Rooted in Relationships
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# ANNUAL EVALUATION REPORT

2021

**MARCH 2022**

ROOTEDINRELATIONSHIPS.ORG

University of Nebraska Medical Center
MUNROE-MEYER INSTITUTE

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AND FAMILIES FOUNDATION

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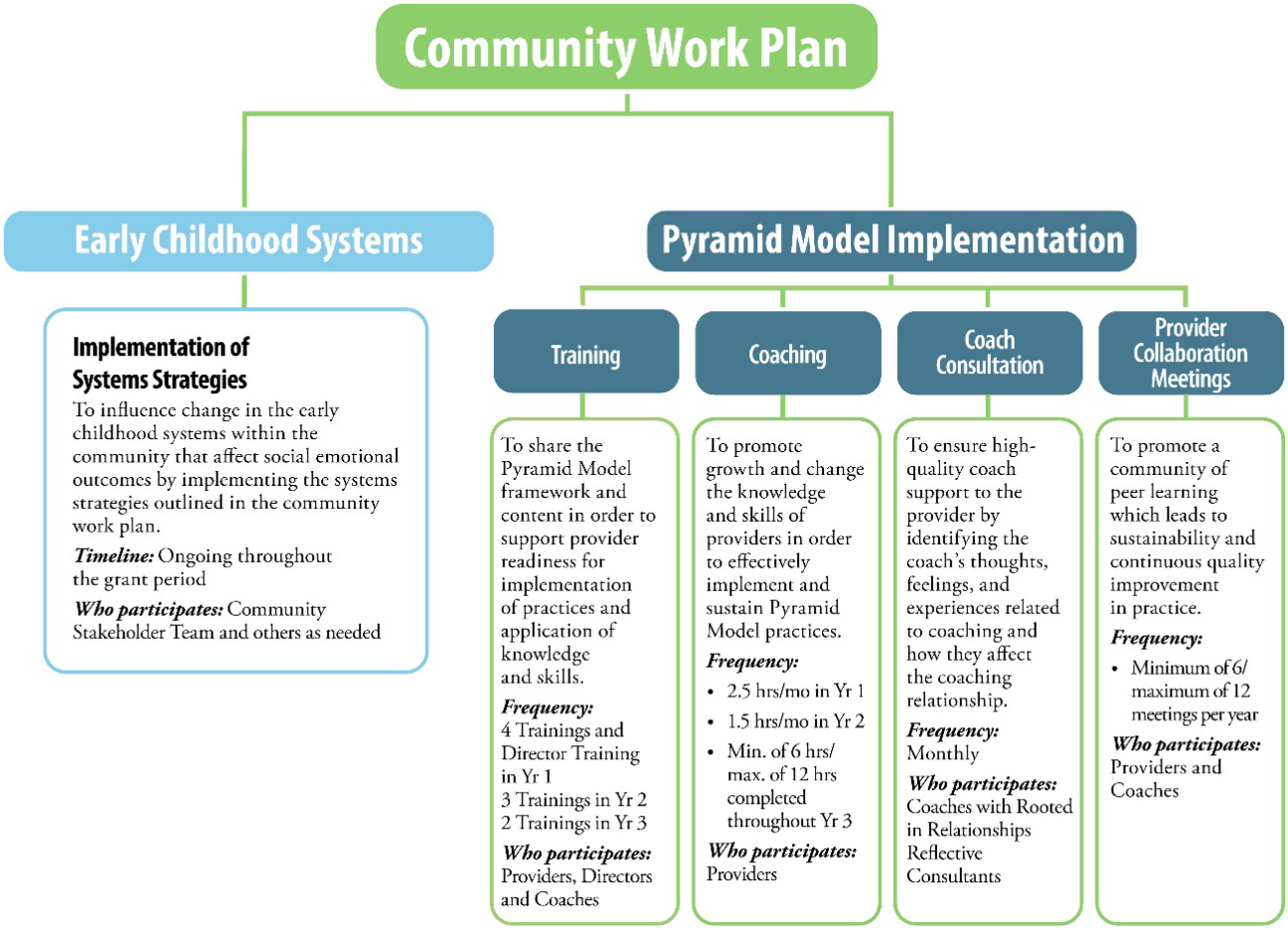
# Introduction: 2021 Rooted in Relationships Evaluation Report

Rooted in Relationships (RiR) is an initiative that partners with communities to implement evidence-based practices that enhance the social-emotional development of children birth through age 8. One part of this initiative supports communities as they implement the Pyramid Model, a framework of evidence-based practices that promote the social, emotional, and behavioral competence of young children, in selected family child care homes and child care centers. In addition, each community establishes a multi-disciplinary stakeholder team charged with developing and implementing a long-range plan to enhance the early childhood systems of care in the community to support children's healthy social-emotional development. The graphic below depicts the entirety of the Rooted Package.



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

1. Nebraska's early childhood systems share principles, definitions, and collaborative practices across sectors to promote positive development and holistic wellbeing of children.
2. Early care and education environments across the state meet the social-emotional needs of all children.
3. Community-level systems enhance social-emotional development in young children by engaging parents, collaborating with partners, and educating the public.

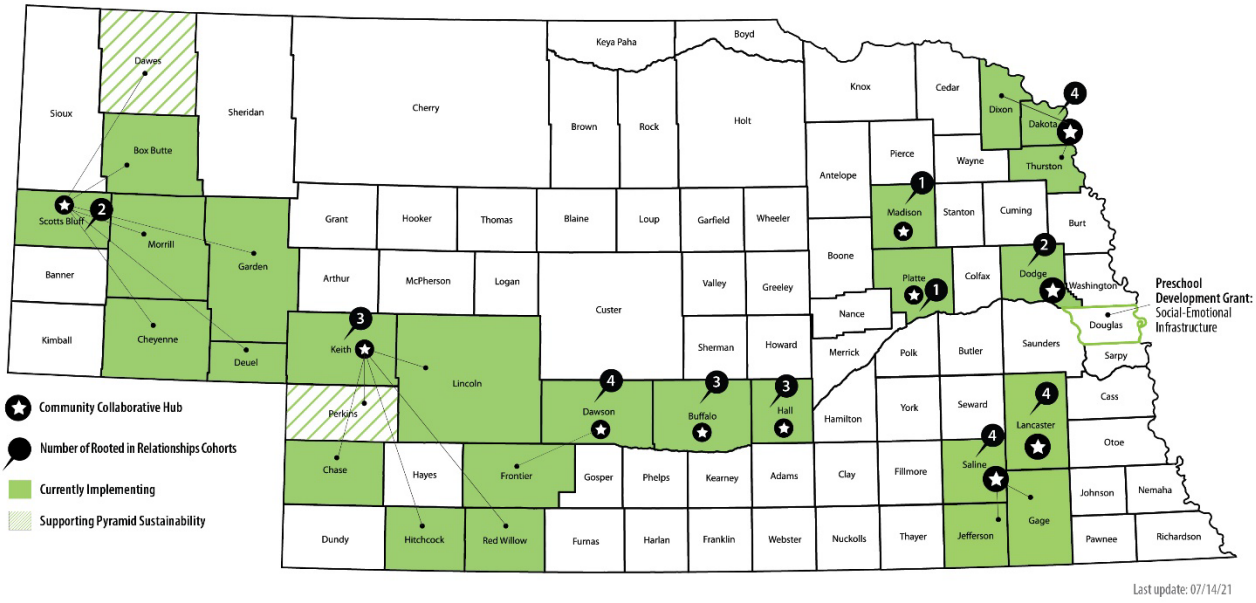
## Communities engage in three key activities:

1. **Community Work:** Stakeholders connect with additional local partners to develop a long-range plan to support the social-emotional development of young children. The plan includes community assessment, systems building, and a process to coordinate systems and services.
2. **Implement the Pyramid Model:** The communities identify 9-15 in-home and center-based child care providers to participate in a three-year, train-coach-train approach, initiative.
3. **Selection of a Systems Priority:** Communities choose at least one additional system (e.g., early care and education, early childhood mental health, family engagement, medical, partnerships with schools/Head Start) of evidence-based strategies to promote social-emotional development and to improve the overall well-being of children, families, and their community.

RiR currently supports twelve collaborative hubs in various stages of the initiative inclusive of planning, implementation, expansion, and sustainability: Buffalo, Dakota (Dixon and Thurston), Dawson (Frontier), Dodge, Douglas (South Omaha), Hall, Keith (Chase, Hitchcock, Lincoln, Perkins, and Red Willow), Lancaster, Madison, Platte, and Saline (Jefferson and Gage) Counties as well as the Panhandle (Box Butte, Cheyenne, Dawes, Deuel, Garden, Morrill and Scotts Bluff).

Funding for this initiative is provided by the Buffett Early Childhood Fund (beginning in 2013), Nurturing Healthy Behaviors funding through a grant award to Nebraska Children (NC) following a state funding appropriation to the Nebraska Department of Education (NDE) in 2014 and Nurturing Healthy Behaviors Child Care Development Funds (CCDF) in 2019. Additional funding to support the initiative work has been provided through the Preschool Development Grant (beginning in 2020) and NDE Special Education American Rescue Plan Funds in 2021.

**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, 6 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. Based on key findings from the evaluation, RiR staff continuously refine and update processes to improve outcomes, reduce burden, and support communities.

## STATEWIDE SUMMARY OF CHILDREN AND FAMILIES REACHED THROUGH ROOTED IN RELATIONSHIPS

Communities reported on the number of children and families they directly and indirectly served as part of RiR over the past year. The overall numbers reported below represents statewide totals of any family or child that was active at any point during the past year. "Served Directly" includes sustained contact with children or families such as Pyramid Model Implementation in the child's center or home childcare, participation in Circle of Security Parenting™, etc., while "Served Indirectly" typically reflects short-term activities with children and families, such as numbers attending a family fun night or parent training.

| Summary of Children and Families Reached | | | |
|---|---|---|---|
| Number of Families Served Directly | **5,018** | Number of Families Served Indirectly | **26,102** |
| Number of Children Served Directly | **5,714** | Number of Children Served Indirectly | **28,334** |

This evaluation report is organized in three major sections: Building Statewide Capacity to Support Early Childhood Systems of Care, Supporting Community Early Childhood Systems of Care, and Pyramid Model Implementation. This year, the COVID-19 pandemic continued to have negative impacts on families and early childhood providers. It also affected some aspects of the program implementation and data collection efforts. COVID impacts will be described in the Pyramid Model Implementation section.

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## RIR ACRONYMS

**BOQ v.2**-Benchmarks of Quality, version 2
**CCDF**-Child Care Development Fund
**CDN**-Coach Development Network
**C4K**-Communities for Kids
**COSI**-Circle of Security International
**COSP**-Circle of Security Parenting
**CPP**-Child Parent Psychotherapy
**ECMH**-Early Childhood Mental Health
**ESU** – Educational Service Unit
**FAN**-Facilitating Attuned iNteractions
**FCCH BOQ** – Family Child Care Home Benchmarks of Quality
**MMI**-Munroe-Meyer Institute; located at the University of Nebraska Medical Center
**MTSS**-Multi-Tiered Systems of Support
**NeAEYC**-Nebraska Association for the Education of Young Children
**NAIMH**-Nebraska Association for Infant Mental Health
**NC**-Nebraska Children and Families Foundation
**NCAPF**-Nebraska Child Abuse Prevention Fund
**NCRP**-Nebraska Center for Reflective Practice; part of Nebraska Resource Project for Vulnerable Young Children; located at the University of Nebraska-Lincoln, Center for Children, Families and the Law
**NDE**-Nebraska Department of Education
**NRPVYC**-Nebraska Resource Project for Vulnerable Young Children; located at the University of Nebraska-Lincoln, Center for Children, Families and the Law
**PCIT**-Parent Child Interaction Therapy
**PIWI**-Parents Interacting with Infants
**PDG**-Preschool Development Grant
**PSLT**-Pyramid State Leadership Team
**RiR**-Rooted in Relationships
**SUTQ**-Step Up to Quality
**TPITOS**-Teaching Pyramid Infant-Toddler Observation Scale-Revised
**TPOT**-Teaching Pyramid Observation Tool-Research Edition

# 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 various meetings and ongoing communication with statewide initiatives that are working towards similar goals. Key areas that were addressed during this year included:

- Ongoing support of early care and education providers during the pandemic,
- Support of equitable and inclusive practices,
- Continued establishment of common coaching processes including the development and refinement of the Nebraska Early Childhood Coaching Guidebook: Competencies for Professional Practice,
- Increased awareness and access to quality early childhood mental health services,
- Collaboration among initiatives with focus among partners regarding regional systems of support for Pyramid,
- Development of infrastructure to expand Parents Interacting with Infants (PIWI).

## COLLABORATIVE EFFORTS TO ALIGN EARLY CHILDHOOD SOCIAL-EMOTIONAL INITIATIVES

**Pyramid State Leadership Team.** The Pyramid State Leadership Team (PSLT) is co-led by RiR staff and partners at the Nebraska Department of Education-Office of Special Education. Together they work on the long-term goal of integrating the Pyramid Model into early childhood systems of care serving young children and their families. This team, consisting of partners from across various systems (government, universities, and private organizations) works together to implement the Pyramid process consistently in a variety of settings. Many elements are necessary to implement Pyramid to fidelity: coach training and support, Pyramid Module trainers, and evaluation observers.

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

In lieu of an in-person conference in 2021, the National Center for Pyramid Model Innovations conducted a series called “Equity and the Pyramid Model”. Through this series, three members of the PSLT were able to attend and view a presentation by the Children’s Equity Project on their recent report: “Start with Equity: 14 Priorities to Dismantle Systemic Racism in Early Care and Education”. These three members were also given the opportunity to reflect on equity practices in the Pyramid Model across the state and identify gaps and barriers. This led the PSLT towards reevaluating and updating their work plan to ensure equitable practices are embedded in Pyramid work across the state.

