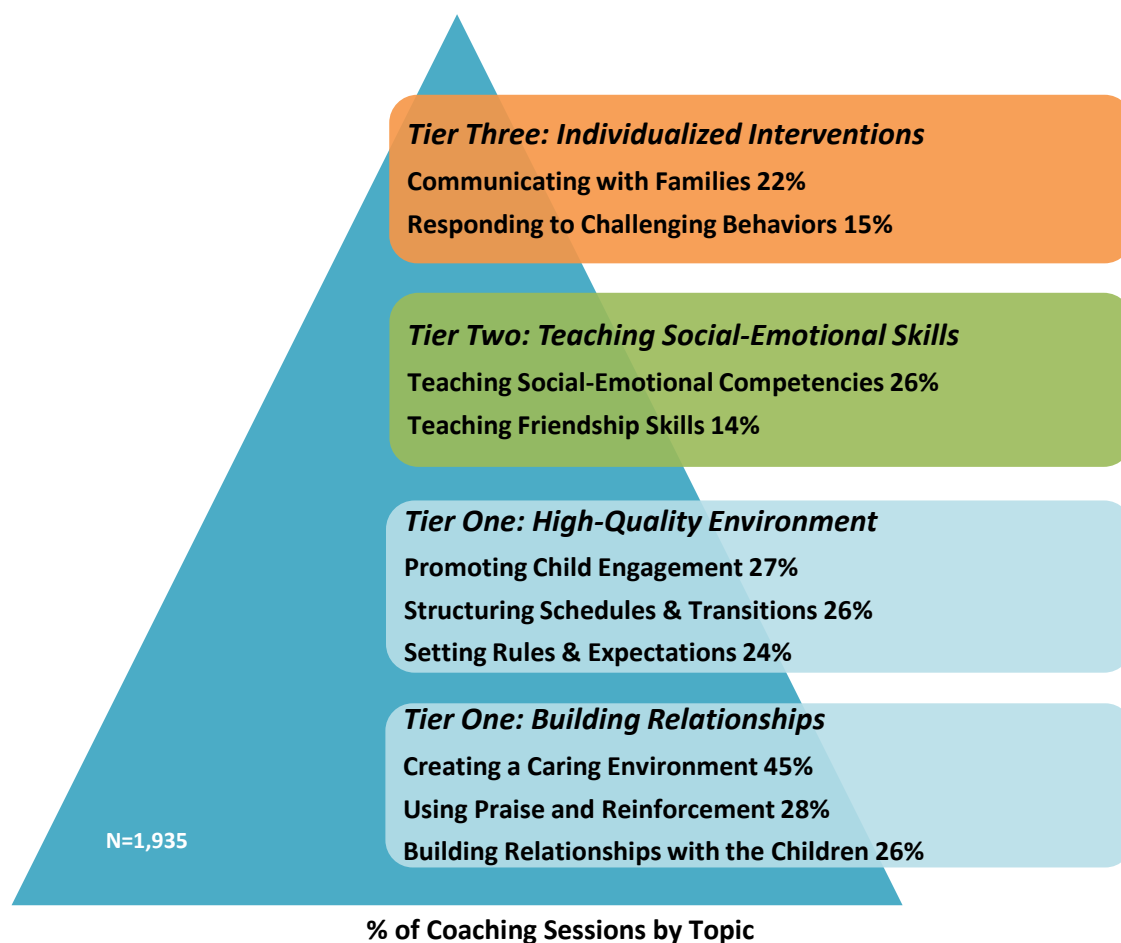


## What was the content of the coaching sessions?

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.

