ECLIPSE Minimum Service Delivery Requirements Table

ECLIPSE Minimum Service Delivery Requirements	Related ECEAP Standard
Recruitment and Outreach Efforts Contractors must: 1. Use recruitment and outreach efforts with Child Welfare Social Workers/Child Welfare Early Learning Navigators (CWELN), Primary Care Providers (PCP's), Public Health Nurse's (PHN), Work First Social Workers (ESA/DSHS), and comparable tribal services. 2. Track engagement activities/referral source type via DCYF created Smart sheet. *Tracking referral type/source will inform what eventually is to be built into ELMS.*	• **PAO-37 Child Recruitment** • **PAO-38 Eligibility for ECEAP Services** • **PAO-39 Additional Children Allowed for Enrollment** • **PAO-29 Community Partnerships**

Pre-enrollment meeting
Contractors must:
1. Determine through Early ECEAP/ECEAP application and priority point process the reason for referral
2. Review referral to determine need for pre-attendance meeting with caregiver(s) and CWELN or DCYF or ICW Tribal Social Worker
    a. Topics to explore include but are not limited to:
        i. Determining if a safety plan is in place and engaging in appropriate planning.
        ii. Exposure to and/or experience with traumatic events?
        iii. Family or cultural historical trauma?
        iv. How and if traumatic experience is manifesting?
        v. What the child loves to do that brings them joy? What are their interests, favorite items and activities? *Unless this was already captured in the ECEAP enrollment process.*
        vi. If applicable, what was child's experiences at previous child care(s)? If expelled, reason for expulsion? *Unless*
	• **IC-13 No Expulsion**
	• **FEP-13 Resources and Referrals**
	• **PAO-29 Community Partnerships**

Washington State Department of
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Original Date: August 16, 2022 | Revised Date: Month XX, 20XX
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already captured as part of the ECEAP enrollment process. vii. Determination of supportive, culturally appropriate materials or approaches to use in supporting this child, and for the classroom staff. viii. Determination of supports already provided by ECEAP contractor staff to support the child, family and community. Upon determination of this the plan must built upon services already provided to ensure duplication of services does not occur.	

Screenings
Contractors must:
1. Complete a social emotional screening focusing on child with caregiver(s) input. This screening would go beyond screenings used in ECEAP programming. Tools must be normed and validated. Such as:
   a. DECA and if Behavior Concerns present use of DECA-C.
   b. Child Trauma Screening Questionnaire
   c. Child Behavior Checklist 1.5- 5 yrs.
2. Administer screening with caregiver(s) to measure level of stress/depression within caregiver. Tools must be normed and validated. Such as:
   a. The parent stress index (Pre-Mid-Post completion)
   b. Maternal Depression Screening/Evaluation Pre and Post measure
	• **CO-1 Developmental Screening and Referrals and Specific Standardized Social/Emotional Screening tool that has been normed and validated**

Biopsychosocial Assessment Contractors must: 1. Conduct a biopsychosocial assessment with a licensed mental health professional (LMHP)/Infant Early Childhood Mental Health (IECMH) Professional if there is an identified need from screening results, caregiver(s) report, and observations from Early Learning Contractor. 2. Ensure that the LMHP/IECMH Professional is trained in application of classification tool to render 5 Axis diagnosis.	• **CO-3 Observation** • **CO-4 My Teaching Strategies® GOLD® Assessment** • **Standardized Assessment tool**

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3. Evaluators must include:
    a. Observations in child's home environment with caregiver(s), and classroom setting.
    b. Data collected from allied service providers.
    c. Diagnosis and plan for interventions needed must be included in the evaluation.	

