

ECLIPSE Minimum Service Delivery Requirements 2023-2024

ECLIPSE (Early Childhood Intervention and Prevention Services) offers a trauma-informed, center-based intervention, prevention and treatment service for families with young children who have experienced substantial trauma. These models strengthen attachments, foster resilience, build regulation capacity, and nurture healthy development across all developmental learning domains. ECLIPSE is designed to fill any gaps in continuity of care for infants, toddlers, and preschoolers with a complex set of needs. ECLIPSE-tiered supports are provided within the context of ECEAP’s and Early ECEAP’s foundation of comprehensive, strength-based, responsive, and high-quality services for families. The contractor shall offer tiered and expanded therapeutic infant and early childhood mental health services to young children and their families who are experiencing a complex set of needs.

Planning for an Integrated Approach:

- **Dual Enrollment:** ECEAP and Early ECEAP high quality comprehensive early learning model will be paired with ECLIPSE funding to provide mental health supports and services to children and families enrolled in Early ECEAP and ECEAP. ECLIPSE services will be expanded throughout the state guided by data on critical mental health needs.
- **Efficient Braided Funding:** ECEAP, Early ECEAP and ECLIPSE funds are combined to meet the therapeutic needs of children and families enrolled in ECEAP and Early ECEAP.
- **Strong Data:** ECLIPSE services will be integrated into the Early Learning Management System (ELMS) and until then contractors are required to enter data into a temporary tracking system provided by DCYF. ELMS houses ECEAP and Early ECEAP administrative data and child and family assessments. This connection supports the use of appropriate outcomes-based positive behavior supports and requirements.
- **High Quality Tiered Supports:** Following capacity for further data collection, individualized child and family interventions and classroom adaptations and supports will be analyzed for quality and effectiveness.

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<p>Recruitment and Outreach Efforts</p> <p>Contractors must:</p> <ol style="list-style-type: none"> 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, and other referral partners, as appropriate. 2. Track referral source in the DCYF online platform until ECLISPE elements are built into ELMS. 	<ul style="list-style-type: none"> • PAO-37 Child Recruitment • PAO-38 Eligibility for ECEAP Services • PAO-39 Additional Children Allowed for Enrollment • PAO-32 Community Partnerships
<p>Eligibility Review</p> <p>Contractors must:</p>	<ul style="list-style-type: none"> • IC-13 No Expulsion • FEP-13 Resources and Referrals

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<ol style="list-style-type: none"> 1. Create processes for identifying children and determining eligibility and placement options for ECLIPSE. 2. Use ELMS enrollment and eligibility data, including priority points to determine ECLIPSE service eligibility through review of Early ECEAP/ECEAP application. 3. Collect referral information from allied service providers, referent, and caregiver(s), such as: <ol style="list-style-type: none"> a. Child Welfare Safety Plan; b. Exposure to and/or experience with traumatic events; c. Family or cultural historical trauma; d. How and if traumatic experience is showing up; and e. Determine supportive, culturally appropriate materials, or approaches to use in supporting the child, family, and classroom staff. 4. Determine supports already provided by ECEAP contractor staff to support the child, family, and community. 5. Obtain written consent of at least one adult with whom the child lives with to receive ECLIPSE services. 6. Prioritize child welfare referrals and enrolled ECEAP children. 7. Report referent type in the DCYF online platform until ECLIPSE elements are built into ELMS. 	<ul style="list-style-type: none"> • PAO-32 Community Partnerships
<p>ECLIPSE Enrollment</p> <ol style="list-style-type: none"> 1. Contractors must: <ol style="list-style-type: none"> a. Fill 50% of funded ECLIPSE slots within 90 calendar days. To establish 90 calendar days: <ol style="list-style-type: none"> i. Count the first day of class when caregiver(s) give consent for the ECEAP child to participate in ECLIPSE and the first day a child attends class as day one. ii. Count the first day of class for a non-ECEAP child when approval from DCYF is received and child attends class in person. iii. When a child exits ECLIPSE, count the last day the child attended class in person as day one. b. Consider a slot full when a caregiver(s) gives consent for the child to be enrolled in ECLIPSE and the child attends class in person. 	<ul style="list-style-type: none"> • PAO-52

