The Engagement In Action Framework

Toward a Statewide Integrated Early Childhood Health System

Attachment C: Engagement In Action (EnAct!) Framework Partnership Landscape Analysis: Relevance, Potential Roles, and Measures Used Across Early Childhood Health System Partners

A Collaborative Project with Mississippi Thrive! and the Child and Adolescent Health Measurement Initiative

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I. Introduction and Methods

The Engagement in Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System, summarized in the Mississippi Thrive! Summary Report seeks to drive child health equity and improve child flourishing, school readiness and family resilience. The EnAct! framework seeks to achieve its "***positive health equity***" purpose by advancing three key strategic goals: (1) ***All In:*** Universal provision of comprehensive, personalized, whole child and family preventive and developmental services; (2) ***Real Engagement***: Families are engaged to access and ensure services are personalized to their goals and needs and to shape improvements in practice, policy and systems of care; (3) ***Seamless System***: All early childhood systems intentionally collaborate to optimize early screening, address social and relational health needs, and promote well-being. A five-part family engaged approach to integrated services and an implementation roadmap were specified, including a policy playbook. See Figure 1.

In addition, at the start of the effort to specify the EnAct! framework, statewide early childhood developmental and behavioral health system partners at the local, state, and federal levels were identified. Research was conducted to discern each potential partner's statutory obligations, required performance measurement standards, existing programs, and mission was evaluated to optimize the relevance of the emerging framework to each partner and specify potential implementation roles for each partner. As delineated in this document, these partners include:

(1) Family and community organizations,
(2) state and federal governmental agencies, advisory bodies, and programs,
(3) health care systems, health plans, provider organizations, and health research centers,
(4) county and city health agencies and non-governmental early childhood programs.

In-depth reviews of partner program goals, requirements, performance measures/standards, structure and operations and a set of case examples called "Possibility Prototypes" (see Attachment D) were created in collaboration with key partners to envision relevance and application of the EnAct! framework approach across system partners. Two pretest pilots with pediatric primary care providers and community-based resource organizations also informed this analysis. Through the iterative design of the Possibility Prototypes, pilots, specification of an implementation roadmap and policy playbook (see Attachment E) to advance the EnAct! approach, a final assessment of potential leadership roles for each partner was conducted. After the initial partnership landscape analysis was completed, the Mississippi State Early Childhood Advisory Council released an asset map for early childhood systems in Mississippi. This was also reviewed in the final round of work to set forth a starting point proposal on how the EnAct! framework was relevant to each partner and the roles various partners might play in its implementation.

Along with discerning whether the EnAct! framework was relevant to each partner's statutory and performance measure reporting requirements and programs, essential leadership roles each

partner might play in collaboration with other partners were also identified for each and included roles to drive: 1) systems building, 2) policy change/implementation, 3) family engagement, 4) services delivery, 5) services coordination, 6) workforce capacity development, and 7) infrastructure funding. Potential partners were only included if their mission and programmatic work were considered relevant. Based on this analysis, a proposal summarizing each partner's relevance and leadership roles to advance the EnAct! Framework was set forth, as summarized in Figure 2 and Table 1 below. Table 2 and Figure 2 provider for higher level summary of the relevance to each partner and Tables 3.1-3.5 provide for more in-depth information for each partner. Note that many of the partners included in this analysis have now (as of February 28, 2023) agreed to partner through the new Mississippi Thrive! Early Childhood Development Coalition (ECDC), which has integrated the implementation of the EnAct! framework into its mission, vision, and goals.

II. High Level Summary of Relevance, Roles and Measures Used Across Key Partners

As summarized in Figure 2 and Table 1 below, twenty-five key implementation partners (or categories of partners) were identified. The list is not exhaustive. Sixteen of the twenty-five entities were found to have performance or practice standard requirements that make the EnAct! framework purpose, goals, and approach to services relevant. Eleven have statutory requirements associated with their federal or state funding/mandate that compel action in areas addressed by the EnAct! framework's integrated health system approach. All had program priorities and missions that make the EnAct! Framework approach, goals, and strategies relevant to their work. Despite these similarities and alignments, programs and agencies have historically functioned in silos thereby missing opportunities to move collectively and effectively towards population level improvements in health equity and child and family flourishing. The EnAct! approach is a powerful unifying strategy to improve outcomes and services for children and families, as well as to build a culture and sustainable structures necessary for collective action and impact.