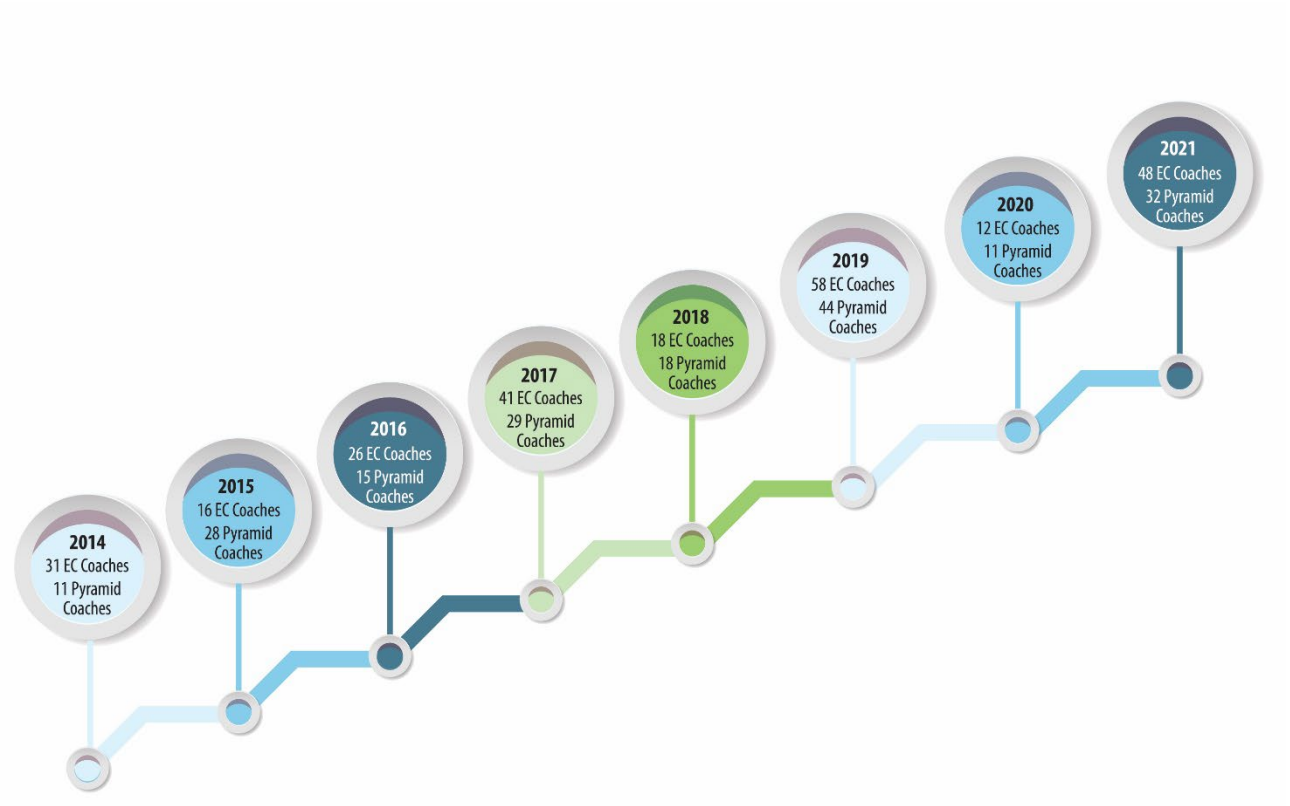
**Coach Collaboration.** Ongoing collaboration is occurring with other coaching initiatives (such as Step Up to Quality (SUTQ) and Nebraska Department of Education (NDE) Office of Special Education) to align coach trainings, reduce duplication of services, and increase the capacity of coaches in each initiative. In addition, staff are involved in the cross-systems Coach Collaboration Team and the two subgroups of this team, the Systems Infrastructure Group, and the Coach Development Network (CDN). The mission of the Coach Collaboration 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. Its purpose is to coordinate the development and sustainability of cross-system early childhood professional development in Nebraska focusing on coaching as one delivery mechanism.

The Coach Development Network (CDN) coordinates the development of initial and ongoing coach training and support. The CDN plans a series of coach booster trainings provided at least twice a year to address ongoing coaching needs. RiR provides resources to support these coach booster sessions. In 2021, three coach booster sessions were offered to coaches. The January booster called "An Introduction to The Nebraska Early Childhood Coaching Guidebook: Competencies for Professional Practice" took place virtually with three sessions. The April booster called 'Data-Informed Coaching' took place virtually with two sessions. The October booster titled "A Closer Look at Domain 1: Setting the Foundation" took place virtually with three sessions. The plan for 2022 coach boosters includes "A Closer Look" at the remaining domains for the Nebraska Early Childhood Guidebook: Competencies for Professional Practice, as well as additional boosters based on feedback and needs assessment data from coaches. One large goal of this subgroup in 2021 has been to finalize and disseminate the Nebraska Early Childhood Coaching Guidebook: Competencies for Professional Practice. The group spent the last half of 2021 re-evaluating the guidebook to ensure equitable practices were built into the document and partnered with the Coaching for Equity workgroup to review and make edits.

NDE is beginning to implement Pyramid differently. Rather than the cohort system that they have managed for many years, Pyramid supports will be embedded as part of the Multi-Tiered System of Support (MTSS) that is being developed regionally. The Systems Infrastructure Group, a subgroup of the Coach Collaboration Team has met monthly this year to design systems in a way that will align and support all Pyramid practices in communities no matter what setting (child care, school, Head Start). This group partners to schedule trainings related to coaching and Pyramid to collaborate and align systems as much as possible. Additionally, the group has been responsible for recruitment and expansion of the various trainers/training needed to expand Pyramid. This change has affected the current coach system and will build on the Early Learning Connection Coach Consultants (ELCCC) that have now been hired statewide as part of the Preschool Development Grant. Rooted in Relationships staff have continued to partner with the Early Learning Connection Coach Consultants and the Early Childhood NeMTSS Facilitators to ensure alignment with Pyramid supports and resources. The NDE Office of Early Childhood has also hired a Coach Collaboration Specialist. This individual will co-lead the Coach Collaboration Team with Rooted in Relationships staff.

Following the pilot implementation and evaluation of Pyramid in Sixpence Child Care Partnerships (CCP), RiR staff continue to explore with their partners how to sequence early childhood opportunities based on input from providers. Regular meetings are taking place with Nebraska Early Childhood Collaborative (NECC), Step Up to Quality, and Sixpence to develop options.

## RIR builds the state capacity for Early Childhood and Pyramid Coaches
## New coaches trained by year:



**Communities for Kids.** Rooted in Relationships is working closely with another Nebraska Children initiative, Communities for Kids (C4K), to maximize early childhood community planning efforts and resources. RiR continues to strategize on how to sequence initiative work in communities to streamline efforts and avoid duplication. A small work group focused on tribal early childhood efforts is working together to determine next steps as early childhood coordination support is offered to tribal communities; this provides an opportunity to strategically plan sequencing of early childhood offerings in communities. The addition of the Early Childhood Community Coordinators (ECCC) through Communities for Kids Plus (C4K+) funded by the Preschool Development Grant (PDG) has also assisted in supporting sustainability efforts and enhanced coordination. Many communities are creating positions for coordinators to support both C4K expansion focus and RiR's social emotional/quality work.

## NEBRASKA CENTER ON REFLECTIVE PRACTICE

Rooted in Relationships continues to support the Nebraska Center on Reflective Practice (NCRP). The Center is housed within the Nebraska Resource Project for Vulnerable Young Children (NRPVYC), located within the Center on Children Families and the Law (CCFL) at UNL and is funded by RiR with additional supplementary funds from NDE, University of Nebraska at Lincoln (UNL), and Munroe-Meyer Institute (MMI) at the University of Nebraska Medical Center (UNMC). Over the past several years, eight individuals have been trained to provide the FAN (Facilitating Attuned Interactions) Model training, and three more are in process. One individual employed by the NCRP has been approved by the Erikson Institute to be a Trainer of Trainers and has completed that process. RiR continues to engage in a training process in collaboration with Step Up to Quality and MMI, to get all initiative coaches trained in the Reflective Consultation Model. This is a 6-month training model where participants attend a total of three days of training and engage in ongoing mentoring to achieve Level 2 status with the Erikson Institute in the FAN Model. Rooted in Relationships has 33 coaches who have completed the process and six Rooted coordinators are currently engaged in training. This gives 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. CCFL, in collaboration with its partners, has refined the evaluation plan. They continue to gather data from participants being trained and receiving Reflective Practice and report on data annually. Coaches have shared through focus groups, surveys, and personal report that reflective practice training has proven to be an asset during the pandemic. They relied on those skills heavily in their coaching sessions with providers. Rooted continued to support reflective consultation groups for home-based child care providers. 33 providers participated in the groups, with 12 of them participating for six months consecutively. https://www.nebraskababies.com/annual-reports

## 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 Childhood Groups.** In addition to collaborative groups listed separately in this report, RiR staff participate in many early care and education groups to align work and contribute at the state and community levels. These include:

- Early Childhood Interagency Coordinating Council (RiR Coordinator serves as a Technical Assistant to the Governor appointed Council)
- Early Childhood Partners Group
- Preschool Development Grant: Nebraska Leadership Team, Program Management Team and Race Equity work group
- Early Childhood Mental Health Community of Practice Steering Committee
- Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP) Advisory Group
- Nebraska Resource Project for Vulnerable Young Children Advisory Board
- Nebraska Center for Reflective Practice Stakeholders Group
- Nebraska Department of Education-Office of Early Childhood, Early Learning Connections Coordinators & Early Childhood Partners meeting
- Early Childhood Data Coalition-this group did not meet in 2021
- Childhood Lead Poisoning Advisory Committee-DHHS Division of Public Health
- University of Nebraska-Kearney Early Childhood Committee
- Child Care Referral Network Leadership Team and Advisory Committee
- CARES ACT funding work group - worked with state partners to determine procedures and policies for distribution of funds and continue assisting in distribution through contract with DHHS
- Early Childhood COVID Collaborative Group- In 2020 Nebraska Children and Families Foundation began hosting a meeting of child care stakeholders, initially meeting every morning to assist in responding to needs being relayed from child care providers and parents. This group continues to meet twice a month with 50+ consistent participants.
- Results Driven Accountability Stakeholder Team-NDE Part B and C
- NE Young Child Institute Planning Committee
- Child Welfare Community Collaboration Grant Core Team – Omaha
- Early Childhood Community Response Team – Omaha
- Lincoln Early Childhood Network, which unites the work of RiR, Prosper Lincoln, and Help Me Grow Lincoln/Lancaster

**State Systems Teams.** Staff are members of numerous teams at the state systems level to promote cross-system supports for RiR and other initiatives. For example, Nebraska Children coordinates a Monday morning phone call, referred to as “Connect the Dots.” Participants include administrative representation from DHHS (Public Health, Behavioral Health, Children and Family Services), the Nebraska Supreme Court (Court Improvement Project), Office of Probation, Department of Education, Society of Care (intertribal entity supporting behavioral and social services in NE), and representatives from Nebraska Children initiatives. This weekly one-hour phone call allows participants to stay informed, align, and reinforce cross-

systems work.

The RiR Implementation Team has met quarterly and is comprised of cross-systems stakeholders who advise and collaborate regarding early childhood mental health activities and initiatives statewide. To prevent duplication of efforts, discussions were held in 2021 with the team about the possibility of utilizing time at the Nebraska Association for Infant Mental Health meetings for RiR specific updates as well as overall Early Childhood Mental Health (ECMH) updates from partners. In 2022, meetings with the National Association for Infant Mental Health (NAIMH) Board will take place to determine the most efficient use of stakeholders' time.

Additionally, Rooted in Relationships staff participate in the following:

- System of Care – Children's Impact Collective (CIC)-Nebraska DHHS
- State Health Improvement Plan (DHHS Division of Public Health) Suicide and Depression subgroup – this group will sunset at the end of 2021
- Prenatal Plan of Safe Care – Resources subgroup
- Rural Stress and Family Wellness Workgroup
- Nebraska State Suicide Prevention Coalition
- Nebraska Pregnancy Prevention & Parenting Support – Learning Action Network
- Community Service Array process

**Nebraska Association for Infant Mental Health.** Rooted in Relationships staff collaborate to ensure that messaging around infant and early childhood mental health has continuity across organizations. RiR staff support the Nebraska Association for Infant Mental Health's (NAIMH) mission to continue offering professional development opportunities and awareness by serving as a co-lead (along with a representative from UNL Extension). Membership continued to grow through 2021, and members came together several times through workgroups and the annual meeting (held via Zoom Technology). New materials promoting the importance of infant and early childhood mental health were developed and distributed with plans for a new website launch in 2022. With the support of Preschool Development Grant (PDG) funding NAIMH was able to join the Alliance for the Advancement of Infant Mental Health. In 2021, a Leadership Cohort was developed, including Rooted staff, and in 2022 Infant Mental Health Endorsement will be rolled out in Nebraska.

**Early Childhood Mental Health Community of Practice.** In 2019, a new Early Childhood Mental Health Community of Practice was developed, organized by the University of Nebraska Center on Children, Families and the Law with input from Rooted staff, Options in Psychology, Child Savings Institute, Children's Hospital and Medical Center, Woodhaven Counseling Inc, and the University of Iowa. In 2020, the decision was made to hold the event virtually; approximately 275 professionals from across the state attended. Special sessions were tailored to attendees specializing in Child Parent Psychotherapy (CPP), Parent-Child Interaction Therapy (PCIT), and Circle of Security Parenting (COSP). In 2021, the direction of the group turned to focus on supporting the Nebraska Association for Infant Mental Health (NAIMH) as they joined the Alliance for the Advancement of Infant Mental Health. In April 2022 Nebraska will have an Endorsement for Infant Mental Health, and this group will transition to supporting the competencies

needed for those who are connected to the work. In addition, they continue to offer more skill-based trainings to support practitioners working in ECMH. The planning group is now interconnected with NAIMH and has shifted to be more diverse, including representing a variety of disciplines and individuals geographically across Nebraska.

## 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 working towards being self-sustaining and continues to provide training annually. Nebraska has three active endorsed Child-Parent Psychotherapy (CPP) trainers who train Nebraska clinicians, with three additional individuals in the process of becoming endorsed trainers. NRPVYC manages CPP training in Nebraska with the support of the national CPP certifying body at the University of California at San Francisco, and it is continuing to build a program to increase and sustain high quality CPP practitioners. The NRPVYC works with model developer Dr. Joy Osofsky to train and support new CPP trainers and trainer candidates. Rooted encourages and, if needed, helps to support community mental health providers to attend training.

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

There are currently 128 clinicians in Nebraska trained to provide CPP (an increase from 95 therapists on October 1, 2018). The 2021-22 CPP cohort began the 18-month training process in April 2021 with 21 trainees (currently 15 attending) and held its first intensive training in October 2021. Trainings are being held over half days through Zoom due to COVID-19 related restrictions. The website, NebraskaBabies.com, includes a searchable database of trained CPP therapists for purposes of locating practitioners and matching referrals.