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<p>c. Create an ECLIPSE enrollment policy with processes for enrollment completions and timelines. The policy must include how the program will:</p> <ul style="list-style-type: none"> i. Prioritize Child Welfare referrals; ii. Plan for and implement accommodations for children with developmental delays or disabilities; iii. Plan for and implement services for established IEPs and IFSPs; and iv. Plan for and implement child’s ICP. <p>d. Ensure enrollment timelines in (1)(a) are met.</p> <p>e. Head Start (HS), Early Head Start (EHS) and Child Care children may be eligible for ECLIPSE services if the child is located in the same building as an ECEAP child who is currently enrolled in ECLIPSE. Prior approval from DCYF is required before enrollment of a non-ECEAP child.</p> <p>2. Contact their ECLIPSE Specialist or ECLIPSE Manager for support when they are unable to fill a vacant slot within the 90-day timeline or if timelines were not met and there are vacant slots with children on the waitlist.</p> <p>3. Contact the ECLIPSE Manager when all slots are full, a Child Welfare referral is received, and the child qualifies for enrollment into ECEAP. The contractor may be eligible for additional temporary slots for the year.</p>	
<p>Screenings</p> <p>Contractors must:</p> <ul style="list-style-type: none"> 1. Complete a social emotional screening focusing on the child with caregiver(s) input within 45 days of enrollment into ECLIPSE. This screening would go beyond screenings used in ECEAP programming and are specific to social emotional health. Tools must be normed and validated, such as, but not limited to: <ul style="list-style-type: none"> a. DECA; b. DECA-C if behavior concerns present in use of DECA; c. ASQ-SE; d. Child Behavior Checklist 1.5- 5 years; and e. Child and Adolescent Needs and Strengths (CANS). 	<ul style="list-style-type: none"> • CO-1 Developmental Screening and Referrals

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<ol style="list-style-type: none"> 2. Complete a child social emotional standardized screening in collaboration with staff and caregiver(s) if one was not completed in ECEAP or Early ECEAP. 3. Administer screening with caregiver(s) to measure level of stress/depression within caregiver. Tools must be normed and validated, such as, but not limited to: <ol style="list-style-type: none"> a. The Parent Stress Index (Pre- Mid- Post-completion); b. Generalized Anxiety Disorder Screener -7; and c. Patient Health Questionnaire – 9. 4. A prior screening or diagnosis for parent or child done within the last year may be used. Obtain a consent to release and copy of latest screening for child’s file. 5. Document the number of screenings completed each month in the DCYF online platform until ECLIPSE elements are built into ELMS. 	
<p>Biopsychosocial Assessment</p> <p>Contractors must:</p> <ol style="list-style-type: none"> 1. Focus on the child and caregiver relationship with caregiver(s) input to assess relationships, interactions and language use. 2. 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/or observations from ECEAP Contractor. 3. Ensure that the LMHP/IECMH Professional is familiar with the diagnostic classification of mental health and developmental disorders of infancy and early childhood (i.e. DC:0-5). 4. Document the number of biopsychosocial assessments completed each month in the DCYF online platform until ECLIPSE elements are built into ELMS. <p>LMHP/IECMH Professional must include:</p> <ol style="list-style-type: none"> 1. Observations preferably in child’s home environment with caregiver(s), and classroom settings to assess relationships, interactions, and language used between caregiver and child; 2. Data collected from allied service providers; 3. Developed plans for age-appropriate interventions based on child’s interest; and 	<ul style="list-style-type: none"> • CO-3 Observation • CO-4 My Teaching Strategies® GOLD® Assessment

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<p>4. Observations and findings that are documented on the child’s Individual Care Plan.</p>	
<p>Individual Care Plan (ICP)</p> <p>Contractors must:</p> <ol style="list-style-type: none"> 1. Develop an ICP in collaboration with caregiver(s) and Multidisciplinary (MDT) team within 60 school days; 2. Formally update ICP every 6 months and informally at least every 90 days; and 3. Coordinate with caregiver, teacher, and allied services providers. 4. Plans must include: <ol style="list-style-type: none"> a. Goals; b. Objectives; c. Activities and/or therapeutic intervention(s); d. Frequency, intensity, and method of intervention(s); e. Follow up needed; and f. Person(s) responsible in all child settings. 5. Have completed ICP signed by caregiver(s) and ECLIPSE Staff and kept in the child’s file. 6. Document the number of ICPs completed each month in the DCYF online platform until ECLIPSE elements are built into ELMS. 7. Submit a sample of ICPs (1:25) to DCYF for review each quarter. 	<ul style="list-style-type: none"> • CO-5 Individualization • IC-2 Individual Care Plan • PAO-31 Comprehensive Services
<p>Multi-Disciplinary Team (MDT) Supports</p> <p>Contractors must:</p> <ol style="list-style-type: none"> 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. 2. Develop policies and processes to determine clear pathways to additional therapeutic supports, such as wraparound services and other supports, as needed, and when available. 3. Develop policies and processes to determine clear pathways to additional therapeutic supports. 4. At minimum that MDT team includes, when available: <ol style="list-style-type: none"> a. Child’s caregiver(s); 	

