



## ECLIPSE MINIMUM SERVICE DELIVERY REQUIREMENTS 2024-2025



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

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**Background**

ECLIPSE (Early Childhood Intervention and Prevention Services) offers a year-round, 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. Where ECEAP services end, ECLIPSE begins.

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 support 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 on 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.

## **Minimum Service Delivery Requirements (MSDR)**

### **MSDR 1: 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), Economic Service Administration Social Workers (ESA/DSHS), and comparable tribal services, and other referral partners as appropriate.
2. Track referral source in the DCYF online platform until ECLIPSE elements are built into ELMS in 2026.

### ***Related ECEAP Performance Standard and Definitions***

- ***PAO-32 Community Partnerships***
- ***PAO-37 Child Recruitment***
- ***PAO-38 Eligibility for B-3 and PreK ECEAP Services***
- ***PAO-39 Additional Children Allowed for Enrollment (PreK ECEAP Only)***

### **MSDR 2: Eligibility Review**

Contractors must:

1. Create processes for reviewing, identifying, and determining eligibility and placement options for children in 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:
  - 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. Supportive, culturally appropriate materials, or approaches to use in supporting the child, family, and classroom staff.
4. Determine support already provided by ECEAP contractor staff to support the child, family, and community.
5. Report referent type in the DCYF online platform until ECLIPSE elements are built into ELMS in 2026.

### ***Related ECEAP Performance Standard and Definitions***

- ***IC-12 No Expulsion***
- ***FEP-13 Resources and Referrals***
- ***PAO-32 Community Partnerships***
- ***PAO-40 Eligibility for Working Day ECEAP***
- ***PAO-41 Verifying Eligibility***

### **MSDR 3: ECLIPSE Prioritization**

1. Contractors must prioritize children:
  - a. Referred by a child welfare social worker, a department of social and health services social worker, primary care physician, a behavioral health provider, or a public health nurse due to:
    - i. Risk of child abuse or neglect;
    - ii. Exposure to complex trauma; or
    - iii. Significant developmental delays.
  - b. Currently enrolled in ECEAP School Day, Working Day or Birth to 5 Working Day programs.
  - c. With the highest ECEAP priority points; and
  - d. Establish and maintain an active waiting list when funded slots are full.
2. ECLIPSE contractors can reference the [ECLIPSE Prioritization Worksheet](#) for additional prioritization factors.

### ***Related ECEAP Performance Standard and Definitions***

- ***RCW 43.215.567 Early Therapeutic and preventative services and programs***
- ***PAO-48 Prioritization***
- ***PAO-50 Waiting Lists***

### **MSDR 4: ECLIPSE Enrollment**

1. Contractors must:
  - a. Fill 50% of funded ECLIPSE slots by September 30<sup>th</sup> for Working Day and December 31<sup>st</sup> for School Day.
  - 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.
  - c. Create an ECLIPSE enrollment policy with processes for enrollment completions and timelines. The policy must include how the program will:
    - i. Prioritize Child Welfare referrals;
    - ii. Plan for implementation of accommodations for children with developmental delays or disabilities;
    - iii. Incorporate established Individual Education Programs (IEP) and Individual Family Support Plans (IFSP), and other ECEAP plans such as Child Focused Response Plan.
    - iv. Plan for and implement child's ECLIPSE Family Care Plan (ECLIPSE FCP).
  - d. Ensure enrollment timelines in (1)(a) are met.
  - e. Obtain written consent of at least one adult with whom the child lives with to receive ECLIPSE services.
2. Children who are age eligible for kindergarten and have exited their ECEAP program may stay enrolled in ECLIPSE through October 31<sup>st</sup> of their Kindergarten year to support transitions, if needed.
3. Head Start (HS), Early Head Start (EHS) and childcare 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.
  - a. Complete the [Non-ECEAP Child Request Form](#) and submit it to the ECEAP inbox for approval.
  - a. Upon approval complete the non-ECEAP Demographics Form, provided by ECLIPSE upon approval from DCYF.
4. Contractors will contact the ECLIPSE Specialist or ECLIPSE Manager for support when they are unable to fill a vacant slot within the above timeline (1a) or if timelines were not met.

