Rooted in Relationships

2017-2018 Evaluation Report
February 2019
Nebraska Children and Families Foundation

Rooted in Relationships
nebraskachildren

Collaborate. Evaluate. Improve.
Interdisciplinary Center for Program Evaluation

University of Nebraska Medical Center
MUNROE-MEYER INSTITUTE

www.rootedinrelationships.org

Nebraska Children and Families Foundation 2018 Evaluation Report

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

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

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

Communities engage in three key activities

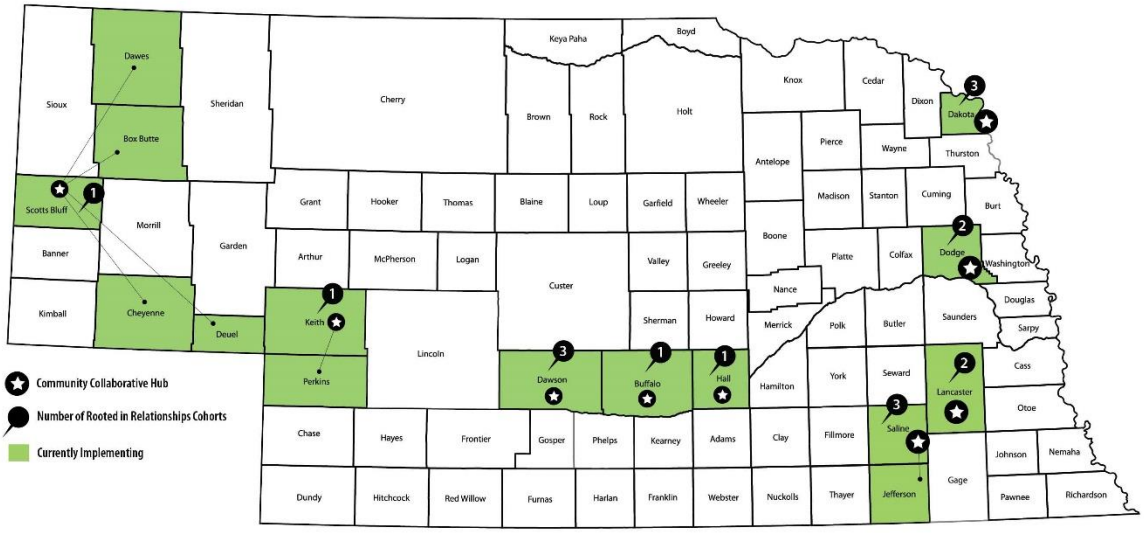
1. **Community Work:** Stakeholders connect with additional local partners for the development of a long-range plan to support the social-emotional development of young children. Such a plan will include community assessment, systems building, and the development of a process for coordination of systems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

2. **Implement the Pyramid Model:** The communities identify 9-15 child care providers from 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 nine collaborative hubs in various stages of the initiative inclusive of planning, implementation and expansion: Buffalo, Dakota, Dawson, Dodge, Hall, Keith (Perkins), Lancaster and Saline (Jefferson) Counties as well as the Panhandle (Box Butte, Cheyenne, Dawes, Deuel, and Scottsbluff). Funding for this project is provided by the Buffett Early Childhood fund (beginning in 2013) and 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.

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 4.5 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. Throughout this report, findings from RiR participant focus groups and interviews are provided. Evaluators conducted five focus groups with providers and directors from Buffalo, Hall, Keith and Lancaster counties. One-on-one phone interviews were conducted with providers from Saline, Jefferson, Dawson and Dakota Counties. A total of 59 providers, including seven center directors, with one to three years of participation in RiR, attended a focus group or participated in a phone interview. Results include strengths as well as considerations for future growth. 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.

Supporting Community Early Childhood Systems of Care: Communities completed systems level planning and have initiated community specific strategies that may include public awareness activities, development of an infrastructure system for the implementation of Circle of Security™-Parenting, promoting the importance of high quality child care, and parent engagement activities.

Pyramid Model Implementation: Pyramid Model fidelity measures for program-wide implementation and classroom evaluations for quality practices were collected at baseline and at the end of each year of participation in RiR. Information about child and provider demographics, coaching activities, provider satisfaction and expulsion rates was also collected.

Building Statewide Capacity to Support Early Childhood Systems of Care: This section reviews statewide work of RiR, including strategies to build statewide capacity to support young children and their families, especially related to social-emotional development and early childhood mental health. In addition, described are their efforts to increase the state's capacity to implement evidence-based practices, to provide training and consultation, and assisted in refining a coaching system.

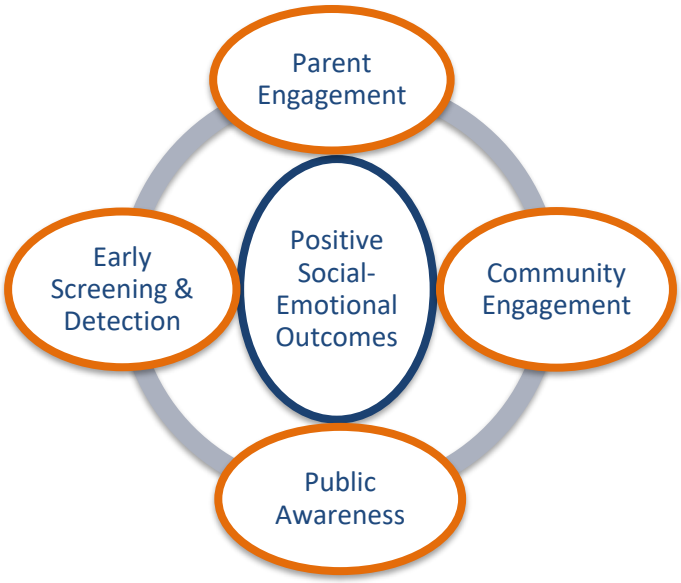
Table of Contents

Supporting Community Early Childhood Systems of Care

This section will focus on the system efforts of all communities currently implementing the RiR package. In each community, the Stakeholder Team was responsible for developing a community plan to strengthen their early childhood systems and supports for social-emotional development and early childhood mental health. This planning process included two primary elements: community data gathering and selection of a systems priority. Communities first identify their priorities through a systematic process of community mapping using the Early Childhood System of Care Community Self-Assessment (ECSOC) tool and analyzing other sources of existing community data. The four primary areas rated on the ECSOC self-assessment include: health, family resources, early childhood mental health and school. Community stakeholders rate the degree to which each of these services is available and the degree of importance of each service. Communities also gather parent feedback via a parent survey. Once communities gather their existing data and complete the ECSOC they develop a long-range plan to strengthen early childhood systems of care in their community and 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. All communities worked to build capacity locally to implement the Pyramid Model. They followed the Rooted Pyramid Package to complete the required trainings, coaching dosage, provider collaboration meetings, and reflective consultation sessions. Additionally, four communities implemented Positive Solutions for Families, which is the Parent Pyramid Module training, and eight communities implemented Circle of Security™-Parenting. Those findings will be reviewed in a separate section of the report. All communities are currently in the implementation phase.

BUFFALO COUNTY

Buffalo County began implementation of the RiR Initiative in 2017. Work in Buffalo County is coordinated through Buffalo County Community Partners. This year the Buffalo County Community Partners distributed a survey to their partners to evaluate how well the collaborative was working for them. The results of the survey will be used to support the group in improving their work as a collaborative.

Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	316	Number of Families Served Indirectly	459
Number of Children Served Directly	322	Number of Children Served Indirectly	244

Parent Engagement

Circle of Security™-Parenting: Buffalo County RiR began to support Circle of Security™-Parenting (COS-P) classes. They provided 18 scholarships to participate in one of three classes that were offered. Results from the evaluation of these classes can be found on page 18 of this report.

Community Engagement

Expansion of the Pyramid Model: Pyramid Model work was expanded to include kindergarten classes in the Kearney Public Schools (KPS). As a result, in addition to implementing the Pyramid Model in child care settings as part of the RiR efforts, an introductory training on the Pyramid Model was provided for teachers at KPS. A CHI Behavioral Health grant enabled Community Partners to support this effort. A total of 400 teachers were trained. In the summer of 2019, this training will be expanded to 1st grade teachers. To further students' social-emotional development, KPS expanded the Second Step curriculum to all classrooms K-8th and implemented the social-emotional learning curriculum, School Connect, in 9-12th grade classrooms in the fall of 2018.

In addition, Buffalo County Community Partners in collaboration with the University of Nebraska Kearney, NCFF, Munroe-Meyer Institute, and CHI Behavioral Health Mission and Ministry sponsored a Teaching Pyramid Observation Tool (TPOT) reliability workshop. Twenty-one participants were trained on the TPOT, an observational tool that evaluates the degree teachers support social-emotional development of children in their classrooms. This workshop demonstrated a broad statewide impact in sustaining early childhood work in this community and across the state.

Buffalo County RiR sponsored a Second Step presentation for Sixpence providers in Buffalo County, with 18 child care providers in attendance. The presentation included information on the importance of social-emotional learning and the basic components of Second Step Curriculum. Assisting with the training was a Pyramid implementation provider who also uses the Second Step curriculum. Utilizing a peer provider contributed to strong participant buy-in.

A Quality Child Care Checklist was promoted at a licensed child care director meeting. Overall, the group of 10 providers that attended felt it was a useful tool that they could use in their centers.

Public Awareness

Buffalo County RiR engaged in a number of public awareness activities. The HealthyMINDS newsletter featured early childhood education every month. It promoted partner events and provided the community with information on early childhood learning, social-emotional development, and specific Pyramid Model achievements. The Community Partners blog focused on early childhood with the entry entitled 'Early Learning Students Show Improvements with Social-emotional Learning.' A press article described how the Buffalo County schools and selected child care centers implemented Social-emotional Learning (SEL) tools to help children thrive in the classroom and in life. The article also highlighted the Pyramid Model implementation in center-based and home-based early childhood settings. The article promoted community support and collaboration for early childhood social-emotional development. Local television coverage on "Buffalo County groups working to educate the community on youth social-emotional skills" also increased public awareness. The interview reported that RiR has been working to develop the social-emotional skills of children under the age of eight years old and explained why these skills are so important. Buffalo County Community Partners also used their Facebook page to promote the work of the RiR committee.

Buffalo County RiR participated in Give Where You Live, which is a 24- hour fundraising event led by the Kearney Area Community Foundation. This event was created to increase community support for local nonprofit organizations and allowed Buffalo County Community Partners to highlight the work of the collaborative.

Quality child care: In the spring of 2018, Buffalo County Community Partners in conjunction with the University of Nebraska at Kearney Political Science Department conducted a survey entitled, the Mental Health Adult Status Questionnaire, for adults 19 and older residing in Buffalo County. The survey posed the following question: "At what age is it most important to support physical, intellectual, and social-emotional development in children?" The results found the majority (76%) of the

respondents think it is critical to support children who are 0 to 8 years old. Information from this survey will help Community Partners monitor progress in increasing public awareness of the importance of early childhood.

DAKOTA COUNTY

Dakota County began implementation of the RiR initiative in July of 2014. The Dakota County Connections (DCC) work is funded through blended RiR and Community Well-Being (CWB) funds. This year DCC changed its name to Growing Community Connections (GCC) as it better reflected their cross county work. 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	64	Number of Families Served Indirectly	576
Number of Children Served Directly	95	Number of Children Served Indirectly	576

Parent Engagement

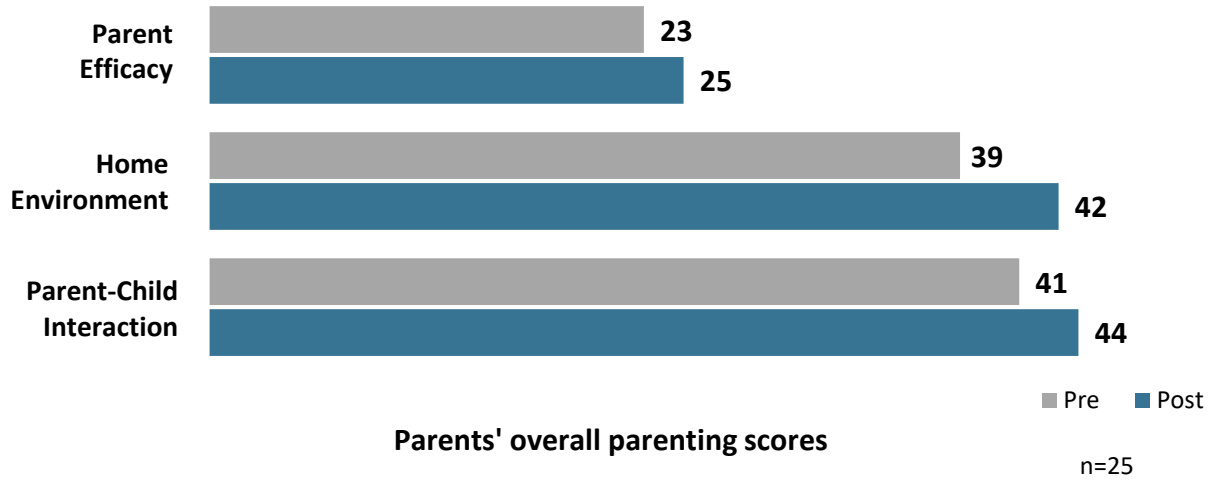
Parents Interacting with Infants (PIWI): Growing Community Connections sponsored the implementation of four PIWI groups in South Sioux City and Winnebago. The purpose of the program was to support parents' interactions with their children. The Healthy Families Parent Inventory (HFPI) subscale scores on the Home Environment, Parent Efficacy, and the Parent-Child Interaction Scales were completed to assess program outcomes by measuring how parents supported child learning and development, parent-child interactions, and parent self-efficacy. Twenty-five parents completed the survey. The results found that the majority of parents demonstrated significant improvement with a strong, meaningful effect size across all areas: Parent-Child Interaction (p=<.001, d=.837), Home Environment (p=.002, d=.829), and Parent Efficacy (p=.039, d=.470). These results suggest that parents benefited from the sessions.

"Our bond is stronger. We interact with one another positively. My children respect me more and behave. I love developing our bond first through special time, then learning how to effectively discipline my children."

A parent reflects on PIWI

Parents made significant changes across all areas of parenting skills.

Greatest strengths were in the areas of Home Environment and Parent-Child Interaction.



Parents' overall parenting scores

n=25

Supporting parents reading to their children: GCC, in collaboration with the Nebraska Siouxland Community Health clinic and South Sioux City Schools, sought to identify a strategy to help parents realize the importance of reading and spending quality time with their young children. They met with doctors and staff at the Health Clinic staff meeting and asked them to encourage families to limit screen time and to have one-on-one time with their children by filling out a "prescription" to read. Siouxland Community Health Center was provided several resources to share with the families at their clinic, including social-emotional books, stickers with support information about Community Response, bookmarks that list three good reasons for reading to your child, and a Dolly Parton Imagination Library application.