**Parent-Child Interaction Therapy (PCIT).** In 2019, RiR was tasked with supporting work that has been led/supported by the Nebraska Child Abuse Prevention Fund Board (NCAPF), specifically related to PCIT and PIWI. Staff met with UNL-CCFL's NRPVYC to explore the creation of a similar system of support for training and support around PCIT that has been implemented successfully with CPP. Core to this support structure is a training system within NE so therapists do not have to travel out of state for training, which increases the number of therapists proficient in this therapy modality. The NRPVYC has been working with Dr. Beth Troutman and IoWA-PCIT to build a PCIT training program. The first PCIT training

cohort sponsored by NRPVYC began its 12-month training program with initial training in September 2020. Eight trainees and one trainer candidate participated virtually through Zoom which was an adaptation put in place due to the pandemic. In August 2021 an additional 10 clinicians began the second training cohort. The NRPVYC continues to enhance its resources around PCIT, which includes both a map and a list of PCIT therapists. There are currently 64 PCIT therapists on the NRPVYC list/map, 48 of the clinicians are in Nebraska. The webpage also includes a link to the PCIT International list of certified PCIT therapists. For more information, visit https://www.nebraskababies.com/ecmh.

**Circle of Security™ Parenting (COSP).** Rooted in Relationships continues to provide support for COSP facilitators by 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. They have continued to build local capacity for reflective consultation to support facilitators and have supported three COSP facilitators and trained reflective consultants to be Level 2 facilitators recognized by Circle of Security International (COSI). In 2021, these Level 2 facilitators conducted 24 sessions of peer reflective consultation that were offered at no cost to any COSP facilitator in Nebraska via Zoom technology. RiR was also able to support two Circle of Security International (COSI) approved fidelity coaching sessions for eight facilitators in 2021.

The Nebraska Association for the Education of Young Children (NeAEYC) manages the system to reimburse facilitators for court ordered parents to participate in the program through a contract with DHHS. NeAEYC also serves as the fiscal manager for Nebraska Child Abuse Prevention Funds that are supporting many COSP classes across the state. A 3-part series was developed in conjunction with Dr. Mark Hald, COSI approved Fidelity Coach to support COSP Facilitators. Designed to be used for small groups, 20 facilitators registered and 17 completed it.

Circle of Security International released an enhancement to traditional COSP, called COSP-Classroom. This enhancement is designed to make the program even more applicable to all early care professionals. So far, Nebraska has 30 facilitators that have completed the Master Course. A new evaluation package, updated materials, and resources for facilitators have been developed. Evaluation results will be included in the next biannual COSP evaluation in early 2023. A full report of the statewide evaluation of COSP can be found at necosp.org.

**TPOT and TPITOS Training.** Evaluation of the Pyramid Initiative requires a cadre of observers trained in the Teaching Pyramid Observation Tool – Research Edition (TPOT) and Teaching Pyramid Infant-Toddler Observation Scale – Revised (TPITOS). Capacity now exists within Nebraska to implement these trainings regularly; previously, observers had to travel to the national training in Florida. TPOT training was held in April 2021 in Omaha with 30 attendees from across the state. Some participants attended to learn the tool to perform observations while others attended to increase their knowledge of the tool to coach more effectively. The Rooted team, PSLT, and MMI evaluators are working together to consider cost-effective options for continuing to train interested participants without requiring two full days in person.

Nebraska continues to ensure fidelity through the reliability measures put in place by MMI. To be considered a TPOT observer for RiR, a yearly reliability check must be completed. Observers score a two-hour video of a preschool classroom using the TPOT protocol. After scoring the video, observers meet with an evaluator from MMI to review the scores. As RiR continues to support the training of TPOT observers, the geographic location of the observers is considered to ensure that TPOT expertise is distributed across the state.

**Parents Interacting with Infants (PIWI).** Parents Interacting with Infants (PIWI) is an evidenced-based set of practices based on beliefs (a "philosophy") about families, children, and helping relationships. The objectives of PIWI are to increase confidence, competence, and positive relationships for parents and children ages 0-2. It does so by keeping the parent-child relationship at the center and by supporting responsive, respectful parent-child interactions. The primary focus of PIWI is parent-child groups but it may be used in home visitation and other settings. The Nebraska Child Abuse Prevention Fund Board (NCAPF) had funded communities to support PIWI facilitation for several years. In 2019, Rooted in Relationships was tasked with developing infrastructure to support expansion of PIWI classes more broadly in Nebraska. The four communities that had received three or fewer years of funding from the Child Abuse Prevention Fund Board were provided up to $4000 from Rooted to continue their infrastructure development around PIWI practices in their communities.

An experienced team of three trainers now lead the process of training PIWI facilitators in Nebraska. One virtual training of facilitators was held in February 2021 for 25 Blue Valley Community Action Head Start employees including family advocates, site leaders, and engagement specialists. A second PIWI training of facilitators was held in November 2021 for 13 interested persons across the state, with the largest group in the Omaha area, including Bethlehem House and Child Saving Institute. Overall, very few sites conducted PIWI classes during the year due to COVID making it unsafe to engage families with small children who cannot be vaccinated.

The team of PIWI trainers are working on completing new video clips to support the training as the current clips needed updating. It was planned initially that the video clips would be completed this year, however the pandemic made it impossible for PIWI classes to continue safely, so the video project has been put on hold until classes can resume.

## 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 continues to collaborate with SOC and Society of Care (focus on Tribal SOC) to ensure attention to and integration of ECMH work. RiR also works with First Five Nebraska (FFN) around early childhood legislation and policy issues. RiR, C4K, and FFN meet monthly to discuss early childhood policy work. This group

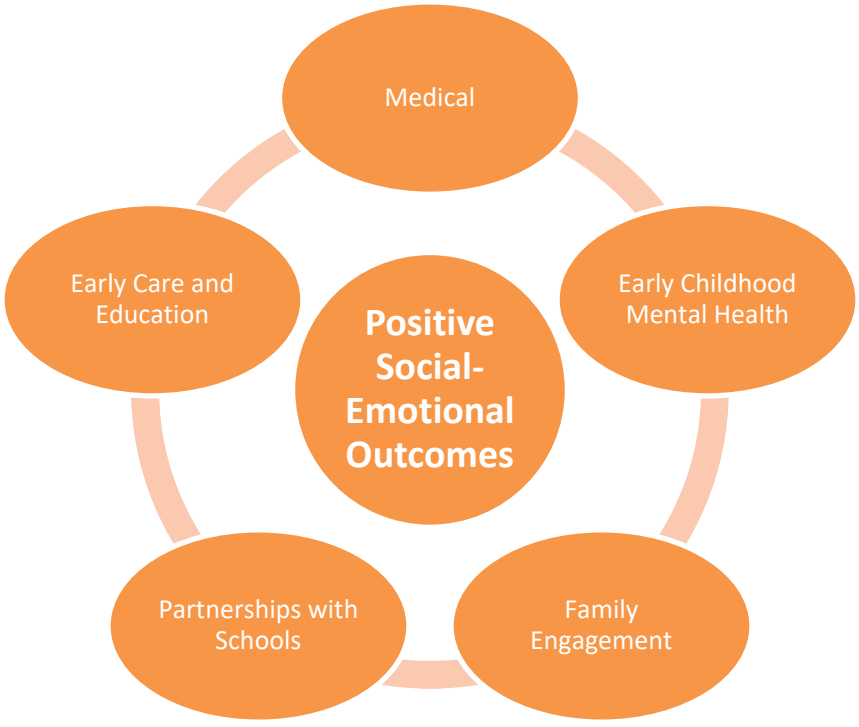
continues to monitor legislation that might have an impact on ECMH and consider ways to focus on ECMH as an area in need of support. The Rooted in Relationships initiative submitted a letter to members of the Health and Human Services Committee regarding LR143 (maternal depressions screening), to emphasize the need for behavioral health service providers across the state who specialize in early childhood mental health.

Additionally, the Nebraska Early Childhood Partners group, formed in 2017, enhances early childhood collaboration. The group includes representatives from the Nebraska Department of Education, NE Department of Health and Human Services, 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 as well as advocacy regarding the use of various funds related to pandemic recovery.

# Supporting Community Early Childhood Systems of Care

This section focuses on the system efforts of all communities currently implementing the Rooted in Relationships (RiR) package. In each community, the stakeholder team developed a community plan to strengthen their early childhood systems and supports for social-emotional development and early childhood mental health based on a needs assessment process which included parent input. From this planning process, each team creates a long-range plan to strengthen early childhood systems of care in their community that support children's social-emotional development by adopting one or more systems level strategies across one of the five common priority areas, illustrated below.

## Common Priority Areas across RiR Community Stakeholder Teams




The evaluation of each community's implementation plan for systems of care 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. The table below identifies the strategies that were implemented across the RiR

communities based on the five common priority areas, as well as the year RiR communities began implementation of their system strategy(ies). Platte and Douglas Counties completed planning and began implementation in 2021. All other communities are currently engaged in the implementation phase of the initiative.

## Community-Level Implementation of Priority Areas

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

The following section defines each priority area and highlights the work that has contributed to building systems of care at the community level around each priority area. While strategies are separated by priority area in the sections below, it is worth mentioning that in systems work many strategies are cross-cutting in nature, addressing more than one priority area (e.g., Mental Health First Aid training and Head Start partnerships in South Sioux City address both the Medical and School Partnerships priority areas).

## EARLY CARE AND EDUCATION

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

**Networking Events.** In addition to provider collaboration meetings that all RiR communities hold as part of their Pyramid implementation, some communities offered additional networking opportunities for providers to increase connections, foster peer learning and provide support. For example, Dodge County RiR held a child care thank you event for 130 area providers and staff.

**Provider Trainings.** Many RiR communities offered additional training opportunities to area child care providers with the aim of improving child care quality. Dawson, Keith, and Saline Counties offered Circle of Security Classroom trainings, serving over 36 early childhood professionals, while Dodge County RiR partnered with their regional Early Learning Coordinator to hold an Early Childhood Conference that included training opportunities that 75 EC professionals attended.

**Community Level Strategies that Support Early Care and Education.** Several communities implemented community-level strategies to support early care and education. In Buffalo County, a lack of adequate technology was identified as a barrier for EC professionals to participate in virtual meetings and trainings. Thus, they partnered with a tech company to refurbish donated laptops that were distributed to 13 EC providers in the community so that providers could attend meetings and trainings and complete licensing requirements. Hall County RiR distributed a newsletter to providers twice and has contracted with a bilingual individual who is recruiting and working with Spanish-speaking providers, while Platte County RiR held an information workshop for eight child care providers on the various events and trainings going on in the community and how to stay informed.

In 2021, the RiR team was funded through the Preschool Development Grant (PDG) to work with Douglas County (South Omaha) and several community partners to build a social emotional infrastructure. Community partners chose to implement the Pyramid Model. A cohort of Spanish speaking providers were recruited and voiced the need for training to be provided in their primary language, rather than having an interpreter. RiR used funds from the PDG to translate the Nebraska Pyramid modules so Spanish speaking early childhood providers across the state can access Pyramid training. All modules should be translated by the end 2022. Douglas County (South Omaha) also recruited a bilingual trainer, coordinator, and coaches.

## EARLY CHILDHOOD MENTAL HEALTH

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

**Mental Health First Aid.** Mental Health First Aid is a national public education program to teach the skills to respond to the signs of mental illness and substance use. During the evaluation year, 93 participants were trained in Mental Health First Aid in three RiR communities: Buffalo, Keith, and Saline counties. The training provided in Saline County had a particular focus on youth and young people.

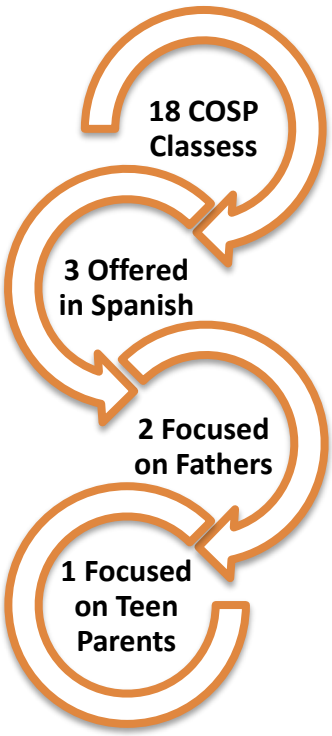
**Parent-Child Interaction Therapy (PCIT).** Parent-Child Interaction Therapy (PCIT) is an empirically supported treatment for children ages two to seven that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. While the COVID-19 pandemic has limited in-person interaction and thus the ability to offer PCIT since 2019, 2021 saw a slow resurgence of PCIT offerings in the state. Saline county RiR served 10 parents and their 10 children with PCIT during the past evaluation year, and Dakota county RiR offered a PCIT Special Time Class training to 18 attendees.

**Community Level Strategies that Support Early Childhood Mental Health.** Hall County RiR offers unique supports to children experiencing domestic violence through their partnerships with Hope Harbor and Crisis Center through their Breathe Like a Bear program. During the 2021 evaluation year, this program provided books and stuffed bears to 50 children in the shelter.

## FAMILY ENGAGEMENT

Strategies that fit into this system impact parents understanding of social emotional development and high-quality care. These strategies also encourage parents and caregivers to engage with and build strong relationships with their children.

**Circle of Security Parenting™ (COSP).** Circle of Security Parenting™ (COSP) is an 8-week parenting program focused on building strong attachment relationships between parents and their children. Six RiR communities either offered COSP classes or worked with partners to improve access or implementation of COSP in their communities. For example, Buffalo County RiR worked with their COSP facilitators to increase pay for facilitators who had to manage the challenges of hosting virtual COSP sessions, while Lancaster County RiR worked with the Nebraska Child Abuse Prevention Fund, the Department of Health and Human Services, and the Community Health Endowment to support the provision of COSP in Lancaster County.




Overall, 18 COSP classes were offered across five communities. Three classes were offered in Spanish, two classes were focused specifically on fathers, and one class was offered to teen parents at the local high school.

**Parents Interacting With Infants (PIWI).** Parents Interacting With Infants (PIWI) is an evidenced-based set of practices that aims to increase confidence, competence, and positive relationships for parents and children ages 0-2. Typically delivered through in-person group settings, the ability to offer PIWI classes has been hindered due to the ongoing COVID-19 pandemic. However, as the pandemic wanes, some communities have been slowly restarting implementation of PIWI. Saline County RiR offered one PIWI class during the past year, and Dakota County RiR reported that their PIWI classes have resumed.

**Parent Pyramid Modules.** Pyramid module trainings are offered to parents in Nebraska to support parents' abilities to promote their children's social emotional development and prevent and address challenging behavior. During the past year, three RiR communities (Buffalo, Dawson, and Keith) offered six parent pyramid module trainings, serving over 49 parents and children. Due to the COVID-19 pandemic, two of these trainings were offered virtually.

**Media/Information Sharing.** A key component of family engagement is sharing information on social emotional development and engagement opportunities for parents and providers. Buffalo County RiR worked with Bring Up Nebraska to coordinate child abuse prevention month materials, Dakota County RiR updated their website to provide more community engagement information and distributed family engagement materials to pre-kindergarten children, and families in the Panhandle received welcome letters and postcards from Panhandle RiR.

