

Sample IECMHC Logic Model for Home Visiting

Context/Setting:

There are high rates of maternal depression among home visiting recipients, which can be a barrier to positive outcomes for families.

IECMHC Receptients:

Direct: Home visitors

Indirect: Parents and infants/toddlers

Inputs/Partners/Resources:

- Funding to hire, train, support, and supervise qualified experienced infant and early childhood mental health consultants
- Partnership with home visiting program

Outputs/Activities:

- Individual or group consultation with home visitors
- Training for home visitors
- Mental health screening and assessment guidance
- Co-led home visits

Mediators/Moderators:

Mediators:

- Consultant-home visitor relationship quality

Moderators:

- Dose of consultation
- Home visitor and parental buy-in

Short-term Outcomes:

- Increased home visitor understanding of mental health and confidence in discussing mental health concerns with families
- Increased home visitor reflective capacity
- Decreased home visitor burnout and turnover
- Increased likelihood that families will stay engaged in program until completion

Long-term Outcomes:

- Reduced maternal depression and stress
- Strengthened maternal-infant attachment

Theory of Change:

If home visitors are better prepared to address mental health concerns with the families they serve, child and family outcomes will improve and home visitors will experience less stress and burnout.