5. Contractors will contact the ECLIPSE Manager when all slots are full, a Child Welfare referral is received, and the child qualifies for enrollment into ECEAP/ECLIPSE. The Contractor may be eligible for additional temporary ECLIPSE funding for the year.
6. Children referred by DCYF or DSHS may be eligible for ECEAP through an Exceeds SMI Eligibility (ESE) slot.

#### ***Related ECEAP Performance Standard and Definitions***

- ***CO-2 Transition Plan***
- ***PAO-12 Parent Consent Forms***
- ***PAO-49 Exceeds SMI Eligibility (ESE) Slots***
- ***PAO-51 Availability for Enrollment***
- ***PAO-52 Enrollment***
- ***PAO-53 Serving Non-ECEAP Children in the Same Classroom***

#### **MSDR 5: Screenings**

1. Contractors must:
  - a. Complete a social emotional screening focusing on the child with caregiver(s) input within 45 school 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:
    - i. DECA;
    - ii. ASQ-SE;
    - iii. Pediatric ACES and Life Events Screener;
    - iv. Child Behavior Checklist 1.5- 5 years; and
  - b. Complete a child social emotional standardized screening in collaboration with staff and caregiver(s) if one was not completed in ECEAP or Early ECEAP.
  - c. Administer screening with caregiver(s) as needed to measure:
    - i. Level of stress/depression/anxiety within caregiver
    - ii. Parent-child attachment and relationship tools . Such as but not limited to:
      1. Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), and;
      2. Dyadic Parent and Child Interactions Coding Systems (DPCICS) Tool.
2. Tools must be normed and validated.
3. A prior screening or diagnosis of parent or child done within the last 12 months may be used. Obtain a consent to release and obtain a copy of latest screening for child's file.
4. Document the number of screenings completed each month in the DCYF online platform until ECLIPSE elements are built into ELMS in 2026.

#### ***Related ECEAP Performance Standard and Definitions***

- ***CO-1 Developmental Screening and Referrals***

#### **MSDR 6: Strengths and Needs Assessment**

1. Contractors must:
  - a. Focus on the child and caregiver relationship with caregiver(s) input to assess relationships, interactions, and language use.
  - b. Conduct an 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.
  - c. Identify family and child strengths
  - d. Conduct an assessment in the family's home language, when possible
  - e. Use culturally responsive\* and anti-bias approaches when assessing families and children.

- f. 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, biopsychosocial assessment).
  - g. Document the number of assessments completed each month in the DCYF online platform until ECLIPSE elements are built into ELMS.
2. LMHP/IECMH Professional must include:
    - a. Observations preferably in child's home environment with caregiver(s), and classroom settings to assess relationships, interactions and language used between caregiver and child;
    - b. Data collected from allied service providers;
    - c. Developed plans for age-appropriate interventions based on child's interest; and
  3. Observations and findings that are documented on the child's ECLIPSE Family Care Plan.

*\*Means teachers and staff weave children's cultural ways of knowing into the teaching, finding what works for each child.*

**Related ECEAP Performance Standard and Definitions**

- **CO-3 Observation**
- **CO-4 My Teaching Strategies® GOLD® Assessment**

**MSDR 7: ECLIPSE Family Care Plan (ECLIPSE FCP)**

1. Contractors must:
  - a. Develop an ECLIPSE FCP in collaboration with caregiver(s) and Multidisciplinary (MDT) team within 60 school days.
  - b. Formally update ECLIPSE FCP every 6 months and informally at least every 90 days; and
  - c. Coordinate with caregivers, teacher, and allied services providers.
2. Have completed ECLIPSE FCP signed by caregiver(s) and ECLIPSE Staff and kept in the child's file.
3. Document the number of ECLIPSE FCPs completed each month in the DCYF online platform until ECLIPSE elements are built into ELMS in 2026.
4. Plans must include:
  - 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.