Parent Pyramid training modules: Parents participated in the Parent Pyramid Module training. Ten parents participated in the Parent Pyramid Modules. Results of the training are presented on page 22.

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 support them and give fun ideas and positive feedback. Each toy has ideas and 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, 542 parents and their children accessed the Parent Corner.

Circle of Security™-Parenting: GCC continued to support COS-P classes as a parent engagement strategy. Three parents participated in the session that was offered. Results from the evaluation of COS-P can be found on page 18.

Community Engagement Activities

Summer school program: GCC initiated a week long social-emotional summer school session for seven kindergarten and first graders. It was well attended, with an average of six children participating across the weeklong series. 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.) Social relationships were facilitated by supporting time together to share and appropriately listen to one another. The consultant provided "in the moment" situations to coach and practice social skills. Parents were given information about strategies to support these skills at home.

The RiR team commissioned a survey of parents as part of their planning process that indicated parents wanted to engage in supportive activities with their children. To honor those wishes, GCC collaborates in the community on a variety of family engagement opportunities:

- **Family Fun night.** GCC collaborated with community organizations (e.g., police and fire department, Optimist Club, etc.) to provide fun games, prizes, and food for the families in their community at the National Family Night Out event.

- **Biking for Backpacks.** Multiple agencies (e.g., the Optimist Club, GCC, the South Sioux City police force, Parent-Child Interaction Therapist (PCIT), Nebraska Extension, Beyond the Bell, Children Miracle Network, and City of South Sioux City) collaborated to provide backpacks full of supplies for children prior to the start of school.

DAWSON

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 support and services that will result in healthy and stable families.

Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	390	Number of Families Served Indirectly	30,895
Number of Children Served Directly	589	Number of Children Served Indirectly	24,810

Parent Engagement

Five community libraries in Dawson County were each given six backpacks that included games, books, and parenting information. These supplemented the backpacks provided the previous year, adding materials about following directions, problem solving, emotions, anger management, and friendship. Libraries reported that many children and families check out the backpacks or used them while in the libraries. Many chaperoned visits for parents who are working towards unification with their children are done at the libraries. The backpacks are a popular resource for these visits.

Circle of Security™-Parenting: Dawson County RiR continued to support COS-P classes as a parent engagement strategy, using blended funds from RiR and Region 2 Health Services to sponsor six classes. Any parent who attended all of the COS-P sessions received a $50 gift card. Results from the evaluation of COS-P can be found on page 18.

Public Awareness

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 six-month period, they had 5,112 followers, thus the large number of indirect contacts (duplicated) in the data box above.

Dawson County RiR participated in one major community-wide awareness event, Lights on After School. The team hosted a table where children and families learned about supporting their child's social-emotional development and made a "problem-solving" kit to take home. These kits help children learn to find solutions to everyday problems. 86 kits were made with families.

The Dawson RiR distributed materials at a Health Fair in three communities. Friendship activities were completed with the children at these events. A family movie was shown in Lexington and admission was one can of food for donation to the Food Pantry. Approximately 100 cans of food were collected. At the movie, social-emotional books were given to each child. Prior to the movie, the Dawson RiR video was shown to promote their work.

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 on the Fremont Family Coalition 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.

Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	275	Number of Families Served Indirectly	952
Number of Children Served Directly	314	Number of Children Served Indirectly	1286

Parent Engagement

Community parent engagement activities: A family engagement activity was co-sponsored with Sixpence that included a variety of activities for parents and their children to interact together including: face painting, balloon art, bounce house and pony rides. Over 600 parents and their children attended the event.

Parent Pyramid training modules: Three parents participated in the Parent Pyramid Module training. Results of the training are presented on page 22.

Promoting reading: Social-emotional books and handouts about the importance of reading (available in both English and Spanish) were distributed to health care and dental clinics in the community. Data is being collected at these clinics to determine parent interest in learning about the Pyramid Model and to determine if their child attends a center or home child care that uses this model.

Community Engagement

Improving the quality of child care: The Fremont Family Coalition's Rooted in Relationships subgroup is working to address one of their identified gaps in the community, lack of child care openings and a lack of understanding about what high quality child care looks like. The work group has shared information about Step Up to Quality (SU2Q) with home and center-based providers. One of the centers participating in the RiR Pyramid project enrolled in SU2Q and received a four star rating. The director attributed their high rating to the adoption of Pyramid Model practices and the coaching she received. Three other centers are currently participating in SU2Q. There is a high need for child care slots in the community. Two new centers are opening in the area. The collaborative is working with the SU2Q coach to increase her awareness of the RiR Pyramid work. Both the Pyramid and SU2Q coaches work together at centers and this coordinated effort has facilitated quality practices in those sites.

HALL COUNTY

Hall County began implementing the Rooted in Relationships (RiR) initiative in 2015. The Hall County Community Collaborative (H3C) served as the fiscal agent and coordinator through blended funds from RiR and Community Well-Being (CWB). Several parts on the H3C 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.

In early 2018, H3C staffing changes presented challenges to the backbone infrastructure, and RiR was temporarily paused in the community. In November 2018, the 0 to 11 workgroup of H3C decided to reconvene. During this meeting a new fiscal agent, Grand Island Public Schools, was chosen to support the RiR planning process. It was also determined that the 0 to 11 workgroup would meet more frequently to complete the planning for RiR so that implementation of a new cohort of providers could begin in July 2019. The leadership of H3C expressed support of this implementation plan.

KEITH COUNTY

Keith County began implementing the RiR initiative in 2017. Their work is coordinated by Educational Services Unit (ESU) 16. Before selecting their systems strategies, the Stakeholder Team decided to conduct focus groups first. Eight focus group (three parent and five professional) were completed in the spring of 2018. Data from these focus groups helped to inform the work plan for the year by identifying the psychological, physical, community, and system barriers for families in accessing services. Several individuals decided to join the collaborative group after participating in the focus groups, including several parents.

Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	246	Number of Families Served Indirectly	104
Number of Children Served Directly	399	Number of Children Served Indirectly	469

Parent Engagement

To increase parent engagement in the infrastructure of the collaborative, two parents were invited to participate on the collaborative. This helped the collaborative understand the parents' perspective as they implemented their work.

Parent Training: Three primary training opportunities were provided for parents: Circle of Security™-Parenting (COS-P) and Parent Pyramid Module training. The RiR coordinator assisted with class scheduling and registration to ensure they were offered in a variety of places and at different times. Six COS-P series were completed this year with 41 participants. Results from the evaluation of these classes can be found on page 18. A total of 78 parents participated in the Parent Pyramid Modules. The results can be found on page 22.

Community Engagement

Community trainings and events: Several community trainings were offered to increase awareness of the importance of social-emotional competence (e.g. Bridges out of Poverty), the importance of developmental screening, and the value of children learning by exploring nature. A

community-wide family picnic helped promote parent engagement. Presentations were made at 10 different organizations (e.g., School board, Rotary, City and County Councils) to enhance community leaders' understanding of the work of the collaborative.

Public Awareness

The Keith County Community Stakeholder Team developed a public awareness campaign to increase the community's focus on the importance of social-emotional development in early childhood. Three public announcements were developed and played on local media. A Facebook page was developed and has 41 followers. The group also developed t-shirts.

LANCASTER COUNTY

Lancaster County began implementing the RiR initiative in 2015. Their work is coordinated by the Nebraska Association for the Education of Young Children (NeAEYC). In late 2017, the RiR work was transferred to the Access to Quality Child Care Workgroup, a sub-group of the Lincoln Early Childhood Network. The purpose 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	456	Number of Families Served Indirectly	610
Number of Children Served Directly	495	Number of Children Served Indirectly	728

Parent Engagement

Circle of Security™-Parenting: The Lancaster County team continued its systems work by providing infrastructure support for the COS-P facilitators in the county. The primary goal was the development of an integrated system to increase awareness and coordination of COS-P, as both a prevention and an intervention strategy. COS-P coordinators worked to expand the awareness of COS-P by providing informational sessions to recruit parents. Monthly meetings were arranged to support the COS-P facilitators. This year an additional facilitator was trained. As a result of braided funding across multiple funding sources, eight COS-P sessions were provided in the Lincoln area. Results from the evaluation of these classes can be found on page 18.

PANHANDLE

The Panhandle Partnership began implementation of RiR in 2018 after completion of one year of planning. The Panhandle Partnership work is funded through blended RiR and Community Well-Being (CWB) funds. Several parts on 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. Panhandle Partnership began to implement their RiR work plan in July 2018.

Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	21	Number of Families Served Indirectly	256
Number of Children Served Directly	384	Number of Children Served Indirectly	328

Parent Engagement

Parent training: Five Circle of Security™-Parenting (COS-P) classes were provided to parents in the community. Results from the evaluation of these classes can be found on page 18 of this report.

Community Engagement

Building child care capacity: In addition to implementing the RiR Pyramid Package with 17 new providers in the Panhandle, the birth-eight subgroup chose for the systems portion of RiR to integrate the RiR Pyramid Package with 33 child care providers that had spent the last two years as part of the Sixpence Child Care Partnership grant in 3 Panhandle communities. In 2016, Sixpence began offering early learning grants to partnerships between school districts and local child care providers. These grants were contingent upon providers' participation in *Step Up to Quality*, Nebraska's child care quality rating and improvement system. They had received monthly coaching through one of three Sixpence coaches. These coaches were supported to get cross-trained in Pyramid Model Coaching, along with a new lead RiR coach (serving the 17 new providers). The Panhandle Partnerships birth-eight subgroup wanted to continue building on the foundation that these providers had already invested in through coaching around the environment and workforce (base of the pyramid). They will now implement more specific Pyramid Model strategies and practices into these providers' rooms. This site will serve as a pilot, which will give the RiR staff and other interested individuals additional information about best practices to support child care providers through coaching; specifically if there is a sequential progression to training and coaching support.

SALINE AND JEFFERSON COUNTIES

Saline County began implementation of the RiR initiative in 2014. Their work is coordinated by the local area health department, Public Health Solutions. In 2016, the work was expanded to Jefferson County and included their own stakeholder group. During the first six months of this grant year, the two collaboratives, which shared many of the same goals related to early childhood development and early interventions, decided to examine the possibility of merging. The two groups are continuing to discuss coordinating their work in order to expand their reach across the two counties of Saline and Jefferson.

Families and Children Served

Summary of Children & Families Reached			
Number of Families Served Directly	242	Number of Families Served Indirectly	344
Number of Children Served Directly	418	Number of Children Served Indirectly	575

Parent Engagement

Circle of Security™-Parenting: The Saline and Jefferson Counties RiR stakeholder teams continued to support Circle of Security™-Parenting classes as a parent engagement strategy. The group focused on serving a five-county area (Fillmore, Gage, Jefferson, Saline and Thayer) with their classes. These classes were supported through braided funding from RiR and the Saline County Drug and Alcohol Prevention Coalition. This year, the group sponsored nine classes, including one facilitated in Spanish. The two most recent offerings in Saline had 100% attendance. The coalition is continuing to identify the supports that are needed in the community in order to increase parent engagement in those hard-to-reach families/areas. Results from the evaluation of these classes can be found on page 18 of this report.

Parent trainings: A Parent Pyramid Module series was held in the fall in Fairbury. The class teaches Pyramid Model practices with a parent-centered focus. This was funded through braided funds secured through a partnership with Fairbury Public Schools. Five parents completed the six-session course with most parents showing an increase in knowledge of what to do when their child exhibits challenging behaviors. The results can be found on page 22.

Parents Interacting with Infants (PIWI): A PIWI series was held in the fall at Fairbury High School for high school students who were new parents. Six participants, including mothers and fathers, attended the eight sessions. This class was a joint effort between RiR and the Fairbury Public School administration. All participants strongly agreed that they felt respected and valued, learned new techniques to interact with their infants, and felt their family relationships had improved after taking the class. Many of parents who participated have requested a second series,

reflecting the need for this type of parent education in their community. Four parents participated in the Parent Pyramid Modules. The results can be found on page 22.

Parent-Child Interaction Therapy (PCIT): Three therapists attended the PCIT training and were certified. They began seeing clients in April 2018. Many of the referrals for PCIT have come from RiR collaborative partners in Gage and Jefferson Counties (e.g., public schools and local preschool programs). They are hoping to expand to an additional location in Jefferson County in 2019. Office space was identified to support the PCIT sessions. Once therapy was initiated in this space, it did not meet the needs of the therapists and the families they served. The therapists have worked with the coordinator and have transitioned into new office space that was modified to meet their needs. The first client "graduated" from therapy this year. A surprise has been the number of parents that begin PCIT and quit unexpectedly with no feedback to the therapists.

Community Engagement

Building capacity to implement the Pyramid Model in the community: RiR and Fairbury Public schools joined efforts to increase implementation of the Pyramid Model at the elementary school in pre-K through second grade. The schools provided the module trainings that were held during the districts scheduled professional development days. The RiR coach supported three preschool teachers and a kindergarten teacher to implement Pyramid Model strategies. Trainings supported the coaches, coordinators, directors, and providers participating in the Pyramid Model in family child care homes, child care centers, and in the public school setting. In addition to the trainings offered at the schools, 33 individuals participated in five Pyramid Module trainings and three directors participated in director training. Providers, coaches, and directors also attended collaboration meetings. These activities enhanced capacity to support young children's social-emotional development in their programs. Another goal of the community was to increase the number of Pyramid trained coaches. This year, a child care center director in Saline County became Pyramid coach trained and has been coaching providers in her center as well as another in Crete. The system has a built-in process for her to receive mentoring from an established coach in her community.

Community events: RiR stakeholders partnered with organizations on a variety of community events. During Week of the Young Child, the RiR collaborative organized a full week of celebrations in order to thank the child care providers in RiR, as well as other child care staff at partnering locations for their hard work and dedication to early child care. Each day of the week providers received a special gift or refreshment such as donuts, spa gifts, and lunch.

Nebraska Children and Families Foundation (NCFF) Expulsion/Suspension cards were sent home with 206 students who participated in the Fairbury Community Foundation Backpack Program. A local theater partnered with the RiR collaborative to sponsor two free movie events. This provided an opportunity for outreach to parents regarding social-emotional development through the distribution of the Expulsion/Suspension cards and age-appropriate books related to social-emotional development. 140 parents and their children were engaged in the event.

The collaborative also helped support a new feature in the Fairbury City Park called StoryWalk. Through this feature, organizations sponsor books that are laminated and posted throughout the park so children

and families can get exercise while reading each page of the book along the path. Appropriate social-emotional development books were chosen by the group to highlight in the StoryWalk. The collaborative also supported the Fairbury "Santa Hut" this year, donating 105 books with social-emotional development themes to give to children as they came to see Santa during their holiday event.