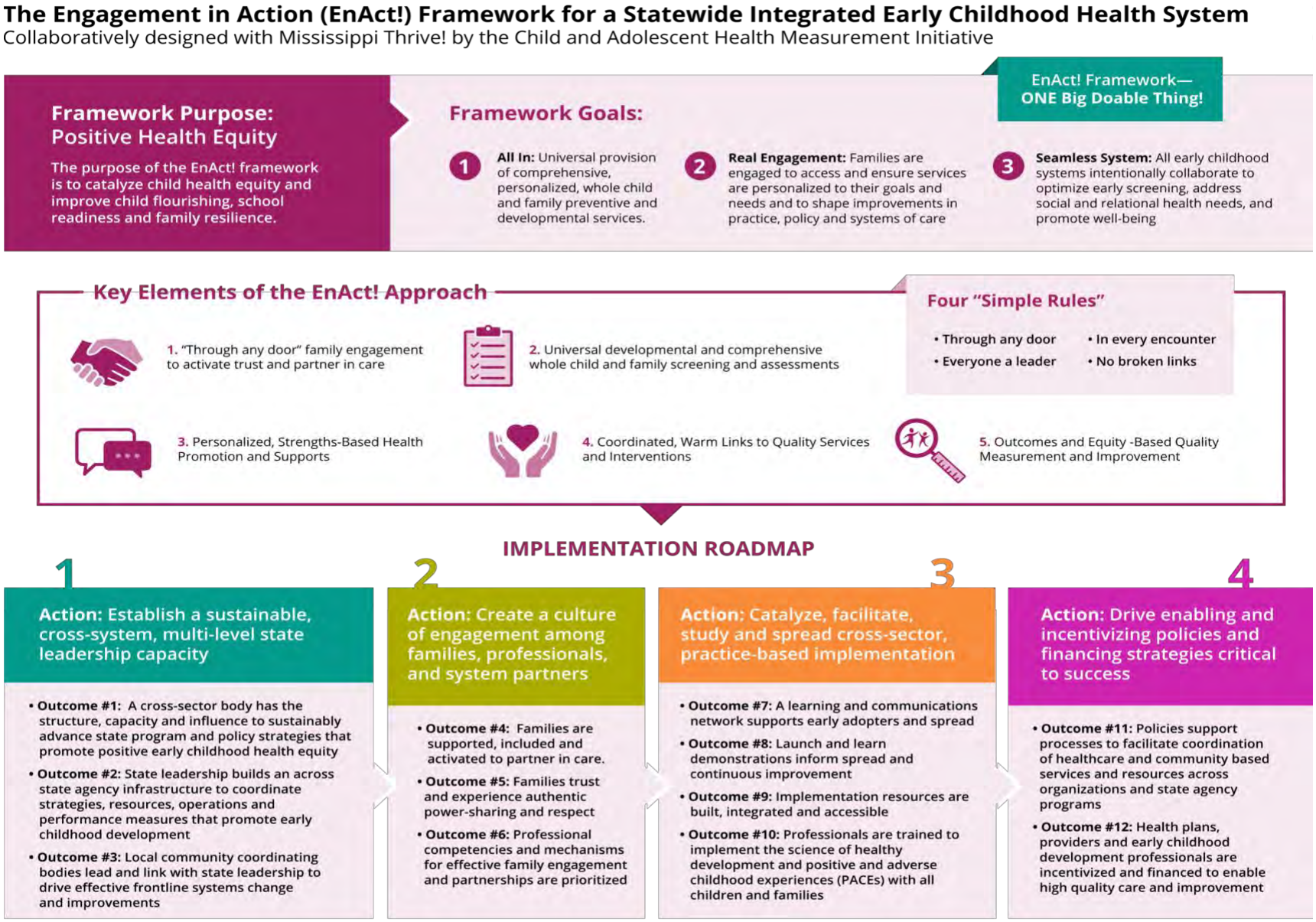
In terms of leadership roles, seven critical roles are identified and the strength of fit across partners was analyzed, leading to a starting point proposal. Key roles identified were: 1. Maintain Systems Building Structures, 2. Change/Implement Policy Change, 3. Build/Fund Implementation Infrastructure, 4. Build Capacity for Family Engagement, 5. Direct Service Delivery, 6. Service Access and Coordination, 7. Build Workforce Capacity. While our analysis confirms that all partners are important to each leadership role, some may be in an especially strong position and/or are already required and/or resourced to lead in some areas more than others. See Table 1 and Figure 1 for a synthesis of this analysis that partners can reflect on and further specify as a team to ensure all key roles are played and coordinated and all partners have the capacity to play the roles they agree to. To summarize, 11 partners were identified as being in a strong position to lead in all seven roles, 5 across six roles, 4 across five roles, 3 across 4 roles and 2 across 3 roles. Based on this analysis, no partner would have fewer than three defined roles. For a more detailed (yet still high level) articulation of the potential relevance and roles

across partners see Tables 3.1-3.5. These resources can help inform partners about each other and inform decisions.

A deeper synthesis of performance measures used across nine federal/state early childhood system partners was conducted and summarized in more depth in Section IV below. Early childhood health system program partners included: Medicaid/CHIP, Title V, Home Visiting/MIECHV, Child Welfare, Early Intervention, Community Health Centers/FQHC's, Head Start/EHS, WIC, CCDF/Early Care and Education. As summarized in Section IV, 309 standardized performance measures were found for the six programs that used standardized metrics (all but Head Start, WIC and CCDF). These measures cover 71 unique topics, with 28 topics overlapping across two or more programs and 13 across three or more. Each of these overlapping topics are highly relevant to the Engagement In Action (EnAct!) Framework and can be leveraged to foster cross-system collaboration. In 2024 developmental screening performance measures will be required across four programs (Title V, MIECHV, Medicaid/CHIP and CHC/FQHCs), further aligning key programs around achieving universal screening and follow up. Each of the three programs (HS/EHS, WIC, CCDF) lacking standardized and publicly reported measures have accountability for promoting the healthy development of young children, including conducting developmental screening, engaging families, and collaborating with community partners; as do all programs assessed. However, while Head Start has specific performance standards they report on, these are not standardized metrics that are publicly reported on like other programs. This is also true for WIC and CCDF. Since transparency, reporting and engagement of early childhood development coalition partners around system performance and improvement is essential, a focus on specifying and using information from performance measures is a critical focus for any integrated early childhood health system effort.

Opportunities exist to begin to fill gaps in measures used. First, measures of positive health equity, child flourishing, family resilience and school readiness at the State and child subgroup level could be assessed using existing National Survey of Children's Health (NSCH) data, while others require new types of measures, especially as it related to measure the EnAct! framework's "Real Engagement" and "Seamless System" strategic goals. Resources are available to inform efforts to specify new measures on these topics and to ensure a collaborative process is used to do so. Also, local data is important and often not available. As such, the EnAct! framework includes interoperable, standardized family data collection and reporting digital tools (e.g., Well Visit Planner, Promoting Healthy Development Survey) that not only support engaging families to conduct comprehensive assessments of needs, priorities, and quality of services, but could also be used to yield aggregate data possible to use to inform local efforts. These resources include measures of quality of care and system performance and child and family strengths, risks and priorities aligned with Bright Futures Guidelines. See Section IV for further detail.

Figure 1: Overview of the EnAct! framework purpose, goals, approach to services, "simple rules" and implementation roadmap



Source: Child and Adolescent Health Measurement Initiative, Feb. 2023

Figure 2: Landscape of Existing and Potential Partners and the Starting Point Analysis of Relevance and Roles Across Partners

