Pyramid Model Readiness Checklist /IECMHC Crosswalk

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This document is intended for Infant/Early Childhood Mental Health Consultants (I/ECMHCs) to be able to support early childhood programs with the Pyramid Model. The document crosswalks the Pyramid Model Readiness Checklist (questions that programs consider and answer as they assess their readiness to begin PM) to the IL I/ECMHC Model Competencies that can support each aspect of the checklist. It also describes I/ECMHC activities that consultants can do to support a program.

This document and these strategies can be used to support and encourage a program at any point in the Pyramid Model implementation process. Even if they are unaware of the Pyramid Model, they can be introduced to the concept (see the Illinois Pyramid Model Implementation Guide) . If a program is already implementing the Pyramid Model, I/ECMHCs can and should be a part of the program's Leadership Team.

I/ECMHCs are not to be considered coaches or trainers in Pyramid Model, nor are they expected to fill out the PM Readiness Checklist for a program. I/ECMHC and Pyramid Model are meant to be among the range of complimentary supports to programs that work together to ensure that the social-emotional and mental health needs of IL children, families, and providers are met. I/ECMHCs are critical partners in the implementation of the Pyramid Model. Both consultation and the Pyramid Model have a strong focus on the critical importance of positive relationships in the early years of a child's development. Additionally, these approaches focus on building the capacity of leaders, practitioners, and families to create levels of sustainability for the ongoing promotion of infant and young children's healthy social-emotional development.

PM Readiness Checklist	IECMHC Model Competencies that support PM Readiness	What does this look like in practice for the MHC to support/reinforce
Do teachers in your program have a good understanding of social and emotional development for the age that they work with?	#1 A Knowledge of Infant/Early Childhood Development, Mental Health, and Early Care and Education	1. Discussing with teachers and administrators the variations in early development from typical to atypical across domains of social/emotional, cognitive, language, motor and adaptive behaviors and are aware of the interrelatedness of areas of development and the impact of environmental and cultural contexts on the child.

		2. Providing an environment in which to explore the various influences of culture on perspectives, approaches to child rearing, and mental health, demonstrating mutual respect for each of the parties involved (this work is done with a trauma and attachment focus through a DEI lens) 3. Providing resources to staff, and connecting to referrals (such as: social worker, psychologist, process coach, coach, parent educator) or providing training to the consultee, both formally and informally, thus increasing the ability of the consultee to support children's social and emotional development, health and well-being in their everyday work 4. Reinforcing the connection to the universal tier of the Pyramid Model, including importance of attachment 5. Directing staff to resources: EPyramid Modules, and other professional development structures and partners (CCR&Rs, StarNet, Early Choices, Early Childhood Professional Learning, IL Head Start Association, Early Intervention Training Program).
Do teachers in your program have a good understanding of how to support social emotional development for the age that they work with?	#1 A Knowledge of Infant/Early Childhood Development, Mental Health, and Early Care and Education	1. Same as above 2. Inventory of Practice, Social-Emotional milestone checklists 3. Discussion of trauma-informed care

Do teachers in your program use developmentally appropriate practices with the children they work with[OCE3] ?	#1 A Knowledge of Infant/Early Childhood Development, Mental Health, and Early Care and Education	1. Discussion/conversation about DAP/Development Domains, research-based, best practices within curriculum 2. Observations indicate that consultees are able to utilize the concepts discussed above and can implement practices in their settings. 3. Observations indicate that consultees are able to consider developmentally expectations for behavior and development in children.
Is there (or will there be) a long-term commitment from program leadership to implementing the Pyramid Model to fidelity in your program?		1. Help to understand that systems change takes time *add implementation science link?* 2. The consultee has a pro-active, preventative, and on-going relationship with you as the consultant and is not utilized solely for individualized/crisis intervention.
Do the current leaders/administrators participate in shared leadership to create common goals and outcomes for the program?	#2 Build Relationships and Collaboratively Engage with Families, Providers, Programs, and Systems. #5 Ability to Collaboratively Develop a Plan and Shared Measures of Success	1. Working to develop a relationship by being open, approachable, focusing on strengths, and demonstrating careful consideration of contextual issues such as culture and community, diversity, equity and inclusion. 2. Engaging with the consultee to assess the needs of the consultee and collaboratively develop a plan with clear expectations and goals. 3. Providing regular opportunities for on-going feedback reflecting successes and challenges in the work being done. 4. Providing an environment in which to explore the various influences of culture on perspectives, approaches to child rearing, and mental health, demonstrating mutual respect for each of the parties involved.

