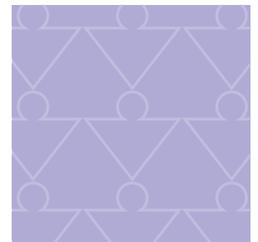
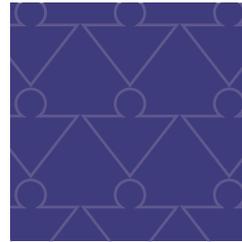


## ARIZONA'S SMART SUPPORT EVALUATION REPORT: THE FIRST FOUR YEARS





# Executive Summary

More than two decades of research has established a compelling link between children’s social and emotional development and their readiness to succeed in school (e.g. Mashburn, Pianta, Hamre, Downer, Barbarin, Bryant et al., 2008). Smart Support is Arizona’s infant and early childhood mental health consultation system, an essential element of the state’s concerted effort to enhance the quality of young children’s care and education. Infant and early childhood mental health consultation (I/ECMHC) is quickly gaining momentum throughout the country as an effective and efficient intervention for the prevention of expulsions and suspensions from early care and education settings, now known to be a national problem (Gilliam, 2005; Hepburn, Perry, Shivers & Gilliam, 2013). There is additional evidence that I/ECMHC promotes a healthy social and emotional environment for all children in an early childhood setting, not just those identified or perceived as struggling (Brennan, Bradley, Dallas, Allen, & Perry, 2008).

## Smart Support

The Smart Support program is operated by Southwest Human Development (SWHD), Arizona’s largest not-for-profit agency dedicated to early childhood development. SWHD serves as both the administrative home for Smart Support and its largest consultation services provider. The program is funded by First Things First, an Arizona citizens’ initiative passed in 2006 to fund quality early childhood development and health programming through a tax on tobacco. Smart Support services are provided without cost to Arizona Department of Health Services (ADHS) licensed child care centers and Department of Economic Security (DES) regulated family care providers.

Smart Support provides services that match the individual needs of early care and education settings, including one or a mix of child-focused consultation, classroom focused consultation and program-focused consultation. Mental health consultants focus on working with teachers and child care providers to increase their skills and capacities, rather than working directly with a child.

To date, the Smart Support program has been funded in more than 13 First Things First regions. During the first four years of the Smart Support program (the time period covered by the present external evaluation), which spanned from April 15, 2010 to May 31, 2014, 521 child care centers, 48 licensed family child care providers and 1,569 teachers participated in Smart Support services.

## Purpose of the Study

From the very inception of Smart Support and throughout its first four years, a rigorous and comprehensive external evaluation was integrated into the program. By establishing a close partnership and following Community Based Participatory Research (CBPR) principles, Smart Support program leaders and the Indigo Cultural Center evaluation team pursued the following evaluation goals:

1. To determine whether Smart Support is meeting its stated objective;
2. To inform the program’s ongoing design and implementation;
3. To contribute to the literature on effective strategies for infant and early childhood mental health consultation;  
and
4. To provide findings that could guide Arizona and national efforts to build a comprehensive system of quality enhancement initiatives for the entire continuum of child care providers.





# Executive Summary

## Methodology

This evaluation was primarily a summative outcome evaluation, which included data collected from 2010 through 2014 (the first four years of the Smart Support program). The extensive evaluation protocol included close to 20 different measures with the following participants:

- 411 regulated or licensed early childhood education programs (22 of which were family child care providers);
- 799 teachers;
- 1,028 focus children;
- 105 mental health consultants.

Data was collected at the program, classroom, teacher and child level across three different time points: baseline, 6 months and 12 months. Background information and feedback data was also collected from all 105 of the Smart Support mental health consultants. Data was collected via a combination of questionnaires, observations and surveys. The measurement and design strategy was largely based on the program developers' theory of change and child care research on effective Infant and Early Childhood Mental Health Consultation (I/ECMHC) models (Duran et al., 2009; FSU, 2006; Green et al., 2006; Gilliam, 2007; Hepburn et al., 2013; Johnston & Brinamen, 2006).

## Highlighted Findings

### ***Research Question 1: Was there growth on key outcomes?***

In order to examine growth and changes across the three time-points, we conducted a series of a one-way within-subjects, repeated measures analysis of variance (ANOVA) with Greenhouse-Geisser corrections.

#### **We found statistically significant growth on all of our key evaluation outcome measures:**

- Classroom mental health climate (negative indicators decreased);
- Teacher self-efficacy increased (hopelessness decreased);
- Teacher-child relationships (closeness increased; conflict decreased);
- Children's self-regulation;
- Children's attachment;
- Children's initiative;
- Children's risk of expulsion (decreased over time);
- Teachers' negative attributions of individual children (decreased over time).

In general, we found that teachers (and children) made statistically significant improvements overall from baseline to the 12-month period; however, within that 12-month timeframe for most of our outcomes, we saw steep improvement from baseline to the six-month time point, with less pronounced growth and stabilization from six-months to the twelve-month time point.





## Executive Summary

### **Research Question 2: How did child care teachers and directors rate their experiences with Smart Support? Were these ratings associated with growth on key outcomes?**

In order to explore participants' (e.g., teachers, directors and consultants) experiences with Smart Support, we explored numerical ratings from teacher and director feedback rating scales, and then coded themes from open-ended, qualitative responses gleaned from those same feedback surveys. Participants' responses to the Smart Support program were overwhelmingly positive. Average feedback and satisfaction scores averaged 3.76 out of a possible 4.00 – with teacher scores increasing over time, and director scores staying stable and high. This positive feedback was reflected in the significant improvements demonstrated in the key outcomes.

Mental health consultants also rated their experiences with teachers and programs. Findings suggest that when they rated stronger relationships with teachers, there was more growth on key indicators such as teacher-child relationships and mental health climate in classrooms. These findings are supported by the literature, which places quality consultant-teacher relationships at the heart of successful consultation (Duran et al., 2009; Johnston & Brinamen, 2006).

### **Conclusion**

Evidence-based models from around the country heavily influenced the design and delivery of the Smart Support Infant/Early Childhood Mental Health Consultation (I/ECMHC) program. Our positive findings on each and every key outcome is a testament to the comprehensive and coordinated nature of the emerging I/ECMHC field. These findings provide compelling evidence that the investment First Things First Regional Partnership Councils have made in supporting child care mental health consultation is paying off.

Throughout the past four years, Arizona has emerged as a leading voice in informing national and federal policy agendas related to the importance of mental health consultation in early care and education programs. Findings from this evaluation (and data from other states) point to additional policy implications and future work in the areas of:

- Understanding the relationship between I/ECMHC and Quality Rating and Improvement Systems;
- Increasing a system's capacity for I/ECMHC workforce development;
- More collaboration across coaches and consultants in the professional development system infrastructure;
- Using child care expulsion and intervention data, and the evidence base on I/ECMHC to promote racial equity and address unconscious bias in early care and education systems.

With further integration of mental health consultation in Arizona's early childhood system, and continued funding of this initiative, Southwest Human Development can continue to enhance the efficacy of Smart Support services, and establish long-term sustainability for this emerging evidence-based practice.



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