**Almost half (45%) of all coaching sessions focused on creating a supportive classroom environment.**

**Fewer coaching sessions (15%) focused on responding to challenging behavior.**

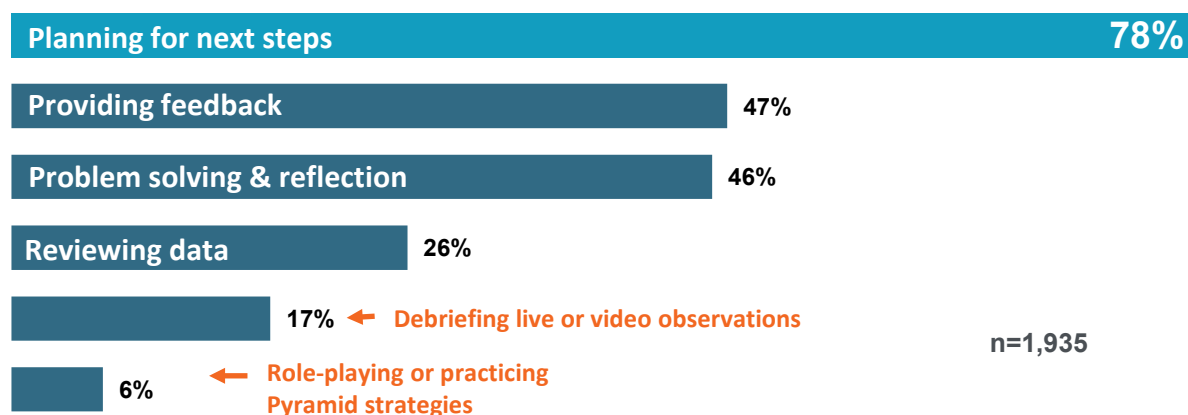


The base of the Pyramid is building an effective workforce. Coaches used data to inform practices in 20% of coaching sessions. In about a quarter of the sessions (24%), coaches brought the providers materials and resources to build their capacity. Coaches were less likely to work with providers to develop strategies to respond to challenging behaviors. This is not a surprising finding because when the Pyramid Model is in place, challenging behaviors should decrease and fewer children should need individualized support.

## Which coaching characteristics were used in coaching conversations?

A typical coaching conversation uses a cyclical 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 were coaches supported in their work?

Coaching child care providers can be challenging work. To support the coaches and prevent burnout, RiR provided Reflective Consultation (RC) to the coaching team in each community. A trained consultant who is either a licensed therapist or an Early Childhood professional with coaching experience led RC monthly sessions in person, by video-conferencing, or by phone. The coaching groups met to discuss the challenges of their work, to learn from each other, and to find strength from empathetic listeners and an expert consultant.

To evaluate the reflective consultation experience, 18 coaches completed a 12-item, 5-point Likert scale survey about their experiences. Overall, the coaches rated the reflective consultation as being highly beneficial. **All** the coaches noted that the reflective consultant “frequently” or “almost always” is non-judgmental when people struggle with their feelings.

**94%** of coaches felt the reflective consultant consistently

- Allows “room” for everyone to share
- Helps me to process the “in the moment” experiences
- Helps me to feel safe when reflecting on my practice

**89%** felt the reflective consultant consistently

- Encourages exploration of solutions rather than always having the answer
- Helps me identify where I felt good about my feelings or decisions

**77%** of the coaches indicated that the RC sessions frequently contributed positively to their coaching skills.

Conversations with peers, particularly those with more experience, helped coaches with problem solving and team building. Consultation enhanced the coach's understanding of the Pyramid Model, reminded them of a variety of strategies and tools they could use, and boosted their confidence in their coaching. Coaches noted that the consultant had important expertise to share and was a supportive listener. They also appreciated the opportunity to pause and reflect on their coaching experiences. One participant appreciated the chance to look "at coaching using a mindfulness approach." Hearing the challenges other coaches have faced helped coaches feel less lonely in their work. They see that everyone encounters difficult coaching situations and there are many different ways to respond.

**"Reflective consultation has been a highlight for me as I have loved learning about the FAN model and appreciate that my reflective consultant is very good at bringing things back to the wedge simply by asking, "What place on the FAN do you think that is?" It has been a time also where I am asked to reflect on how things are going, and (think about) something that I want to make time for and as of yet do not make enough time for. I can only get better if I can reflect on how things are going or not going."**

A coach reflects on RC

## What were the social-emotional needs of the children?



### Social-Emotional Measure

**Ages & Stages Questionnaire, Social-Emotional 2<sup>nd</sup> edition (ASQ-SE2)** Squires, Bricker & Twombly, 2015. The **ASQ-SE2** is a parent-completed 30 item social-emotional screener assessing self-regulation, compliance, affect and interactions.

