



# ADVANCING THE EVIDENCE BASE FOR IECMHC

Guidance for Evaluators  
and Program Partners

## **GATHERING DATA IS A KEY PART OF IECMHC, BUT THERE ARE MANY WAYS TO APPROACH IT.**

This guide illustrates the different purposes for which data may be gathered and analyzed in the context of IECMHC, organized by the goals of the program.

It is intended to help programs design and implement an approach to evaluation that is intentional, realistic, and driven by their priorities.

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# INTRODUCTION

There is a robust and growing evidence base for IECMHC derived from the hard work of consultation programs and evaluators (as documented in the CoE’s [Annotated Bibliography](#) and [Evidence Synthesis](#)).

Fortunately, these results are thought to represent the effectiveness of IECMHC as a whole across sites, not just the relatively small proportion of programs represented in the studies. So, it is not necessary for all programs to re-produce prior findings unless the programs are meaningfully different from those in prior studies — yet all programs should be using data in some way.

**Gathering and analyzing data can be time-consuming, so IECMHC programs are encouraged to select an approach that matches their larger programmatic goals.**

Below are the main reasons that programs may collect data and conduct evaluation studies. To select or alter your program’s approach to evaluation, match your goals with the techniques below. Keep in mind you may be working towards multiple goals at once in which case you may be combining multiple sections.



## **ADDITIONAL RESOURCES**

Setting the basic parameters of your evaluation is just the start. After selecting from this list, refer to the Research and Evaluation page of the Center of Excellence website for more helpful resources.

For example, resources are available to help teams with next steps such as:

- Articulating Your Theory of Change
- Creating a Logic Model
- Writing an Evaluation Plan
- Selecting Measures



## GOAL 1

# Provide Equitable Services

Provide High-Quality Services that are Increasingly Equitable

### DATA

Data are used to inform services.

- Consultants are committed to using screening and/or assessment tools as a regular part of their practice to track individual consultee progress. These tools are selected based on their cultural and linguistic appropriateness.
- Programs have an established approach whereby consultants document their activities.
- Program staff review data to find opportunities for continuous quality improvement (CQI).
- Demographic data about the individuals and programs that have access to consultation are tracked to see if services are offered in an equitable manner.

### AUDIENCE

- Internal program team

### METHODS

- Pre- and post-consultation measure of consultee progress
- Demographic data of programs and consultees
- Optional qualitative interview or focus group data

### EXAMPLES

- See Annotated Bibliography: Beardslee et al. (2010). Family Connections: An approach for strengthening early care systems in facing depression and adversity.



## GOAL 2

# Demonstrate Program Effectiveness

Measuring and Communicating the Impact of IECMHC Programs

### DATA

Data are analyzed to demonstrate positive change over time as a result of IECMHC.

- The program has a theory of change and/or logic model and an evaluation plan for assessing the impact of consultation.
- Consultants use one or more measures consistently with all consultees at the same time points
- The evaluation process is informed in an ongoing manner by community stakeholders.
- Data are deidentified and stored in a database
- Longitudinal data are analyzed and results are shared in a report.

### AUDIENCE

- Policymakers
- Funders
- Community partners
- Participants

### METHODS

- Gather matched longitudinal data
- Use statistical tests such as t-tests, ANOVAs, general linear models (GLMs), multilevel models (MLMs)

### EXAMPLES

- [Smart Support Evaluation Report](#)
- See Annotated Bibliography: Crusto et al. (2013) Evaluation of a Mental Health Consultation Intervention in Preschool Settings.



## GOAL 3

# Understand Program Effectiveness

Better Understand Why, How, and For Whom IECMHC is Effective

### DATA

Data are used to analyze the mechanisms of change in IECMHC.

- Research questions unpack lesser-understood facets of the [IECMHC theory of change](#)
- Questions related to equity are prioritized
  - The sample for the evaluation study represents the population served by the program or intentionally oversamples participants from historically marginalized groups, including Black and Latinx children and staff from under-resourced child-serving institutions.
  - Disaggregated analyses are conducted that investigate potential differential impact on marginalized groups.

### AUDIENCE

- Policymakers
- Funders
- Participants
- Community partners
- Wider IECMHC community

### METHODS

- Mediation analysis is used to understand the path through which an independent variable influences a dependent variable.
- Moderation analysis is used to determine how much of the relationship between the independent and dependent variable is affected by the addition of a third variable.
- [Learn more](#) about these methods.

### EXAMPLES

- See Annotated Bibliography: Conners-Burrow et al. (2013): Beginning to “unpack” early childhood mental health consultation: Types of consultation services and their impact on teachers.
- See Annotated Bibliography: Davis et al. (2018). Exploring Culture, Race, and Ethnicity in Early Childhood Mental Health Consultation: The Role of the Consultative Alliance.



## GOAL 4

# Become a Replicable Model

Become a Replicable, Marketable IECMHC Model

### DATA

Data are leveraged to market a particular model of IECMHC to be purchased and implemented in new settings.

- The most rigorous possible research methods are used — often a randomized controlled trial — to build solid evidence of the efficacy of this particular model of IECMHC. Outcomes for participants in consultation are superior to outcomes for the control group.
  - Consultants provide data on their fidelity to the model
  - Results are documented and shared in a document intended to persuade audiences of the unique merit of their program

### AUDIENCE

- Internal program team
- Community partners
- Policymakers
- Participants
- Funders
- Wider IECMHC community

### METHODS

- Randomized controlled trial

### SPECIAL CONSIDERATIONS FOR REPLICABLE MODELS

- Creation of a manual to describe the model in sufficient detail for other sites to implement it
- Marketing the model to new implementation sites
- Use of a fidelity measure to assess whether the model is being implemented as intended

### EXAMPLES

- See Annotated Bibliography: Reyes & Gilliam (2021). Addressing challenging behaviors in challenging environments: Findings from Ohio's early childhood mental health consultation system.

# ADDITIONAL CONSIDERATIONS

## **ONLINE COMPENDIA**

Some programs may work towards being recognized in online compendia of evidence-based services.

Examples of such online compendia include:

- Association of Maternal and Child Health Program's (AMCHP) Innovation Hub
- California Evidence-Based Clearinghouse for Child Welfare (CEBC4CW).

IECMHC is already designated an evidence-based practice in AMCHP, but local implementing sites can also pursue this designation.

## **SCHOLARLY JOURNALS**

For any of the evaluation goals, teams may consider disseminating the results more broadly with early childhood researchers by publishing findings in a scholarly journal.

To be published, teams must discern the unique contribution their work makes to the existing evidence base and write the paper in a scientific style with citations of other relevant work.