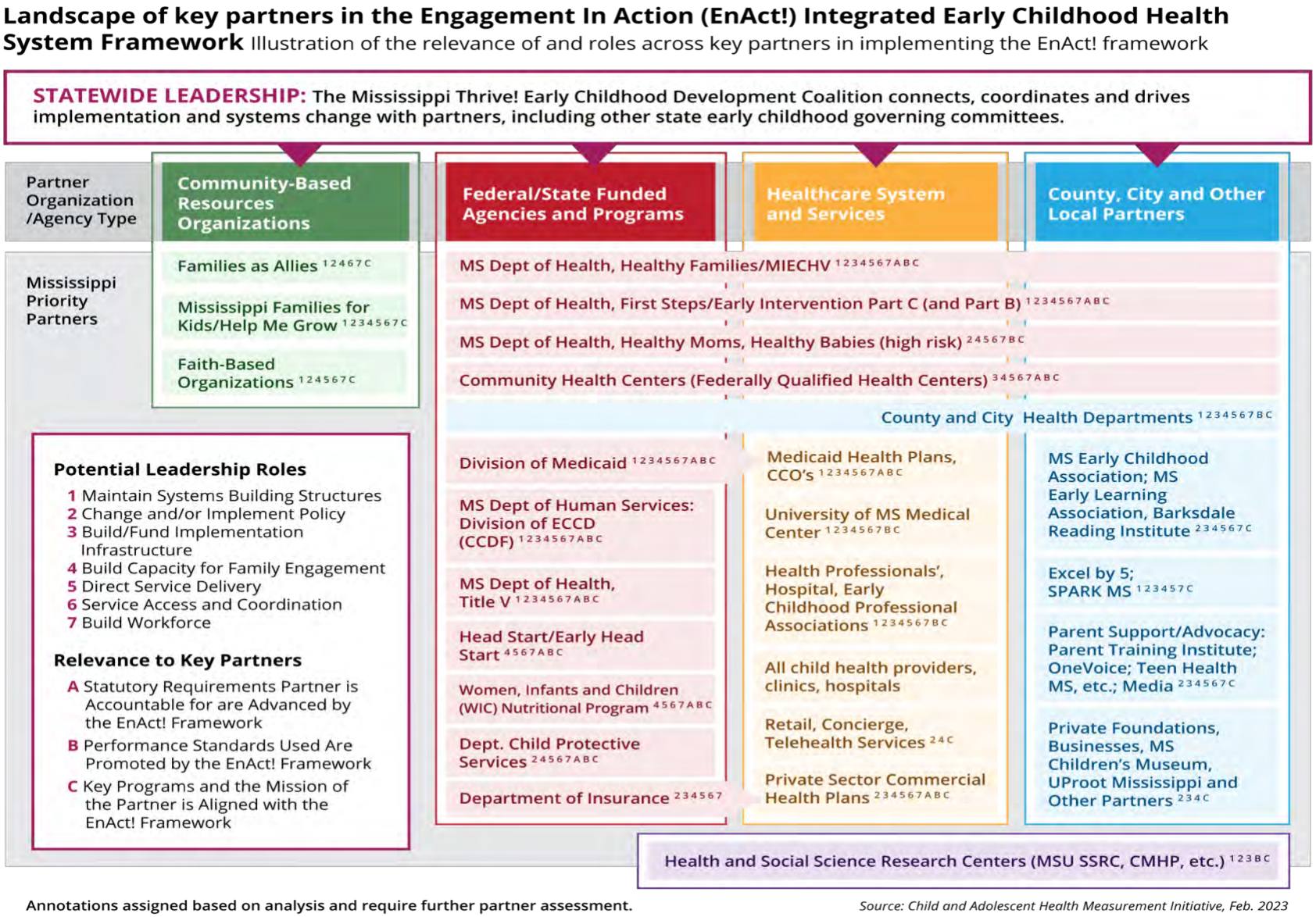


Table 1: Engagement In Action Framework Partnership Landscape: Relevance and Key Roles Checklist Based On Starting Point Analysis (to be confirmed across partners)

*(1. Maintain Systems Building Structures, 2. Policy Change/Implementation, 3. Build/Fund Implementation Infrastructure, 4. Build Capacity for Family Engagement, 5. Direct Service Delivery, 6. Service Access and Coordination, 7. Build Workforce)

Nature of the Relevance	Statutory Alignment	Standards Alignment	Program Alignment	Mission Alignment	Leadership Role(s)*
Early Childhood Integrated State Leadership Bodies					
1. Mississippi Thrive! Early Childhood Development Coalition (MST ECDC)			✓	✓	1, 2, 3
2. State Early Childhood Advisory Council (Governor Appointed)	✓	✓	✓	✓	1, 2, 3, 4, 5, 6, 7
Government Agencies Accountable for Early Childhood Development					
3. Division of Medicaid (Governor)	✓	✓	✓	✓	1, 2, 3, 4, 5, 6, 7
4. Dept. of Human Services, Division of Early Childhood Care and Development	✓	✓	✓	✓	1, 2, 3, 4, 5, 6, 7
5. Dept. of Health, Part C Early Intervention	✓	✓	✓	✓	1, 2, 3, 4, 5, 6, 7
6. Dept. of Health, Healthy Families (home visiting, MIECHV)		✓	✓	✓	1,2, 3, 4, 5, 6, 7
7. Dept. of Health, Title V, MCHB	✓	✓	✓	✓	1, 2, 3, 4, 5, 6, 7
8. Dept of Health, Healthy Mom's, Healthy Babies High Risk Program		✓	✓	✓	2, 4, 5, 6, 7
9. Dept. of Child Protective Services	✓	✓	✓	✓	2, 4, 5, 6, 7
10. Special Supplemental Nutrition Prgm for Women, Infants, Children (WIC)		✓	✓	✓	4, 5, 6, 7
11. Head Start/Early Head Start	✓	✓	✓	✓	4, 5, 6, 7
12. Department of Insurance	✓	✓	✓	✓	2, 3, 4, 5, 6, 7
13. Community Health Centers/FQHCs	✓	✓	✓	✓	3, 4, 5, 6, 7
Health Care System					
14. University of Mississippi Medical Center		✓	✓	✓	1, 2, 3, 4, 5, 6, 7
15. MississippiCAN Coordinated Care Orgs.	✓	✓	✓	✓	1, 2, 3, 4, 5, 6, 7
16. Commercial Health Plans	✓	✓	✓	✓	2, 3, 4, 5, 6, 7
17. Health Care, Public Health Professional and Lay Health Worker Associations			✓	✓	1, 2, 3, 4, 5, 6, 7
18. Health and Social Science Research Centers (MSU, SSRC, CMHP)			✓	✓	1, 2, 3
Family Support, Community Based Organizations					
19. Families as Allies			✓	✓	1, 2, 4, 6, 7
20. Mississippi Families for Kids/Help Me Grow			✓	✓	1, 2, 3, 4, 5, 6, 7
21. Other Community/Family Advocacy and Support Organizations			✓	✓	1, 2, 4, 5, 6, 7
22. Mississippi Children's Foundation, others			✓	✓	1, 2, 3, 4
County, City, and Local Programs Important to Child Health					
23. Retailers, Media, Recreation, Libraries, Businesses, Public Leaders			✓	✓	2, 3, 4, 5, 6, 7
24. County & City Health Depts.		✓	✓	✓	1, 2, 3, 4, 5, 6, 7
25. Non-Gov't Early Childhood Development Leadership and Training Orgs.			✓	✓	2, 3, 4, 5, 6, 7