RiR communities employed a variety of methods to share information directly with families, providers, and the larger community, including social media posts, newsletters/e-newsletters, and billboards posted in the community. Through several posts via social media (e.g., Facebook), six RiR communities reached an estimated 12,454 parents and providers. Another 8,646 people were reached in four communities via newsletters/e-newsletters and emails. Finally, Buffalo and Hall counties posted billboards in their communities, reaching all of Kearney and Grand Island.


*Billboard posted in Grand Island, Nebraska in July 2021.*

**Community Level Strategies that Support Family Engagement.** Several RiR communities implemented strategies that encouraged families to spend quality time together, including family fun/community movie nights, providing materials to encourage parent-child interactions such as social-emotional backpacks, and supporting other family engagement events in the community. Below is a summary of these community strategies.

***1,857 parents and children attended family fun nights, movies, and events across nine communities***

| Community | Event/Activity | Children and Families Served |
|---|---|---|
| **Family Fun Nights/ Movies/ Events** | | |
| **Buffalo** | Fun Night at Kearney Area Children's Museum - 100 books distributed | 225 |
| **Buffalo** | Week of the Young Child Movie Sponsorship | 81 |
| **Dakota** | Family Night Out- Story Walk and Scavenger Hunt, distributed backpacks with engagement activities and books | 300 |
| **Dakota** | Family social-emotional engagement over holiday break | 280 |
| **Dawson** | Week of the Young Child event: free family movies offered in Gothenburg and Lexington | 70 |
| **Dawson** | Week of the Young Child celebrations in Gothenburg, Overton, Eustis, Sumner, Lexington, and Cozad | 753 |
| **Dawson** | Family Movie Nights in Gothenburg, Cozad, and Lexington | 118 |
| **Saline** | Free Kids Summer Movie Series | 30 |
| **Providing Materials to Support Family Interactions** | | |
| **Dakota** | Toy lending in Dakota City and Emerson libraries | |
| **Dakota** | Family Night In Activity Bags | |
| **Dakota** | Social-emotional backpacks to area libraries | 90 created & distributed |
| **Dawson** | Social emotional backpacks distributed to five area libraries | 37 used/checked out |
| **Other Community Efforts to Support Family Engagement** | | |
| **Dakota** | Story Walks installed near YMCA soccer fields and low-income housing | |
| **Keith** | Hosted booth at Keith County C4K+ Family Block Party | |
| **Saline** | Participated in Crete Library Summer Reading Kickoff | |

## MEDICAL

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

**Community Level Efforts to Engage the Medical Field.** Dakota County RiR has an ongoing partnership with the Siouxland Community Health Center in which doctors provide books to children with a prescription encouraging parents to read to their children. Platte County RiR has reached out to local doctors to find out whether they use specific assessments with their patients. Platte County will use this information to determine if providing training on conducting early childhood assessments and resources for medical providers would be helpful.

## PARTNERSHIPS WITH SCHOOLS

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

**Engagement with local school systems/Head Start.** Several RiR communities have engaged with local school systems and Head Start centers to build partnerships that support social-emotional learning through expansion of Pyramid, improving access to mental health, participating in/hosting events to build awareness, and even expanding funding. For example, Buffalo County RiR expanded Pyramid to all Head Start locations in Buffalo County, while Hall County RiR partnered with Grand Island Public Schools O'Connor Early Learning Center to provide Pyramid module training to paraprofessionals. Similarly, Keith County RiR partnered with North Platte Public Schools to implement the Pyramid Model in the public preschools and Head Start centers in North Platte.

Mental health and access to mental health services has been one outcome of partnerships between RiR communities and the local school systems and Head Start. Dakota County RiR partners work closely together to provide opportunities in their community that support mental health in all community settings (child care, Head Start and schools). One of the Rooted coaches is supported to provide social emotional classes during summer school.

As the Early Childhood Multi-Tiered Systems of Support Facilitators educate early childhood public school personnel about Pyramid and offer their support to start implementation, Rooted communities are engaging as partners to align and enhance efforts. For instance, in Dakota County, one Rooted coach provided support to the public school as they began their implementation journey. Identifying these alignment and enhancement opportunities within communities to support Pyramid as a community wide strategy are being explored and implemented differently depending on community needs and capacity.

Finally, partnerships with local school systems and Head Start have improved awareness, contributed to the success of local events, and opened new opportunities. For example, Buffalo County RiR partnered with Kearney Public Schools, the local ESU, and the University of Nebraska at Kearney to plan a multitude of events during the Week of the Young Child celebrations, while Madison County RiR gifted every K – 2nd grade teacher, assistant, and paraeducator at one local elementary school with a self-care basket for teacher appreciation week, which included information about social-emotional development. Platte County RiR presented to an 8th grade career class on early childhood career avenues.

# Pyramid Model Implementation:
# Program Description and Evaluation Findings

## ABOUT THE PYRAMID MODEL

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 et al., 2003). The model is a promotion, prevention, and intervention framework built on the foundation of an effective workforce. The foundation for the practices in the Pyramid Model are the systems and policies necessary to ensure the early childhood workforce is able to implement and sustain these practices. The three tiers of the Pyramid Model include:

1. Universal supports for all children through **nurturing and responsive relationships** and **high quality supportive environments**. These practices ensure the promotion of the social development of all children.
2. The intentional teaching of targeted social-emotional strategies to support children at risk of challenging behavior. Strategies include: explicit instruction and support, self regulation, expressing and understanding emotions, developing social relationships, and problem solving.
3. Individualized interventions for a very small number of children who need additional supports, such as a positive behavior support plan.

## ABOUT THE IMPLEMENTATION

The RIR Pyramid Model Implementation offers center-based and home-based child care providers Pyramid Model training and ongoing coaching support for the implementation of positive strategies to promote young children's social-emotional development and skills. Providers participate in training, coaching, and collaboration meetings for three years. Across the state, 70 Pyramid Model trainings were offered during the past year. Each community has a coaching team consisting of both early childhood specialists and mental health practitioners that work with providers to implement strategies learned during training. Finally, providers and coaches participate in regular collaboration meetings to encourage peer learning and support.

Since the start of the RiR Pyramid Model Implementation in 2014, 67 coaches have supported 700 center-based and home-based child care providers in 228 programs impacting over 12,500 children. In 2021,

**49** **coaches** supported

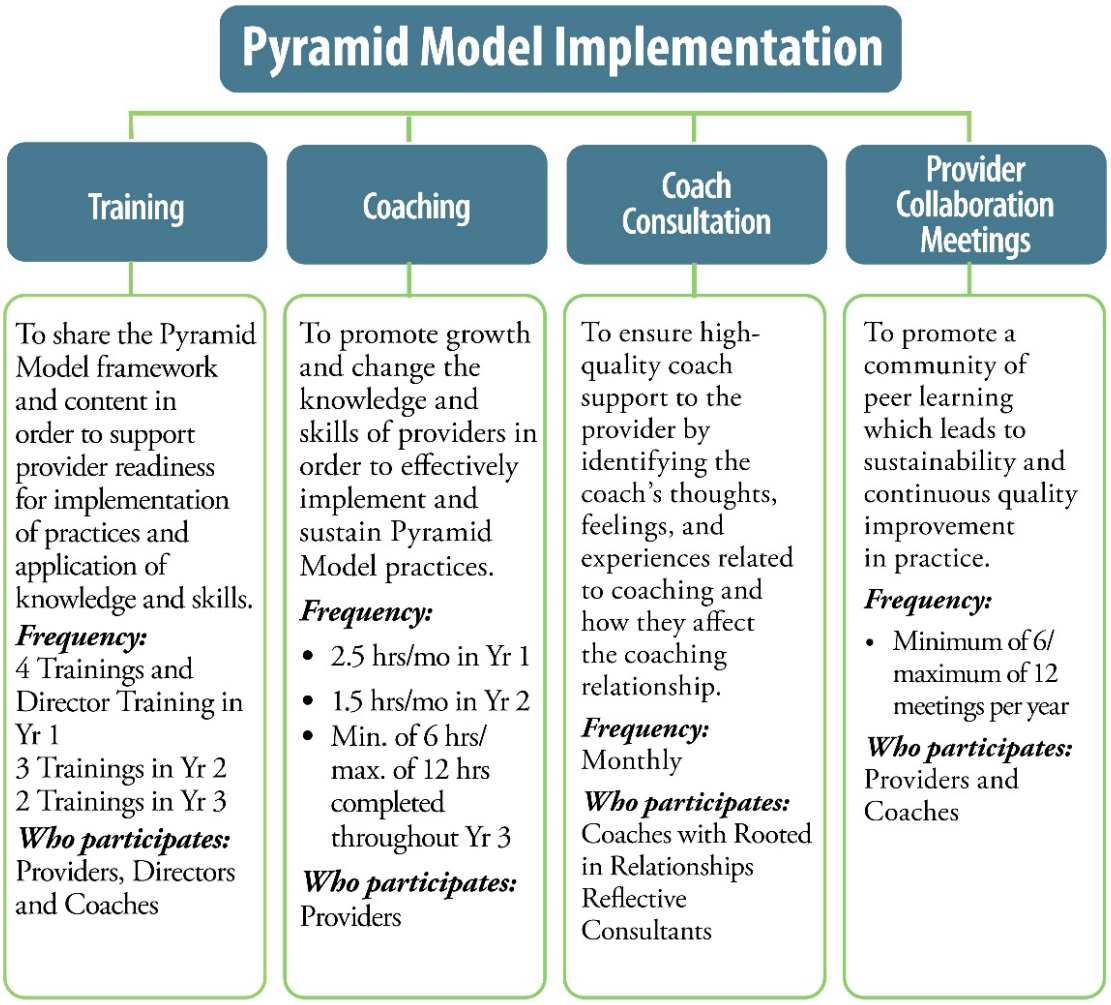
**286** **center and home-based providers** in

**152** **programs** impacting over

**2,700** **children**

In addition to training and coaching, providers are eligible to apply for funds to help them reach a specific coaching goal. In 2021, 35 social-emotional enhancement grants were awarded totaling $19,920.55. Providers used the funds to purchase materials, equipment, curricula and/or attend trainings to help them support the social-emotional development of the children in their care.

The following graphic shows the implementation activities across three years of RiR.



## ABOUT THE PROGRAMS AND PROVIDERS

In 2021, the following regions participated in the RiR Pyramid Model Implementation:

- Buffalo
- Dakota (Dixon and Thurston)
- Dawson (Frontier)
- Dodge
- Douglas (South Omaha)
- Hall
- Keith (Chase, Lincoln, Perkins and Red Willow)
- Lancaster
- Madison
- Panhandle (Box Butte, Cheyenne, Dawes, Deuel, and Scottsbluff)
- Platte
- Saline (Jefferson and Gage)

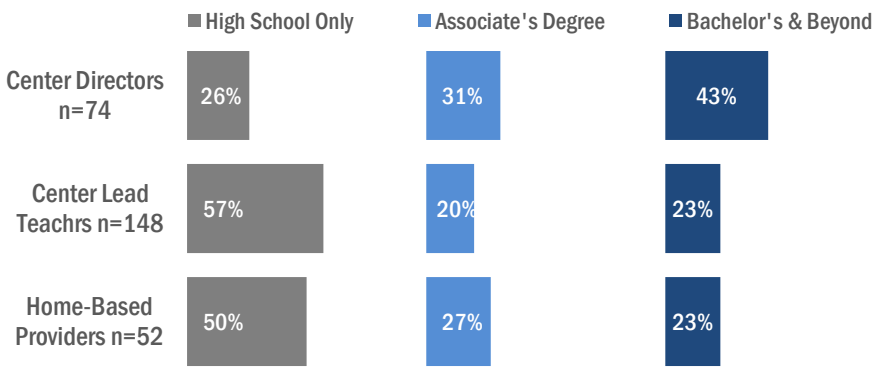
This report includes provider and child demographic data from all regions, including new sites. Outcome data (with the exception of the center-wide fidelity measure) are only reported for those who have participated in the program for at least a year.

During this reporting period, **152 child care programs** participated in Rooted in Relationships. The majority (58%) were child care centers. The rest (42%) were home-based child care programs. The retention rate for programs in RiR for 2021 was 93%.

**286 providers** participated in the RiR program. In this report, "provider" signifies anyone who works directly with children. The majority (76%) of the providers worked in child care centers while the rest (24%) worked in family child care homes. Of the center-based providers, 84% were lead teachers and 16% were assistant teachers. In some child care centers, the director participated in coaching, but it was not as extensive as the coaching providers received. In 2021, 58 directors and assistant directors were part of the Pyramid Model Initiative. The overall retention rate was 84% for center-based lead teachers and 89% for home-based providers.

To better understand the early childhood workforce, information about the participants' post high school education was collected for 84% of the center directors, 87% of the center-based lead teachers and 76% of the home-based providers.

## The majority of center directors and half of the home based providers have college degrees.



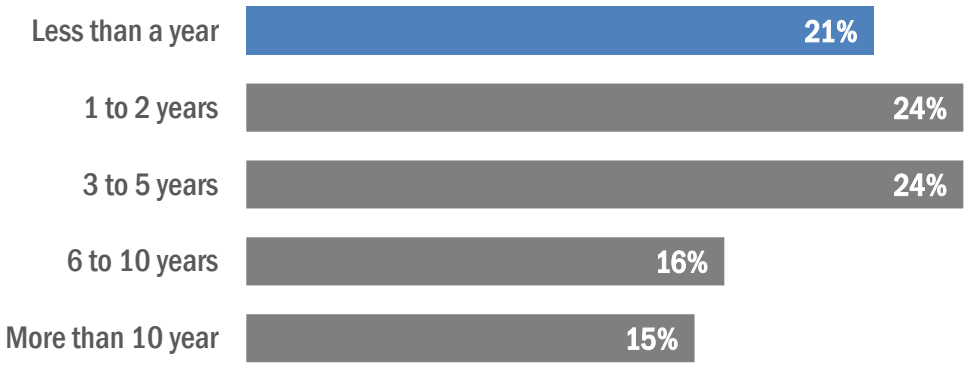

Most (74%) center directors have a college degree at the associate's level or beyond. The majority (65%) majored in a field relevant to early childhood or education. Of note, 13% of the directors majored in business. Half (50%) of home-based providers have formal education beyond high school and most (68%) majored in a child- or education-focused field. A small number (8%) majored in business. In contrast, less than half (43%) of center-based providers participating in RiR have an associate's or bachelor's degree. Of those who do, the majority (81%) majored in early childhood education, child development or elementary education.

Teacher retention has been a major challenge for child care centers during the pandemic. Center directors have reported high rates of turnover and difficulty finding new staff or substitute teachers. Data were collected about the length of time center-based providers have been employed at their current center.

