Figure 1. Theory of Change for the Illinois IECMHC Model

ECE/HV Program Context & Inputs:
- Leadership support and readiness
- Program structure and staffing
- Funder requirements
- Other supports, resources, and referrals

Implementation Strategies/Activities:
- Mental health consultants (MHCs) trained in Illinois Model
- Reflective consultation provided 10-12 hours/month (average for typical program)
- MHCs receive regular reflective supervision, reflective learning groups, and training

Outputs:
- MHCs implement Illinois Model
- MHCs establish positive relationships with supervisors and staff
- MHCs work with supervisors on program issues and staff relationships
- MHCs educate staff about social and emotional development, strategies for managing challenging behavior
- Program structure allows for regular meetings with MHC

Short-Term Outcomes:
- Increased supervisor and staff reflective capacity
- Improved supervisor-staff relationships
- Improved staff knowledge and support of children’s social and emotional development
- Improved teacher-child and home visitor-parent relationships

Long-Term Outcomes:
- Stronger ECE workforce
  - Burnout
  - Depression
  - Self-efficacy
- Improved parent well-being
- Improved child social and emotional development, reduced challenging behavior
- Decreased child suspension/expulsion

Community Context