**Related ECEAP Performance Standard and Definitions**

- **CO-5 Individualization**
- **IC-2 Individual Care Plan**
- **IC-16 Alternative Attendance Plan**
- **IC-17 Child Focus Response Plan**
- **PAO-31 Comprehensive Services**

**MSDR 8: Multi-Disciplinary Team (MDT) Supports**

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.
2. Develop policies and processes to determine clear pathways to additional therapeutic support. Such as wraparound services and other supports as needed and when available.
3. Develop processes to determine clear pathways to additional therapeutic supports.
4. At minimum the MDT team includes two or more different disciplines or professions, when available:
  - a. Child's caregiver(s);

- b. LMHP/IECMH;
  - c. Child's teacher;
  - d. Referent; and
  - e. Allied Service providers.
5. Document the number of MDT meetings held each month in the DCYF online platform until ECLIPSE elements are built into ELMS in 2026.
  6. Keep MDT meeting notes and all follow up for six years as consistent with HIPPA record retention. Meeting notes may be retained in the online medical portal used by the LMHP.

***Related ECEAP Performance Standard and Definitions***

- ***FEP-1 Family Engagement and Partnership Principles***
- ***FEP-3 Parent-Teacher Conference Content***
- ***FEP-5 Family Support Visit Content***
- ***FEP-6 Health Coordination Services for Families***
- ***FEP-9 Family Confidentiality***
- ***FEP-10 Family Engagement***
- ***FEP-11 Family Engagement Content***
- ***FEP-12 Collaborative Visit with Other Programs***

**MSDR 9: Referrals**

Contractors must:

1. Connect child and/or caregiver(s) with additional culturally appropriate provider services identified on the ECLIPSE Family Care Plan. These services go beyond what a family would receive in ECEAP.
2. Document follow up steps and additional services identified during MDT meeting on ECLIPSE FCP.
3. Assist caregiver(s) in obtaining additional services outlined in ECLIPSE Family Care Plan.

***Related ECEAP Performance Standard and Definitions***

- ***PAO-32 Community Partnerships***
- ***FEP-13 Resources and Referrals***

**MSDR 10: Individualized Tiered Support**

Contractors must:

1. Have in 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 culturally relevant\* 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:
  - a. Psychoeducation;
  - b. Evidence Based Practice (EBP); and
  - c. Dyadic Work.
5. Document individualized tiered support in the child's ECLIPSE Family Care Plan.

***Related ECEAP Performance Standard and Definitions***

- ***CO-5 Individualization***
- ***PDTR-26 Infant and Early Childhood Mental Health Consultant Role***
- ***PDTR-27 Infant and Early Childhood Mental Health Consultant Qualifications***
- ***IC-8 Positive Climate***

- **IC-9 Child Guidance**
- **IC-10 Child Guidance-Prohibited Practices**
- **IC-11 Child Guidance – Physical Restraint**
- **IC-12 No Expulsion**
- **PAO-21 Early Childhood Education Documents**
- **PAO-22 Child Records**

*\*means children see and experience themselves, their families and culture in the classrooms, they experience their full identities affirmed.*

### **MSDR 11: Transition Planning**

1. Transition planning establishes contacts and resources families can access independently upon disenrollment.
2. Contractors must:
  - a. Have processes and documentation in the ECLIPSE FCP that clearly articulates the points of intersection between ECEAP and ECLIPSE services.
  - b. Build upon ECEAP services so that a duplication of services does not occur.
  - c. Include mental health transition planning for children who need continued care/support upon exiting ECLIPSE services, as needed.
  - d. Plan for a child’s transition from ECLIPSE during MDT meetings:
    - i. Transition planning should begin at first MDT meeting;
    - ii. Review and update the transition plan on the ECLIPSE Family Care Plan (ECLIPSE FCP) when the child is approaching the goals contained in the ECLIPSE FCP;
    - iii. A final transition plan will be established and implemented.
3. Document the number of transition plans completed each month in the DCYF online platform until ECLIPSE elements are built into ELMS in 2026.

#### **Related ECEAP Performance Standard and Definitions**

- **CO-2 Transition Plan**
- **IC-12 No Expulsion**
- **PAO-26 No Expulsion Policy**

### **MSDR 12: Transportation**

Contractors must:

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:
  - a. Reimbursements or;
  - b. Stipends.

#### **Related ECEAP Performance Standard and Definitions**

- **PAO-24 Transportation**
- **PAO-25 Transportation Records**

### **MSDR 13: Staff Professional Development**

Contractors must:

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 and healing centered practices, 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.
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.