Early Screening and Detection

One of the original objectives of the collaborative was to expand the use of screenings in their community programs. Sixpence in Crete has continued to use the SWYC tool, which was piloted by the group, with newly enrolled families as their children enter the program and as part of their ongoing screening process. The pilot originally included a medical facility, but due to turnover, this effort was discontinued. The collaborative continues to discuss the future possibility of disseminating the use of the screening tool to other early child care and health care settings.

Public Awareness

RiR Collaborative partnered with organizations to increase public awareness. The group partnered with Fairbury Public Schools on a 10/11 News "Our Town Fairbury" spotlight, which highlighted the work being done in Fairbury surrounding early childhood development. This ad was shown on their website and during an afternoon broadcast of the "Our Town" segment. The RiR coordinator also created a dedicated Facebook page to the Saline-Jefferson Rooted in Relationships group and has kept it updated with trainings, Pyramid practices, and appropriate social-emotional development information.

Circle of Security™-Parenting (COS-P)

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

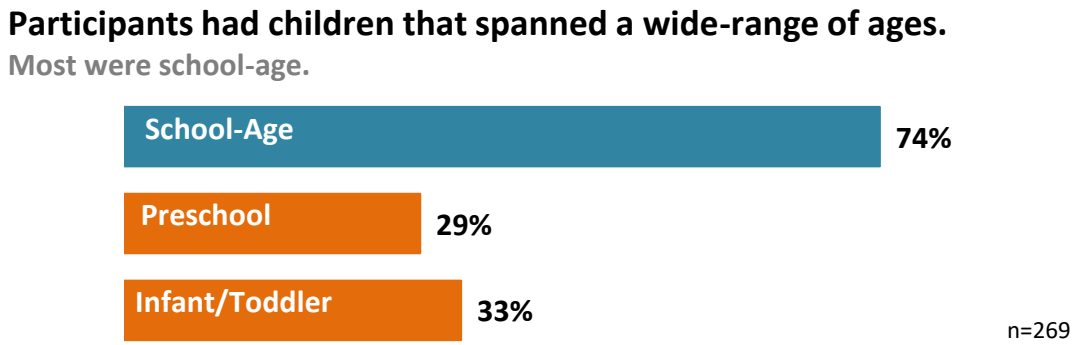
Eight RiR communities supported Circle of Security-Parenting classes with RiR funds. In total, the communities implemented 34 COS-P class series. A variety of different supports such as child care, food, and incentives (e.g. gift cards or child books) were offered to increase participant access to COS-P.

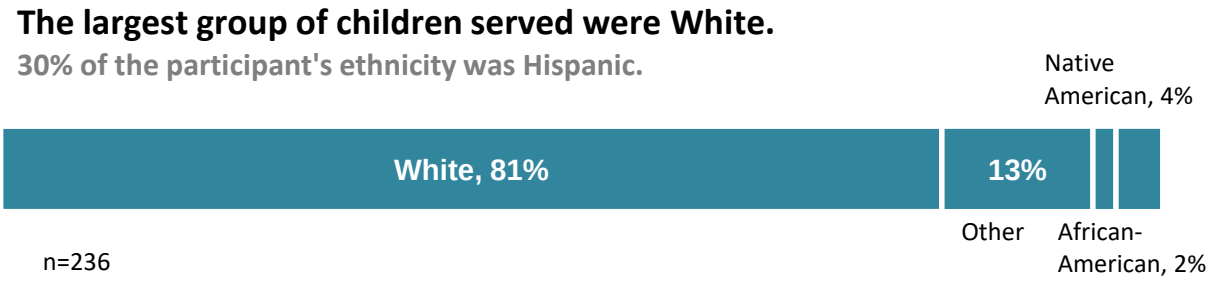
About the COS-P Participants

A total of 269 participants enrolled in 34 COS-P classes supported by RiR funding. These participants had 695 children. Demographic data was completed on the retrospective pre/post-survey at the final

COS-P session. The majority (89%) of the participants in the COS-P sessions were parents. The remaining attendees were grandparents (1%), foster parents (2%) and other (8%). The participants were primarily female (80%) and were in the 19-30 (32%) and 31-50 (53%) age groups. The participants, on average, had three children and ranged from having 0 to 8 children. The majority (58%) were eligible for a child care subsidy or Free and Reduced Lunch.

Both the race and the ethnicity of the participants were reported. Of the 269 participants, 236 provided this information. Most of the participants' race was reported as white (81%). Thirty percent of the parents noted their ethnicity was Hispanic. These results suggest that there has been good outreach to the Hispanic population given that 9% of the state population is Hispanic.





Why did individuals participate in COS–P?

Participants joined a COS-P class for a variety of reasons. These include improving their relationships with their children, better understanding their child's needs and to "being a better parent." Many joined based on a recommendation of a therapist, caseworker or family member. Several joined as part of a court-ordered requirement. Several professionals participated to enhance their work with children and families.

How did participants evaluate their COS-P experience?

A total of 250 of the 269 participants completed a pre-post retrospective survey about parenting stress, their relationship with their children, and their confidence in their parenting skills. The

results of the survey were analyzed in two different ways. A statistical analysis (a paired t-test) was completed to determine if there was a significant change in participants' perception by the end of the COS-P series across the program-identified outcomes. Significant positive differences were found between overall scores at the beginning of COS-P (M=2.93; SD=.73) and scores at the conclusion (M=4.26; SD=.46); $t(249)=-27.385$, $p<.001$, $d=1.73$, two-tailed test. These results found strong effect size suggesting meaningful change.

The second analysis examined the percentage of participants who rated their skills positively (a rating of agreed or strongly agreed), in three outcomes areas. The results found high percentages of participants met the program goal of rating their parenting skills and their relationship with their children very positively. Slightly less than half of the parents reported low stress related to their parenting at the end of the COS-P sessions; this was an increase from the pre-assessment, where only 12% reported low stress related to their parenting. These results suggest positive outcomes for parents who participated in COS-P.

Participants were very positive about their COS-P experience. Many described it as helpful, great, informative, and awesome. Common phrases to describe COS-P included, "I learned a lot," and "I loved it!" Many parents liked how the class was structured. One parent indicated that she "really enjoyed being with other parents. (The) trainer's wisdom and calm presence made me comfortable talking about uncomfortable topics." Parents valued the safe and caring environment. As one parent commented, "I feel a strong sense of unconditional support here." Overall, 94% of participants agreed or strongly agreed the group format was helpful and 97% rated their facilitator very positively.

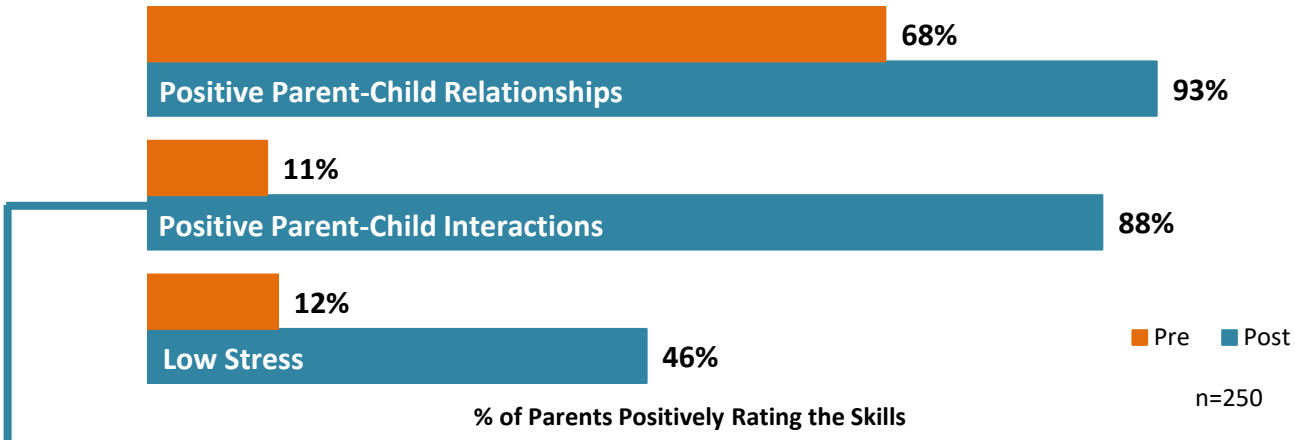
Many commented on the benefits of participating in the class, specifically how the sessions helped them to gain parenting skills or enhanced the relationship with their children and family. Parents appreciated the new perspectives they gained, which they often expressed as an "eye-opening" experience. Others indicated that it helped them "recognize the need to step back and evaluate situations before I react." One suggested it "…be mandatory training for foster parents and licensed caregivers."

"The class opened my eyes. I see the circle all the time now. I will use this information daily."

A parent evaluates COS-P

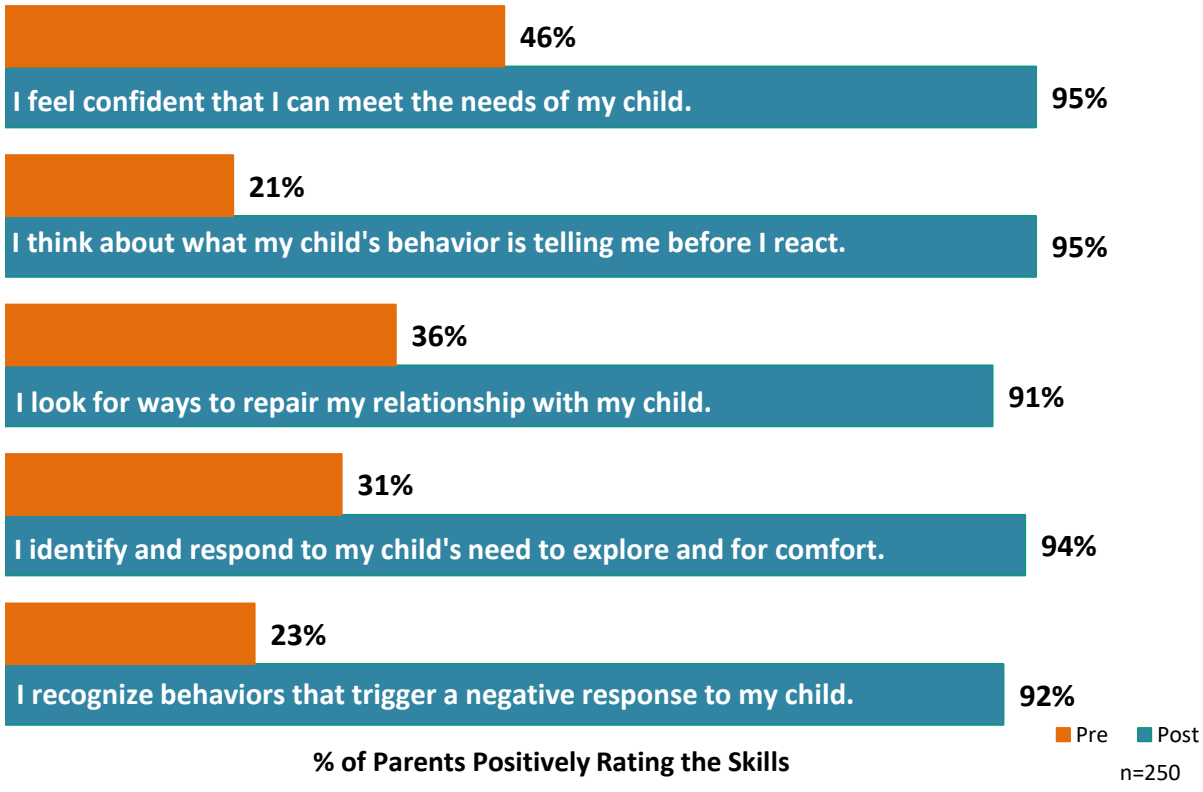
Most of the participants met the program goal in adopting positive parent-child interactions and had positive parent-child relationships.

More parents reported lower stress by the end of the COS-P session.



Positive Parent-Child Interaction Items: Parents made gains across all areas.

The most gains were made in two areas: parents think before they react and and recognize their triggers for a negative response to their child.



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

Facilitators confirmed many of the benefits articulated by the parents. They noted that participants gained strategies that helped them to enhance or repair their relationships with their children of all ages and understand the importance of attachment. Parents gained confidence in their ability to support their children, moving from a "we can't do this" to a "we can do this" attitude. Overall, they reported that parents had a greater awareness of their strengths and struggles. Parents recognized how their "shark music" influenced their interactions with their children and how they can "control their actions."

Facilitators were asked to describe any challenges or suggestions for improving COS-P sessions. Several noted the importance of class size. They recommended having at least eight to begin the class, so if some dropped out, there would be enough parents for good discussion. Consistency and attendance was a problem for some groups. Facilitators commented on the importance of communicating with participants the expectations for attendance when they first enrolled. For one facilitator, it was the first time that there were equal numbers of fathers and she reflected that in those situations she needs to focus more on the experiences of the fathers. Newly trained facilitators shared that co-facilitating a group was very helpful and would recommend that for all newly trained facilitators.

Parent Pyramid Module Training (Positive Solutions for Families)

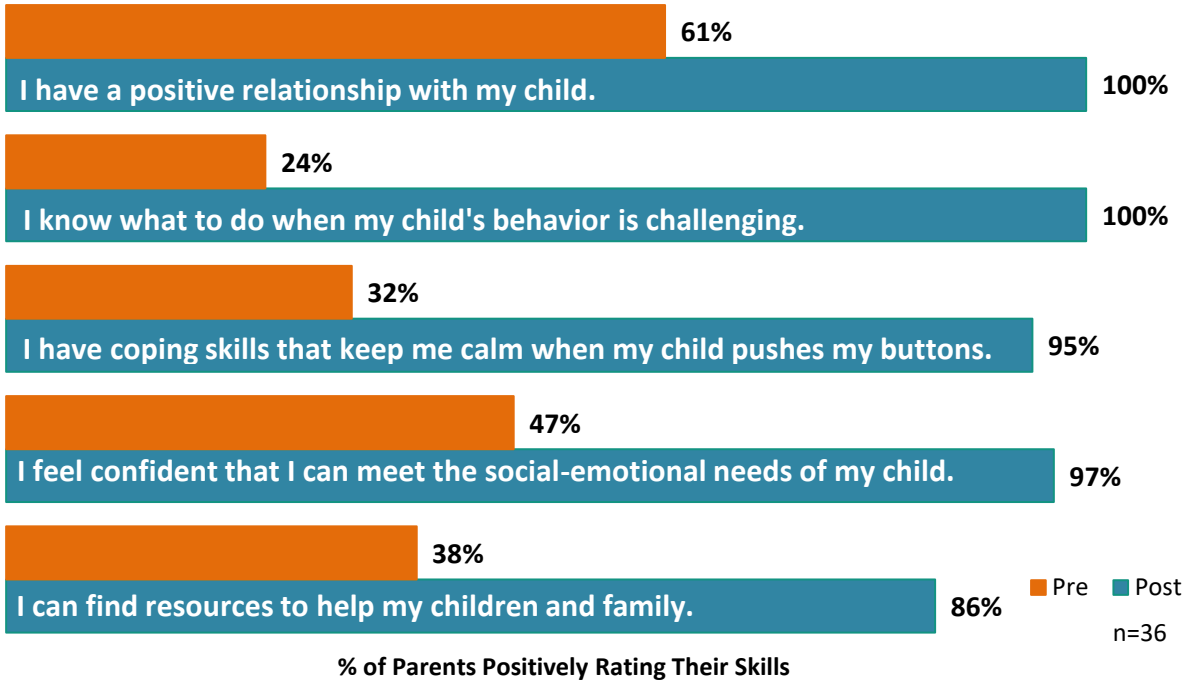
Parent Pyramid Module trainings were completed in four communities (Dakota, Dodge, Keith, and Jefferson). This 6-week training provided parents with information on the model and how to support their children's social-emotional development using Pyramid Model strategies. The five-part training series had anywhere from four to 13 parents attending each class.