III. Further Description of the Relevance of the EnAct! Framework Across Early Childhood Integrated System Partners

To support consideration of key partners and their roles, Table 2 provides short descriptions of the nature of relevance of the EnAct! framework to each partner and their possible role based on the more in-depth analysis conducted. Tables 3.1-3.5 set forth greater detail about each partner, explaining their potential role and the rationale for assigning them to relevance and starting point role categories. A narrative summary of findings is provided in Section II above. The tables below go into greater depth, and we encourage you to read these tables, which are still a high-level summary for each key partner. We also encourage a review of the ten Possibility Prototypes created to begin to illustrate application across a subset of partners as further summarized below.

Illustrations from the Field: Possibility Prototypes and Pretest Pilots

As detailed in Attachment D, ten EnAct! framework Possibility Prototypes illustrate how the EnAct! framework approach may be relevant and implemented. These prototypes were created to test assumptions, approaches and to inform implementation requirements for specific state early childhood provider systems, programs, and agencies. As the EnAct! framework is further considered and implemented across state and local settings, the Possibility Prototypes can help early childhood services partners begin to envision how it might best fill current gaps in care and promote wellness for all children and families served. To further elucidate relevance, roles, and implementation strategies, three partners were directly engaged in pretest pilots to inform the emerging framework and help shape its development. The Possibility Prototypes for these partners (Families as Allies, MFFK/Help Me Grow and Pediatric Primary Care/EPMHS) are based on more in-depth deliberations and pretest activities. A high-level summary for each of the ten prototypes is illustrated in Figure 2 below.

Figure 2: Illustration of the Possibility Prototypes

The Engagement in Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System

Collaboratively designed with Mississippi Thrive! by the Child and Adolescent Health Measurement Initiative

Overview of the Engagement In Action (EnAct!) Framework Possibility Prototypes: Envisioning relevance and application of the EnAct! Approach Across Key State Integrated Early Childhood Health System Partners (see Attachment D to read each brief prototype)

Pediatric Primary Care

Catalyzing a whole child and family approach in pediatrics, family medicine and beyond.

When providers implement the EnAct! approach to care, they can better align with high quality medical home criteria and meet Bright Futures Guidelines by engaging families, feasibly conducting comprehensive assessments, linking to community resources and learning and improving population health and performance. Hospitals and specialists are also key partners.

Community-Based Family Resource Brokers

Engaging families to personalize and accelerate connections to services and supports.

The EnAct! approach advances the Mississippi Families for Kids' Help Me Grow vision to conduct comprehensive developmental, social and relational health needs screening and connecting families to primary care and community resources and streamlines coordinated care and data sharing.

Division of Medicaid and Coordinated Care Organizations/Health Plans

Activating the power of the payer to accelerate transformations in child and family wellbeing.

The EnAct! approach supports Medicaid's obligation to ensure use and quality provision of EPSDT services and health plan requirements under the Affordable Care Act to provide and drive use of quality Bright Futures Guidelines aligned preventive services. Implementation population health and lower avoidable costs.

Family-Led Organizations

Fueling the capacity of family leaders to engage families as partners in their child's care.

The EnAct! framework provides concrete approaches to directly engage and activate families to partner in their child's care and build collaboration systems and services that serve children and families. Families As Allies can leverage resources to ensure high quality family-driven early childhood health services.

Home Visiting Programs

Meeting the needs of families through home-based personalized relationships and comprehensive support.

Healthy Families MS can advance improved performance on 16 of 19 MIECHV performance measures using the EnAct! approach to care. Other MS home visiting programs can use the EnAct! approach to assess and track needs of the high-risk families and infants they serve and coordinate personalized care.

Early Intervention, Child Find

Using family-centered care to meet the unique needs of children at-risk for developmental delay.

The EnAct! approach can catalyze achievement of early intervention's broader set of required services to proactively find and serve children needing developmental services as set forth in both Part C and Part B Early Intervention statute and detailed through Mississippi's Child Find system.

Head Start/Early Head Start (HS/EHS)

Building on the strengths of child care and early education to help children thrive!

The EnAct! approach helps HS/EHS meet goals to promote children's mental, social and emotional development and link them with primary care medical homes. At least 21 of 57 HS/EHS practice standards are directly advanced by the EnAct! approach. The HS/EHS program in Mississippi are essential to educate families about well visits and link them to care.

State Early Childhood Care and Development Programs and Resource/Referral Centers

Leveraging early childhood resources and services to engage families and promote early childhood development.

The EnAct! approach can help the MS Department of Human Services use the Child Care and Development Block Grant to ensure childcare providers and family navigators meet goals to engage families, conduct screenings, link to resources, and support healthy child development and school readiness.

Child Welfare Professionals

Strengthening children and families to optimize well-being, healing, and stability.

The EnAct! approach supports child welfare professionals and programs, like the Infant Toddler Court Program, by providing tools to engage and build trust with families to address social and relational risks, addressing trauma and linking to supports to prevent child maltreatment and unnecessary foster care placement, support the well-being of children and families.

Faith-Based Organizations, Community Centers

Igniting faith-based and trusted community centers to activate families and optimize use and value of preventive services and supports

Faith-based and community centers are welcoming environments where families feel cared for by a close community. These institutions can promote the wellbeing of the families they serve by advancing the EnAct! approach, ultimately improving use and value of preventive services to close gaps in health.

Source: Child and Adolescent Health Measurement Initiative, Feb. 2023

Table 2: High Level Summary of the Relevance of the EnAct! Framework Across Key Partners.