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<ul style="list-style-type: none"> b. LMHP/IECMH; c. Child’s teacher; d. Referent; and e. Allied Service providers. <ol style="list-style-type: none"> 5. Document the number of MDT meetings held each month in the DCYF online platform until ECLIPSE elements are built into ELMS. 6. Keep MDT meeting notes, plans, and all follow-up for <u>6 years</u>, as consistent with HIPPA record retention. 	
<p>Referrals</p> <p>Contractors must:</p> <ol style="list-style-type: none"> 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. Assist caregiver(s) in obtaining additional services outlined in plan. 	<ul style="list-style-type: none"> • PAO-32 Community Partnerships • FEP-13 Resources and Referrals
<p>Individualized Tiered Support</p> <p>Contractors must:</p> <ol style="list-style-type: none"> 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 and trauma-informed care. 2. Provide individual interventions with children to address symptoms of exposure to trauma or mental health concerns and introduce pro-social behavior and self-regulation techniques. 3. Implement an approach that builds and develops from the ECEAP Mental Health Consultant work that may have already occurred in the classroom. 4. Provide caregiver(s)/family, individual and group support and therapy with LMHP/IECMH professional. This could include, but is not limited to: <ul style="list-style-type: none"> a. Psychoeducation; b. Evidence Based Practice (EBP); and c. Dyadic Work. 5. Document individualized tiered supports in the child’s Individual Care Plan. 	<ul style="list-style-type: none"> • PDTR-26 Infant and Early Childhood Mental Health Consultant Role • PDTR-27 Infant and Early Childhood Mental Health Consultant Qualifications • IC-9 Positive Climate • IC-10 Child Guidance • IC-11 Child Guidance- Prohibited Practices • IC-12 Child Guidance – Physical Restraint • IC-13 No Expulsion • PAO-21 Early Childhood Education Documents • PAO-22 Child Records

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<p>Transition planning</p> <p>Contractors must:</p> <ol style="list-style-type: none"> 1. Have processes and documentation in the ICP 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. 4. Plan for a child's transition from ECLIPSE during MDT meetings and shall review and update the transition plan on the Individual Care Plan (ICP). When the child is approaching the goals contained in the ICP, a final transition plan will be established and implemented. 5. Document the number of transition plans completed each month in the DCYF online platform until ECLIPSE elements are built into ELMS. 	<ul style="list-style-type: none"> • CO-2 Transition Plan • IC-3 No Expulsion
<p>Transportation</p> <p>Contractors must:</p> <ol style="list-style-type: none"> 1. Ensure daily transportation to and from home to early learning setting, based on assessed need(s) of caregiver(s), family and available resources such as, but not limited to: <ol style="list-style-type: none"> a. Bus vouchers; and b. Gas cards. 2. Document the number of transportation plans and transportation supports in the DCYF online platform until ECLIPSE elements are built into ELMS. 	<ul style="list-style-type: none"> • PAO-24 Transportation • PAO-Transportation Records
<p>Staff Professional Development</p> <p>Contractors must:</p> <ol style="list-style-type: none"> 1. Have a written plan that outlines ECLIPSE staff training for all staff planning to, or providing, ECLIPSE services. 2. Provide training and supports for LMHP/IECMH professionals to learn about strengths-based approaches, developmentally appropriate practices, bias, culturally responsive practices, and clarifications around what supports ECEAP staff already provided to the child/family through ECEAP programming. 3. Use research-based or informed approaches to expand knowledge around trauma-informed approaches, the 	<ul style="list-style-type: none"> • PDTR-26 Infant and Early Childhood Mental Health Consultant Role • PDTR-27 Infant and Early Childhood Mental Health Consultant Qualifications