A statistical analysis (a paired t-test) was completed to determine if there was a significant change in parents' perception by the end of the Parent Pyramid Module series across the program-identified outcomes. The results found there were significant positive differences found between overall scores at the beginning of the group (M=3.31; SD=.74) and scores at the conclusion (M=4.44; SD=.42); $t(35)=-9.158$, $p<.001$, $d=1.525$, two-tailed test. These results indicate a strong effect size suggesting meaningful change.

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

Parents made gains across all areas.

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



97% of parents rated the training as being helpful and **97%** rated the trainer positively. Many parents reported that they benefited from the class as it helped them learn ways to parent better. Several parents indicated that their child had challenging behaviors and they learned new strategies to effectively support their child's behavior.

"Que fue una buena experiencia. Fue muy importante para mi, y muy interesante, y muy útil para mi." (It was a great experience. It was very important, interesting, and useful for me.)

A parent reflects on the Pyramid Modules

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.

Pyramid Model Implementation Program Description and Evaluation Findings

About the Implementation

Rooted in Relationships 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. Implementation includes both training and on-site coaching and each community coaching team consists of both early childhood specialists and mental health providers. Providers participate in training and coaching for three years.

In 2018,

35 **coaches** supported

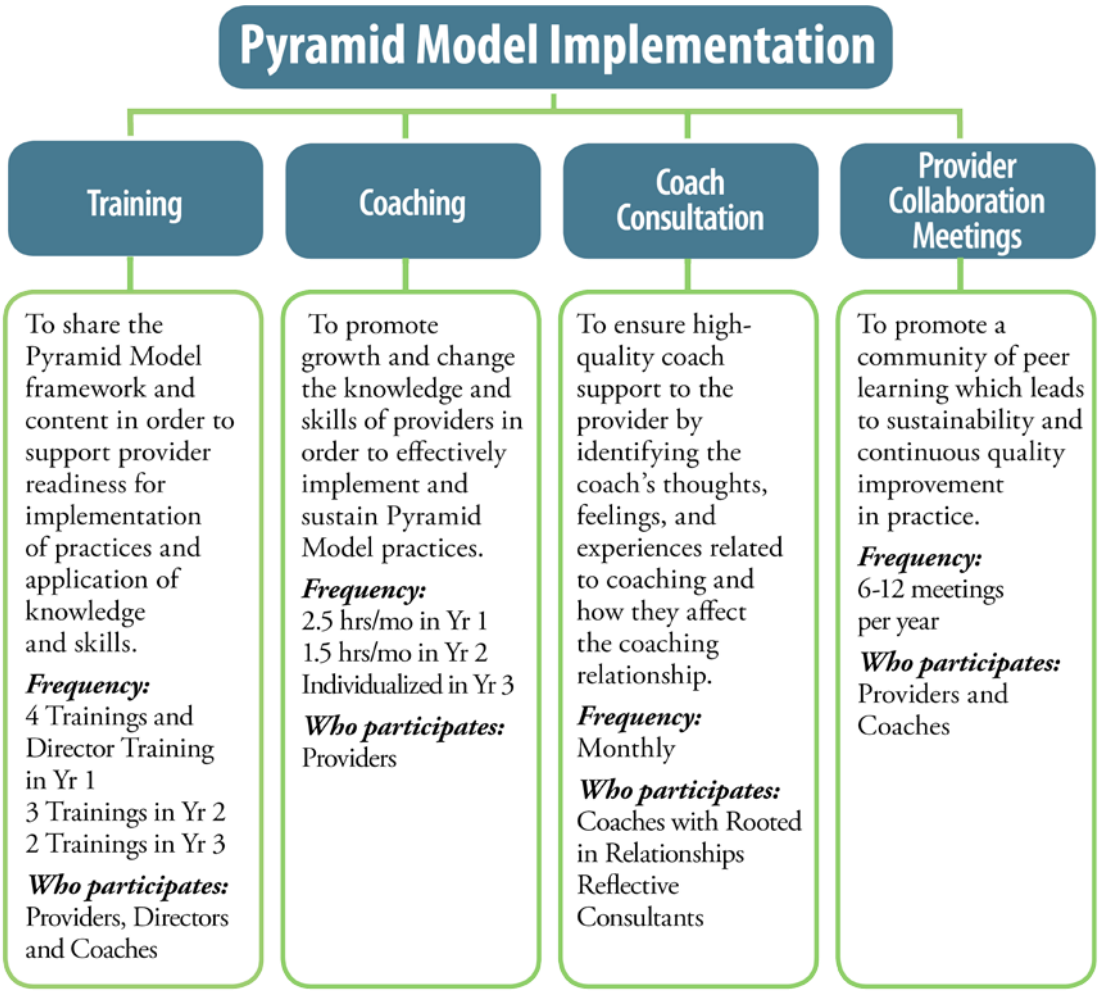
186 **center and home-based providers** in

87 **programs** impacting over

1,350 **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 2018, 43 social-emotional enhancement grants were awarded totaling $17,838.27. Providers used these funds to purchase materials, equipment, curricula and/or attend trainings to help them reach their coaching goals.

The following graphic shows the implementation activities across three years.



About the programs and the providers

RiR Pyramid Model implementation began in 2014, in Dakota, Dawson and Saline counties. In 2015, Dodge, Hall and Lancaster counties joined the Initiative. It expanded in 2016, to include Buffalo and Keith counties. Providers in Jefferson County were added as part of the Saline implementation as well. In the summer of 2018, the implementation was expanded to the Panhandle. This report includes provider and child demographic data from all counties including the new sites in the Panhandle. However, the outcome data for programs and providers 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 2018. Outcomes for these new groups will be included in the 2019 RiR report after they have been in the initiative for at least a year

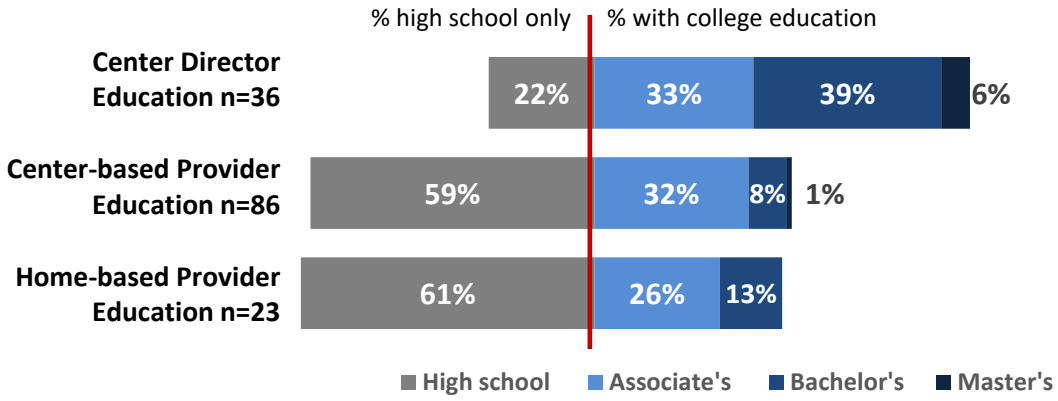
During this reporting period, **87 child care programs** participated in Rooted in Relationships. The majority (56%) were child care centers. The rest (44%) were home-based child care programs.

This year, **186 providers** participated in the RiR program. In this report, "provider" signifies anyone who works directly with children. The majority (79%) of the providers worked in child care centers.

Of the center-based providers, 88% were lead teachers and 12% were assistant teachers. The rest of the providers (21%) worked in family child care homes. In some child care centers, the director participated in coaching but it was not as extensive as the coaching providers received. In 2018, 17 directors and assistant directors were part of the Pyramid Model Initiative. By the end of this reporting period, the overall retention rate for providers in the program was 87%. This is an increase over the 2017 program year when the retention rate was 73%.

Information was collected about the education of the directors and the providers. A total of 77% of the center directors, 71% of the center-based providers and 61% of the home-based providers responded to the demographic survey. This is a high response rate but the data on provider education is incomplete. It may indicate trends but should not be viewed as a definitive report for all providers and center directors participating in RiR. Please note that director education data was requested for all center directors in RiR including those who did not participate in coaching.

For the majority of providers, their terminal degree was a high school diploma.
In contrast, 88% of center directors had an associate's or bachelor's degree.



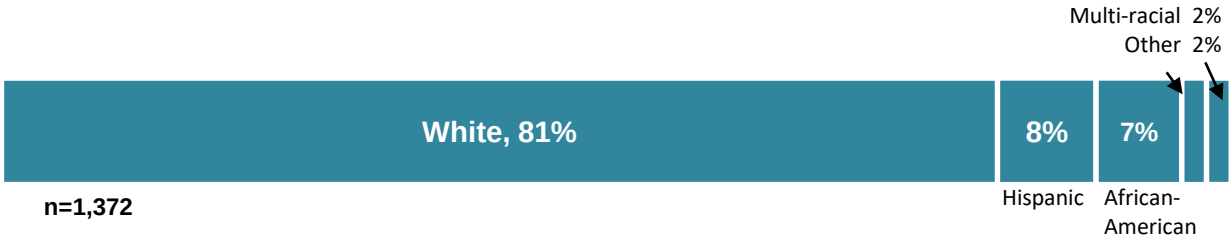
Most (70%) of the participants with a 2 or 4-year college degree majored in early childhood development or elementary education. Other areas of study included business, human services, nursing, and psychology.

About the children

In 2018, programs participating in the Pyramid Model implementation served over **1,350** children. Of these children,

- **77%** were in center-based programs and **23%** were in home-based programs
- **23%** qualified for a state child care subsidy, an indicator of low income
- **7%** spoke a primary language other than English
- **52%** were male and **48%** 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 four 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.

"The pyramid model coaching has been very supportive. From coaching, I currently have no issues within the classroom in regards to behaviors or transition times."

"The pyramid model coaching has been very helpful by providing useful strategies to help me teach social emotional development to the children in my class."

"My coach always has good suggestions that work. She is very knowledgeable and helpful, very smart, kind, and truly has a heart for children."

RiR providers reflect 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) Fox, Hemmeter & Jack, 2010. A center-based self-assessment tool that the leadership team completes:

- 47 items
- 9 subscales plus 1 overall score

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

- 42 items
- 8 subscales plus 1 overall score

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

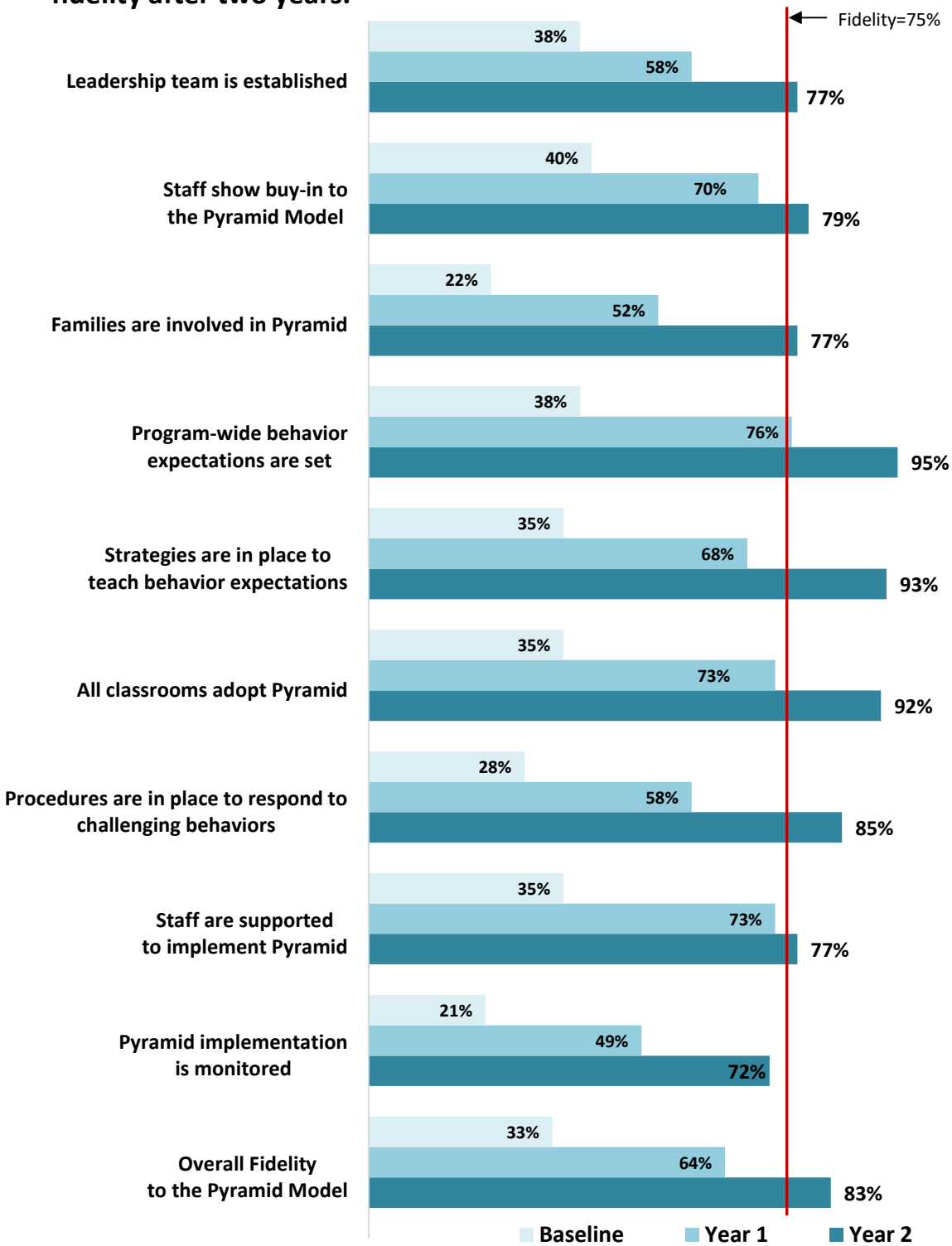
The Pyramid Model provides guidance for the adoption of evidence-based practices that promote young children's social-emotional learning and development. Program-wide implementation includes a systematic approach to positive behavior supports to ensure consistency and predictability at every level. Parents, caregivers and administrators align to promote these model practices to support social-emotional development. Program-wide implementation means that all classrooms in the child-care center adopted 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. Rooted in Relationships does not require center-based programs to implement the Pyramid program- wide.