Early Childhood State Leadership Bodies	
Key/Potential Partner	**High Level Summary of the Relevance of the EnAct! Framework to Each Potential Partner**
1. Mississippi Thrive! Early Childhood Development Coalition (MST ECDC)	The EnAct! framework was designed to support Mississippi Thrive! goals to create a statewide integrated early childhood framework and as such is a direct fit with the goals and priority focus areas of the initiative as well as the new Early Childhood Development Coalition (ECDC) that seeks to carry and expand on the work of Mississippi Thrive!
2. State Early Childhood Advisory Council (Governor Appointed)	The EnAct! framework is relevant to this Governor appointed council as it makes recommendations to ensure coordination among agencies and programs to advance early childhood school readiness, facilitate communication, cooperation and maximum use of resources and promote high standards for all programs serving preschool children and their families.
Government Agencies Accountable for Early Childhood Development	
3. Division of Medicaid (Governor)	Medicaid policies and programs are central to the EnAct! framework, which supports Medicaid's statutory obligation to ensure high quality provision of EPSDT and preventive services and to implement the MS Medicaid Quality Strategy.
4. Department of Human Services, Division of Early Childhood Care and Development	The EnAct! framework can help this lead agency for the states' Child Care and Development Block Grant to ensure childcare and family navigator professionals meet competencies for engaging families, conduct screening and assessment of health and needs, link children and families to important resources, like pediatric primary care, and support the overall healthy development of and school readiness of young children.
5. Department of Health, Part C Early Intervention (EI) program	The EnAct! framework purpose, goals and approach to services are relevant to EI's responsibility to implement a Child Find system that identified, locates, and evaluates, as early as possible, all infants and toddlers who may require EI services.
6. Department of Health, Healthy Families Mississippi (MIECHV)	The EnAct! framework is highly relevant to Healthy Families Mississippi and can directly advance improved performance on 16 of their 19 performance measures to track quality of this important program.
7. Department of Health, Title V Maternal and Child Health	The EnAct! framework directly supports the MS Title V 2023 Strategic Plan and performance measures related to maternal and child health and their charge to collaborate, engage families, train providers and advance essential policy improvements.
8. Department of Health, Healthy Mom's, Healthy Babies	Healthy Moms, Healthy Babies (HMHB) supports high-risk pregnant women and babies < 1 year old and can be a partner to ensure provision of well-child visits. HMHB can use EnAct! resources to identify and address social, relational risks.
9. Department of Child Protective Services	The EnAct! framework approach can advance the federal Administration for Children & Families' Children's Bureau goals to (1) prevent child maltreatment and unnecessary foster care placement; (2) support the well-being of children and families; and (3) collaborate with community-based services and also support the Infant Toddler Court Program/Safe Baby goals.

10. Special Supplemental Nutrition Program for Women, Infants, Children (WIC)	In addition to providing healthy, nutritious food to eligible mothers and children, WIC is responsible to promote breastfeeding, assess child development and make health referrals to support maternal and child health. These are each enhanced by using the EnAct! framework approach to services in coordination with other system partners.
11. Head Start, Early Head Start Programs (HS/EHS)	With a focus of children's mental, social and emotional development, 21 of 57 HS/EHS standards directly align with the EnAct! framework approach. Mississippi HS/EHS programs can use the Well Visit Planner to educate families about well visits and link them to primary care providers. The MS Head Start Collaboration Office is an important partner since it seeks to enhance collaborative partnerships that assist in building early childhood systems and services for low-income children.
12. Department of Insurance	The MS Department of Insurance provides oversight to commercial health plans in Mississippi. Since about one half of Mississippi's young children receive health care through commercial health insurance plans it is critical that the DOI drive improvements in services like developmental screening, care coordination and services for at risk children.
13. Federally Qualified Health Centers (FQHC's)	Mississippi's 275 FQHC's serve as primary care hubs for many of the most vulnerable children and families, report on quality measures related to early childhood development, including required reporting on Developmental Screening rates in 2024; and are critical partners to ensure the provision of high quality well-child-care services in Mississippi.
Health Care System	
14. University of Mississippi Medical Center	The EnAct! framework is relevant to UMMC, which was the primary recipient of the Mississippi Thrive! grant from HRSA. UMMC will continue to co-lead the new Early Childhood Development Coalition to implement the EnAct! framework. UMMC is the only academic health science center and children's hospital in MS. The EnAct! framework also supports UMMC community benefit requirements.
15. MississippiCAN Coordinated Care Organizations	Section 2713 of the Public Health Service Act requires that health plans provide services aligned with HRSA's Bright Futures Guidelines led by the AAP and that form the basis of services advanced through the EnAct! framework. MCOs are essential partners to help shape, implement, fund, and ensure high quality, integrated early childhood developmental services that promote the health and well-being of the whole child and family, and their Medicaid contracts provide them with incentives and mechanisms for doing so. The Division of Medicaid can take action to spark MCO action and progress as outlined in the EnAct approach.
16. Health and Social Science Research Centers (MSU SSRC, CMHP)	The Mississippi State University Social Science Research Center has been a leader and close partner in the MS Thrive! effort and will co-lead the new Mississippi Thrive! Early Childhood Development Coalition. continues to sustain and further progress made through the MS Thrive! effort. The Center for MS Health Policy also conducts research that can inform and drive progress for MS Thrive!
17. Private Sector Commercial Health Plans	All US health plans are required to provide services aligned with Bright Futures Guidelines under Section 2713 of the Public Health Service Act advanced through the Affordable Care Act. Alignments for MS health plans are essentials.

18. Health Care and Public Health Professional's Associations	Professional associations can partner in building interest, skills and supporting implementation of the EnAct! framework across different professionals important to its success, including the Mississippi American Academy of Pediatrics; Community Health Workers Association of Mississippi; Mississippi Rural Health Association; Mississippi Academy of Family Physicians; and the Mississippi Public Health Association.
Family Support, Community Based Organizations	
19. Families As Allies	The EnAct! framework approach, including the Well Visit Planner (WVP), directly support FAA in goals to help families partner in their child's care and to build collaboration systems and services that serve children and families.
20. Mississippi Families for Kids, Help Me Grow	MFFK's vision to conduct comprehensive screening and connect families to community resources and pediatric providers is supported by the EnAct! framework. MFFK is piloting the Well Visit Planner as part of their Help Me Grow effort. MFFK can help drive improvements in systems and quality of care by leading use of the Promoting Healthy Development Survey to identify inequities and gaps in care and advocate for improvements with partners.
21. Community & Family Advocacy Organizations	Many Mississippi community, family, parent and youth advocacy and support organizations are essential to engage families and caregivers to seek preventive services and to use resources like the EnAct! framework featured digital *Well Visit Planner* to learn and ensure their needs and priorities are met. These groups are also essential to advancing important policy changes locally and in the state. OneVoice, Teen Health Alliance, and MS Parent Training Institute are three examples.
22. Private Foundations, MS Children's Foundation	The EnAct! framework folds neatly within the MS Children's Foundation's mission to ensure developmental screening and to promote child well-being by driving cross-sector leadership and multi-year efforts to "Do Big Things".
County, City, and Local Programs Important to Child Health	
23. Businesses, Media, Children's Museum, Community Centers, etc.	Businesses, media, museums, and community centers alike can collaborate to educate and engage families, make developmental screening and health promotion resources available and support addressing social health issues.
24. County & City Health Departments.	County and City Health Departments conduct needs assessments and pursue strategies to improve the health of the public and can be key partners to raise awareness related to well visits and the possibilities to promote healthy development and child well-being. Both Jackson County and City Health Departments already focus on child health.
25. Non-Gov't Early Childhood Development Training Orgs.	Mississippi programs that promote high quality early childhood education and development can be essential partners to advance the goals of the EnAct! framework and ensure all young children receive screening and health promotion services that optimize their development and family well-being. Examples include Excel by 5; Mississippi Early Learning Alliance; SPARK MS; Barksdale Institute; MS Early Childhood Association, Mississippi Learning, and many others.