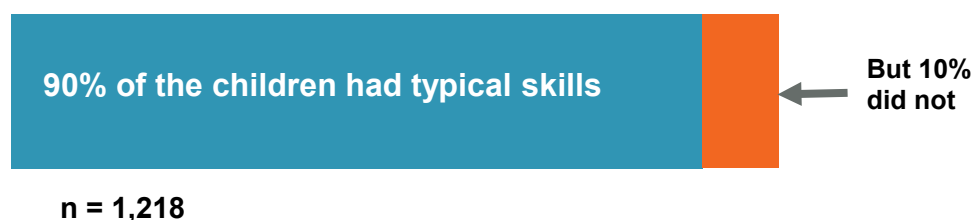
A premise of the Pyramid Model is that as providers build caring relationships with the children, create positive and supportive environments, and directly teach children social-emotional skills, children's challenging behaviors will decrease. However, it is expected that a small number of children (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

To assess the social-emotional development of individual children, providers asked parents to complete a screener, the **Ages & Stages Questionnaire, Social-Emotional 2<sup>nd</sup> 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 the child may be at risk for delays in social-

emotional development.

In the fall of 2019, 68 programs across the Pyramid Model Initiative screened 1,218 children using the ASQ-SE2.

**Most of the children in programs implementing the Pyramid Model through RiR had typical social-emotional skills.**



The screener results indicated that 90% of the children had typical social-emotional competencies. They demonstrated the ability to engage in positive interactions with peers and adults and were able to regulate their emotions appropriately for their age. However, a small percentage (10%) did not demonstrate typical skills. A total of 119 children were flagged by the ASQ-SE2 because they did not meet the cutoff score. The tool indicates that children who do not score in the typical range might be at-risk for delayed social-emotional development and further assessment may be warranted.

In RiR, coaches are available to assist providers in interpreting the ASQ-SE results and determining next steps. Sometimes, when a child is flagged by the ASQ-SE, the child's behavior is not concerning and no further action is required. For others, the child's behaviors or lack of social-emotional competencies are readily apparent. Coaches work closely with providers to identify children who have demonstrated persistent challenging behaviors or delays in social-emotional development. In some cases, the coach may do focused observation to collect data on child behaviors and note situations or transitions that are particularly challenging. Once identified, the coach helps providers select the best strategies to support the child.

In 2019, approximately 15% of coaching sessions focused on strategies to address children's challenging behaviors. In 11% of coaching sessions related to consultation about an individual's challenging behavior, coaches assisted providers in developing an individual behavior support plan, designed to help the child develop appropriate social-emotional skills. Coaches documented 16 instances of referring a child to EDN or school district special education services, 12 instances of making referrals to a mental health provider and four referrals to a child's pediatrician. They also supported the providers in reaching out to parents to involve them in the process to create formal supports for their child who was struggling with social-emotional skills in the child care setting.

## Expulsion from Child Care

The U.S. Department of Education Office of Civil Rights data show that expulsion and suspension are widely used in early childhood programs and that there are gender and racial disparities (United States Department of Education, 2016). Nationally, the rate of expulsion for young children from state-funded pre-K programs has been found to be three times the expulsion rate for children in K-12<sup>th</sup> grade (Gillam, 2005). It is estimated that the expulsion rate from private preschool programs is even higher.

Expulsion is a risk factor for young children. Experiencing a disruption in care can be bewildering for a child and adjusting to a new caregiver and building a positive relationship with him or her can take time. Expulsion is also a tremendous challenge for parents. When children are removed from a child care, parents may have difficulty finding a new center or caregiver on short notice, which adds stress for the family.

The RiR Pyramid Model Implementation Team recognizes the importance of addressing the issue of suspension and expulsion of children in early care and education settings. They provide training to coaches to increase their awareness of the equity issues related to suspension and expulsion of young children. They have also created and distributed information cards for parents about the effects of suspension/expulsion, definitions of different kinds of suspension, discussion prompts and questions for parents to use in the event that their child has been expelled or suspended, and the number for the Nebraska Helpline to be used if a parent is interested in seeking help dealing with their child's challenging behavior. A companion resource has been developed for child care providers.

RiR coaches track the number of expulsions in the child cares they support and file reports semiannually. In 2019, **19** children were expelled. **74%** were male. The expulsion rate across all RiR sites is less than **1%** (rate is approximately .72%). Because there is no national or state level requirement to report the expulsion of young children from private child care or preschool, it is not possible to compare the RiR expulsion rate to what is happening in other similar programs in Nebraska or across the country.

**“Using the pyramid model has changed my way to talk to children. I am more positive when around the children. I have learned how to validate children's feelings. I have also learned how to redirect children with problem behaviors so they are making better choices and problem-solving on their own. I have also learned how to change the environment into a more positive learning environment so problem behaviors have lessened.”**

**A 3<sup>rd</sup> year RiR provider reflects on what she has learned**



## 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 during this year included the continuing establishment of common coaching processes, improvement in the quality of early childhood settings, increased awareness and access to quality early childhood mental health services, collaboration among initiatives with new focus among partners regarding regional systems of support for Pyramid, addressing implicit bias and its effects on coaching and EC suspensions and expulsions and strengthening of early childhood policy.