Individual Care Plan (ICP)
Contractors must:
1. Develop an ICP in collaboration with caregiver(s) and Multidisciplinary (MDT) team.
2. Formally update ICP every 6 months and informally at least every 90 days.
3. Coordinate with caregiver, teachers, and allied services providers.
4. Plans must include:
    a. Goals;
    b. Objectives;
    c. Activities;
    d. Follow up needed;
    e. Person(s) responsible in all child settings.
5. Keep MDT meeting notes, plans and all follow up for _six years_ as consistent with HIPPA record retention.
6. Provide retention policies with DCYF as part of ongoing monitoring and CQI processes.
7. At minimum that MDT team must include:
    a. Child's caregiver(s);
    b. LMHP/IECMH;
    c. Child's teacher;
    d. Allied Service providers.
	• **CO-5 Individualization**
	• **IC-2 Individual Care Plan**
	• **PAO-28 Service Delivery Plan**

Referrals Contractors must: 1. Connect child and/or caregiver(s) with additional provider services identified on the Individual Care Plan. 2. Document follow up steps and additional services identified during MDT meeting on ICP plan. 3. Assist caregiver(s) in obtaining additional services outlined in plan. 4. Track referrals in DCYF developed Smart Sheet and then into ELMS when available.	• **PAO-29 Community Partnerships** • **FEP-13 Resources and Referrals**
Transportation Contractors must:	• **PAO-23 Transportation**

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1. Arrange daily transportation to and from home to early learning setting (based on assessed need(s) of caregiver(s), family and available resources).	• **PAO-24 Transportation Records**
Individualized Tiered Support Contractors must: 1. Have their employment structure or through contract with a Community Mental Health Agency the ability to coordinate and collaborate with LMHP/IECMH professionals that have knowledge, experience, and endorsement in IECMH practice/trauma informed care. 2. Provide training and supports for LMHP/IECMH professionals to learn about strengths-based approaches, developmental appropriate practices, bias, culturally competent, and clarifications around what supports ECEAP staff already provided to the child/family through ECEAP programming. LMHP/IECMH staff will: 1. Provide the treatment and care of children and families receiving ECLIPSE services within their agencies Early ECEAP and ECEAP programming. (i.e. Completes individual child and family assessment(s), develops Individual Care Plans (ICP) with families at the MDT meetings) 2. Facilitate work with families, program staff and administrators in the development and adoption of an informed healing centered framework to be applied at the universal, targeted, and expanded levels of intervention offered by ECEAP contractors in classrooms with children and with caregivers/families in their location of choice. 3. Provide support staff and caregiver(s) a venue training for staff and caregivers/families to learn about trauma and its effects on the growing brain as a way to support the adults to provide informed care and safe learning environments at home and school for young children.	• **PDTR-24 Infant and Early Childhood Mental Health Consultant Role** • **PDTR-25 Infant and Early Childhood Mental Health Consultant** • **IC-9 Positive Climate**

In-Home Family Supports
Contractors must:
1. Provide caregiver(s)/family, individual and group support and therapy with LMHP/IECMH professional. This could include but is not limited to:
   a. Psychoeducation
   b. Evidence Based Practice (EBP)
   c. Dyadic Work
	• **PDTR-24 Infant and Early Childhood Mental Health Consultant Role**
	• **PDTR-25 Infant and Early Childhood Mental Health Consultant**