Table 3.1-3.5: Overview of the Relevance of the Engagement in Action Framework Across Key Mississippi Early Childhood Integrated Health System Partners

(See Attachment D for case examples for 10 partners)

Table 3.1: Early Childhood State Leadership Bodies

Early Childhood State Leadership Bodies	
The Mississippi Thrive! Early Childhood Development Coalition (ECDC)	The MS Thrive! Early Childhood Development Coalition (MST-ECDC) is a newly chartered coalition that evolved from the Mississippi Thrive! initiative's Advisory Board. The ECDC brings together early childhood system partners across Mississippi who are committed to creating an integrated early childhood health system. A system where all children and families feel they matter, belong, are valued, and can access the services and supports they need to promote child flourishing, school readiness and strong family resilience. The ECDC prioritizes the healthy development of all of Mississippi's infants and young children, the well-being of all caregivers, and equity, diversity, and inclusion in all its work. Members include families and healthcare, community, state agency and university organizations. The ECDC builds on impressive prior achievements and milestones reached through Mississippi Thrive! and was informed by a 2021 survey across early childhood organizations and agencies that found that the ***most critical goal for Mississippi's early childhood system partners was to create a coordinated collaboration across various sectors to improve children's health and development and support children's and families' needs***. In 2022-2023, the *Engagement In Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System* was created in collaboration with the national Child and Adolescent Health Measurement Initiative to specify an approach to meet this goal. The framework sets forth a purpose, goals, and integrated care model reflected in the mission and goals of the ECDC. The relevance and application of the framework across family, community, healthcare, early care and state agencies and programs is delineated and an implementation roadmap, online toolkit, policy playbook and a Mississippi child, family and system performance data report support the ECDC's continued leadership and impact. As of February 2023, the **MST ECDC** will be co-led by Dr. Susan Buttross (UMMC CAY) and Dr. Heather Hanna (MSU SSRC) and consists of two subcommittees: (1) The **Mississippi Help Me Grow** subcommittee, co-led by Nadeane Cattrell and Desiree States; (2) The **Enhanced Pediatric Medical Home Services (EPMHS)** subcommittee, co-led by Dr. Ruth Patterson and Lauren Elliott, NP. The ECDC seeks to be valuable and additive to the work of each partner and the ECDC charter, structure and subcommittee goals will continue to be designed in close consultation with members.
Mississippi Governor's Office, State Early Childhood Advisory Committee (SECAC)	The SECAC's role to make recommendations to ensure the capacity and infrastructure of Mississippi's early childhood development infrastructure is a powerful lever for change. The Engagement in Action Framework goals, strategies, approach to care and implementation roadmap are directly aligned with the SECAC mission, focus areas and capacity to align state early childhood partners around a shared commitment to ensuring the school readiness and healthy development of all young children. Partnering to ensure young children receive high quality preventive services as set forth in Bright Futures Guidelines is central to fulfilling SECAC's mission. The SECAC provides counsel to the governor on issues related to early childhood education and development programs and services for children from birth to school entry. Through its legislative mandate, SECAC committee's draft recommendations in their "SECAC Strategic Vision" to improve statewide early childhood care and education systems and school readiness among children and are informed by state-level program utilization data, key informant interviews, and public comments. The Engagement In Action (EnAct!) Framework has relevance across each of the SECAC committees, which may consider how recommendations can advance its goals and strategies. The EnAct! Framework is relevant to all three committees of the SECAC as of 2022:

	1. The Early Care and Learning Committee: promotes quality early child education experiences for all of Mississippi's children by ensuring that all childcare and early learning programs can provide a healthy, safe, and nurturing environment. *2. The Health, Mental Health, and Nutrition Committee*: explores best practices and indicators to aid parents, children, and providers to reach their maximum potential through aligned resources, services, and policies in the core areas of health, mental health, nutrition, safety, and physical health. *3. The Family Support Committee:* promotes an integrated network of community-based resources and services that strengthen practices that foster stability of families and the healthy development of children. By law, the recommendations are reviewed and refined through public hearings and comment periods and later submitted to the governor as a statewide strategic report, "Mississippi SECAC Strategic Vision Guidance". Family and provider organizations can prioritize attending hearings and commenting to advance their interests in ensuring high quality developmental services for young children.