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<p>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.</p> <ol style="list-style-type: none"> 4. Provide modeling, coaching and support to caregiver(s) and teachers to utilize individualized therapeutic interventions and/or strategies with children, caregivers and teachers. Interventions and strategies will address symptoms of exposure to trauma and introduce pro-social behavior and self-regulation techniques. 5. Document trainings provided each month in the DCYF online platform until ECLIPSE elements are built into ELMS. 	
<p>Required Staffing</p> <p>Staffing must include:</p> <ol style="list-style-type: none"> 1. ECLIPSE Program Manager- Individual who provides administrative and programmatic oversight of ECLIPSE service implementation. 2. LMHP staff (professional who holds an advance degree specializing in health, social, and/or human services.) This position offers ECLIPSE services and support to staff, children and families enrolled in Early ECEAP/ECEAP. Or development of a partnership with a local MH agency. This position will: <ol style="list-style-type: none"> a. Hold an advanced degree specializing in health, social and/or human services and be licensed by the Department of Health (DOH); b. Provide the treatment and care of children and families receiving ECLIPSE services within Early ECEAP/ ECEAP programming. (i.e. Completes individual child and family assessment(s), develops Individual Care Plans (ICP) with families at the MDT meetings); c. Facilitate work with families, program staff and administrators in the development and adoption of a promotion and prevention framework to be applied at the universal, targeted, and expanded levels of intervention offered by ECLIPSE service; d. Provide support staff and caregiver(s) training to learn about trauma and its effects on the growing brain; and e. Provide support staff training in secondary trauma and compassion fatigue as a way to 	<ul style="list-style-type: none"> • PDTR-26 Infant and Early Childhood Mental Health Consultant Role • PDTR-27 Infant and Early Childhood Mental Health Consultant Qualifications

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<p style="text-align: center;">support the adults to provide informed care and safe learning environments.</p> <ol style="list-style-type: none"> 3. 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. This position would: <ol style="list-style-type: none"> a. Require knowledge and experience working in both classroom and home environments; b. Be integrated into the ECLIPSE staffing structure, and/or would be required to engage in significant interagency coordination efforts; and c. Provide Intensive Case Management (ICM), 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 to achieve an optimum quality of life. This can happen through developing plans, enhancing life skills, addressing health and mental health needs, engaging in meaningful activities, and building pro-social and community relations. d. Hold a maximum caseload of 15-20. 4. Staff roles may be combined with ECEAP staff roles when needed. 	
<p>Data Entry Requirements</p> <p>Contractors must:</p> <ol style="list-style-type: none"> 1. Document ECLIPSE Service Delivery Requirements and staff report in DCYF online platform until ECLIPSE elements are built into ELMS. <ol style="list-style-type: none"> a. Data entry includes: <ol style="list-style-type: none"> i. Report month; ii. Number of staff hired; iii. Number of professional service contracts retained; iv. Trainings held for the month; v. Number of children needing transportation; vi. Number of transportation plans created; vii. Types of transportation supports provided to families; viii. Number of child referrals received; 	

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<ul style="list-style-type: none"> ix. Number and types of child social emotional screening tools used; x. Number and types of caregiver screenings used; xi. Number of new children enrolled each month; xii. Child ELMS ID numbers; xiii. Who referred the child; xiv. Child diagnosis, if applicable; xv. Number of child assessments completed; xvi. Number of caregiver assessments completed; xvii. Number of Individual Care Plans implemented; xviii. Number of MDT meetings held; xix. Number of transition plans completed; xx. Types of transportation support provided; and xxi. Reasons and ELMS ID number of children exiting. 	
<p>ECLIPSE Pilot Activities</p> <p>Contractors will:</p> <ol style="list-style-type: none"> 1. Participate in innovative approaches and opportunities as they become available; and 2. Integrate ECLIPSE programming into ECEAP self-assessment and community assessment activities. 	
<p>Sites may include two-way mirrors and observation spaces into classrooms.</p> <ul style="list-style-type: none"> • This allows for dyadic work between child and caregiver(s) to be done at the center, and for teachers and mental health professionals to conduct objective observations of children with minimal distractions. 	