## Collaborative Efforts to Align Early Childhood Social-Emotional Initiatives

### Coaching

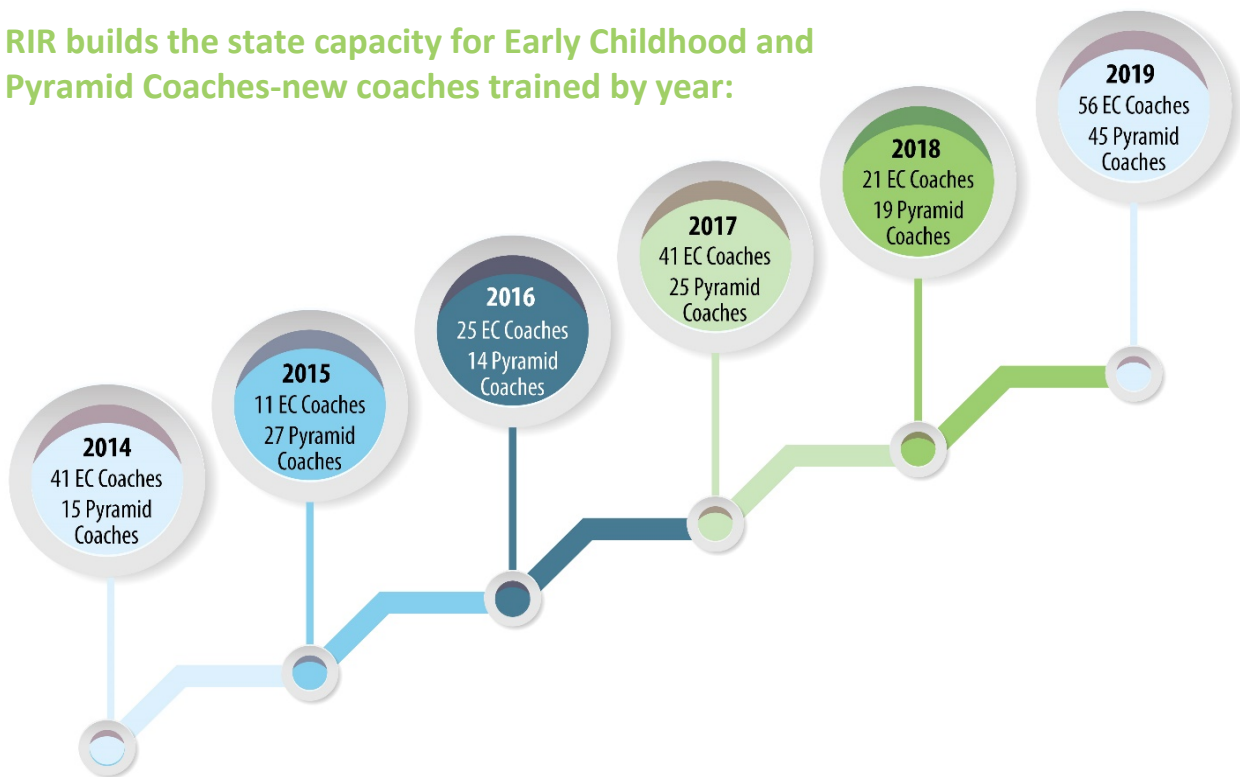
**Pyramid Leadership Team:** RiR partners with the Nebraska Pyramid Leadership Team to work on the long-term goal of integrating the Pyramid Model into early childhood systems of care for young children and their families. This team, consisting of partners from across various systems (government, universities, and private organizations) is working together to implement the Pyramid process consistently in a variety of settings. Common training, evaluation, and continuous improvement processes have been established. This past year the team continued work on capacity building. Additionally, the team recognized that work plan goals had been met and the plan needed updating. The team held a retreat in December at which they completed the updated Benchmarks of Quality for State Leadership Teams. Results from this will guide the development of a refreshed work plan as well as reformation of the group by adding additional partners.