Table 3.2: Government Agencies Accountable for Early Childhood Development

Government Agencies Accountable for Early Childhood Development	
Mississippi Governor's Office, Division of Medicaid https://www.medicaid.gov/state-overviews/stateprofile.html?state=mississippi **NOTE:** As of 2021, 11% of the MS State Budget went to Medicaid and 24.2% of Medicaid expenditures were for children. 96% are enrolled in managed care organizations.	The Engagement in Action (EnAct!) framework's positive health equity purpose and it's "All In", "Real Engagement" and "Seamless System" goals are directly relevant to the Mississippi Division of Medicaid due to their accountability and authority to ensure all young children enrolled in Medicaid receive preventive services aligned with both Early and Periodic Screening, Diagnostic and Testing and Affordable Care Act legislation and to implement the state's Medicaid Quality Strategy. Specifically, the EnAct! framework strategies and approach to care are carefully aligned with services set forth through the national Bright Futures Guidelines, which all US health plans (Medicaid contracted plans and otherwise) are required to provide (requirements (under Section 2713 of the Public Health Service Act). MS Medicaid is held accountable under a broad federal provision "Early Periodic Screening Diagnosis and Treatment" (EPSDT) which means that Medicaid covers age-appropriate screenings, preventive services, and medically necessary treatments to promote children's healthy growth and development, considering "all aspects of a child's needs, including nutritional, social development, and mental health and substance use disorders." By advancing the use of the Well Visit Planner and other EnAct! framework health care provider toolkit approaches, MS Medicaid can be assured that all families are engaged and that young children receive all age-appropriate, guideline-based, family-reported screenings, that their needs and priorities for education and counseling are identified and that information and referrals are provided based on child and families priorities, including those related to social and relational health factors. • MS Medicaid's State Quality Strategy and existing contracts with managed care organizations prioritize prevention, family engagement and collaborative models of care aligned with advanced medical home principles. Since nearly 96% (2022 report) of children enrolled in Medicaid receive services through managed care organizations, Medicaid's contracting, and payment and performance measurement requirements are powerful opportunities to ensure a robust focus on early childhood development. • Implementation of the EnAct! framework approach to care can drive improvements in MS Medicaid performance on national measures, which will become mandatory to report in 2024. It may also lead to significant reductions in costs associated with preventable negative events, like emergency or hospital care, and the many complex medical, mental, and behavioral health conditions associated with failures to ensure healthy development in the early years of life. • In 2010, the Mississippi Governor signed into law that medical home requirements would be integrated into the state Medicaid Managed Care program, MississippiCAN (HB1192). https://legiscan.com/MS/text/H • The EnAct! framework's approach to services and featured tools and resource can help improve performance on quality measures from the 2023 HEDIS® measures[1] and 2022 Medicaid Core Set[2], which will be required to be reported starting in 2024 such as the following: ✓ Well-Child Visits in the First 30 Months of Life (W30-CH) (2 visits between 15-30 months of life) ✓ Ambulatory Care: Emergency Department Visits (AMB-CH) ✓ Developmental Screening in the First Three Years of Life (DEV-CH) ✓ Child and Adolescent Well-Care Visits (WCV-CH) ✓ Depression Screening and Follow-Up for Adolescents and Adults ✓ Lead Screening in Children (LSC) ✓ Postpartum Depression Screening and Follow-up (PDS) ✓ Prenatal and Postpartum Care (PPC) and Postpartum Contraceptive Care measures ✓ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

	✓ Screening for Depression and Follow-Up Plan (patients 12 and older) (CDF)6 ✓ Percentage of Eligible Who Received Preventive Dental Services (PDENT-CH) The Promoting Healthy Development Survey (PHDS), a component of the EnAct! framework health care provider toolkit, was fielded statewide in Mississippi in 2005 under the MS Medicaid External Quality Review Organization's work plan (with CAHMI collaboration), creating a high value precedent for doing so again in order to track and drive improvements in preventive services for young children.
Mississippi Department of Human Services (DHS), Division of Early Childhood Care and Development	The Engagement in Action (EnAct!) Framework is aligned with the goals and requirements of the Department of Human Services (DHS), Division of Early Childhood Care and Development (DECCD), which is the lead agency responsible for administration of the states' Child Care and Development Fund (CCDF) Block Grant and the overall coordination, oversight, and assurance of the quality of childcare and education operations, including provider licensure and training, care coordination, as well as operational and performance standards. The EnAct! framework's approach to care can support DECCD efforts by facilitating the ability of childcare and family navigator professionals to meet competencies for engaging families, conducting screening and assessment of health and needs, linking to important resources like pediatric primary care and overall supporting the healthy development of children. The EnAct! framework approach to care toolkit includes the family facing digital Well Visit Planner tool. This tool may be an especially interoperable tool to engage families, conduct comprehensive screening, anchor supports to their priorities and needs and share data with health and related professionals. • DHS Child Care Resource and Referral Sites assist parents and guardians in Mississippi find the childcare they need in their communities. These agencies can refer parents to local childcare providers, share information on state licensing requirements, and where to get help for paying for childcare. Recent funding has provided MDHS the opportunity to hire family navigators for all CCR&R sites and expand these sites to every county. The goal of family navigators is not just to direct families to a service, rather navigators aim to stay tightly connected with families to help them "navigate" the complexity of community and healthcare services. • The main functions of the Division that may be bolstered from implementing the EnAct! approach to care in partnership with child and family support services provided through the 15 Child Care Resource and Referral Sites across the state that are charged with connecting families with services and support. The family centered Well Visit Planner digital tool could be an especially effective tool for engaging families, identifying strengths, needs and priorities and providing "on the spot" support and referrals to resources. The E-COE Vroom parent education resources and online centralized resource sheets available on the Mississippi Thrive! website can also be of critical importance to help family navigators assist families and promote healthy childhood development. • The EnAct! approach to care may help DHS's Division of Early Childhood Care and Development (DECCD) to provide assistance to childcare providers interested in assessing child development and ensuring children receive well-child services and support high quality childcare in the area of family engagement and child developmental promotion. The Promoting Healthy Development Survey could be considered as a way to assess current quality of well-child services among children served and to drive improvements across early childhood systems of care. Vroom resources can support caregiver education and support goals.