**RiR has "helped me learn new strategies to help my children with their social emotional needs, and it has been a good reminder of things I need to work on to improve as a teacher."**

**A provider reflects on her learning**

**The majority (55%) of the staff have been at their center for at least three years.** n=148
But 21% were new.

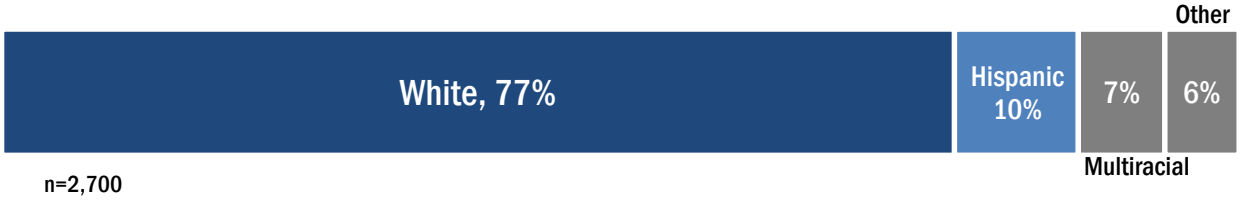



## ABOUT THE CHILDREN

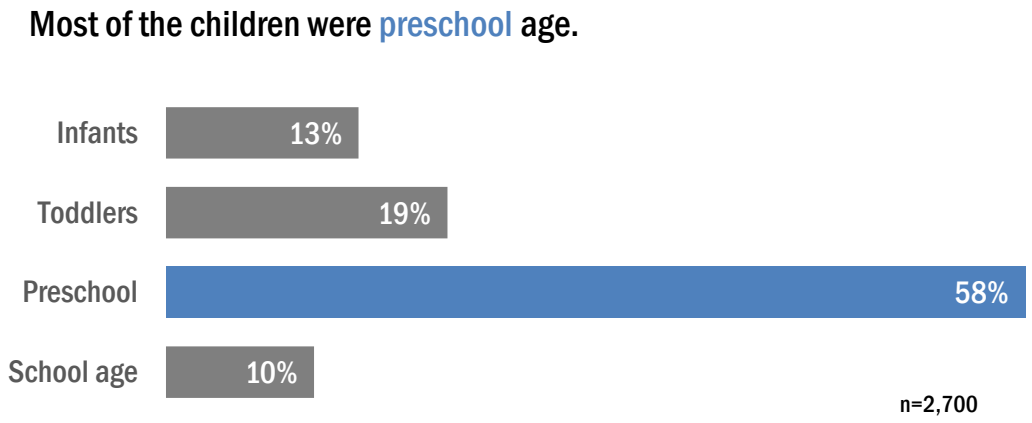
In 2021, RiR Pyramid Model programs served over **2,700** children.

**81%** were in center-based programs and **19%** were in home-based programs.
**15%** qualified for a state child care subsidy, based on an annual income up to $40,188 for a family of 3 (Nebraska Department of Health and Human Services, 2021).
**10%** spoke a primary language other than English.
**53%** were male and **47%** were female.

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




n=2,700




## ABOUT THE COACHES

Across the state, 49 coaches worked closely with early childhood providers to implement the Pyramid Model. Each county had coaching teams that consisted of two to seven 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; other coaches were early childhood specialists who typically had experience as classroom teachers, trainers, supervisors, or administrators.

**The Impact of COVID-19.** While the disruptions were less severe in 2021 than when COVID-19 first arrived in Nebraska, the pandemic continued to create challenges for child care sites and providers. Across the state, child and staff exposures to COVID-19 led to temporary classroom closures. In addition, staff illness, absences and high turnover made it difficult to find coverage for classrooms. One coach explained, "Providers are really struggling. It is difficult for centers to keep quality employees right now."

Over a third (37%) of coaches reported that they have adjusted their coaching due to COVID. These accommodations included conducting coaching sessions outside of the center and outside of center hours, helping directors develop COVID policies and procedures, and assisting providers to recruit and retain new employees. In addition, some coaches have helped providers access information about applying for state and federal COVID-relief funding.

Providers have needed more emotional support because of pandemic-related stress. One coach noted, "I think COVID has brought people closer to each other and deepened relationships. We are there for each other and being supportive!"

# FIDELITY TO THE PYRAMID MODEL FOR PROGRAM-WIDE IMPLEMENTATION

The Pyramid Model provides evidence-based practices that promote young children's social-emotional learning and development. Program-wide implementation includes a systematic approach to positive behavior supports to ensure consistency and predictability across the entire child care center. Parents, caregivers, and administrators align to promote these model practices to support young children's social-emotional development.

## Center-based Program-wide Implementation.

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

During the 2021 program year, 30 child care centers participated in program-wide implementation. To measure the fidelity of the implementation, the programs completed the **Benchmarks of Quality, version 2 (BOQ v.2)**. The BOQ v.2 results report the percentage of Pyramid practices that are "in place," "partially in place" and "not in place." The goal is to have 75% of practices in place.

The following graph shows the fidelity of program-wide implementation across time. The color bands report the average of the overall percentage of practices in place, partially in place, and not at all in place across all programs implementing the model program-wide. The orange band indicates the percentage of practices that are not in place. The dark blue band indicates the percentage of practices that are in place to fidelity. Over time, the percentage of practices not in place should decrease and the percentage of practices fully in place


**Measures of Pyramid Model Fidelity**

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

**Benchmarks of Quality (BOQ), v. 2** Fox, Hemmeter, Jack & Perez-Binder, 2017. A center-based self-assessment tool that the leadership team completes:

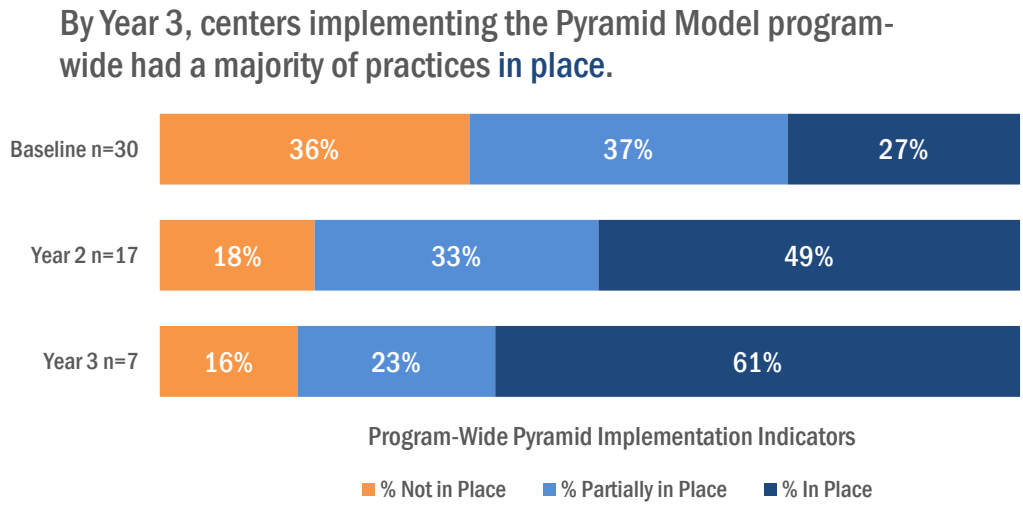
- 41 items
- 7 subscales plus 1 overall score

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

- 42 items
- 8 subscales plus 1 overall score

**A Note about BOQ data**: The BOQ graphs report every time programs completed the assessment. Each program will have up to three assessments depending on how many years they have been in RiR. As a result, the "n" for baseline is largest because all programs implementing the Pyramid program-wide, have completed the BOQ at least once.

should increase. In the graph, this is illustrated by the orange band shrinking and the dark blue band expanding in Years 2 and 3.




The results indicate that programs increased fidelity over time. At baseline, just over a quarter (27%) of Pyramid indicators were in place. Over a third of indicators were partially in place and an additional third were not in place at all. By Year 3, the majority (61%) of indicators were fully in place. While programs on average did not yet reach the goal of having 75% of practices in place, they demonstrated strong improvement over time, making meaningful progress towards fidelity.

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

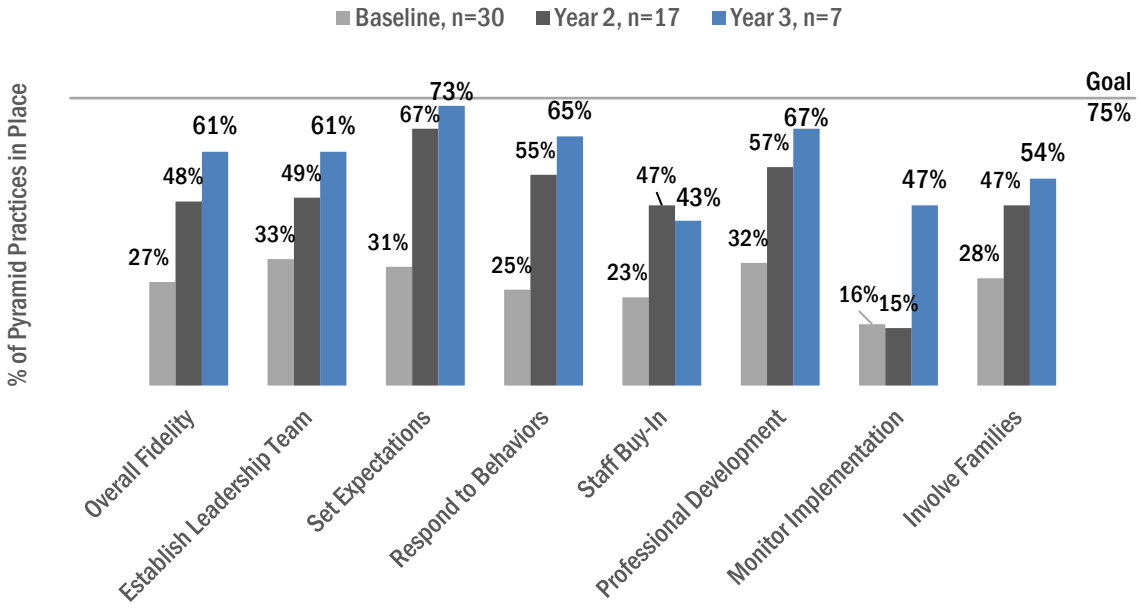
- **Establish Leadership Team:** The team, which includes a teacher, an administrator, a coach, a behavior support expert, and a family representative, meets at least once a month and develops a Pyramid Model program-wide implementation plan.
- **Staff Buy-In:** To measure staff buy-in, they are surveyed about their support for the Pyramid Model including culturally responsive practices and a system to address implicit bias. Centers also establish a process to share outcome data with staff on a regular basis.
- **Family Engagement:** Fidelity includes soliciting input from families and promoting family involvement in the Pyramid Model Implementation.
- **Program-wide Expectations:** The program must have two to five positively stated program-wide expectations that are displayed across the center.
- **Professional Development and Staff Support Plan:** Indicators include practice-based coaching, a plan for ongoing training in the Pyramid Model, and a professional development plan for each teacher.
- **Procedures to Respond to Challenging Behavior:** Responses to challenging behavior use

evidence-based approaches that are positive and sensitive to family values, culture, and home. Staff are trained about potential bias in responding to children with challenging behaviors.

- **Monitoring Implementation and Outcomes:** The leadership team reviews data, monitors the implementation, and uses data for decision making and goal setting.

The following graph shows the percentage of Pyramid practices that were **fully in place** on average across time for each subscale and overall. Results are reported for 30 centers at baseline, 17 centers at Year 2 and seven centers at Year 3. To meet fidelity to the Pyramid Model, 75% of the practices must be in place.

**Centers increased fidelity to the Pyramid Model over time.**
They almost met the program goal in setting expectations.




Programs nearly met the goal of 75% of indicators in place in setting expectations and approached the goal in providing professional development around the Pyramid Model. The areas that showed the least fidelity are Staff Buy-in to the Pyramid Model and Monitoring the Implementation where less than half the practices were in place (43% and 47% respectively) by Year 3.

It is important to note that the disruptions caused by the pandemic may have impacted progress towards fidelity. For example, when centers were closed to outside visitors, they could not "involve families" in the Pyramid Model. They could not do in-person training with families or demonstrate Pyramid Model strategies they were using in the classroom that could also be used at home. In addition, with high staff turnover, it would be difficult to get all staff to buy-in to the model.

Results of a paired t-test analysis indicate that centers made significant improvements in fidelity from Baseline to Year 2: Baseline (M=27%; SD=21.86) to Year 2 (M=48%; SD=23.61), $t_{(16)}$=-3.743, $p$<001,

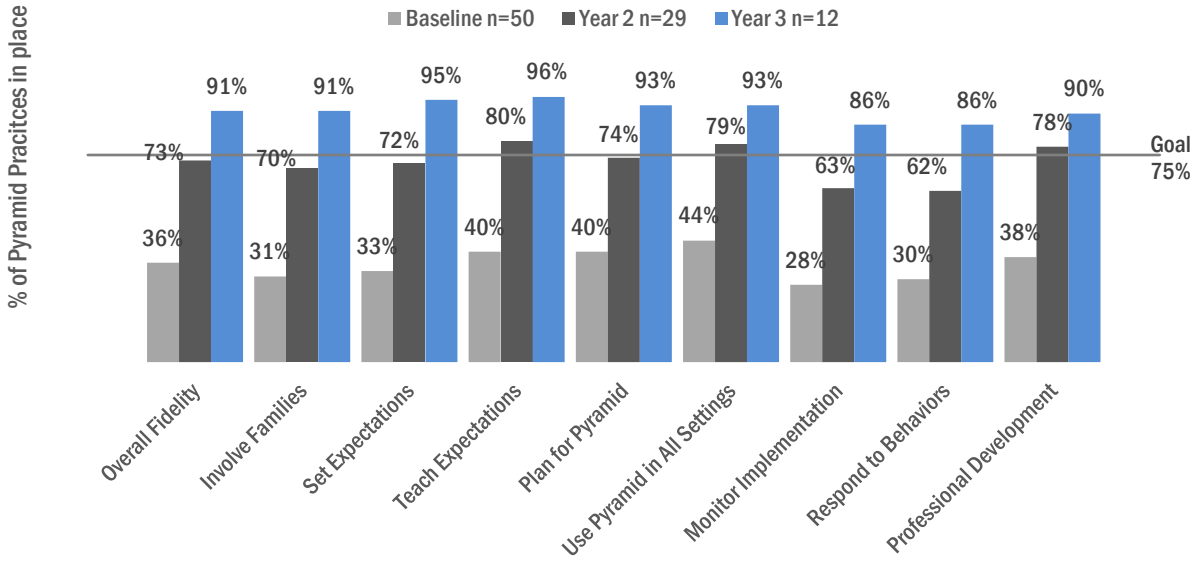
*d*=.908. This result suggests a large effect size within the zone of desired effects. The sample size for Year 3 was too small to conduct the analysis.