***Related ECEAP Performance Standard and Definitions***

- ***PTDR-13 Staff Training Program***
- ***PAO-19 Human Resources Documents***
- ***PDTR-26 Infant and Early Childhood Mental Health Consultant Role***
- ***PDTR-27 Infant and Early Childhood Mental Health Consultant Qualifications***

**MSDR 14: Required Staffing**

Staffing must include but is not limited to:

1. ECLIPSE Program Manager- This position will provide administrative and programmatic oversight of ECLIPSE service implementation.
2. Licensed Mental Health Professional (LMHP) – This position offers ECLIPSE therapeutic services and support to staff, children and families enrolled in Early ECEAP/ECEAP.

This position will:

- a. Hold an advanced degree specializing in health, social and/or human services and be licensed by the Department of Health (DOH);
    - I. At minimum, meet the IECMH Consultant Qualifications in the ECEAP Performance Standard PTDR-27 and be supervised by a licensed infant early childhood mental health clinician.
  - b. Provide culturally and linguistically responsive 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 ECLIPSE Family Care Plans (ECLIPSE FCP) with families at the MDT meetings);
  - c. Facilitate work with families, program staff and administrators in the development and adoption of therapeutic tiered service to be applied at the expanded levels of intervention offered through 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 to support the adults to provide informed care and safe learning environments.
2. Child and Family Support Partner – This position will support the ECLIPSE work for children in the classroom, families in their home environment and provide intensive case management for families working with multiple system involvement. This position will:
    - 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.
3. Staff roles may be combined with ECEAP staff roles when needed.

***Related ECEAP Performance Standard and Definitions***

- ***PDTR-12 Staff Recruitment and Selection***

- **PDTR-15 Family Support Staff Role**
- **PDTR-16 Family Support Staff Qualifications**
- **PDTR-26 Infant and Early Childhood Mental Health Consultant Role**
- **PDTR-27 Infant and Early Childhood Mental Health Consultant Qualifications**

### **MSDR 15: Data Entry Requirements**

Contractors must:

1. Document ECLIPSE Service Delivery Requirements in DCYF online platform until ECLIPSE elements are built into ELMS in 2026. Data entry includes:
  - a. Report month;
  - b. Person completing report;
  - c. Number of children needing transportation;
  - d. Number of transportation plans created;
  - e. Types of transportation supports provided to families;
  - f. Number of child referrals received;
  - g. Number and type of child social emotional screening completed;
  - h. Number and type of caregiver screenings completed;
  - i. Number of new children enrolled each month;
  - j. Child ELMS ID numbers of children enrolled into ECLIPSE;
  - k. Who referred the child;
  - l. Number and type of child assessments completed;
  - m. Number and type of Strengths and Needs Assessments;
  - n. Number of ECLIPSE Family Care Plans implemented;
  - o. Number of MDT meetings held;
  - p. Number of transition plans completed;
  - q. Number of children exiting ECLIPSE;
  - r. ELMS ID numbers of children exiting ECLIPSE; and
  - s. Reasons children are exiting ECLIPSE.

### **MSDR 16: Summer Service Activities**

Contractors must:

1. Provide ECLIPSE summer activities for children not enrolled in a Working Day slot during summer months. These can include but are not limited to:
  - a. Home visits;
  - b. Early learning mental health activities;
  - c. Play and learn groups;
  - d. Parenting education
2. Continue ECLIPSE services for children who are 5 years old by August 31. If a need is identified as child/family transitions into their local school district children may stay enrolled until October 31.
3. Document summer services provided on the DCYF online platform until ECLIPSE elements are built into ELMS in 2026.

### **MSDR 17: ECLIPSE Pilot Activities**

Contractors will:

1. Participate in innovative approaches and opportunities as they become available; and
2. Integrate ECLIPSE programming into ECEAP self-assessment and community assessment activities.
3. Participate in or identify an alternate to attend pre-scheduled monthly meetings and quarterly check-ins with DCYF ECLIPSE support staff, and other ECLIPSE contractors to discuss implementation progress, barriers, deliverables, and questions regarding ECLIPSE service implementation.

### **Related ECEAP Performance Standard and Definitions**

- *PAO-35 Community Assessment*
- *PAO-36 ECEAP Self-Assessment*
- *PAO-60 Administrative Documents*