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

**Coach Collaboration Team:** The Coach Collaboration Team continues to work to develop standardized processes for coach training (both initial training of coaches and ongoing support once in practice), improved methods of communication among multiple coaches working in the same program or with the same provider, identification of 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. The Coach Development Team, a sub group of the Coach Collaboration Team coordinates the development of initial and ongoing coach training and support. The Coach Development Team plans a series of Coach Booster Trainings provided twice a year to address ongoing coaching needs. RiR provides resources to support these Coach Booster sessions. The team

is currently working to finalize a set of core competencies for Nebraska Early Childhood coaching. Additionally, the team assisted in the development of a document describing the various coaching initiatives in NE. Rooted in Relationships staff partnered with NDE to develop the concept of a regional coaching system and look forward to further partnerships as they pilot Early Childhood Coach Consultant Positions at ESU 6 and ESU 3. A regional coaching system has been a priority for some time as the potential to train and support coaches would increase capacity across initiatives and build sustainability.

### RiR builds the state capacity for Early Childhood and Pyramid Coaches-new coaches trained by year:



**Step Up to Quality:** RiR is collaborating with Step Up to Quality (SUTQ), Nebraska’s quality rating and improvement system, to establish content and guidelines for coaches who are coaching in multiple initiatives (for example, a coach who provides coaching support for both Pyramid Model and SUTQ) or who are coaching in a setting where there are multiple coaches. This concept is being piloted through the Sixpence Child Care Partnerships in limited areas. Evaluation is underway to determine best practices to ensure maximization of resources and positive outcomes. Many coaches are voluntarily electing to be cross-trained as they recognize the knowledge enhances their ability to coach around quality measures. Rooted in Relationships staff are engaged on the team that is reviewing Step Up to Quality as part of the Preschool Development Grant.

### Nebraska Center on Reflective Practice

Recognizing the need for reflective practice (both consultation and supervision) and building on a training that was held in September 2015 with Linda Gilkerson from the Erikson Institute, RiR has been supporting



the Nebraska Center on Reflective Practice. The Center has focused on supporting a train the trainer process using the FAN Model (Facilitating Attuned iNteractions) developed by Linda Gilkerson. In March 2018, five individuals in Nebraska completed the 18-month training process and are now able to provide training on reflective practice (RP) to practitioners across early childhood fields including child welfare, coaching, home visiting, and more. The Center is housed within the Nebraska Resource Project for Vulnerable Young Children, located within the Center on Children, Families and the Law (CCFL) at UNL and is primarily funded by RiR with additional supplementary funds from the Nebraska Department of Education, UNL, and the Munroe-Meyer Institute at the University of Nebraska Medical Center. RiR continues to engage in a training process in collaboration with Step Up to Quality and the Munroe-Meyer Institute, to get all initiative coaches trained in the Reflective Consultation model. This is a 6-month training model where they attend a total of 3 days of training and participate in ongoing mentoring to achieve Level 2 status with the Erickson Institute in the FAN Model. Rooted in Relationships has 18 coaches who have completed the process and 8 coaches and 3 child care directors that are currently in the middle of the process. This will give coaches the opportunity to build their capacity in coaching by being able to understand the importance of reflection and to assist child care providers with this practice. We continue this collaboration with plans to support evaluation of the training process and explore cost effective ways to expand in the future. CCFL, in collaboration with its partners, has refined the evaluation plan for this upcoming year and they continue to gather data from participants being trained and receiving RP. Evaluation data does show that coaches strongly agree reflective practice is enjoyable, effective, and beneficial, leading them to feeling more knowledgeable and confident in their abilities. They reported that RP assisted them to look at other's needs, to advance conversations effectively and to be prepared for difficult situations. Additionally, they indicated that the "FAN visual tool" helped them to regulate their emotions leading to more positive outcomes in their coaching practice. They also reported experiencing the need for consultation support groups, updates on resources, and reminders to maximize the impact of reflective practice.

## 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); expansion of the referral base for families needing early childhood mental health services; improved coaching systems in Nebraska, and increased awareness regarding effective practices related to Trauma Informed Practices across systems.