**Fidelity for Family Child Care Homes.** Home providers use a fidelity tool that is similar to the BOQ v.2 called the Family Child Care Homes Program-wide PBS Benchmarks of Quality (FCCH BOQ). The FCCH BOQ has eight subscales, five of which align with the center-based BOQ. The FCCH BOQ does not have: Establish Leadership Team or Staff Buy-In. Instead, it has: Establish and maintain a plan for implementation, strategies for teaching and acknowledging the program-wide expectations, and implementation of the Pyramid Model is demonstrated in all environments.

The following graph shows the percentage of Pyramid practices that were **fully in place** on average across time for each subscale and overall. Results are reported for 50 family child care homes at baseline, 29 at Year 2 and 12 at Year 3. To meet fidelity to the Pyramid Model, 75% of the practices must be in place.

**By Year 3, home-based providers implemented the Pyramid Model to fidelity across all areas.**

Overall fidelity showed 91% of practices in place.




Home-based providers made great strides in implementing the Pyramid Model. Before coaching and training, only 28% to 44% of Pyramid Model practices were in place across the subscales. By the end of Year 3, providers, on average, achieved fidelity well above the program goal in all areas.

Results of a paired t-test analysis indicate that home-based providers made significant improvements each year of the program: Baseline (M=39%; SD=23.18) to Year 2 (M=72%; SD=21.81), $t_{(28)}$=-7.900, $p$<001, $d$=1.467; Year 2 (M=68%; SD=24.786) to Year 3 (M=91%; SD=9.255), $t_{(11)}$=-3.998, $p$=001, $d$=1.154. These results suggest large effect sizes within the zone of desired effects.

# OUTCOMES FOR CENTER-BASED CLASSROOMS

**Measures of Center-Based Classroom Practices**

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

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

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

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

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

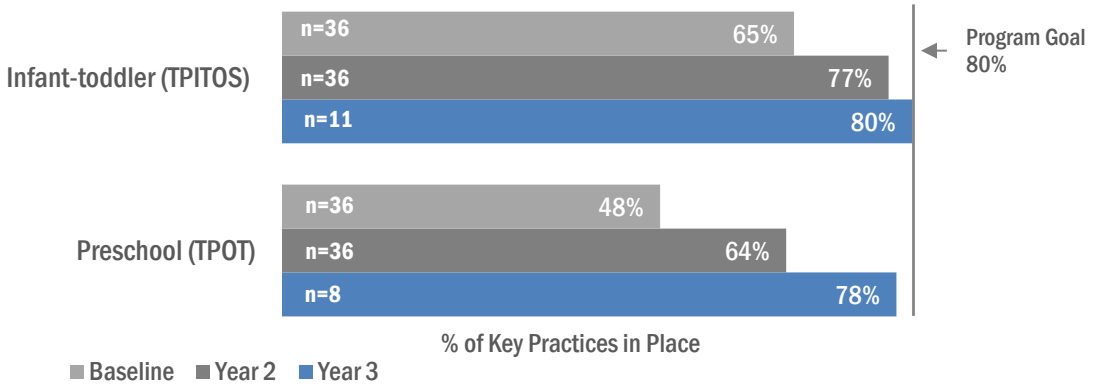
- **Key Practices** - 13 areas
- **Red Flags** - 11 items

To measure center-based classroom outcomes, external evaluators completed observations using the **Teaching Pyramid Observation Tool Research Edition (TPOT)** for preschool rooms and the **Teaching Pyramid Infant/toddler Observation Scale Revised (TPITOS)** for infant and toddler rooms. The tools were not used to collect data in family child care homes, as they were not designed for this environment. The 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. The Key Practice score is reported as a percentage of Pyramid Model practices in place. The program goal is a score of 80%. **Red Flags** measure negative practices such as chaotic transitions and harsh voice tone. The goal is for classrooms to have zero Red Flags.

To analyze the impact of Pyramid Model Implementation, center-based providers are observed three times: at baseline, in Year 2, and at the end of Year 3, their final year in RiR.

The following results include all classrooms that had an observation at least twice. Results for classrooms that had three observations are reported as well. The analyses measure changes over time, the percentage of classrooms meeting the program goal, and the incidence of negative classroom practices.

**On average, classrooms increased fidelity to the Pyramid Model over time.**
Infant-toddler providers met the program goal in Year 3. Preschool classrooms came close.




Average Key Practice scores increased each year of RiR. Infant-toddler classrooms started with an average of 65% of Pyramid Model practices in place. Scores ranged from 35% to 92%. By Year 2, the average was 77%, with a range of 38% to 92%. By Year 3, the average score was 80%, which met the program goal. Year 3 scores ranged from 52% to 98%.

Preschool classrooms had a baseline average of 48% of Pyramid Model practices in place, with a range of 8% to 85%. By Year 2, the average score was 64%, with a range of 22% to 90%. By Year 3 the average almost met the program goal with 78% of practices in place. The scores ranged from 42% to 93%. The steady improvement over time shows the merits of a three-year implementation, giving providers time to master the model.

An analysis of results by classroom indicates that most classrooms improved: 83% increased fidelity to the Pyramid Model from Baseline to Year 2. Moreover, by Year 2, more classrooms met the program goal of having 80% of Key Practices in place. At the baseline observation, 21% of infant/toddler and 3% of preschool classrooms met the program goal. In Year 2, 50% of infant-toddler classrooms and 22% of preschool classrooms met the goal. By the end of Year 3, 36% of infant-toddler and 63% of preschool classrooms met the goal.

Results of a paired t-test analysis indicate that classrooms made significant improvements from Baseline to Year 2. The results suggest large effect sizes.

Infant/toddler classroom gains: Baseline (M=65%; SD 15.15) to Year 2 (M=77%; SD 11.19), $t_{(35)}$ =-5.759, $p$<.001, $d$=0.960.

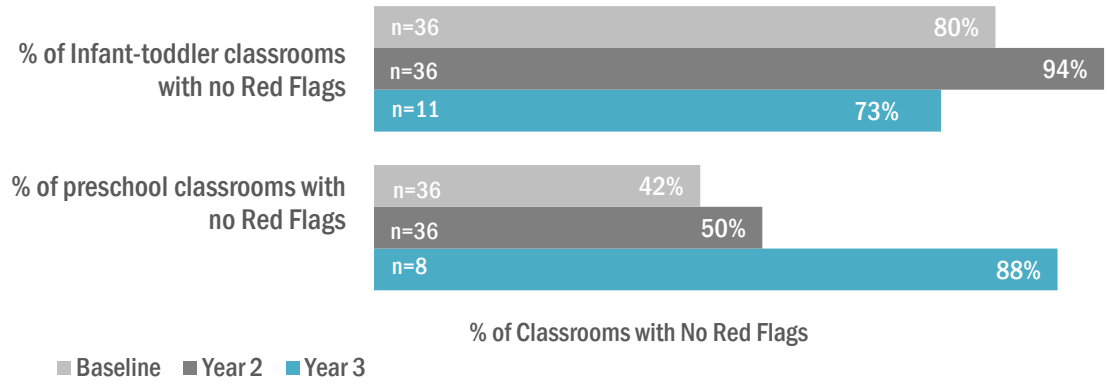
Preschool classroom gains: Baseline (M=48%; SD 16.65) to Year 2 (M=64%; SD 16.95), $t_{(35)}$ =-6.199, $p$<.001, $d$=1.033.

Infant-toddler classrooms did not show significant improvement from Year 2 to Year 3. The

sample size for Year 3 preschool classrooms was too small to do a statistical analysis.

The following chart presents the incidence of Red Flags over time. Red Flags measure negative classroom practices such as threatening negative consequences, reprimanding children for expressing emotions, and discouraging children from playing together. The program goal is for classrooms to have no Red Flags.

**The number of preschool classrooms with NO Red Flags increased over time.**
**By Year 3, most classrooms met the program goal.**




In preschool classrooms, negative practices declined over time. At baseline, 80% of infant-toddler classrooms and 42% of preschool rooms had no Red Flags. In Year 2, all but one (94%) infant-toddler room and half of the preschool rooms had no Red Flags. By the end of Year 3, 73% of infant-toddler rooms and 88% of preschool rooms had no Red Flags.

Although Red Flag practices were not completely eliminated, the number of Red Flags decreased over time. At baseline, infant-toddler classrooms had 0 to 3 Red Flag practices. By Year 3, the range was 0 to 1. For preschool classrooms, the Red Flag practices at baseline ranged from 0 to 12. By Year 3, the range was 0 to 2.

## OUTCOMES FOR PROVIDERS

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

**Focus Group and Interview Results – Year 1 and Year 2 providers.** In 2021, 14 Year 1 providers participated in focus groups and 16 Year 2 providers participated in one-on-one phone interviews. The top takeaways from these sessions are reported below. A complete analysis of the focus groups and interviews is available in a separate report.

### Key Findings: Year 1 providers

- The experience of working with their coach was meaningful and positive.
- Providers reported strong satisfaction about the relationship they had with their coach.
- Coaches supported providers by providing information, ideas, and encouragement, answering questions, and troubleshooting with providers.
- Providers learned a new way to approach problems and appreciated the many specific strategies they learned and implemented.
- Some providers have changed their practices regarding time-outs and expelling children.
- Participation in the program has strengthened providers' relationships with families.
- RiR trainings were beneficial, despite the challenges of doing them online, due to the pandemic.
- All providers would recommend RiR to others.

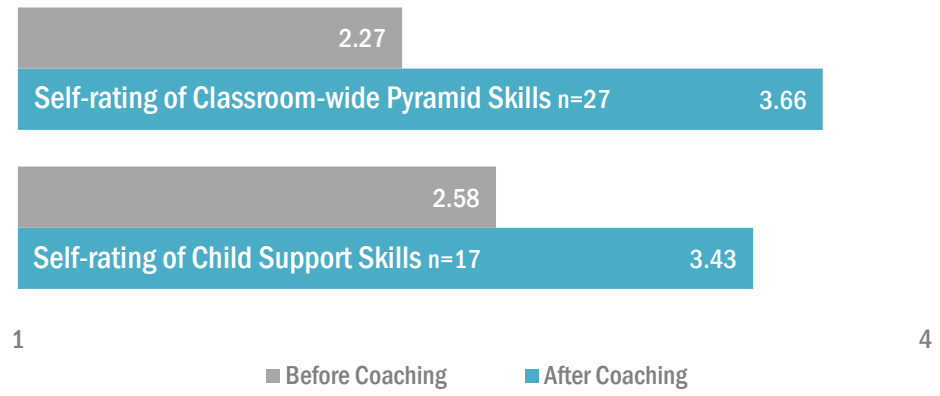
### Key Findings: Year 2 providers

- Providers reported an increased awareness of social-emotional development in children.
- Providers feel confident in managing challenging behaviors.
- Providers who have consistent communication with their coaches reported a high level of satisfaction with the support they have received.
- Pyramid Implementation has offered continued support and reinforcement for positive relationships between providers and parents.
- Providers recognize many advantages of participating in RiR and using the Pyramid Model.

**Satisfaction Survey Results – Year 2 providers.** Providers in their second year of RiR evaluated how their ability to support the social-emotional development of young children had changed over time. The 28-question pre-post survey is a self-assessment of skills to support the social-emotional competence of all the children in their classroom (e.g., *I use a variety of strategies to help children learn social skills, such as sharing and initiating play*) 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. This year, 27 providers completed the survey in Year 2 of RiR. All respondents rated their classroom-level skills and a subset of respondents (17) rated their ability to support an individual child who struggled with social-emotional competencies. Some providers skip this section of the survey because they have not needed to individualize Pyramid Model supports for a specific child.

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



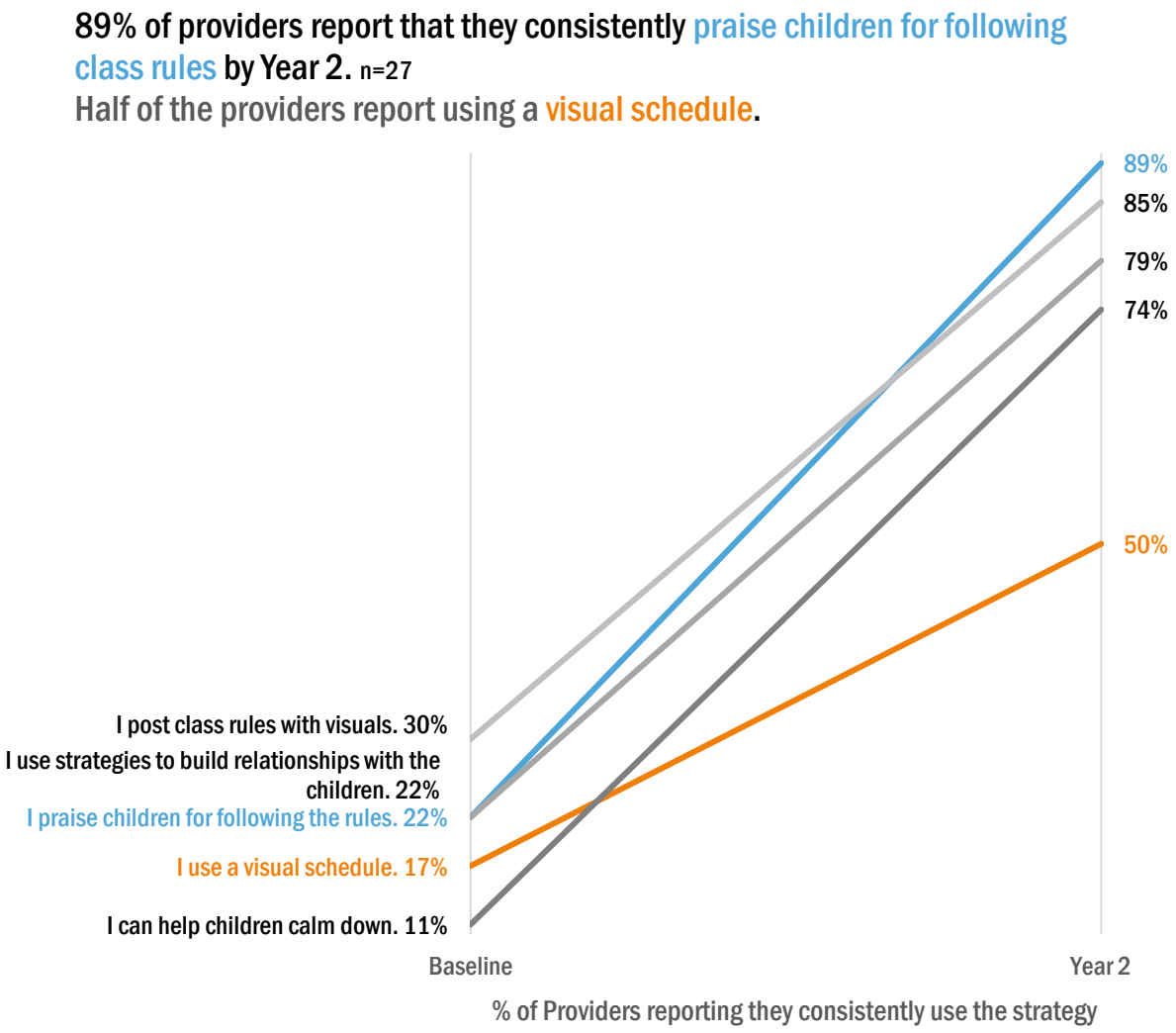

Providers reported significant increases in Pyramid related skills, such as creating a positive environment and following a daily routine. Results of a paired t-test analysis indicate significant positive differences between classroom skills at pre (M=2.27; SD=0.516) and at post (M=3.66; SD=0.327), $t_{(26)}$=-7.982, $p$<.001, $d$=1.536, two-tailed test. The results suggest a large effect size within the zone of desired effects.

