

Program Evaluation Domain

The Program Evaluation domain consists of action steps for program leadership to develop a high-quality evaluation. A strong program evaluation, which includes a meaningful examination of equity issues, is essential for Infant and Early Childhood Mental Health Consultation (IECMHC) programs. By gathering, analyzing, and reporting data, programs can learn about what they are doing well as well as what can be improved, including where there are equity gaps and/or disparities. Completing this domain will help program teams better determine their progress in implementing a well-designed program evaluation.

Resources for this domain: [iecmhc.org resources for Program Evaluation](https://iecmhc.org/resources-for-program-evaluation)

Instructions

It is best to complete the PPRT as a program team, rather than working through it independently. The PPRT is designed to foster collaborative discussion and reflection that will lead to strategic action.

Users are advised to use the “opt out” rating sparingly, if at all.

If the volume of tasks feels overwhelming, please remember to prioritize action steps and pursue them incrementally according to your program’s needs and resources.

Ratings

- **Completed (C).** Use this rating if the program has completed this action step.
- **In progress (I).** Use this rating if the program has started to work on this action step but has not finished yet.
- **Assistance needed (A).** Use this rating if the program is unclear as to how to complete this action step or needs more resources or support to complete it.
- **Not yet begun (N).** Use this rating if the program has not yet started to work on this action step but is interested in doing so in the future.
- **Opt out (O).** Use this rating if the program is not planning to pursue this action step.

Sub-domain 1: Creating an Evaluation Team

Objective: Determine who participates in the evaluation process.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
1.1 Engage key stakeholders and community members in the evaluation process.	It’s important to discuss evaluation goals, methods, and potential outcomes with all interested parties, including representatives of the following groups: • Funders • IECMHC recipients • IECMH consultants • Caregivers, community members, and other indirect recipients of IECMHC from diverse populations • Other early childhood systems partners For considerations on developing evaluations for tribal communities, see A Roadmap for Collaborative and Effective Evaluation in Tribal Communities.	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
1.2 Hire an external evaluator (optional).	If the program budget allows, programs may contract with a trained evaluator with relevant expertise to co-design and carry out a process-and-outcome evaluation.	☐ C ☐ I ☐ A ☐ N ☐ O
1.3 Train infant and early childhood mental health (IECMH) consultants in clinical applications of assessment measures.	Highlighting the value of standardized assessments as a tool to inform consultation may increase compliance with data collection. Program leaders can emphasize that measures may support consultation progress in the following ways: • Establish goals for consultation. • Identify the effect of consultation on reducing disparities; addressing biases; and providing culturally and linguistically responsive care for infants, young children, and families enrolled in the program and/or for staff. • Track change over time in clinically relevant outcomes. • Inform decisions about termination. • Help make decisions about when and to whom to refer consultees for more intensive services.	☐ C ☐ I ☐ A ☐ N ☐ O
1.4 Identify staff to collect and manage data.	Some examples include: • Incorporate data collection duties into consultants' job responsibilities, such as distributing questionnaires to respondents at predetermined time points and entering the data into a spreadsheet. • Expand the scope of data collected by MHCs to include equity topics. For example, in addition to tracking the amount of time spent onsite and with consultees, have consultants track their activities, including activities related to addressing equity issues (e.g., closing disparities, addressing biases, providing culturally and linguistically responsive care).	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 2: Getting Started

Objective: Identify what needs to be in place.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
2.1 Write a program manual.	To evaluate a program, it must first be well-defined and consistently implemented. For an example, see the Georgetown Manual for School-Based Early Childhood Mental Health Consultation Services. This resource is designed to help programs develop their manuals, although programs should customize their versions with site-specific implementation details. Georgetown Manual for School-Based Early Childhood Mental Health Consultation Services: www.iecmhc.org/files/FCC_Manual_2020_Proof2.pdf	☐ C ☐ I ☐ A ☐ N ☐ O
2.2 Learn about evidence for the efficacy of IECMHC.	The evaluation team may read program evaluation reports and journal articles reporting on the methods and results used in other IECMHC evaluations (some are available on the CoE website). CoE website: www.iecmhc.org/resources/research-and-evaluation	☐ C ☐ I ☐ A ☐ N ☐ O
2.3 Develop a platform for entering and securely storing data.	Programs may use data management platforms like Excel, QuickBooks, or FileMaker.	☐ C ☐ I ☐ A ☐ N ☐ O

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Sub-domain 3: Identifying Research Questions

Objective: Identify what leadership wants to know about the program.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
3.1 Create a theory of change specific to the program.	See example theories of change on the CoE's Research and Evaluation webpage. CoE's Research and Evaluation: www.iecmhc.org/resources/research-and-evaluation	☐ C ☐ I ☐ A ☐ N ☐ O
3.2 Create a logic model specific to the program.	See examples of logic models on the CoE's Research and Evaluation webpage.	☐ C ☐ I ☐ A ☐ N ☐ O
3.3 Write research questions based on constructs from the theory of change.	For example, if the theory of change suggests that IECMHC will result in improved child social-emotional skills, the research question may be "do children's social-emotional skills improve after consultation?"	☐ C ☐ I ☐ A ☐ N ☐ O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
3.4 Identify the program funder's data and reporting needs (if applicable).	Make supplemental data collection efforts as necessary. For example, funders may be interested in: • The cumulative number of infants, young children, and adults who receive consultation. • Consultee race/ethnicity, tribal composition, gender, language, disability, and socioeconomic status.	C I A N O