**Early Care and Education Groups:** RiR staff participate in many 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 Childhood Mental Health Community of Practice Steering Committee
- Early Learning Connection Coordinators (attend quarterly meetings)
- Early Childhood Data Coalition
- UNK Early Childhood Committee
- Buffet Early Childhood Institute's Nebraska Early Childhood Workforce Commission
- Lincoln Early Childhood Network, which unites the work of RiR and Prosper Lincoln

- Pediatric Mental Healthcare Access Advisory Group
- Pregnancy Risk Assessment Monitoring Systems (PRAMS) Postpartum Depression and ACE's Workgroups
- Results Driven Accountability Stakeholder Team-NDE Part B and C
- NE Young Child Institute Planning Committee
- Pyramid Partners Collaborative Group (systems development/integration around Multi-Tiered Systems of Support implementation)
- Help Me Grow – Lincoln
- In June of 2017, the Communities for Kids Initiative was created in response to community requests for assistance with shortages of high-quality early care and education programs. RiR is working closely with this initiative to maximize early childhood community planning efforts and resources. We continue to strategize how to align and sequence our work in communities to streamline efforts and reduce duplication. In 2019, a child care module was added to the Early Childhood System of Care Community Self-Assessment and the parent survey to enhance this collaboration.

**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, Nebraska Children coordinates a Monday morning phone call, referred to as “Connect the Dots”. Participants include administrative representation from DHHS (Health, Behavioral Health, Children and Family Services), the Nebraska Supreme Court (Court Improvement Project), Office of Probation, Department of Education, Society of Care (intertribal entity supporting behavioral and social services in NE), and representatives from Nebraska Children Initiatives. This weekly one-hour phone call allows participants to stay informed, align, and reinforce cross-systems work.

The Rooted in Relationships Implementation Team meets quarterly and is comprised of cross-systems stakeholders who advise and collaborate regarding early childhood mental health activities and initiatives statewide.

Additionally, Rooted in Relationships staff participate on the following:

- State Health Improvement Plan (DHHS Division of Public Health)
  - Suicide and Depression subgroup
- System of Care Training Workgroup to advocate for additional consideration of early childhood initiatives, including Parent Child Interaction Therapy (PCIT), which the team is beginning to consider as a strategy
- System of Care Services and Supports Workgroup-receiving current updates regarding Family First implementation to ascertain crossover with NC supported-based practices
- Nebraska State Suicide Prevention Coalition
- Mental Health Awareness and Training (MHAT) grant Interagency Advisory Team
- Rural Stress and Family Wellness Workgroup

**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 staff support the Nebraska Infant Mental Health Association's (NAIMH) mission to continue offering professional development opportunities and awareness by serving as a co-lead (along with a representative from UNL Extension). A membership drive was conducted during the Week of the Young Child and through the year membership

increased by 40%. This past year members came together for two in-person meetings and several committee meetings via Zoom Technology. New materials promoting the importance of infant and early childhood mental health were developed and distributed. Additionally, NAIMH banners were displayed at several conferences along with an updated brochure to raise awareness of NAIMH and the importance of infant and early childhood mental health.

### Early Childhood Mental Health Community of Practice

In 2019, a new Early Childhood Mental Health Community of Practice was developed, organized by the University of Nebraska Center on Children, Families and the Law with input from Rooted staff, Options in Psychology, Child Saving Institute, Children's Hospital and Medical Center, Woodhaven Counseling Inc., and the University of Iowa. Seventy-seven mental health professionals from across the state attended in Lincoln. Representatives who utilize the practices of Child Parent Psychotherapy, Parent-Child Interaction Therapy, Circle of Security Parenting, and more were in attendance. The intent is to hold this event annually in an effort to create a shared space for ECMH professionals by increasing access to local trainings and education and building supportive relationships through multidisciplinary collaboration.

### Support of Evidence-Based Practices

**Child Parent Psychotherapy:** Nebraska has a shortage of mental health providers which is further exacerbated by the lack of professionals trained in early childhood mental health. To increase the availability of early childhood mental health, RiR has supported the effort to train mental health providers in Child Parent Psychotherapy (CPP).

Rooted in Relationships initially supported two training cohorts for Child Parent Psychotherapy, an evidence-based counseling modality geared towards children birth-5 and their families that is approved as a Medicaid reimbursed therapeutic practice, in which 70 mental health providers completed training. The training process coordinated by UNL-CCFL's Resource Project for Vulnerable Young Children (NRPVYC) is moving towards being self-sustaining and continues to provide training annually.

Nebraska has four (three active) endorsed trainer/consultants that provide trainings in Nebraska. They have the benefit of networking nationally with CPP trainers through the University of California at San Francisco, which is building a project for expansion and sustainability of high-quality CPP practitioners. The NRPVYC is working with model developer Dr. Joy Osofsky, who will be overseeing the training of new trainers and has approved up to four Nebraska trainees.