Providers who implemented specific strategies to support individual children struggling with social-emotional skills also noted strong improvement in their abilities. Thanks to RiR coaching and training, providers felt more capable of implementing strategies to build children's social-emotional skills and to manage challenging behavior. Results of a paired t-test analysis indicate significant increases from pre (M=2.58; SD=0.638) to post (M=3.43; SD=.396), $t_{(16)}$=-5.617, $p$<.000, $d$=1.362, two-tailed test. The results show large effect sizes within the zone of desired effects.

**96%** of the providers were satisfied or very satisfied with their RiR coach and **78%** reported that they made some or many changes to their classroom and child care practices through their participation in Pyramid Model training and coaching.

The following graph reports how respondents rated their use of selected Pyramid classroom practices. Prior to coaching, less than a third of providers consistently posted visual rules, praised children for following the rules, used strategies to build relationships with children, effectively helped children calm down, or used a visual schedule. By Year 2, 70% or more of the providers

felt they "almost always" implemented these key Pyramid practices, except for using a visual schedule where half frequently utilized the strategy.




Year 2 results for other skill areas include: **74%** almost always use a variety of strategies to help children learn social skills, **70%** help the children use problem solving skills when they have a conflict with another child, and **67%** use creative strategies to meet the diverse needs of children in their care.

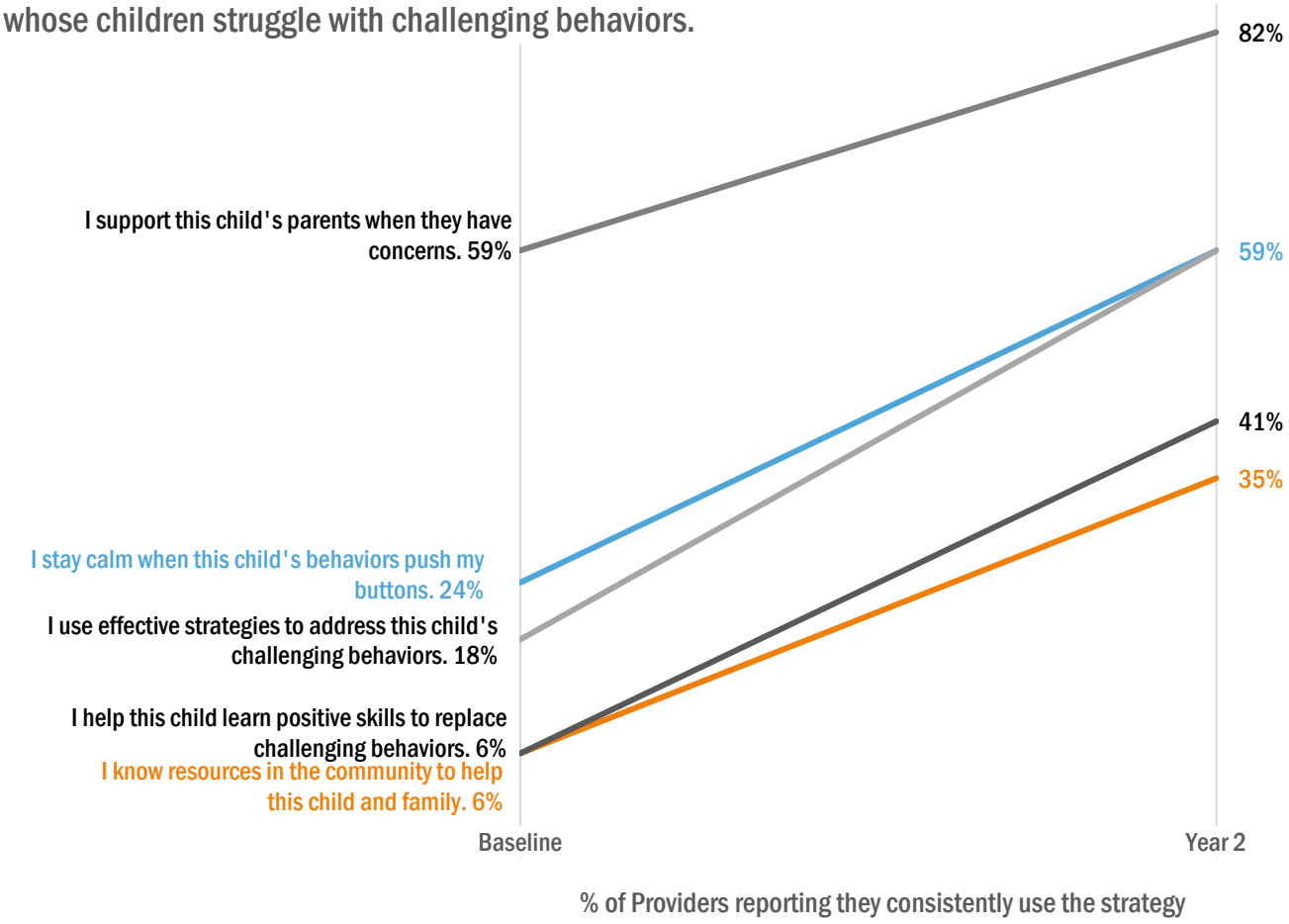
Respondents reported less growth in sharing information about ways to support children's social-emotional development with families. At baseline, only **11%** almost always used this practice. By Year 2, **41%** reported frequently connecting with families about supporting their children.

Respondents reported on their frequency of using timeout to respond to challenging behavior. At baseline, **70%** used timeout. By Year 2, only **30%** reported using this punitive practice.

A total of 17 respondents indicated that they have worked on child specific Pyramid Model strategies to support individual children who struggle with challenging behaviors. They rated their skills at baseline (before RiR coaching and training) and at Year 2. Providers showed growth across all areas.

**By Year 2, the majority (59%) of providers stay calm when behaviors push their buttons.** n=17

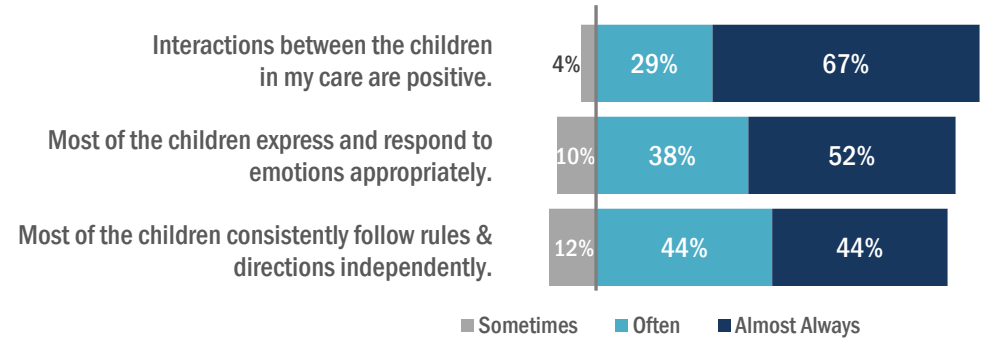
**About a third of the providers know about community resources to help families whose children struggle with challenging behaviors.**




The majority of providers indicated they have strong confidence in their skills to support parents, to stay calm when child behaviors push their buttons, and to use effective strategies to address challenging behaviors. They are less confident in their ability to help the child learn positive skills to replace challenging behaviors or help families access resources in their community to help their child.

**Exit Survey Results – Year 3 providers.** At the end of Year 3, 42 providers completed a 14-item exit survey that included their assessment of their children's social-emotional skills, reflections on their mastery of Pyramid Model practices, and feedback about their experience in RiR.

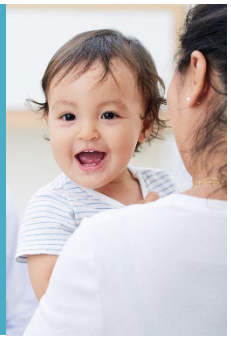
**Year 3 providers reported that the children in their care have strong social-emotional skills.** n=42



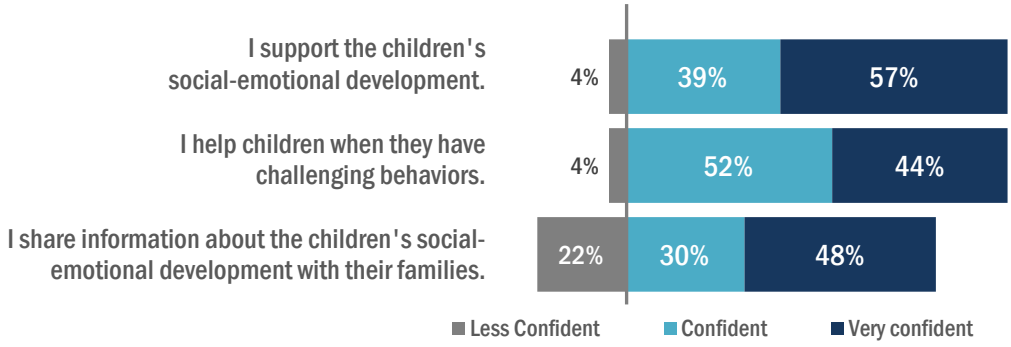

Results show that Year 3 providers felt that the children in their care consistently met behavior expectations and demonstrated positive social-emotional skills. Nearly all (91%) of the infant-toddler providers feel that they can "almost always" soothe the infants in their care. Through this survey, providers have given strong testimony that the three years they have spent in RiR have had strong positive impacts on their classrooms and the children they serve. All but one provider found the Pyramid Model training to be useful and relevant to their work. Over 80% rated the coaching experience and collaboration meetings as valuable or highly valuable.

**"I am more patient than I was before. I have so many tools to use with any child, not just major behaviors. I'm also so much more confident in my abilities which then makes caring for the children and knowing their needs so much easier."**

**A provider reflects on what she has learned**



**Most providers are confident in their Pyramid Model Skills, including working with families to support children's social-emotional development.** n=42



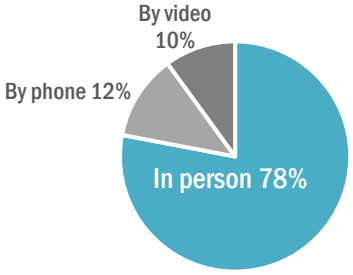

Overall, providers express strong levels of confidence in their Pyramid Model skills to support children's social-emotional development. The majority are comfortable reaching out to families to support their children. **98%** of the respondents would recommend Pyramid Model training, coaching and collaboration to another child care provider. **98%** reported 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 Pyramid Model initiative after providers exit the program.

## COACHING

**Frequency and Intensity of Coaching.** Coaches were expected to meet with providers 2.5 hours each month in Year 1 and 1.5 hours each month in Year 2. In Year 3, in preparation for the phasing out of all coaching by the end of the implementation, coaching was less frequent, with a minimum of 6 hours and a maximum of 12 hours for the year, and was customized to the needs and preferences of each provider. Approximately 44% of RiR participants were in the first year, 13% were in their second year, 28% will complete Year 3 in spring of 2022 and 15% completed Year 3 in the spring of 2021.

In 2021, coaches logged 2,750 in-person visits, phone consultations and teleconferencing sessions. This is a 10% increase from 2020. The average coaching session was an hour and most of them were in person. The following presents some of the highlights from the coaching survey including coaching topics, most common coaching strategies, and how coaches supported teachers around individual children's challenging behaviors.

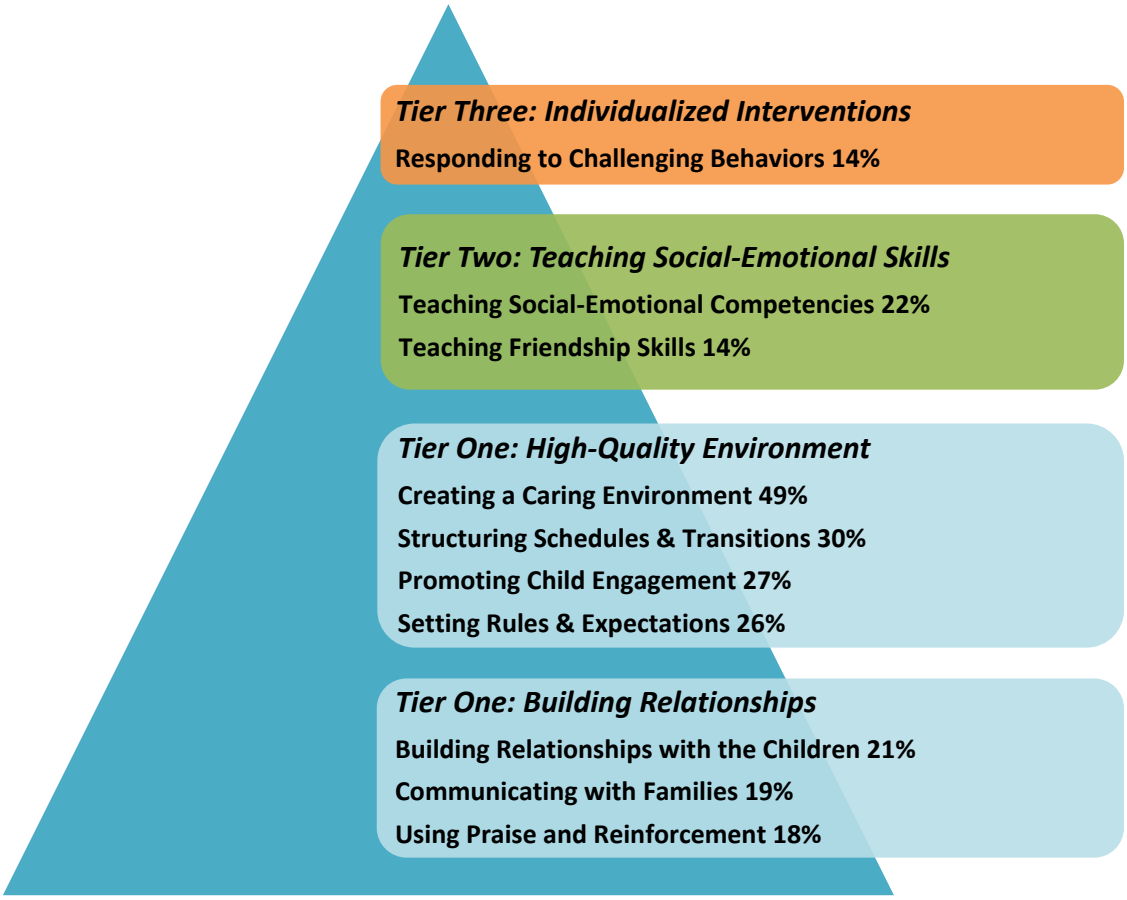
**Most coaching sessions were in person.** n=2,750



**Content of 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.

**Nearly half (49%) the coaching sessions focused on creating a supportive classroom environment.** N=2,750

Fewer coaching sessions (14%) focused on responding to challenging behavior.

