



## Kid Connects Logic Model

integrated health & mental health consultation

**Target Population:** Young children, ages 0 – 5 years old, in early care and education settings, including child care homes; their ECE providers and their parents/ caregivers. It is the intention that these services will be provided in settings where there exists need for improvements in providing for social and emotional development of the children, e.g. ECE settings with high numbers of low-income and/or at risk children.

Values	Activities	Outcomes	Indicators	
<ul style="list-style-type: none"> <li>○ Mental health is integral to optimal health and development of young children</li> <li>○ Mental health consultation for young children must focus on relationships and strengths</li> <li>○ Young children are best served by addressing their behavior within natural relationship contexts where they live and learn, including the early care and education center and the family</li> <li>○ Caregivers, including parents and early care and education staff, are the experts on their children and effective early childhood mental health consultation value and validate caregiver expertise</li> </ul>	Child-specific consultation <sup>i</sup>	<b><u>Child Level Outcomes</u></b> <ul style="list-style-type: none"> <li>• Reduce concerning behaviors among children</li> <li>• Increase protective factors for children</li> <li>• Improved school readiness of children</li> <li>• Prevent expulsions</li> </ul>	DECA-C and CCAR (intervention clients) “ “ “ “ Monthly director interview results	
	Expulsion Prevention Consultation to program administration and to staff <sup>ii</sup>	<b><u>Family Level Outcomes</u></b> <ul style="list-style-type: none"> <li>• Parents develop greater understanding of their young children’s social emotional needs and development</li> <li>• Parents develop greater skills in responding effectively to their young children’s social emotional needs</li> <li>• Parents experience reduced caregiver stress</li> <li>• Families access health care for their young children and their families earlier</li> </ul>	Consultation Questionnaire/ Parent “ “ PSI (intervention clients) Health Process data	
	Family-specific consultation <sup>iii</sup>	Health care screening and follow up, linkage with health providers, care coordination, cross-training and partnership work with local health systems	<b><u>Staff Level Outcomes</u></b> <ul style="list-style-type: none"> <li>• ECE staff develop greater understanding of their young charges’ social emotional needs and development</li> <li>• ECE staff develop greater skills in responding effectively to social and emotional needs</li> <li>• Increased self-efficacy among ECE staff</li> <li>• Decrease staff stress</li> </ul>	End of year Consultation Questionnaire/Staff Teacher Opinion Survey
	Consultation support for program administration <sup>iv</sup> and staff <sup>v</sup>	Staff training, support, skill-building	<b><u>Program Level Outcomes</u></b> <ul style="list-style-type: none"> <li>• Fewer expulsions</li> <li>• Reduced concerning child behaviors in classroom</li> <li>• Increased protective factors in classroom</li> </ul>	Monthly discussion w/ director Annual parent questionnaire Classroom DECA “ “
	Consultation support for program administration <sup>vi</sup> and staff <sup>vii</sup>			
	Staff training, support, skill-building			

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<sup>i</sup> Child Specific Consultation includes::

- Clinical observation and assessment as appropriate
- Individual mental health interventions for specific children
- Referrals for further evaluation or other treatment resources for child or family member
- Developmental play groups, socialization groups, violence prevention groups for identified children

<sup>ii</sup> Expulsion Prevention Consultation

- to program administration to develop “at-risk of expulsion” protocol
- to staff to assist in responding to those at-risk of expulsion according to protocol and child need

<sup>iii</sup> Family-Specific Consultation includes

- parent meetings, parent-teacher conferences, and teacher team meetings
- individual guidance regarding specific children, including those children at risk of expulsion
- referrals for further evaluation or other treatment resources for child or family member
- assist in transitions from program to school
- assist in connecting with special education, early intervention, mental health, and disabilities
- work with child welfare agencies to support reunification or permanency planning

<sup>iv</sup> Consultation for program administration:

- Support regarding staff development and training needs and staff retention
- Support for classroom organization/ management
- Consultation as needed to develop a culture that promotes healthy social-emotional development of children and families
- Help clarify program structure/ management training, staff roles

<sup>v</sup> Consultation support to teachers and other staff:

- Help teachers better understand, recognize and respond to children’s social/ emotional needs and their impact on S-E development
- Provide (or bring in) trainings designed specifically to meet needs identified through surveys
- Promote self-reflection as a vehicle for understanding and supporting the work of social and their impact on children’s emotional development
- Team building with classroom staff and conflict resolution between team members
- Plan with teachers for needs of individual children or groups of children
- Participate in teacher/ parent conferences as requested
- Help teacher manage stress/ mental health issues with the goal of being more emotionally available to children and their families

<sup>vi</sup> Consultation for program administration—as above

<sup>vii</sup> Consultation support to teachers and other staff—as above

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### Outcomes Indicators and Measures

**Devereux Early Childhood Assessment**—the DECA is a standardized, strength-based assessment of within-child protective factors and screener for behavior concerns; part of a 5 step system for increasing protective factors and reducing behavioral concerns. Kid Connects utilizes the DECA to: observe and summarize class protective factors and behavioral concerns and to screen for children with clinical needs.

**Parenting Stress Index—Short Form** – the PSI-SF contains two internally consistent scales involving parental distress and dysfunctional parent-child interactions, validated against measures of parent psychopathology, parental perceptions of child adjustment, and observed parent and child behavior. PSI-SF scores are found to be related to parent reports of child behavior 1 year later, and the Childrearing Stress subscale is a significant predictor of a parental history of abuse.

**Teacher Opinion Survey** – the TOS measures self-efficacy in child care staff

**Colorado Client Assessment Record** — the CCAR measures functioning in a number of life spheres, providing one indicator of reduced behavioral problems and improved mental health.

**Monthly director interview data**-- number of children identified as at risk of expulsion/ percent retained

*Under consideration*-- **Arnett Caregiver Interaction Scale** -- the Arnett measures teacher behavior toward children in the classroom, assessing sensitivity, punitiveness, detachment, permissiveness, and teacher encouragement.

### Process Indicators and Measures

**Ages and Stages Questionnaire**—the ASQ is used to screen for developmental milestone attainment, and forms the basis for referrals and linkages to other systems.

**Risk Indicators Tools**—used to identify risks at intake, to guide intervention

#### **Health Process Data**

- numbers of children screened for hearing, vision, oral health, developmental
- numbers of children identified & referred for health follow up/treatment
- number of staff in targeted settings that received training in integration health & mental health