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Sub-domain 4: Designing the Evaluation

Objective: Determine how to answer research questions.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
4.1 Determine research methods.	A common research method is a quasi-experimental design in which measures are collected from the same consultees before and after consultation and their scores are compared to gauge change over time.	C I A N O
4.2 Ensure that the evaluation team is prepared to design the evaluation with an awareness of the importance of racial equity.	Initial steps before evaluating data should include: • Build the team's awareness and understanding of systemic racism as the root cause of inequities and ways discrimination and implicit bias serve to perpetuate disparities. • Focus on addressing programs, policies, and practices that cause and perpetuate inequities that lead to disparities to remove the barriers that infants, young children, and families experience. • Before examining data, leadership may have the team think about their own identities. Leadership might also reflect on their biases (implicit and explicit) and challenge the assumptions. They may share their reflections with the team and commit to continuous self-reflection.	C I A N O
4.3 Consider qualitative and quantitative data collection.	Quantitative data is usually collected via questionnaires with numerical or multiple-choice answer options. Qualitative data is collected via interviews and focus groups. Quantitative and qualitative measures should be linguistically and culturally responsive to the needs of the recipients to include translated or printed materials in participants' preferred language. The type of research question often determines the type of data needed to answer that question.	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
4.4 Select measures of the constructs of interest by considering their cultural appropriateness and validity.	The evaluation team may investigate whether the measure has been used with a sample that is similar to theirs in terms of preferred language, race/ethnicity, and socioeconomic status. See the CoE's Outcome Measures for IECMHC. Outcome Measures for IECMHC: www.iecmhc.org/resources/choose-and-use-tools	☐ C ☐ I ☐ A ☐ N ☐ O
4.5 Design an approach for collecting process data (i.e., documenting implementation of services).	For example, consultants may complete an activity log to track the amount of time spent with consultees and strategies used.	☐ C ☐ I ☐ A ☐ N ☐ O
4.6 Design an approach for collecting demographic data for all respondents.	Demographic data may include gender, age, race/ethnicity, disability, socioeconomic status, and primary language.	☐ C ☐ I ☐ A ☐ N ☐ O
4.7 Identify the population and determine the sampling strategy for the evaluation.	Consider collecting some data on all IECMHC activities and on a small group of outcomes. There is value in collecting detailed data from a sample of program participants, particularly to analyze the effect of consultation on reducing disparities, addressing biases, and providing culturally responsive care. For example, interviews can be done with teachers, directors, and caregivers of a sample of young children expelled from their preschool programs (see Perry et al., 2011). (see Perry et al., 2011): www.iecmhc.org/files/2025/10/Annotated-Bibliography_FNL-508a.pdf	☐ C ☐ I ☐ A ☐ N ☐ O

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Sub-domain 5: Data Collection and Analysis

Objective: Determine how program leadership will draw conclusions.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
5.1 Create protocols for ensuring timely, consistent data collection, and engage in continuous quality improvement activities.	Supervisors should check the completeness of consultants' data collection at regular intervals and troubleshoot barriers to data collection.	☐ C ☐ I ☐ A ☐ N ☐ O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
5.2 Maintain an equity informed stance when collecting and analyzing data.	For example: • Ensure that data are disaggregated by all groups, such as race/ethnicity, tribal composition, gender, disability, socioeconomic status, and language, to identify any potential disparate impact on historically marginalized groups. • Analyze outcome disparities. • Examine inequities in infants' and young children's experiences, demographic factors, and dependent and independent variables.	☐ C ☐ I ☐ A ☐ N ☐ O
5.3 Analyze data using appropriate statistical and qualitative methods.	For example, programs may use a paired-samples t-test to look for significant improvements in DECA-C scores from pre- to post-consultation.	☐ C ☐ I ☐ A ☐ N ☐ O
5.4 Conduct disaggregated analyses to look at differential impacts across racial/ethnic groups and other demographic indicators.	For example, using moderation analysis, the evaluation team can investigate whether improvement in DECA-C scores from pre- to post-consultation depends upon the infant's or young child's race/ethnicity. If it does, follow-up analyses can clarify the direction of the effect (e.g., Black infants and young children show the most improvement).	☐ C ☐ I ☐ A ☐ N ☐ O
5.5 Collaboratively interpret findings with stakeholders.	Once data are analyzed, but before they are disseminated, leadership may conduct conversations with key stakeholders to include teachers, caregivers, and community organizations to contextualize the findings, help understand unexpected findings, and create messages for the evaluation.	☐ C ☐ I ☐ A ☐ N ☐ O

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Sub-domain 6: Communicating Results

Objective: Understand how the evaluation will help the community.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
6.1 Use findings to achieve quality improvement.	For example, disaggregated data might reveal that outcomes improved when consultants spent more time meeting with caregivers, and the program can prioritize this activity going forward.	☐ C ☐ I ☐ A ☐ N ☐ O
6.2 Write documents appropriate for the program's target audience(s).	Documents may include a policy brief, infographic, journal article, and/or evaluation report.	☐ C ☐ I ☐ A ☐ N ☐ O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
6.3 Share findings with target audience(s).	For example, a target audience might be the local school district officials making decisions about future funding for consultation.	☐ C ☐ I ☐ A ☐ N ☐ O

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