During the 2018 program year, 10 child care centers participated in program-wide implementation for at least one year. To measure the fidelity of the implementation, they completed the **Benchmarks of Quality (BOQ)**. 21 home-based providers with at least one year of participation in RiR completed the **Family Child care Homes Program-wide PBS Benchmarks of Quality (FCCH BOQ)**.

The following chart shows how the program-wide Pyramid practices in the center-based programs have changed over time. Results are presented at baseline and after one and two years of participation in the RiR Pyramid Initiative. Only two programs completed the BOQ after 3 years of participation, which is too small of a sample to report the results.

Results are presented as an average across the programs. Fidelity on the BOQ is defined by the tool authors as implementing 75% of the practices in a given area.

Each year, centers implementing program-wide increased fidelity to the Pyramid Model. On average they reached fidelity after two years.



Baseline and Year 1 n=10
Year 2 n=7

The BOQ survey results indicate that centers choosing to implement the Pyramid Model program-wide improved their implementation over time. The centers continued to make progress each year, showing growth in every area. On average, at the end of the first year of coaching, centers met fidelity in setting program-wide behavior expectations with a score of 76%. They approached fidelity (scores of 65% to 74%) in four areas: staff showing buy-in to the Pyramid Model, using strategies to teach behavior expectations, having all classrooms adopt Pyramid Model practices, and supporting staff. By the end of the second year of implementation, programs met fidelity in every area except for monitoring the Pyramid Model implementation. The average overall score for fidelity, which is a combination of all the subscales, was 83%, which is well above the program goal of 75%.

A statistical analysis was done to determine if the changes over time on the BOQ were significant. Results of a paired t-test analysis indicate that child care centers made significant meaningful gains from Baseline (M=33%; SD=16.60) to Year 1 (M=64%; SD=19.09), $t(19)=-4.16$, $p<.01$, $d=1.302$, two-tailed test. A statistical analysis of the change from Year 1 to Year 2 could not be completed because of the small sample in Year 2.

At baseline, **none of the centers** met the program goal for fidelity of the implementation

After one year of training and coaching, **30%** met the goal.

After two years, **86%** met the goal.

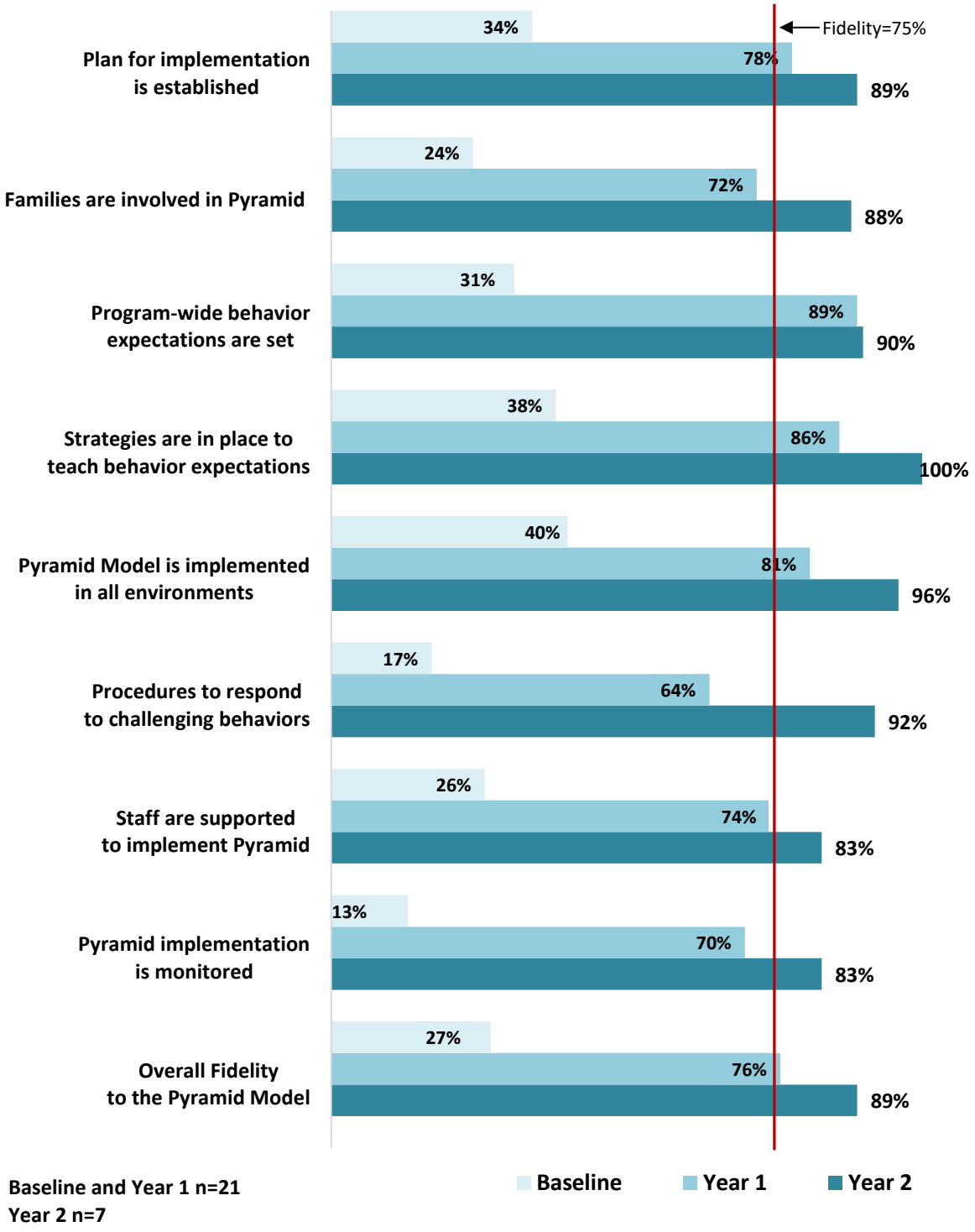
The following chart shows how the 21 home-based child care providers changed their Pyramid Model practices over time, based on results from the FCCH BOQ. The scores are presented as an average baseline and Year 1 and Year 2. Only two home-based providers completed the FCCH BOQ after 3 years of participation, which is too small of a sample to report the results.

To meet fidelity to the Pyramid Model, 75% of the practices in a given area must be in place.

"I feel the pyramid model coaching has given me/us so much information that has been so valuable! I appreciate what it has done to improve the tools we can use to improve social emotional development."

A provider reflects on coaching

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



Baseline and Year 1 n=21
Year 2 n=7

Home-based providers made great strides in implementing the Pyramid Model. Before coaching and training, 34% of Pyramid Model practices were in place. After one year in the program, they met fidelity, on average, in four of the eight subscales and overall. The areas they did not meet fidelity in were involving families in the Pyramid Model, establishing procedures to respond to challenging behavior, supporting staff in implementing the Model and monitoring the Pyramid Model implementation. However, average scores were approaching the program goal. After two years of participation in the RiR Pyramid Model Implementation, home care providers achieved fidelity well above the program goal in all areas.

Results of a paired t-test analysis indicate that home-based providers made significant meaningful gains in overall fidelity to the model from Baseline (M=27%; SD=24.47) to Year 1 (M=76%; SD=16.71), t(20)=-10.751, p<.001, d=2.346, two-tailed test. The results suggest large effect sizes within the zone of desired effects. A statistical analysis of the change from Year 1 to Year 2 could not be completed because of the small sample in Year 2.

At baseline, **one home-based child care provider** met the program goal for fidelity of the implementation

After one year of training and coaching, **48%** met the goal.

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

My coach helped me implement what I heard at trainings into our actual day-to-day practices. Her observations helped us develop a daily routine and her help with room arrangement gave us a better flow. Coaching gave me new ideas to try.

A provider reflects on changing practices

Measures of Center-Based Classroom Practices

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

Key Practices examine Pyramid Model strategies. The score is reported as a % of indicators met.
Red Flags signify problem practices in need of immediate attention.
Quality for both tools was defined as meeting 80% of the Key Practices and having NO Red Flags.

Teaching Pyramid Observation Tool, Research Edition (TPOT) 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

What were the outcomes for the center-based classrooms?

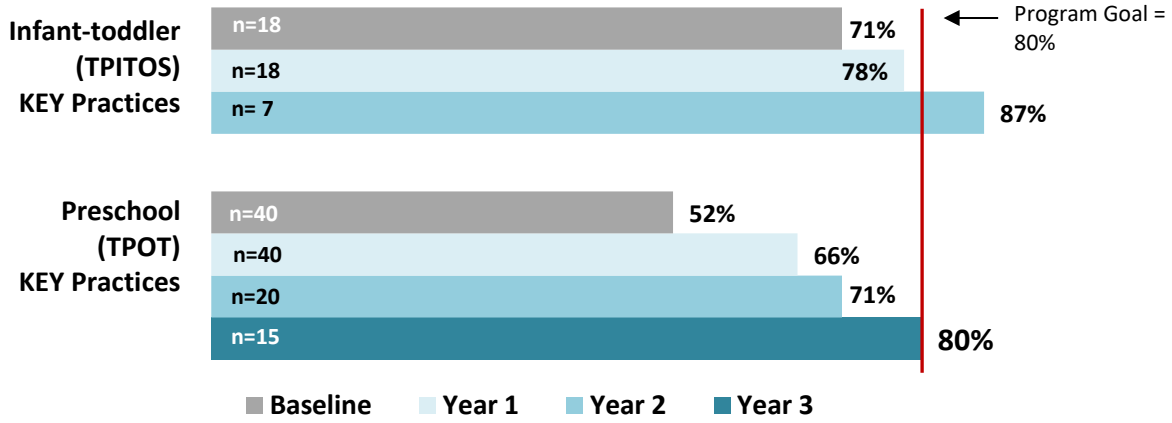
To measure the center-based classroom outcomes, outside evaluators completed observations using the **Teaching Pyramid Observation Tool Research Edition (TPOT)** for preschool rooms and the **Teaching Pyramid Infant/toddler Observation Scale Revised (TPITOS)** for infant or toddler rooms. Details about the TPOT and TPITOS can be found in the side bar. 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 2018 at baseline and each year they were observed. Additional analyses were completed to measure change in classroom practices over time.

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

On average, infant-toddler classrooms met the quality indicator goal after two years in the Pyramid program. 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, 44% the infant/toddler classrooms met the program goal of 80%. After a year of coaching and training, the majority (61%) of classrooms met the goal. While preschool classrooms improved from the baseline observation to the end of Year 1, they fell short of the program goal. At baseline 5% met the goal; by the end of Year 1, 10% met the goal.

By the end of Year 2, classrooms continued to show improvement. Most (86%) of the infant-toddler rooms and almost a third (30%) of the preschool rooms met the program goal.

After three years in the program, the majority (53%) of preschool rooms met the goal. The infant-toddler sample was too small to report.

Results of a paired t-test analysis indicate that preschool classrooms made significant meaningful gains from Baseline (M=52; SD=18.27) to Year 1 (M=66; SD=13.72), t(39)=-6.466, p<.001, d=1.022, two-tailed test. Significant improvements continued during the second year of coaching: Year 1 (M=61; SD=15.10) to Year 2 (M=71; SD=15.90), t(19)=-2.926, p<.01, d=0.654. The results suggest large effect sizes within the zone of desired effects. Changes from year 2 to 3 were not found to be significant (t(14)=-2.061, p=.058).

While the infant-toddler classrooms also made gains, they were not significant, based on a paired t-test analysis, (n=18, p=.205).

At baseline, **44% of infant-toddler** rooms and **5% of preschool** rooms met the program goal.

After one year of training and coaching, **61% of infant-toddler** and **10% of preschool** rooms met the goal.

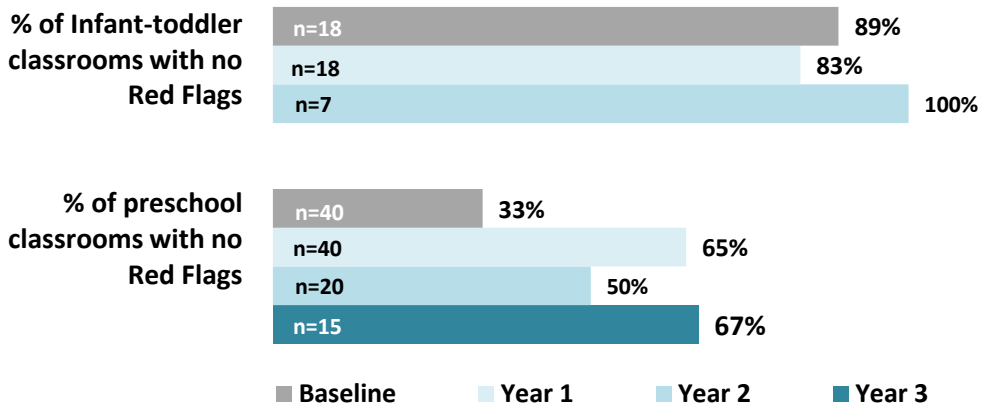
After two years, **86% of infant-toddler** and **30% of preschool** rooms met the goal.

After three years, **53% of preschool** rooms met the goal. The infant-toddler sample was too small to report.

The following chart presents the incidence of Red Flags at Baseline, Year 1, Year 2, and Year 3. 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 varied over time. The majority (89%) 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 varied 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.



Child Outcomes in Pyramid Classrooms: The development of a new tool

While the TPOT and TPITOS are useful in measuring how teachers have adopted Pyramid Model practices, there is no evaluation tool to measure the impact of the model on the children's social-emotional development. In response to this need, the evaluation team developed two new observation tools, the **CPOT (Child Pyramid Observation Tool) and** the TodPOT **(Toddler Pyramid Observation Tool),** that focus on child behaviors to measure the degree to which children have adopted the language and approaches of the Pyramid Model. For one hour during center time or free play, the observer watches multiple children in a variety of play settings. They assess the children's social-emotional skills in four areas: friendship behaviors, emotional competencies, meeting classroom expectations and relationships with their caregivers.