RiR encourages and, if needed, helps to support community mental health providers to attend training.

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

As of January 2020, there are 106 therapists in Nebraska approved to provide CPP (an 18% increase from the 95 therapists from October, 2018). In January 2019, 15 therapists began the 18-month CPP training program. As of January 2020, all 15 therapists remain actively involved in the training process and are accepting CPP referrals and cases (as required by the CPP training program). This retention rate is significantly higher than past trainings. The 2019-20 CPP therapist trainee geographical locations are as follows:

- Omaha/Council Bluffs: 1 therapist
- Lincoln/Southeast Nebraska: 2 therapists
- Northeast Nebraska: 3 therapists
- Central Nebraska: 1 therapist
- Western Nebraska: 7 therapists

Two additional therapists in earlier CPP training cohorts also completed their training requirements in 2019. The 2020-21 CPP training cohort began on January 29, 2020, with 3-day Initial Training. There are 20 trainees in the 2020-21 cohort, with 15 from Nebraska and 5 from Iowa.

The Web Site, NebraskaBabies.com, includes a searchable database of trained CPP therapists for purposes of locating practitioners and matching referrals.

### Circle of Security Parenting (COSP™)

Rooted in Relationships continues to provide support for COSP™ facilitators through building a stronger statewide website, developing common evaluation and marketing tools, and supporting additional training of facilitators. RiR staff also leads the Circle of Security Leadership team in Nebraska. We have continued to build local capacity for reflective consultation to support facilitators and have supported three COSP™ facilitators and trained reflective consultants to be Level 2 facilitators recognized by Circle of Security International. These Level 2 facilitators in 2019, conducted 24 sessions of peer reflective consultation that were offered at no cost to any COSP™ facilitator in Nebraska via Zoom technology. Rooted was also able to support a Circle of Security International approved session of Fidelity coaching for five facilitators in the fall of 2019.

A new process supported by the COSP™ State Leadership team began in 2019 and is managed by the Nebraska Association for the Education of Young Children (NeAEYC) to streamline a system to reimburse facilitators for court ordered parents to be able to participate in the program. NeAEYC also serves as the fiscal manager for Nebraska Child Abuse Prevention Funds that are supporting many COSP™ classes across the state. They supported 12 classes through 2019 and will support 10 more in early 2020. Facilitators were all invited and encouraged to attend the 1<sup>st</sup> annual Early Childhood Mental Health Community of Practice to support them in their practice and continued professional development. A full report of the statewide evaluation of COSP™ can be found at [necosp.org](http://necosp.org).

**TPOT and TPITOS Training:** Evaluation of the Pyramid Initiative requires a cadre of providers trained in the Teaching Pyramid Observation Tool – Research Edition (TPOT) and Teaching Pyramid Infant-Toddler Observation Scale – Revised (TPITOS). In 2019, trainings were held in Nebraska, led by a UNMC evaluator; 23 participants attended TPOT and 31 attended TPITOS trainings. We now have NE capacity to implement these trainings regularly such that those needing to be trained no longer must go to Florida to receive the training. The next training dates are on the 2020 calendar. Nebraska continues to ensure fidelity through the reliability measures put in place by UNMC. To be considered a TPOT observer for RiR a yearly reliability check must be completed. Observers score a two-hour video of a preschool classroom using the TPOT protocol. After scoring the video, the observers meet by phone with an evaluator from MMI to review the scores. As RiR continues to support the training of TPOT observers, the geographic location of the observers is considered to ensure that TPOT expertise is distributed across the state.

TPOT observers (who are frequently also Pyramid coaches) report that mastery of this evaluation tool deepens their understanding of the Pyramid Model. The attention on Pyramid practices during the observation and debrief with child care providers provides the observer an opportunity to focus on each of the Pyramid practices, thus providing additional professional development around the Pyramid Model.

**Parents Child Interaction Therapy (PCIT):** In 2019 RiR was tasked with supporting work that has been led/supported by the Nebraska Child Abuse Prevention Fund Board (NCAFP), specifically related to PCIT and PIWI. Staff have been meeting with UNL-CCFL's NRPVYC to explore creation of a similar system of support for training and support around PCIT that has been implemented successfully with CPP. Core to this support structure will be a training system within NE so therapists do not have to travel out of state for training and that will enable the development of a greater number of therapists proficient in this therapy modality. Through a contract with NRPVYC, training options have been explored and now a partnership is being formed with System of Care/Society of Care to fund PCIT training for individuals in NE in 2020.

