

Executive Summary

Evaluation of the Texas Infant and Early Childhood Mental Health Consultation (IECMHC) Pilot

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Overview

This report presents findings from an evaluation of the Infant and Early Childhood Mental Health Consultation (IECMHC) pilot program implemented as part of the Texas Preschool Development Grant Birth to Five (PDG B-5) initiative.

The evaluation examines program implementation and early outcomes to inform ongoing improvement and future scaling of IECMHC services across Texas.

Through PDG B-5, Texas invested funding over three years to establish a statewide IECMHC model. This investment included support of an IECMHC pilot in six community-based organizations serving ten counties. The Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas at Austin received funding to conduct this pilot from September 2024 through December 2025, with services delivered over 12 to 14 months once IECMH consultant positions were filled.

● The IECMHC Model

IECMHC is a prevention-based approach that pairs mental health consultants with adults who work with infants and young children in various settings, including child care, preschool, home visiting, early intervention, pediatric, and home environments. This model equips professionals and caregivers with skills and knowledge to facilitate children's healthy social and emotional development.

Infant and Early Childhood Mental Health Consultants (IECMH Consultants) in the Texas pilot were highly skilled, Masters-prepared licensed mental health clinicians who also completed the Infant and Early Childhood Mental Health Consultation Certificate Program through Georgetown University.

● Evaluation Framework

The evaluation is guided by the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance), employing a mixed-methods design that combines quantitative and qualitative approaches to provide comprehensive assessment of program outcomes.

● Summary of Key Findings

This evaluation of the Texas IECMHC pilot program assessed effectiveness of IECMHC services provided to 113 families and 47 early care and education providers and managers across varied settings including early intervention, early care and education and home visiting. Services reached more than 200 programs/classrooms with an overall impact on more than 2,000 children,

Screening and Referrals

ASQ assessments were completed for 61 children (54% of Child and Family Focused cases), with 59% referred to appropriate community resources. Of 96 closed cases, 58% of Child and Family Focused consultations resulted in referrals, and 77-80% of Group/Classroom and Programmatic consultations resolved or partially resolved presenting concerns.

Child Outcomes

DECA assessments demonstrated meaningful improvements in both behavioral concerns and protective factors for children who completed consultation. Among children with behavioral concerns (n=20 post):

- Total Behavioral Concerns decreased by 2.71 points
- Aggression decreased by 4.12 points
- Withdrawal/Depression decreased by 3.52 points
- Emotional Control Problems decreased by 3.01 points

Protective factors showed even stronger gains:

- Total Protective Factors increased by 5.67 points
- Attachment increased by 9.83 points (most substantial gain)
- Self-Control increased by 3.78 points
- Initiative increased by 2.48 points

Provider Wellbeing

ProQOL data demonstrated statistically significant improvements among providers who completed pre-post assessments:

DOMAIN	CHANGE	EFFECT SIZE	SIGNIFICANCE
BURNOUT	-2.97 points	d=0.485 (moderate)	p=0.002
SECONDARY TRAUMATIC STRESS	-2.48 points	d=0.418 (moderate)	p=0.001
COMPASSION SATISFACTION	+2.48 points	d=0.424 (moderate)	p=0.011

Classroom Practice Quality

Direct classroom observations using TPOT and TPITOS Short Forms demonstrated significant improvements in evidence-based practice implementation. For preschool classrooms (n=9 post), average scores increased 17.75% from 80.07 to 94.29. For infant-toddler classrooms (n=7 post), average scores increased 14.21% from 76.14 to 86.96.

Most notably, 53% of preschool classrooms moved from 'needs support' to 'proficient/advanced' levels, and 43% of infant-toddler classrooms made similar transitions. Children and adults were observed as happier and more engaged at post-assessment.

Satisfaction and Perceived Impact

Satisfaction with IECMHC services was exceptionally high:

- Over 95% agreed IECMHC helped them do their jobs better
- Over 95% agreed their consultant listened and understood their needs
- Over 95% would use services again and recommend to others
- 77% of families reported seeing improvements in their child's behavior

Reflective capacity self-efficacy scores were significantly higher among post-consultation respondents compared to pre-consultation respondents, indicating increased confidence in their reflective practice abilities.

Workforce Development

More than 800 IECMHC-related workforce professionals participated in over 30 service-related training courses. As reported by participants on post-training outcome surveys, most (92%) achieved intermediate or higher level of mastery/competence on skills and information taught.

● Critical Success Factors

The evaluation identified several key factors contributing to positive outcomes:

- **Strong Relationships:** Participants consistently identified consultants' active listening, non-judgmental approach, and genuine warmth as key to program success
- **Evidence-Based Assessment:** Integration of standardized tools (DECA, ASQ, ProQOL, TPOT/TPITOS) provided data to guide consultation and document outcomes
- **Reflective Supervision:** Consistent reflective supervision supported consultant wellbeing and maintained quality across mixed contexts
- **Centralized T/TA:** The TIEMH-led Training and Technical Assistance Center ensured consistency and quality across pilot sites

● Key Recommendations

For Program Enhancement

- Strengthen evaluation design through systematic pre-post assessment protocols with larger sample sizes
- Increase outreach and engagement to address barriers preventing referrals from proceeding to services

- Maximize assessment completion rates through streamlined data collection processes

For Statewide Scaling

- Maintain centralized T/TA infrastructure to ensure consistency and quality across expanded sites
- Build on pilot success by preserving core elements: relationship-centered consultation, reflective supervision, and evidence-based assessment

● Conclusion

This evaluation provides strong evidence that IECMHC services meaningfully improve outcomes for children, families, and early childhood professionals. Statistically significant reductions in provider burnout and secondary traumatic stress, combined with improvements in child protective factors and behavioral concerns, demonstrate the program's multi-level impact.

The pilot successfully delivered services to 113 families and 47 providers/managers across varied settings, reaching more than 200 classrooms with an overall impact on more than 2,000 children, establishing proof of concept for the IECMHC model in Texas. High satisfaction rates (>95%) and positive qualitative feedback underscore program acceptability and value to participants.

By building on demonstrated successes and addressing identified improvement areas, Texas can continue to strengthen its early childhood mental health infrastructure.