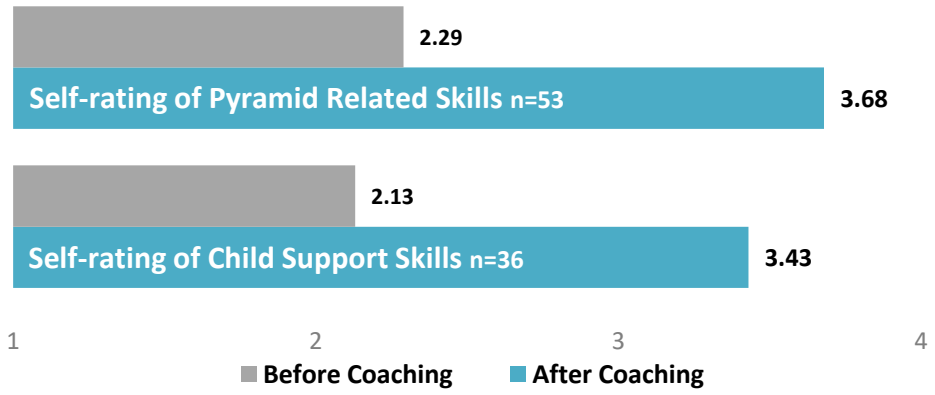
In 2018-2019, seven coaches are piloting the CPOT. Results will be reported in the 2019 Rooted in Relationships Annual Report. The plan is to train all coaches on the CPOT for use in the 2019-2020 program year. The TodPOT will be piloted in the 2019-2020 year with full implementation expected in 2020-2021.

What were the outcomes for the providers?

Provider Survey Results

In the fall of 2018, providers who had one or more years of participation in RiR were asked to evaluate how their ability to support the social-emotional competency 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. There were 53 surveys completed

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 at least one year of Pyramid Model training and focused coaching. There were significant positive differences found between program skills at pre (M=2.29; SD=0.60) and at post (M=3.68; SD=0.30), t(52)=-15.592, p<.001, d=2.142, 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. After at least a year of coaching and training, providers felt more capable of implementing strategies to build children's social-emotional skills and to manage challenging behavior. Results of a paired t-test analysis indicate significant increases from pre (M=2.13; SD=0.58) to post (M=3.43; SD=.43), t(36)=-10.846, p<.001, d=1.807, two-tailed test. The results indicate large effect sizes within the zone of desired effects.

An examination of individual items on the provider satisfaction survey indicates that in many areas, providers recognize that their use of Pyramid Model classroom practices has increased dramatically after coaching and training. The following table reports how respondents rated their use of selected Pyramid classroom practices. Prior to coaching, few providers were intentional about building relationships with children, using daily routines, setting clear expectations, praising children for meeting expectations and teaching social skills. After coaching, most providers were implementing these key Pyramid practices.

Provider Self-Evaluation of Pyramid Model CLASSROOM Practices		
% of Respondents who "Almost Always" use the practice, n=53	**Before Coaching**	**After Coaching**
"I use a variety of strategies to build relationships with the children in my care."	**15%**	**87%**
"I follow a daily routine with the children."	**32%**	**81%**
"I have posted rules with visuals and I refer to the rules throughout the day."	**4%**	**74%**
"I give children positive feedback for following the rules."	**6%**	**74%**
"I use a variety of strategies to help children learn social skills, such as sharing and initiating play."	**10%**	**87%**

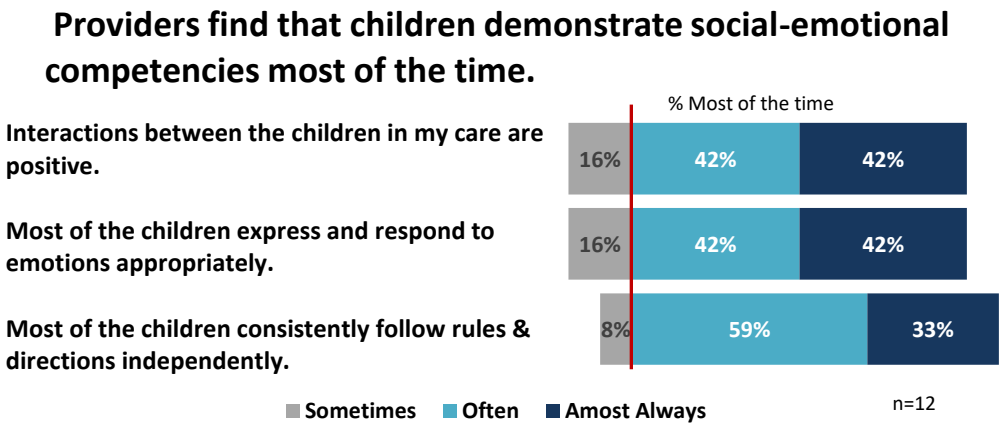
In addition to rating their ability to implement Pyramid Model classroom practices, providers rated their ability to address the social-emotional needs of individual children who had ongoing behavior challenges. Providers noted that their practices and competencies had increased after coaching but fewer providers felt they had mastered the skills to help children with challenging behaviors. Results indicate that this is an area for ongoing coaching, training and support.

Provider Self-Evaluation of Pyramid Model CHILD-FOCUSED Practices		
% of Respondents who "Almost Always" use the practice, n=36	**Before Coaching**	**After Coaching**
"The majority of the time, I use effective strategies to address the child's challenging behaviors or social-emotional issues."	**3%**	**50%**
"I have coping skills that keep me calm when this child's behaviors push my buttons."	**6%**	**53%**
"I can help this child learn to use positive skills to replace his or her challenging behaviors."	**6%**	**42%**
"I support this child's parents when they have concerns about his or her behavior or social-emotional development."	**11%**	**67%**

94% of the providers were satisfied or very satisfied with their RiR coach and **62%** indicated that they made many changes to their program or behaviors because of participating in Pyramid Model training and coaching.

Provider EXIT Survey Results

A total of 12 providers, who had finished three years of participation in RiR, completed an exit survey in the spring of 2018. They rated the social-emotional skills the children in their care had acquired as well as the value of Pyramid Model coaching and training. They also provided feedback on the collaboration meetings. They reflected on their confidence in utilizing Pyramid Model practices and the likelihood that they will continue using them. This feedback provides useful information for program improvement that helps measure the impact of the program after three years of participation.

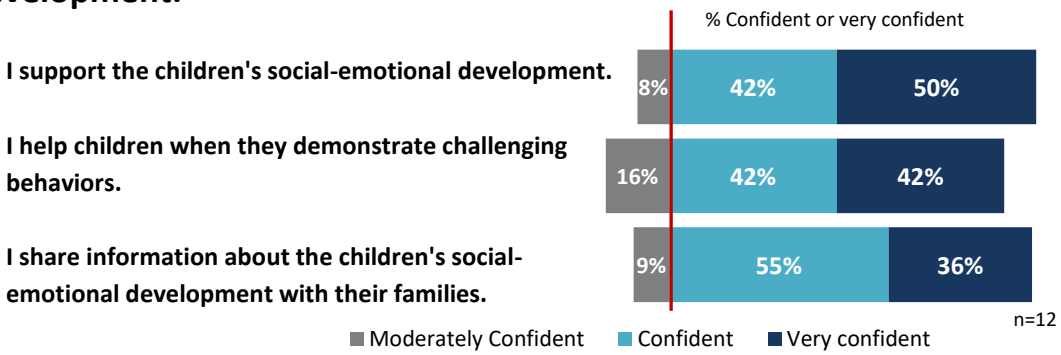


The veteran providers with three years of participation in the Pyramid Model Initiative report that the children in their care are consistently meeting behavior expectations and demonstrating positive social-emotional skills. All of the infant-toddler providers agree that they can "almost always" respond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

Nearly all (92%) of providers found the Pyramid Model training to be valuable or highly valuable. The majority (67%) valued the Pyramid coaching. A few (25%) rated coaching as moderately valuable and one respondent noted it was "not valuable at all". Most (75%) 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 (25%) did not find the collaboration meetings to be valuable at all.

> "The pyramid model has taught me **to help my class understand and express their feelings with words**, not hurting. It has taught the importance of positive praise and how **my modeling proper class rules will help my class to do the same.**"
>
> A veteran teacher reflects on Pyramid Model practices

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



Providers express varying levels of confidence in their Pyramid Model skills but overall they feel prepared to support children's social-emotional development and are comfortable working with families to support their children. **92%** of the respondents would recommend Pyramid Model training, coaching and collaboration groups to a colleague or other 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. It would be interesting to continue to survey and observe providers annually after coaching has ended to see how providers continue to utilize the Pyramid Model.

"I have learned so much from the trainings that have helped in my classroom. My coach was always helpful if I had a problem. The collaboration groups are good to be able to talk with other childcare providers and coaches."

"I have been an in-home child care provider for close to 40 years, and still learned a lot! I would tell people that no matter how long you have been in this business or you are just starting out, it is worth every minute!"

"I believe the Pyramid Model provides a better quality facility. If I know a provider that is sincere about the quality of her program, I would suggest the Pyramid Model to her."

Veteran providers reflect on the RiR Pyramid Model Initiative

Focus Group Key Findings

The Pyramid Model Initiative helped providers grow as professionals.

Providers reported that participating in the RiR Pyramid Model Initiative helped them grow as a professional in the early childhood field. The training and coaching strengthened their skills and deepened their knowledge of child development. One provider appreciated "bringing the professionalism to my daycare." The opportunity to network with other child care providers in their community was also valued. Providers found that learning from each other and helping each other access new resources was an important benefit of RiR. The collaborative meetings enabled providers to support each other instead of competing with each other. Receiving a stipend for participation in some RiR trainings and meetings and improving their programs with RiR grants added to the sense of being a valued professional whose work is important.

Providers changed their practices to support children's social-emotional development.

With coaching support, providers implemented many new practices including daily routines, visual schedules, posted behavior expectations and using descriptive praise with the children. They set monthly goals and were supported in trying new approaches. Trainings about the classroom environment were particularly helpful as providers could see the impact of room arrangement and improved play areas right away. One provider shared how her coach helped her set up a data collection system so she could monitor how often she used positive and negative feedback with the children. These practices made a difference for the children and increased the enjoyment providers find in their work. As a provider noted, "Having answers and tools make me better. I do not feel as negative because I have the tools to address problems. I am more patient and loving."

Focus group methodology can be found on page 1 of this report.

"I have been teaching for 35 years. I have learned things I did not know and it makes me somewhat sick that I did not know this before. It has transformed the way I teach. I thought I was good before. Now I am so much better."

A provider reflects on RiR

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, coaching was less frequent and was determined between individual coaches and providers, in preparation for the phasing out of all coaching by the end of the third year. In addition to in-person sessions, coaches were available by phone and e-mail. Approximately 49% of the 186 providers were in the first year, 37% were in their second year and 14% were in the third and final year of the implementation.

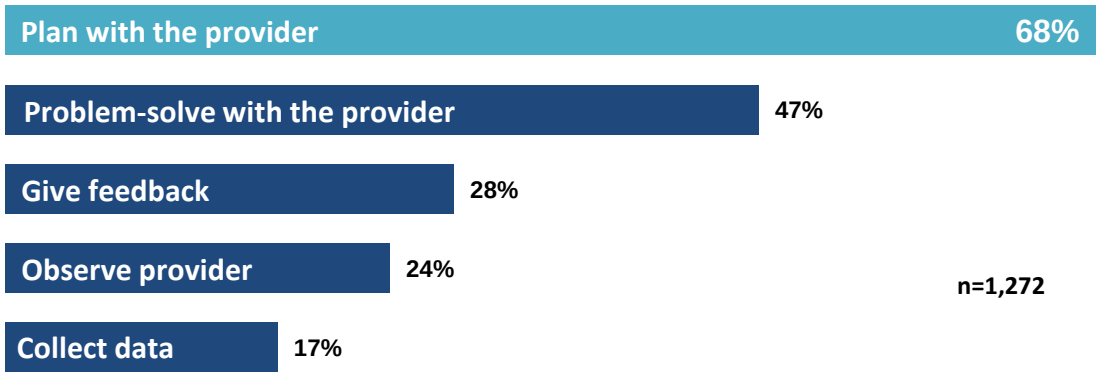
To monitor the content of the coaching sessions as well as the coaching strategies used, coaches completed a brief survey after each session. In total, 32 coaches logged 1,272 coaching sessions across the RiR sites. The number of coaching entries varied widely from coach to coach: from 140 to 2, though three coaches did not log any sessions. The average coaching session was 62 minutes in length. 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.

Which coaching characteristics did coaches use?

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

The most frequent coaching characteristic used outside of a coach conversation was joint planning with the provider.

Coaches were less likely to collect data when conducting on-site coaching sessions.



In addition to the above activities, coaches occasionally did focused observations of the provider working with an individual child (10%) and modeled Pyramid strategies side by side with the provider (6%).

What did providers say about the coaching they received?

Focus Group Key Finding: The providers' relationship with their coach contributed to the success of the Pyramid Model Initiative.

Providers valued the relationship with their coach. Many described their coach as a supportive mentor and appreciated how available their coach was during the day, in the evening and even on the weekends. The coach helped them be accountable to follow through with their goals. They described their coaches as organized, prepared, encouraging, considerate and passionate about the Pyramid Model and about young children.

They appreciated the coach's expertise but sometimes having a sympathetic listener was even more important than having someone with all the answers. The dialogue between the coach and provider was often essential to the provider's growth. The coach's questions helped the provider see how to implement the Pyramid Model in her child care.

A trusting relationship with the coach helped providers welcome and accept regular feedback. One provider noted the benefits of "the evaluation of what we are doing well and what we can improve on" and reported that coaches gave feedback "in a tactful way. I never felt like we were being judged."

A few providers noted that at times their coach did not have the expected follow-through in some areas. This feedback was primarily around providing materials that had been promised such as a visual schedule. Some noted that the amount of time a coach spent with a provider varied depending on the coach. This inconsistency caused concern and frustration. Providers valued their time with their coach and expected a certain level of support. If that was lacking, they felt they were not getting the full benefits of the Pyramid Model Implementation.

Focus group methodology can be found on page 1 of this report.

How were coaching characteristics determined?

The majority (65%) of the time, coaches selected coaching characteristics based on a previous coaching conversation or through joint planning with the provider. Coaching characteristics were also based on provider requests (18%), previous observations (7%), and data collected (6%).