		5. Taking a non-expert stance, acting as a member of the team who facilitates a collaborative discussion. 6. Meeting with the Administrator to discuss the progress of the consultation to the program, staff and families. 7. Obtaining the commitment and support of the Administrator to strengthen the likelihood of success and sustainability. 8. Creating a relationship which allows reflection with the Administrator on issues related to his or her own role, and when appropriate, access professional development resources/opportunities
Do teachers and other support staff collaborate to promote and support the goals and outcomes of the program?	#2 Build Relationships and Collaboratively Engage with Families, Providers, Programs, and Systems. #5 Ability to Collaboratively Develop a Plan and Shared Measures of Success	1. Same as above 2. Meeting with the Supervisor to provide a space for reflection, problem solving, planning, and processing concerns that arise when supporting staff as they navigate the world of challenging family work where issues of social and emotional wellbeing are addressed. 3. Meeting with an individual(s) identified as the consultee to provide an opportunity for reflection to the individual, in a confidential meeting that allows them to discuss issues concerning the child and family, their own reactions or thoughts that have surfaced during their work, and other challenging situations. 4. Promoting confidence within the consultee and being able to discuss what the consultee is experiencing. At times, this reflective process may occur during the supervisory sessions with the program supervisor present, as the consultant joins this already established meeting.

		5. Participating in regularly scheduled team meetings with the supervisor and staff, supporting listening and problem solving skills as a way to encourage the development of trusting relationships and encouraging the group to process issues, address case concerns, and think about influences to behavior and interactions, sharing various perspectives and conceptualizations of situations.
Currently, is there staff member(s) who can help with the additional workload of implementing a new initiative?		1. Helping to understand who the leadership team could be and what that staff person's capacity is for said role
Based on external evaluation sources (i.e., CLASS, ECERS, Excelerate Circle of Quality, and/or NAEYC Accreditation) is your program aligned with quality standards?		1. Help to connect implementation of social-emotional learning as indicator of quality
Does your program currently promote ongoing professional development related to promoting social and emotional development and preventing and addressing challenging behavior?	#1 A Knowledge of Infant/Early Childhood Development, Mental Health, and Early Care and Education	1. Offering formal and informal on-going learning opportunities, such as training, seminars, information-based team meetings or reflective groups. ○ Topics may be focused on mental health or social/emotional development such as brain development and relationship to behavior, impact of early exposure to violence and trauma, attachment and attunement, self-regulation, stress and self-care for caregivers, maternal depression, etc.

		2. Professional development on Pyramid Model *(add links)* 3. Maintaining ongoing relationships in the community that help to engage partners in the work of referrals, follow up, and support of young families.
Does ongoing professional development include coaching within the classroom?	#1 A Knowledge of Infant/Early Childhood Development, Mental Health, and Early Care and Education	1. Encouraging staff and programs to engage in regular feedback, reflecting successes and challenges in the work being done; providing an environment in which to explore the various influences of culture on perspectives, approaches to child rearing, and mental health, demonstrating mutual respect for each of the parties involved with a focus on trauma and attachment with a DEI lens 2. Once become Pyramid Model site and have leadership team, participating in program level Pyramid Model leadership team meetings
Does your program currently have designated time for planning and professional growth, professional learning communities/groups?	NA	1. Encourage programs to dedicate time and space to planning and professional growth, professional learning communities/groups