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Classroom Based Support Contractors must: 1. Use research-based or informed approaches to expand knowledge around trauma informed approaches, the impacts of trauma, child centered and developmentally appropriate 0-5 mental health and resiliency interventions, including cultural activities that are proven to reduce the effects of trauma. 2. Implement an approach that builds and develops from the ECEAP Mental Health Consultant work that has already occurred in the classroom. This could include list of Interventions/Tools under consideration. (see below)	• **IC-9 Positive Climate** • **IC-10 Child Guidance Policy and Techniques** • **IC-12 Child Guidance – Physical Restraint** • **IC-13 No Expulsion** • **PAO-20 Early Childhood Education Documents**
Ongoing coordination and collaboration Contractors must: 1. Ensure coordination so there is not a duplication of services and so all partners supporting a family are connected to the individualized planning in place for each family.	• **PDTR-25 Infant and Early Childhood Mental Health Consultant** • **PAO-29 Community Partnerships**
Ongoing MDT/Wraparound Intensive Services (WISe) team & family meetings Contractors must: 1. Provide WISe services and supports as needed. 2. Develop policies and processes to determine clear pathways to these additional therapeutic supports.	• **PAO-28 Service Delivery Plan**
Transition planning Contractors must: 1. Have processes and documentation that clearly articulates the points of intersection between ECEAP and ECLIPSE services. 2. Build upon ECEAP services so that a duplication of services does not occur. 3. Include mental health transition planning for children who need continued care/supports upon exiting ECLIPSE services, as needed.	• **CO-2 Transition**
Staffing Staffing must include: • ECLIPSE Program Manager- Individual who provides administrative and programmatic oversight of ECLIPSE service implementation. • LMHP staff (Professional who holds an advance degree specializing in health, social, and/or human services. Individual offers ECLIPSE services and support to staff,	

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children and families enrolled in Early ECEAP/ECEAP.) Or development of a partnership with a local MH agency.
• Child and Family Support Partner Staff to support the ECLIPSE work for children in classroom and families in their environment and provide intensive case management. For families working with multiple system involvement:
    o This position would require knowledge and experience working in both classroom and home environments. Position would be integrated into the ECEAP staffing structure, or would be required to engage in significant interagency coordination efforts. The caseload would be 15-20 MAX
    o Intensive Case Management (ICM) is a team-based approach that supports individuals through a case management approach, the goal of which is to help clients maintain their basic and safety needs and to achieve an optimum quality of life through developing plans, enhancing life skills, addressing health and mental health needs, engaging in meaningful activities and building pro-social and community relations.	

Sites must include two-way mirror and observation spaces into at least one classroom.	

Interventions/Tools under Consideration- Below is a list of evidence-based, research based, or promising practice Early Care Mental Health Frameworks, Interventions, and Assessment tools that are recommended to be used when implementing ECLIPSE services with children, families, and staff.

- **Attachment Bio-behavioral Catchup (ABC)** – An intervention that helps caregiver with three main components.
    - o First intervention component helps caregivers to re-interpret children's behavioral signals so that they provide nurturance even when it is not elicited. Nurturance does not always come naturally to many caregivers, but children who have experienced early adversity especially need nurturing care. The intervention helps caregivers provide nurturing care even if it does not come naturally.

- o Second intervention component- helps caregivers provide a responsive, predictable, environment that enhances young children's behavioral and regulatory capabilities. Many children who have experienced early adversity are dysregulated behaviorally and biologically. The second component helps caregivers follow their children's lead with delight.
  - o Third intervention component helps caregivers decrease behaviors that could be overwhelming or frightening to a young child.
- **Facilitating Attuned Interactions (FAN) -** FAN is framework that aims to promote caregiver engagement and provider/caregiver collaboration. FAN is geared towards providers working with families primarily used in DCYF's home visiting programs and identifies five areas for communication: Calming, Feeling, Thinking, Doing, and Reflecting. A unique part of FAN is the first process, Calming or Mindful Self-Regulation, which focuses on the provider's self-awareness by developing the ability to track, regulate and understand their own reactions during the contact in order to stay calm and present for the family.
- **Promoting First Relationships**- A program offered to parents of children birth to three that promotes secure attachments and trusting relationships between child and caregiver. Using video-feedback, families observe their own strengths as caregivers. Facilitators use weekly session checklists to stay on topic. Program offered through one hour 10 weekly sessions. Outcomes based on clinical observations of positive changes in the attachment and quality of the relationship.
- **Positive Parenting Program (Triple P)** - A multi-level parenting skills intervention (for parents of children birth to 16 yrs. old) that uses a multi-level system of interventions:
  - o Level 1 is a comprehensive media campaign and distribution strategy for delivering positive parenting information to all families within a given community.
  - o Level two interventions are delivered to caregivers through low-intensity seminars or single-session meetings.
  - o Level three interventions are brief (1-4 sessions) and focus on identifying and resolving commonly encountered behavior problems in childhood. Level three interventions may be offered in a variety of settings where caregivers naturally visit.
  - o Level 4 interventions are delivered in 8-10 sessions and offer parents a more comprehensive set of strategies for improving family functioning and parent-child relationships in any situation. The interventions have sufficient impact to address moderate to severe behavior problems in children.
  - o Level 5 interventions offer further support for parents with specific risk factors (e.g., families at high risk for child maltreatment, families going through a divorce or separation, or families with overweight or obese children) or for parents with continuing needs following a Level 4 intervention.
- **Circle of Security (COS) –Intensive** – A caregiver training and psychoeducation intervention (for parents of children 4 months to 6 yrs. old) that aims to improve caregiver-child relationships and enhance secure attachment. A certified therapist delivers and features individualized recordings of participating caregivers to demonstrate context related to the caregiver-child relationship. COS -Intensive uses a visual map of attachment referred to as "circle of security". This map emphasizes the caregiver's role in providing a secure base from which their child can explore the world and a safe haven where their child can return for comfort.