**Parents Interacting with Infants (PIWI):** Parents Interacting with Infants (PIWI) is an evidenced-based set of practices based on beliefs (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 0-2. It does so by keeping the parent-child relationship at the center and by supporting responsive, respectful parent-child interactions. The primary focus of PIWI is parent-child groups but it may be used in home visitation and other settings. PIWI has been successfully used in community-based Head Start, early intervention and other settings with a diverse range of parents and children. The Nebraska Child Abuse Prevention Fund Board (NCAFP) has funded communities to support PIWI facilitation for several years. In 2019, Rooted in Relationships was tasked with developing infrastructure to support expansion of PIWI classes more broadly in NE. In October 2019, a facilitators' training was held in Lincoln to increase the capacity for interested communities to provide PIWI to families in their area. Rooted staff planned and Nebraska Children consultants conducted training for 10 new facilitators from six grantee communities funded through NCAFP. Four of these communities also participate in RiR. An additional two support staff attended who will be integral to bringing PIWI classes to their communities. Additionally, an experienced PIWI facilitator was trained to be a trainer and is scheduled to begin co-facilitating the PIWI training of facilitators in the spring.

## Policy

RiR engages in several efforts to support policy development that impacts early childhood mental health. The Nebraska Department of Health and Human Services initiated strategic planning to develop a System of Care (SOC) framework for designing mental health services for children and youth with a serious emotional disturbance and their families through collaboration across public and private agencies. RiR staff participate in the Implementation Team and Training subgroup of the SOC. RiR also works with First Five Nebraska around early childhood legislation and policy issues. Additionally, the Nebraska Early Childhood Partners group, formed in 2017, enhances early childhood collaboration. The group includes Nebraska Children and Families Foundation, Buffet Early Childhood Institute, First Five Nebraska, and the Buffet Early Childhood Fund. As part of these groups, RiR has assisted in grant development that includes policy advancement, most recently the Preschool Development and Pritzker Grants.

# Conclusions

## Supporting Community Early Childhood Systems of Care

- RiR Stakeholder Collaboratives worked to enhance parent engagement with their children through participation in trainings, socializations, and parent community events.
- RiR Stakeholder Collaboratives built community capacity to support young children's social-emotional well-being through training child care and school programs and partnerships with health care providers, libraries and school districts.
- RiR Stakeholder Collaboratives worked to increase public awareness of the importance of early childhood mental health and social-emotional well-being through multiple venues including community events, social media, and traditional media.
- Circle of Security Parenting, Positive Solutions for Families and Parents Interacting with Infants were implemented across multiple sites and resulted in improved parenting.

## Pyramid Model Implementation

- Pyramid Model coaches have supported center- and home-based child care providers to implement high-quality social-emotional practices.
- Centers implementing Pyramid center-wide and home-based providers demonstrated increased fidelity to the Pyramid Model with RiR coaching and training. After one year of participation, centers met the program goal in three of the seven key areas and home-based providers met the fidelity goal in seven of the eight key areas. After two years in RiR, all home-based providers met fidelity to the Pyramid Model.
- After two years in RiR, 100% the infant/toddler rooms met the quality benchmarks for classroom practices. After three years in RiR 67% of the preschool classrooms met this goal.
- Providers have demonstrated significant improvements in their ability to use Pyramid practices to support children's social-emotional development.
- Over 1,200 children enrolled in the RiR programs had a social-emotional screener. Most (90%) had typical social-emotional skills.
- RiR providers greatly value the relationship they have with their coach and rate their Pyramid skills as improving with coaching and training.

## 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 and support and have a plan for enhancement of the current coaching infrastructure that will enable great access regionally.
- RiR has supported the development of the Nebraska Center on Reflective Practice (NCRP).



- Coaches from RiR and Step Up to Quality are in the process of getting trained in Reflective Practice, thus supporting workforce development.
- RiR collaborates to build a system to enhance the capacity of mental health providers to deliver Child Parent Psychotherapy (CPP) and Parent-Child Interaction Therapy (PCIT) and are supporting the continuation of a Community of Practice for all early childhood mental health providers.
- RiR has developed infrastructure supports, reflective consultation, marketing materials, and evaluation to support statewide implementation of Circle of Security Parenting.

**"I have noticed a huge improvement in not only my children in care, but also myself. It's made doing daycare more fun and less stressful!"**

**A provider reflects on her growth**



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