Does your program currently have policies and/or procedures in place to promote and implement inclusive practices?	#1 A Knowledge of Infant/Early Childhood Development, Mental Health, and Early Care and Education #2 Build Relationships and Collaboratively Engage with Families, Providers, Programs, and Systems. #3 Ability to Work Effectively Throughout Diverse Cultures and Communities	1. Same activities as above related to I/ECMH and child development, engaging with consultees, and working throughout diverse cultures and communities. 2. May provide screenings or assessment and engage in discussions with the consultee, or even with families, about the results of these observations and screenings. 3. Making referrals if it is determined that more extensive evaluations are needed and the consultant can offer support to everyone involved to ensure the process continues, and the child receives the services that have been decided upon. 4. Maintaining ongoing relationships in the community that help to engage partners in the work of referrals, follow up, and support of young families.
Does your program currently have policies and/or procedures in place for supporting children with challenging behaviors?	#1 A Knowledge of Infant/Early Childhood Development, Mental Health, and Early Care and Education #2 Build Relationships and Collaboratively Engage with Families, Providers, Programs, and Systems. #3 Ability to Work Effectively Throughout Diverse Cultures and Communities	1. Same as above 2. Engaging families in collaborative problem solving from the beginning 3. Assist programs in reviewing/reflecting on policies and procedures, refer to ISBE resources

Does your program currently have policies and/or procedures in place for supporting teachers who within their classrooms have children with challenging behaviors?	#1 A Knowledge of Infant/Early Childhood Development, Mental Health, and Early Care and Education #2 Build Relationships and Collaboratively Engage with Families, Providers, Programs, and Systems.	1. Same as above related to screening, observation, and assessment 2. Offering formal and informal, on-going learning opportunities, such as training, seminars, information-based team meetings or reflective groups. 3. Topics may be focused on mental health or social/emotional development such as brain development and relationship to behavior, impact of early exposure to violence and trauma, attachment and attunement, self-regulation, stress and self care for caregivers, maternal depression, etc. 4. Maintaining ongoing relationships in the community that help to engage partners in the work of referrals, follow up, and support of young families.
Does your program currently have staff in place to support teaching staff and children with challenging behaviors within the classroom?	NA	1. Help programs engage in reflective conversations about staffing and capacity for individualized supports for children as needed. 2. Consultation with Pyramid Model Process Coach, Internal Coach, Social Worker, Psychologist or other staff to support collaborative processes.
Does your program currently have policies and/or procedures in place for staff input?	#2 Build Relationships and Collaboratively Engage with Families, Providers, Programs, and Systems. #3 Ability to Work Effectively Throughout Diverse Cultures and Communities	1. Building a relationship-based reflective practice and a strengths-based orientation with the consultee. 2. Working to create a safe opportunity for individuals to communicate and reflect on aspects of the system, program, practices and situations, concerns and themselves. 3. Same as above related to meeting with Administrators, Supervisors, and Staff.

Does your program currently have policies and/or procedures in place for family input?	#2 Build Relationships and Collaboratively Engage with Families, Providers, Programs, and Systems. #3 Ability to Work Effectively Throughout Diverse Cultures and Communities	1. Same as above related to building relationships, collaborating with families and staff, and working effectively throughout diverse cultures and communities.
Does your program currently have policies and/or procedures that encourage active family participation?	#2 Build Relationships and Collaboratively Engage with Families, Providers, Programs, and Systems. #6 Knowledge of Community Systems and Resources and Ability to Develop Partnerships	1. Same as above related to building relationships, collaborating with families and staff, and working effectively throughout diverse cultures and communities.
Does your program currently have a system in place for data-based decision-making (i.e., data collection, analysis, and/or implementation).	NA	NA

| In your estimation, does your program have a positive climate? | #2 Build Relationships and Collaboratively Engage with Families, Providers, Programs, and Systems.
#3 Ability to Work Effectively Throughout Diverse Cultures and Communities
#5 Ability to Collaboratively Develop a Plan and Shared Measures of Success | 1. Same as above related to building relationships with programs and families, working throughout diverse cultures and communities, and collaboratively developing plans.
2. Reflecting on program culture and beliefs to assess the impact on the relationship with the programs and with the families.
3. Engaging in regularly scheduled reflective supervision and on-going learning opportunities to grow as a knowledgeable, reflective practitioner |