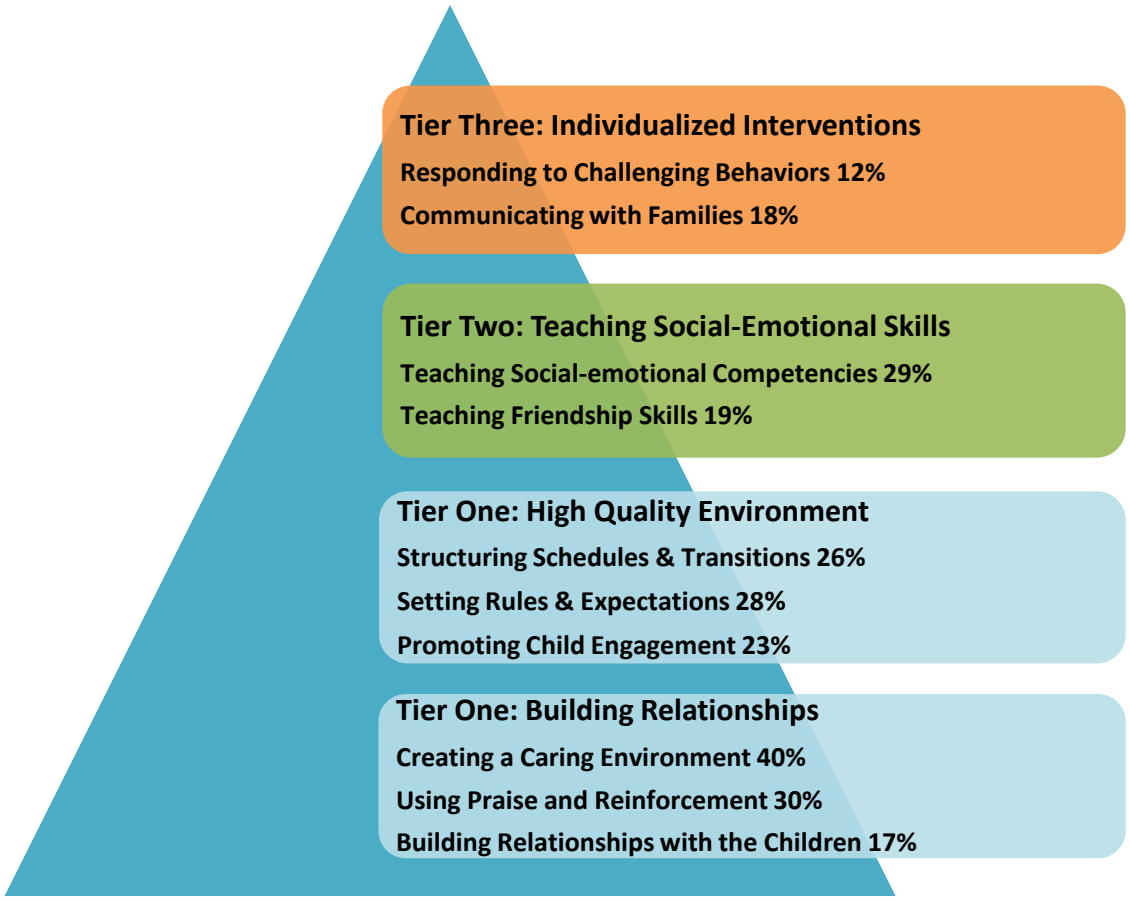
"My coach has helped me in so many ways. She's shown me ways to teach the kids social skills. She has so many ideas and experience. I can trust her to tell me the truth… The kids have learned so much!"

A provider reflects on her coach

What was the content of the coaching sessions?

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

Coaching sessions mostly focused on Tier One and Two Pyramid strategies. 12% of the time, the focus was on challenging behaviors, using Tier Three strategies.

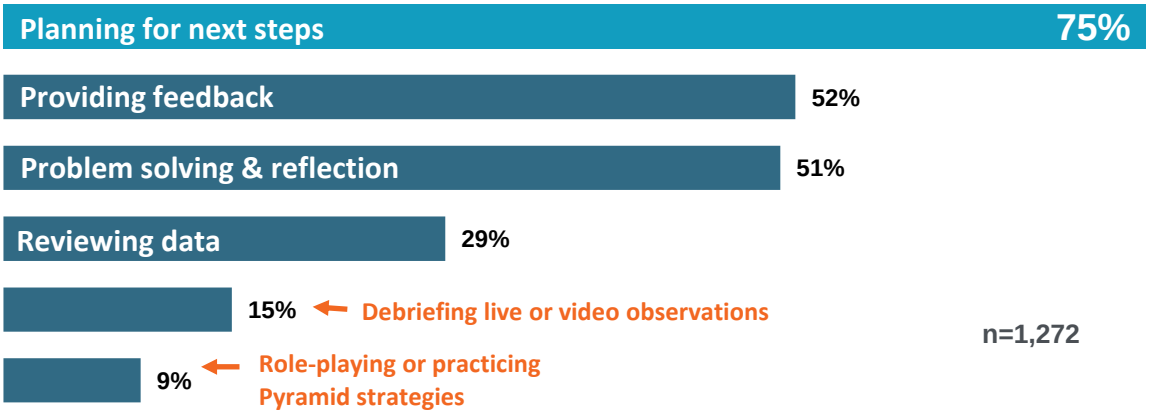


The base of the Pyramid is building an effective workforce. Coaches used data to inform practices in 18% of coaching sessions. In about a third of the sessions (31%), coaches brought the providers materials and resources to build their capacity. Coaches and providers were least likely to work with providers 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 cyclic process: the coach begins with the previous joint plan set with the provider, moves into some combination of the other characteristics, and ends with a new joint plan. The data is indicative of this process.

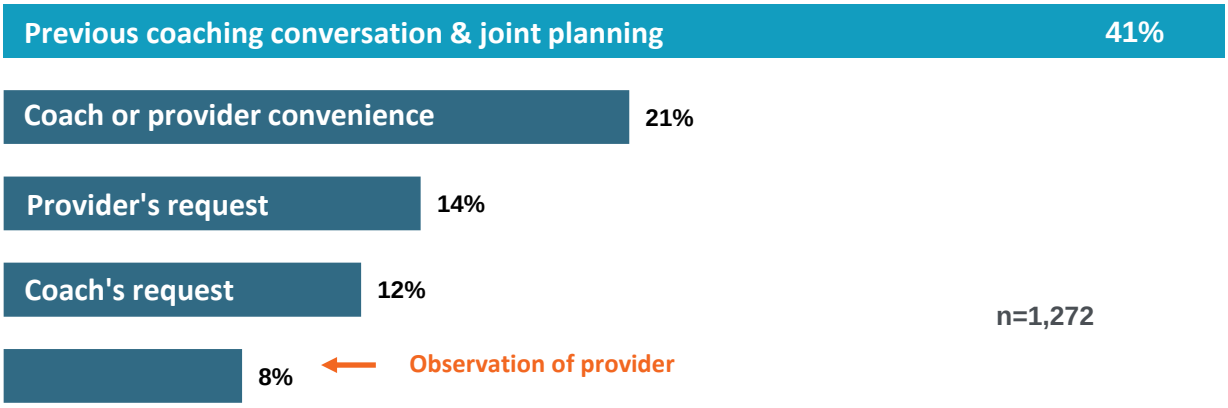
Coaching characteristics used in coaching sessions included:



How was the timing of the coaching conversation determined?

These data show how the coach and provider decided when they would meet. Results indicate that providers and coaches worked cooperatively to set a meeting schedule that was mutually convenient.

Decisions about when to meet or how often to meet were determined most frequently through the joint planning process.



Focus Group Key Finding: Training was valued but the time commitment and the limits on who could attend were challenges for some.

Overall, providers report that they enjoyed the Pyramid Module trainings. They found them to be engaging and they appreciated the many hands-on activities that connected directly with their child care practices. The visuals and videos were compelling and held their attention. Several noted that the trainings "exceeded expectations." A challenge was the overall time commitment to be in RiR Pyramid. Trainings were often on the weekend, which interfered with some of the providers' family time. Still, the trainings were highly valued. Center-based providers reported frustration that every teacher in their program could not attend. Some centers did not have the funding to bring additional staff to the training.

Focus group methodology can be found on page 1 of this report.

How did coaches support providers working with individual children with challenging behaviors?

In 12% of the coaching sessions, coaches and providers problem solved ways to support children with challenging behaviors. They collaborated to develop Pyramid strategies to reduce the behaviors. Coaches also spent time in the child care settings observing the identified children interacting with the provider and with the other children. The coaches and the providers collected data about the child behaviors to look for patterns and triggers. For some of the children, the coaches assisted the providers in developing a positive behavior support plan. They also helped the provider involve families in the process. The coaches referred 11 children for mental health evaluation and support and 3 children for school district or Early Development Network services. While the behavior support interventions were successful in the majority of the cases, coaches reported that six children they were helping providers to support were expelled from the child care program.

Summary of the Coaching Logs

Overall, the coaching data indicate that coaches work collaboratively with providers to plan when to meet and what aspects of the Pyramid Model to discuss and review. Coaching sessions focus most frequently on Tier 1 and Tier 2 practices. The Pyramid Model emphasizes the most essential elements first. Without the Tier 1 strategies of a positive classroom climate and strong personal relationships with the children, the Tier 2 and Tier 3 strategies will not be as effective. As providers master the Tier 1 strategies, the coaches increase focus on the Tier 2 strategies to teach the children social-emotional skills. Tier 3 strategies consisting of individualized interventions for children with challenging behaviors, may still be needed but when Tier 1 and Tier 2 strategies are in place, most children will be successful and demonstrate expected social-emotional skills. Hence, Tier 3 strategies are not needed as frequently. The coaching data corroborates this, as only 12% of coaching sessions focused on addressing challenging behaviors.

How were coaches supported in their work?

Coaching child care providers and the families they serve 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. It is best practice to take time to reflect on coaching work in a supportive setting with others who are experiencing similar challenges.

To evaluate the reflective consultation, 15 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":

- Helps me to process the "in the moment" experiences
- Allows "room" for everyone to share
- Helps me to feel safe when reflecting on my practice
- Encourages exploration of solutions rather than always having the answer
- Is non-judgmental when I am struggling with my feelings

Reflective consultation enhanced coaching in a variety of ways. 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. 86% of the coaches indicated that the RC sessions "almost always" positively contributed to their coaching skills. For most coaches, RC has helped the coach to identify "where I struggle with my feelings or decisions" but two felt this did not happen consistently.

"Our monthly reflection call provides me a safe place to express my feelings and concerns, to examine challenges, and have support. I think of it as my emotional breathing space."

A coach reflects on RC

The four reflective consultants who lead the RC sessions also completed a 12-item, 5-point Likert scale survey about their experience supporting coaches. All of the consultants noted that they "frequently" or "almost always":

- Are sensitive to the "in the moment" experiences that happen during RC
- Help coaches identify where they are struggling with feelings or decision
- Help coaches feel safe when reflecting on their practices
- Encourage exploration of solutions rather than always having the answer
- Facilitate group sessions in a way that benefits all group members

The consultants enjoy working with coaches to help them gain confidence in their coaching.

They appreciate that coaching can be a solitary experience. By sharing their successes and challenges, the coaches find comfort in learning that others face similar situations. One consultant noted that she listens, "for the 'ah ha' moment," when the coach gains a new insight through reflection and support. Consultants learn from the coaches and focus on being better listeners instead of problem solvers. They help coaches discover their own answers to challenges by giving them space to think, process and share their experiences. A consultant explained that, "looking and thinking about situations through different perspectives," enables coaches to grow through Reflective Consultation.

What were the social-emotional needs of the children?

Social-Emotional Measure

Ages & Stages Questionnaire, Social-Emotional 2nd 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.

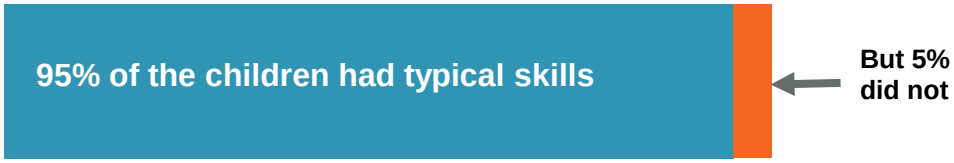
A premise of the Pyramid Model is that as providers use Pyramid strategies to build caring relationships with the children, create positive and supportive environments, and directly teach children social-emotional skills, children's challenging behaviors will decrease. However, it is expected that a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

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

To assess the social-emotional development of individual children, providers asked parents to complete a screener, the **Ages & Stages Questionnaire, Social-emotional 2nd edition (ASQ- SE2)**. The ASQ-SE2 has an age anchored cutoff score. Scores below the cutoff are considered typical. Scores at or above the cutoff are flagged, indicating that the child's skills are outside the typical range and the child may be at risk for delays in social-emotional development. Since the ASQ-SE2 is a screener, the tool recommends that children who do not score in the typical range receive further evaluation.

In the fall of 2018, the majority (64%) of the programs across the Pyramid Model Initiative collected ASQ-SE2 data. A total of 925 children were screened which was approximately 69% of the children enrolled in RiR child care sites. This is an increase over 2017 when 59% of children had the ASQ-SE2 screener completed.

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



n = 925

The screener results indicated that most (95%) of the children had typical social and emotional competencies. They demonstrated the ability to engage in positive interactions with peers and adults and were able to regulate their emotions appropriately for their age. However, a small percentage (5%) of children did not demonstrate typical skills. A total of 43 children were flagged by the ASQ-SE2 because they did not meet the cutoff score. The tool recommends 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.

We do not have data that reports what consultation coaches provided about these individual children or what actions the providers took based on the ASQ-SE results. Sometimes when a child is flagged by the ASQ-SE, the child's behavior is not concerning and no further action is required. We do know that approximately 12% of coaching sessions focused on strategies to address children's challenging behaviors. In 22% of coaching sessions related to consultation about an individual's challenging behavior, coaches assisted providers in developing an individual behavior support plan, which is a Tier 3 strategy. From the provider satisfaction surveys, we know that providers felt their skills in managing individual challenging behaviors increased significantly because of Pyramid training and coaching.

"The Pyramid Model Initiative has taught me and is still teaching me different ways to help the children with challenging behaviors and has also given me more confidence to be able to address the parents. "

A provider reflects on RiR

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 is three times the expulsion rate for children in K-12th grade (Gillam, 2005). 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 them a new center or caregiver on short notice, which adds stress for the family.