- **Circle of Security (COS)-Parenting** - A caregiver training and psychoeducation intervention (for parents of children 4 months to 6 yrs. old) that aims to improve caregiver-child relationship and enhance secure attachment. COS - Parenting reduces, the time and resources needed to implement the program. It uses stock footage to demonstrate content and does not require facilitator to be licensed therapist. Circle of Security parenting also uses visual map of attachment referred to as "circle of security". This map emphasizes the caregiver's role in providing a secure base from which their child can explore the world and a safe haven where their child can return for comfort.
- **Parent Child Interactive Therapy (PCIT)** - Therapists use live coaching with caregivers during interactions with their child to teach new parenting skills. From behind a one-way mirror during interactions with their child, the therapist uses a small speaker in the caregiver's ear where the therapist is coaching the caregiver by microphone. Delivery can also be done by whispering into the caregiver's ear.
- **Teacher Child Interactive Therapy-Comprehensive (TCIT-C) -** An adaptation of Parent Child Interaction Therapy for use with teachers and classrooms. TCIT-C was designed to improve the social, emotional, and behavioral competence for students 3 to 7 years of age. Additionally, TCIT-C has been shown to increase teacher-efficacy and job satisfaction for early childhood educators.
- **The CHILD Tool** –**C**limate for **H**ealthy **I**nteractions for **L**earning & **D**evelopment from Yale comprehensive observational assessment of the mental health or (social/emotional) climate of early care and education settings. As a classroom measurement tool, the CHILD is unique in the following ways:
    - Explicitly assesses all social interactions including staff-child, child-child, and staff-staff interactions.
    - Explicitly assesses verbal and nonverbal behaviors, and overt and subtle cues; and
    - Addresses issues of equity and inclusion.
- **Touchpoints** - An evidenced based approach to building strong family-child relationships (for parents of children from birth through age 5). Touchpoints provides a practical, preventive approach that supports professionals in forming strength-based partnerships with families. After training provider's, there will be increased knowledge of the child development process, reduction in behaviors being identified as challenging, improved accuracy in referrals of children for additional services, increased caregiver confidence and competence in supporting their child, and improved provider-family relationship.

Assessment Tools:

- Early Childhood Needs and Strengthens (CANS) – A communication tool used by WISe staff to help establish strengthen and needs for WISe services
- DC: 0-5- A diagnosis classification for children 0-5 years old
- Child Behavior Checklist 1.5-5 yrs.- A questionnaire that measures Anxiety/Mood Internalizing and External Behaviors
- The parent stress index (Pre-Mid-Post completion)-Screening there is a short form and long form
- Maternal Depression Screening/Evaluation- Item needs further research to identify maternal depression screening