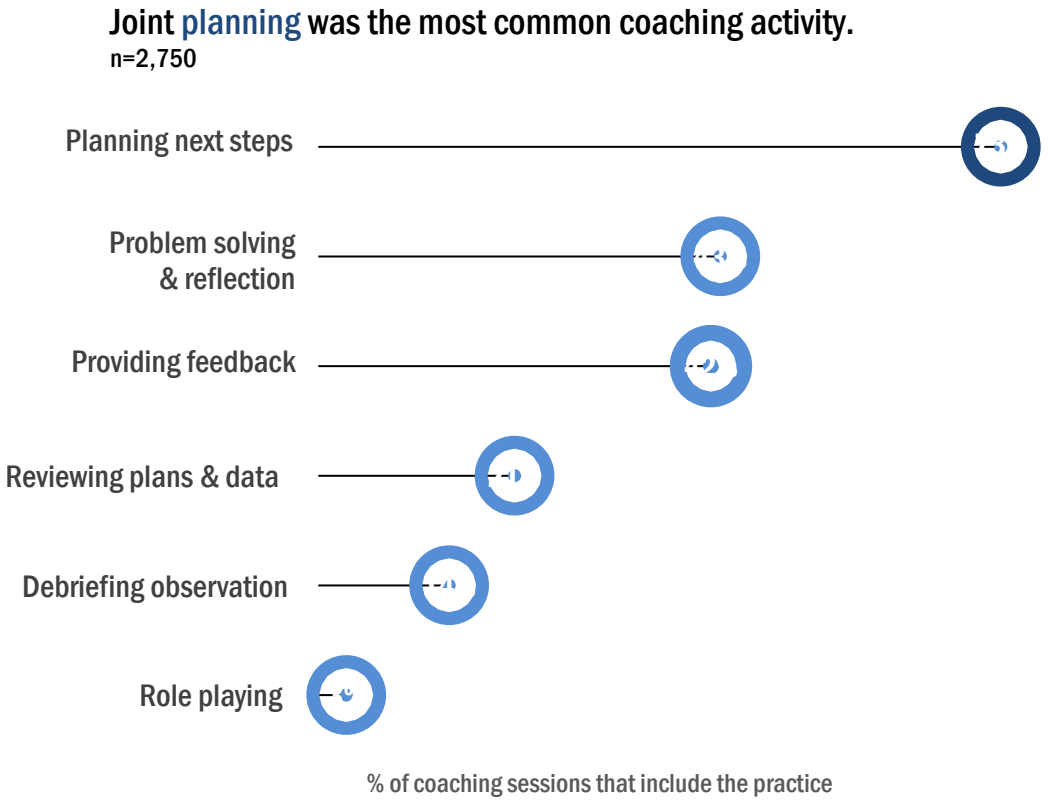



% of Coaching Sessions by Topic

Most coaching sessions focused on Tier One strategies that include building strong relationships with the children and creating a predictable and developmentally appropriate classroom environment. Coaches used data to inform practices in 17% of coaching sessions. They brought providers materials and resources to over a quarter (28%) of the sessions.

Coaches focused on strategies to respond to challenging behaviors in 14% of the sessions. 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.

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




**Coaching Supports.** RiR provided monthly 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 the group sessions. The sessions provided a supportive space for coaches to discuss their work, to learn from each other, and to find strength from empathetic listeners and an expert consultant. In December, 30 coaches completed a survey about their experiences with Reflective Consultation.

**83%** reported that the reflective consultant helped them identify where they felt good about their decisions or feelings.

**80%** of coaches felt the reflective consultant consistently helped them process their "in the moment experiences" during RC sessions.

**70%** felt the reflective consultant helped them identify where they struggled with their decisions or feelings and helped them when they felt overwhelmed.

**68%** felt that RC sessions contributed positively to their coaching.

Most (80%) coaches noted that they see an increased need for mental health support for their providers. 93% of respondents have recommended that their providers utilize self-care resources such as mindfulness strategies to manage their stress. 20% have referred providers to mental health services.

Most (80%) of the survey respondents have attended FAN (Facilitating Attuned Interactions) training, which is the basis for RC. FAN has enhanced the coaches' listening, framing and responding skills. Coaches reported using FAN techniques to support providers who have often felt overwhelmed with the professional and personal uncertainties created by the pandemic. They appreciate that FAN has helped them validate feelings more and plan more supportive coaching sessions.

> *"I just want to express a large thank you for supporting us through reflective consultation, because I do believe that without it, my mental health would have been much worse. Also, because of being supported, I was able to help support others in reaching out and holding their feelings so they could in turn hold feelings of their parents and children they serve."*
>
> A coach

When new RiR coaches begin, they have an onboarding meeting with an RiR staff member, as well as with the evaluation team at MMI. They receive ongoing coaching support through an RiR staff member in addition to the standard technical assistance that is provided. Additionally, after RiR coaches attend the Nebraska Early Childhood Coach Training and the Nebraska Pyramid Coach Training, they are connected with their regional Early Learning Connection-Coach Consultant for additional ongoing generalized coaching support. Coaches can join coach cadres, where they interact with coaches across initiatives, as well as receive one-on-one or group coaching support.

**"I use something from the FAN model in almost every coaching session. It has been life changing and I live by it every day in relationships outside of work as well. Since completing the training, I feel I have the knowledge to think and ask the right questions in the moment."**

**"The FAN training definitely helps me plan my coaching session, keeps me on track, and, during coaching sessions, keeps the process moving."**

**Coaches reflect on the value of FAN**

**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.

## SOCIAL EMOTIONAL NEEDS OF CHILDREN INVOLVED IN PYRAMID

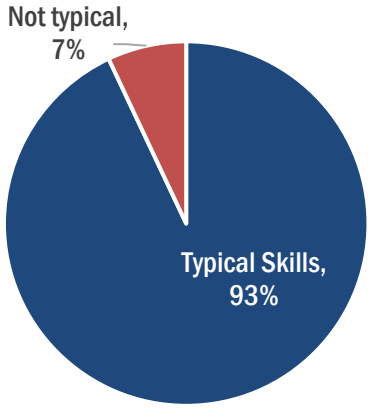
A premise of the Pyramid Model is that as providers build caring relationships with the children, create positive and supportive environments, and directly teach children social-emotional skills, children's challenging behaviors will decrease. However, it is expected that a small number of children (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

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

Coaches and child care staff work diligently with parents to complete the assessment; they find it to be an effective way to engage parents to reflect on their children's social-emotional development. In the fall of 2021, 125 programs collected ASQ-SE2 screeners for 1,763 children. This is a strong rate of return with 82% of programs collecting the screeners. 65% of children enrolled in RiR child cares had an ASQ-SE2. This year was the highest rate of return since RiR started collecting this data.

Results indicated that 93% of the children had typical social-emotional skills. 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, 7% did not demonstrate typical skills. The tool indicates that children who do not score in the typical range may have developmental

**Most children assessed had typical social-emotional skills.** n=1,763



delays and further assessment may be warranted.

Note: given the tremendous impacts that COVID-19 has had on families since March of 2020, it is worth investigating if the ASQ-SE screener showed more children scoring outside of the typical range in comparison to previous years. Interestingly, a review of the results over the past three years does not appear to show a linkage between the pandemic and children's social-emotional skills. The ASQ-SE is collected for RiR in the fall. In 2019, prior to the pandemic, 90% of the children had typical skills. In 2020, approximately six months into the pandemic, 97% had typical skills and in 2021, with the pandemic still impacting child cares and families, 93% had typical skills.

Coaches assisted providers in interpreting the ASQ-SE results and determining next steps. Sometimes, when a child was flagged by the ASQ-SE, their behavior was not concerning, and no further action was required. For others, the child's challenging behavior or lack of social-emotional competencies were readily apparent. Coaches worked closely with providers to support children with persistent challenging behaviors or delays in social-emotional development. In some cases, the coach did a focused observation to collect data on child behaviors and note situations or transitions that are particularly challenging. The coach helped providers select the best classroom strategies to support the child.

In 2021, approximately 14% of coaching sessions focused on strategies to address children's challenging behaviors. Coaches documented 21 instances of referring a child to EDN or school district special education services, 13 instances of making referrals to a mental health provider, and one referral to a child's pediatrician. These referrals resulted in seven children being verified for special education services, which offers additional support to children that greatly benefits not only the children, but also their families and their child care providers.

**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, 2014). Nationally, the rate of expulsion for young children from state-funded pre-K programs has been found to be three times the expulsion rate for children in K-12$^{th}$ grade (Gillam, 2005). It is estimated that the expulsion rate from private preschool programs is even higher.

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

The RiR staff recognizes the importance of addressing the issue of suspension and expulsion of children in early care settings. They provide training to coaches to increase their awareness of the equity issues related to suspension and expulsion of young children. They have also created and distributed information

cards for parents about the effects of suspension/expulsion, definitions of different kinds of suspension, discussion prompts and questions for parents to use if their child has been expelled or suspended, and the number for the Nebraska Family Helpline where a parent can get help working through their child's challenging behavior. A companion resource has been developed for child care providers.

RiR coaches track the number of expulsions in the child cares they support. In 2021, **18** children were expelled from 13 sites. **83%** were male. The expulsion rate across all RiR sites is less than **.01%.**

***"The inability to hire and keep staff is severely impacting the early childhood field. Good providers that have even gone to school for this line of work are leaving the field due to stressful environments. Even though some of the companies are raising wages for childcare employees it is not enough to make them stay in this high stress work and so coaching has been very difficult. Everyone seems to be in 'survival mode' and while all my coachees seem to have buy-in to what the Pyramid Model has to offer, few are making progress toward their goals at the moment because staffing and burnout are such issues."***

**A coach reflects on the challenges child cares face**



# Conclusions

## BUILDING STATEWIDE CAPACITY TO SUPPORT EARLY CHILDHOOD SYSTEMS OF CARE

- Through cross agency collaboration, RiR has helped to align activities across statewide initiatives. These established partnerships have proven to be essential opportunities for connection as the ongoing nature of the pandemic stresses systems and individuals at all levels.
- RiR and partners continue to standardize processes for coach training, methods of communication, strategies for reducing coaching overload, as well as alignment of coaching processes and practices across initiatives. A regional coach system is now in place to enhance these efforts.
- Continued support of the development and expansion of the Nebraska Center on Reflective Practice (NCRP).
    - Coaches from RiR and Step Up to Quality complete the training process and RiR is now offering training to child care directors and home-based providers, thus supporting workforce development.
- Collaborate to build and support systems that enhance early childhood mental health in Nebraska such as Child-Parent Psychotherapy, Parent-Child Interaction Therapy, Parents Interacting with Infants, Circle of Security Parenting Circle of Security Classroom and the newly added Infant/Early Childhood Mental Health endorsement.

## SUPPORTING COMMUNITY EARLY CHILDHOOD SYSTEMS OF CARE

- Despite ongoing challenges related to the COVID-19 pandemic, RiR communities continued to implement and diversify their systems work. There was an increase in parent and provider trainings offered, as well as community and family events geared towards increasing family engagement.
- Across the board, RiR communities demonstrated strong systems level implementation in the priority areas of early care and education, family engagement, and partnerships with schools. Early childhood mental health and engaging with the medical field are two priority areas in which RiR collaboratives have opportunities for growth.
- Notably, RiR communities have increased their efforts around media and information sharing around early childhood social emotional development and resources available in the community. Several communities have begun to harness the power of social media to share information with parents and providers, which led to a marked increase in the number of people with whom valuable information has been shared.

## PYRAMID MODEL IMPLEMENTATION

- Pyramid Model coaches have supported center and home-based child care providers to implement high quality social-emotional practices.
- As the pandemic continued to impact early childhood providers, coaches have provided emotional support and helped providers manage unprecedented stressors.
- Programs implementing the Pyramid Model program-wide demonstrated increased fidelity over time. By Year 3, centers had 61% of Pyramid practices fully in place. Home-based providers had 91% of practices fully in place.
- By Year 3, 36% the infant/toddler rooms and 63% of preschool classrooms met the quality benchmarks for classroom practices.
- Providers have demonstrated significant improvements in their ability to use Pyramid practices to support children's social-emotional development.
- 65% of the children enrolled in the RiR programs had a social- emotional screener. A small percentage of the children (7%) were flagged for additional evaluation.

**"The Pyramid has shown me how to help kids transition between activities. A schedule keeps anxiety down and helping kids with their emotions is a great way to keep them from acting out when something is not going their way."**

**"I am focusing on the positive behaviors in my classroom. I have tools to help the children handle big emotions. Many children no longer need help using these tools and can handle their own emotions. Often, I can find a reason for negative behaviors and help find a solution to the problem."**

**Providers reflects on the impact of RiR**

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**"My coach checked in frequently and listened to me even just to vent about the new challenges I was facing at school. She was very supportive and offered to help the best she could."**

**"My coach has great ideas and strategies that help with each individual child I am struggling with!"**

**Providers reflect on coaching**

**"The Pyramid Model definitely helped me to learn more about how to support the preschoolers in my classroom with their social-emotional development. It helped to provide me with ideas and tools that could be implemented immediately. I have been teaching for 9 years. The more I teach, the more it seems that children need support in dealing with social-emotional issues. The Pyramid Model helped me know how to help each individual child, whether it is sharing or helping to navigate challenging behaviors. I feel so much more capable as a preschool teacher after going through the Pyramid Model!"**

**A Year 3 provider reflects on RiR**

Evaluation Report prepared by
Amanda Prokasky, Ph.D., Rosie Zweiback, M.A, & Amy Encinger, Ph.D.
The University of Nebraska Medical Center's
Munroe-Meyer Institute: A University Center of Excellence for
Developmental Disabilities

University of Nebraska Medical Center
MUNROE-MEYER INSTITUTE