The RiR Pyramid Model Implementation program team recognizes the importance of addressing the issue of suspension and expulsion of children in early care and education settings. In the summer of 2018 RiR sponsored Dr. Rose Marie Allen as a keynote speaker at a state-wide early childhood conference. Following the conference, Dr. Allen spent the day with early childhood coaches from across the state addressing implicit bias and its effects on coaching. The Rooted in Relationships Initiative continues to provide training and information to coaches supporting their understanding of the issues related to suspension and expulsion of young children. In an effort to create awareness and education related to the issue, a parent information card was developed. Information on the card includes: 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. Information on that card includes the effects of expulsion/suspension, definitions, reflective questions for the providers to ask themselves if they are considering excluding a child from the setting, and the number for the state NeAEYC office as a resource to be used if a provider needs help supporting a child with challenging behavior.

RiR coaches track expulsions in the child cares they support on a semi-annual basis. In a six-month period, three children were expelled. Across the program year, six children were expelled. This rate of expulsion is less than 1%, which is extremely low. RiR coaches will continue to monitor expulsions and help providers avoid this practice.

Focus Group Key Finding: Providers gained skills to successfully address children's challenging behaviors.

Providers reported they were better prepared to support children with challenging behaviors, as a result of Pyramid training and coaching. They learned new strategies to manage the behaviors and experienced less frustration because they better understood the function of these behaviors.

Focus group methodology can be found on page 1 of this report.

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 access to quality early childhood mental health services, collaboration among initiatives, 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

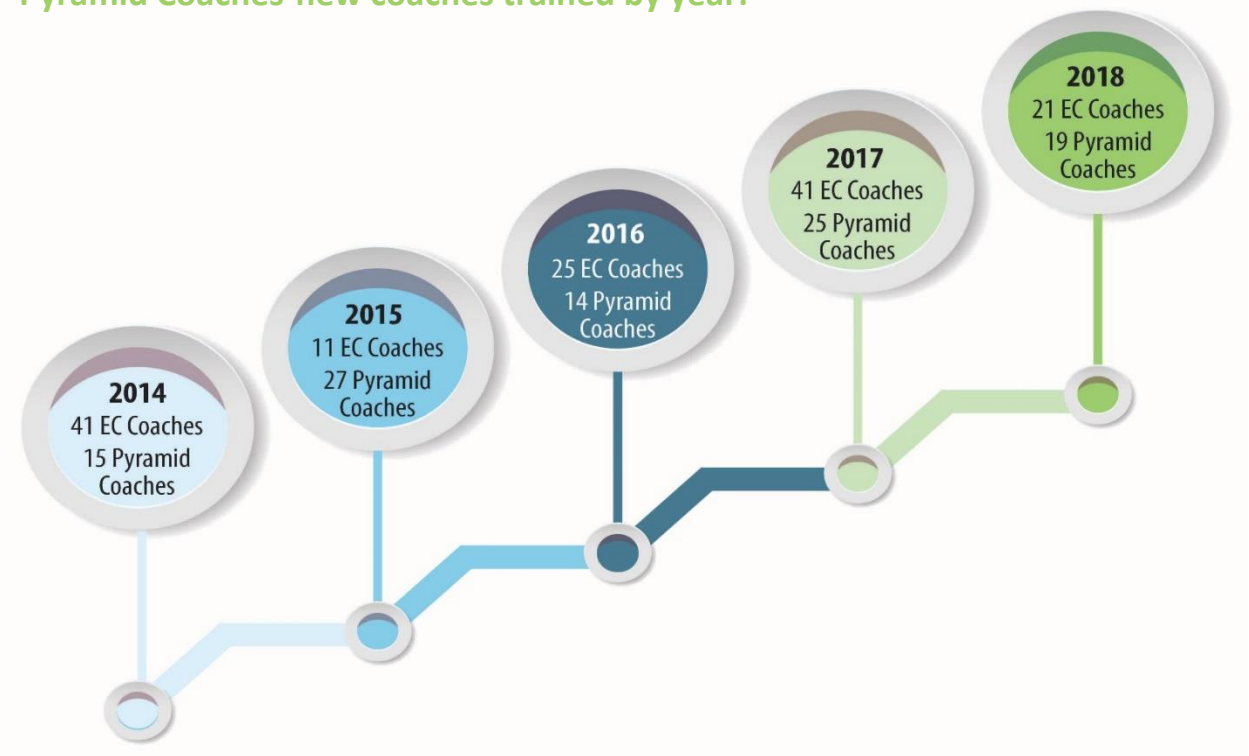
Pyramid Leadership Team. RiR partners with the Nebraska Statewide Pyramid Leadership Team to work on the long-term goal of an integrated early childhood system of care for young children and their families. This team, consisting of partners from across various systems (government, universities, and private organizations) is working together to implement the Pyramid process consistently in a variety of settings. Common training, evaluation and continuous improvement processes have been established. This past year the team continued working on capacity building, specifically around Early Childhood Coach and Pyramid observation tools training. Currently two additional trainers are available to provide EC Coach training. Trainings for Pyramid observation tools have been developed internally and delivered once, with plans for future training forthcoming. As a result, all coaches can now be trained regarding observation tools in-state rather than sending individuals to a national conference for training.

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. A need for core competencies related to coaching has been identified by multiple entities. The Coach Development

Team is serving as the point of contact for these entities to work together, come to agreement and update Nebraska's current Early Childhood Integrated Skills and Competencies for Professionals to include the agreed upon early childhood coach competencies. RiR, with their collaborative partners, has successfully expanded the Nebraska coaching pool. In 2014, RiR and partners began to build the cadre of coaches for the state. Along with the Nebraska Department of Education Pyramid Model work in pre-kindergarten classrooms that are state funded, RiR and Step Up to Quality share the costs for training new early childhood coaches. These coaches participate in the core 2-day Early Childhood Coach training and then are eligible to participate in two specialty trainings to support Pyramid Model implementation or Step Up to Quality. Over the course of the past five years, 139 coaches were trained in the core training and 100 of those chose to also participate in the Pyramid Coach training. Partners continue to work together to build coaching capacity across the state geographically and to provide ongoing professional development and support for coaches. In an effort to further the state's training capacity, a process was developed to train additional trainers. Two coaches agreed to go through this process to become trainers for the two-day Early Childhood Coach Training, thus raising capacity to four trainers in the state available to provide training that is currently offered twice a year. Rooted in Relationships staff have partnered with NDE to develop the concept of a regional coaching system and look forward to further partnerships as they pilot Early Learning 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. Developing a strong regional coaching system could help RiR meet the long-term goal of having the capacity to train and support coaches regionally.

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.

Over time, coaches have communicated a need for a clear understanding of the different coaching initiatives across the state. To meet this need, Coach Coordinators from both initiatives have met regularly to establish common communication and decision-making processes. Collaborative efforts have resulted in the addition of evidence-based social-emotional curricula to the list of approved curricula for providers included in the Step Up to Quality guide. Additionally, discussion regarding coach and providers understanding of the multiple initiatives has resulted in the development of a document describing the various coaching initiatives currently underway in NE. The Coach Development Team is working with an Assistant Professor from UNL on a coach survey that was distributed widely to early childhood coaches. The survey included questions designed to inform the team of the needs of coaches who are coaching in settings that require collaboration. Preliminary results of the survey have been used to inform topics for the 2019 Coach Booster sessions. As additional results become available, the Coach Development Team will use the information to support coaches across EC coach initiatives.

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 our state completed the 18-month training process, and are now able to provide training on reflective practice 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 at UNL and is primarily funded by RiR with additional supplementary funds from the Nebraska Department of Education, University of Nebraska at Lincoln, and Munroe-Meyer Institute at the University of Nebraska Medical Center. RiR has begun a training process in collaboration with Step Up to Quality and Munroe-Meyer Institute, to get all of the 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. 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. Data is in the process of being collected for the individuals who are being trained and receiving reflective consultation.

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 the coaching system in Nebraska, and increased awareness regarding effective practices related to Trauma Informed Practices across systems.

Early Care and Education Groups. RiR staff participate on 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 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;
- Results Driven Accountability Stakeholder Team-NDE Part B and C;
- Disproportionality Team;
- NE Young Child Institute Planning Committee

State Systems Teams. Staff participate on numerous teams at the state systems level to promote cross system supports for RiR and other initiatives. For example, NC provides the "backbone support" to the Prevention Partnership made up of public agency officials from NDE (Commissioner), DHHS CEO and Division Deputies (Health, Behavioral Health, and Children and Family Services), Office of Probation, the Nebraska Supreme Court, along with legislative representation, and private philanthropy as represented by NC's (President, and Senior Staff) and a representative from the Sherwood Foundation.

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, staff from NC have participated in the planning and implementation process associated with the State Health Improvement Plan (DHHS Division of Public Health) and RiR is serving on the Suicide and Depression subgroup. RiR also serves in an advisory capacity on the Nebraska State Suicide Prevention Coalition and the Mental Health Awareness and Training (MHAT) grant Interagency Advisory Team.

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. Rooted in Relationships is working closely with this initiative to maximize early childhood community planning efforts and resources. We continue to strategize on how to align and sequence our work in communities to streamline efforts and reduce duplication.

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 membership increased by over 50%. This past year members came together for two in-person meetings and several committee meetings via Zoom Technology. 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.

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 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.

Rooted encourages and, if needed, helps to support community mental health providers to attend training. In January 2018, nineteen therapists began the 18-month CPP training program. As of October 2018, 18 therapists are actively involved in the training process and are accepting CPP referrals and cases (as required by the CPP training program).

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

The geographic location of the 2018 CPP therapist trainees are as follows:

- Omaha/Council Bluffs: 6 therapists
- Lincoln/Southeast Nebraska: 4 therapists
- Northeast Nebraska: 2 therapists
- Central Nebraska: 3 therapists

The application process for the 2019 CPP training closed on October 12, 2018 with 15 applications. The 2019 cohort begins on January 29, 2019. The NRPVYC is also partnering with UNL to train Marriage and Family Therapists in the practice while they are still in graduate school, a strategy to embed early childhood development and caregiver/child relationship building into college curriculum. Through public/private partnerships, Nebraska now has approximately 100 CPP trained therapists practicing across the state.

The Nebraska Resource Project for Vulnerable Young Children continues to advocate for evidence-based child trauma treatment, and published The Path to Trauma Therapy, A Guide for Getting Traumatized Children the Help They Need. 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 (COS-P).

We have continued to provide a level of support for COS-P facilitators through building a stronger statewide website, developing common evaluation and marketing tools, and supporting additional training of facilitators. Rooted in Relationships staff also leads the Circle of Security Leadership team in Nebraska. We have continued to build local capacity for reflective consultation to support facilitators via a pilot process approved by Circle of Security International. In 2018, six consultation groups were offered to all COS-P facilitators while they were facilitating a class.

Progress has been made collaborating with the Department of Health and Human Services to streamline a system to reimburse facilitators for court-ordered parents to be able to participate in the program. The process will be managed by the Nebraska Association of Education of Young Children (NeAEYC). NeAEYC also serves as the fiscal manager for Nebraska Child Abuse Prevention Funds that are supporting many COS-P classes across the state. They supported 11 classes through 2018 and will support 11 more in later 2018 and early 2019. Video development was completed for two videos that can be used to attain additional support and funding for classes as well as for facilitators across the state apprising them of what resources are available for their ongoing support. Plans are underway to provide facilitators with the opportunity to come together for a one-day booster training in 2019, along with an updated peer consultation group format. A full report of the statewide evaluation of COS-P can be found at 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 2018, RiR partnered with a community collaborative to provide a TPOT training in central Nebraska. Through this effort 18 observers were trained by an experienced evaluator from UNMC's Munroe-Meyer Institute (MMI) who attended national reliability training.

RiR has also supported community-based coaches to attend TPOT or TPITOS training at the National Training Institute on Addressing Challenging Behaviors (NTI). In 2018, a Memorandum of Understanding was continued for coaches utilizing RiR funds to receive training at NTI in which they agreed to become reliable and complete a certain number of observations for RiR. To be considered a TPOT evaluator for RiR a yearly reliability check must be completed. Evaluators score a two-hour video of a preschool classroom using the TPOT protocol. After scoring the video the evaluators meet by phone with an evaluator from MMI to review the scores. As RiR continues to support the training of TPOT evaluators, the geographic location of the evaluators is considered to ensure that TPOT expertise is distributed across the state.

TPOT evaluators (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. The Pyramid Leadership Team continues to work together to build capacity of observers across the state and will host both TPOT and TPITOS trainings in 2019 utilizing the Nebraska-based trainer mentioned above, thus building ongoing Nebraska specific capacity, providing professional development and eliminating the more costly option of training at NTI.

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 libraries.**
- **RiR Stakeholder Collaboratives worked to increase public awareness of the importance of early childhood mental health and social-emotional well-being through multiple venues.**
- **Circle of Security™-Parenting was effectively implemented across communities with parents demonstrating significant increases in parenting skills, improved relationships with their children and decreased parenting stress.**
- **Parents demonstrated increased parenting skills after participation in Parent Pyramid Module trainings.**

Pyramid Model Implementation

- **Pyramid Model coaches have supported center and home-based child care providers to implement high quality social-emotional practices.**
- **With each year of participation in RiR, programs demonstrated increased fidelity to the Pyramid Model. After two years in RiR, 86% of centers met fidelity. All home-based providers met fidelity by the end of Year 2.**
- **After two years in RiR, 86% the infant/toddler rooms met the quality benchmarks for classroom practices. After three years in RiR 53% 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.**
- **The majority (69%) of the children enrolled in the RiR programs had a social-emotional screener. Very few children (5%) were flagged for additional evaluation.**
- **RiR coaches have worked collaboratively with providers to plan coaching sessions.**

Building Statewide Capacity to Support EC Systems of Care

- **RiR, through cross agency collaboration, has helped to align activities across statewide initiatives.**
- **RiR and partners continue to standardize processes for coach training, methods of communication, strategies for reducing coaching overload, and alignment of coaching processes and practices across initiatives.**
- **RiR has supported the 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 continues to collaborate to build a system to enhance the capacity of mental health providers to deliver Child-Parent Psychotherapy (CPP) and are supporting the development of a Community of Practice for early childhood mental health providers beyond CPP providers to begin in 2019.**
- **RiR has developed infrastructure supports, reflective consultation, marketing materials, and evaluation to support statewide implementation of Circle of Security™-Parenting.**

Evaluation Report prepared by
Barbara Jackson*, Ph.D., Rosie Zweiback, M.A, & Amber Rath, M.S.
Interdisciplinary Center of Program Evaluation
The University of Nebraska Medical Center's
Munroe-Meyer Institute: A University Center of Excellence for
Developmental Disabilities

*Supported (in part) by grant T73MC00023 from the Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services.

*Supported in part by grant 90DD0601 from the Administration on Developmental Disabilities (ADD), Administration for Children and Families, Department of Health and Human Services

University of Nebraska Medical Center
MUNROE-MEYER INSTITUTE