Mississippi Department of Health, State Part C and Part B Early Intervention (EI) Programs ("First Steps EIP); Leads the Mississippi State Interagency Coordinating Council (MSICC) programs and the IDEA required Comprehensive System of Personnel Development (CSPD) for early intervention and child development.	The EnAct! framework purpose, goals, strategies, approach to care and implementation roadmap are relevant to EI's broader set of required services set forth in Part C and Part B of the Individuals with Disabilities Education Act statue and program guidance. By integrating developmental screening, family engagement and the whole child/family assessment enabled through the Well Visit Planner, EI professionals will be better able to identify and meet the needs of all eligible children with risk, rather than just those with existing diagnoses. Doing so will also help them identify family priorities and needs and support treatment goals to improve family routines and relationships that support healthy child development. IDEA requires States' EI Part C and Part B programs have a comprehensive Child Find system in place to identify, locate, and evaluate, as early as possible, all infants and toddlers with delays or disabilities in the State who may be eligible for early intervention services. A comprehensive Child Find system can only be successful if coordinated with other State agencies and partner that serve young children, include access and use of a centralized resources and referral system, and focus on early identification of infants and toddlers with disabilities and at risk for developmental delays. The EnAct! framework is specifically designed to support these Child Find requirements. The MS State Part C EI program is housed in the MS Department of Health. The Mississippi State Interagency Coordinating Council (MSICC) advises the Governor in implementing the requirements of Part C of the federal Individuals with Disabilities Education Act (IDEA) and is a natural partner within the EnAct! framework since they aim to expand early detection and early intervention (EI) services to fully meet the developmental needs of infants and toddlers, including ensuring that children with factors that place them at risk for developmental delays or disabilities are made eligible for IDEA Part C services. Given the documented gaps in available services and trained workforce, the EnAct! framework and approach to care toolkit can provide resources to EI practitioners to make EI programmatic offerings more robust (e.g., including social, emotional, and behavioral counseling). • The Mississippi Interagency Coordinating Council for Early Intervention (MSICC) is required by federal regulations (34 CFR §§ 303.600-303.605) and state statute (MS Code 41-87-7). The MSICC has as its mission to advise and assist the Lead Agency (Mississippi State Department of Health) on matters that relate to children with disabilities birth through age two. This Council also seeks to provide interagency collaboration to assist families of those children served to gain knowledge of services, locate services, be provided services, and to transition to more appropriate services at age three. • Mississippi also convenes a Comprehensive System of Personnel Development (CSPD) effort to grow a strong early childhood development workforce and as required under the Individuals with Disabilities Education Act (IDEA). The CSPD team is based on a national CSPD framework to improve the quantity, quality, and effectiveness of the early childhood intervention workforce who provide services and interventions to facilitate the development and learning of infants and young children with disabilities and their families. This effort is active to advance the early childhood development workforce in MS. The EnAct! framework, approach to care, implementation roadmap and toolkit offers a model and tools that can help EI Part C programs and practitioners more readily identify any infant or toddler ages birth to age two years and EI Part B programs for children age 2-6 who have or are suspected of having a disability, developmental delay, or diagnosed condition likely to result in developmental delay without intervention. Health care providers are required by federal regulations and state policies to complete a referral within seven days of determining an infant or toddler who is potentially in need of early intervention services. Pediatric providers can use the EnAct! approach to care tools, like the ASQ or WVP, to determine risk for development. The WVP can also identify the presence of a special health care need and numerous other child and family health risks and needs. EI can also

	collaborate with early care/education, WIC, home visiting, child welfare and other programs to coordinate early identification and to fulfill Child Find obligations.
MS DHS, Healthy Families Mississippi **https://www.mdhs.ms.gov/hfm** Maternal, Infant and Early Childhood Home Visiting (MIECV)	The Engagement in Action (EnAct!) Framework is highly relevant to Healthy Families Mississippi, as it is designed to support teen, women, fathers, and families with services and education to promote the healthy development of infants and young children and their family. The EnAct! framework approach to care is closely aligned with the goals of Healthy Families which includes identifying needs and priorities, referring children and families to community services and resources, and providing family education and support on parenting, child development, nutrition, financial, and safety education. The EnAct! approach can help drive improvements on 16 of 19 federal MIECHV performance measures. MIECHV Performance Standards include ensuring children received recommended well-child visits, receive developmental screening, focus on outcomes associated with high quality well-child care services (breastfeeding, safe sleep, home tobacco use, injury prevention, lowered emergency use). For example, Healthy Families Mississippi and other adjacent home visiting programs, can enhance their services using the whole child and family assessments included in the Well Visit Planner (WVP) tool while engaging families and focusing services and care coordination and resource referrals to the stated needs and priorities of the family. The online/mobile optimized WVP platform engages families to learn and set priorities as they complete screenings, they feel comfortable reporting on. The automatically generated family Well Visit Guide and the provider directed Clinical Summary both include personalized family resources based on needs/priorities and can be used "on the spot" by families and home visitors to enable effective health promotion and linkages to pediatric primary care well visits and other community-based supports. • Implementation of the EnAct! framework approach to care in the context of a medical home model of care aligns 16 out of 19 (84%) federal program performance measures required to be reported by Maternal Infant and Early Childhood Home Visiting (MIECHV) programs, like Healthy Families Mississippi. These measures cover the following benchmark areas: ✓ Benchmark Area I - Maternal and Newborn Health ✓ Benchmark Area II - Child Injuries, Maltreatment and ED Visits ✓ Benchmark Area III - School Readiness and Achievement ✓ Benchmark Area IV - Crime or Domestic Violence ✓ Benchmark Area V - Family Economic Self-Sufficiency
MS Title V Maternal and Child Health Block Grant Program (DOH)	Title V is an important systems integration and improvement partner to advance goals set for the in the Engagement In Action (EnAct!) Framework and to advance the effective uptake of the EnAct! approach to care to improve performance on the Title V National Outcomes and Performance Measures. Numerous strategies, objectives and performance measures priorities in Title V's 2023 State Action Plan relate to improving early childhood services by educating primary care providers about Bright Futures Guidelines, fostering high quality medical home services, improving prevalence of developmental screening and more. The EnAct! framework purpose, goals, and approach to care and implementation roadmap and can help Mississippi Title V advance improvements in developmental screening, safe sleep, breastfeeding and ensuring provision of well-child services as outlined in their 2023 strategic plan. Title V already partners with other state governmental agencies and community-based organizations to support training, coordination, and leadership to engage families and drive improvements in early childhood services and systems performance. Title V operates through a federal Maternal and Child Health Block Grant funded by the Health Resources and Services Administration (HRSA) and under leadership by an advisory committee appointed by the Mississippi State Governor. Mississippi is required to match every $4 of federal Title V money they receive by at least $3. State Title V agencies are required to routinely conduct a statewide needs assessment, develop action plans, and advance strategic efforts to improve family and child

	health outcomes and systems performance as defined through National Outcomes and Performance Measures. Here is a link to the most recent November 2022 MS State Snapshot: https://mchb.tvisdata.hrsa.gov/Admin/FileUpload/DownloadSnapshotPdfFile?state=MS During the Mississippi Thrive! project Title V partnered with the Mississippi Maternal, Infant and Early Childhood Home Visiting Program and Mississippi Families for Kids in an "Accomplices In Action" collaboration to explore and further drive a coordinated network of early childhood systems in Mississippi, with a focus on promoting school readiness and the prevention and mitigation of impact of early childhood adversity. This effort led to a mapping of the state's early childhood stakeholders and a process to gain input to contribute to a stronger network within Mississippi. This work helped advance efforts to create the EnAct! framework and should be leveraged. Title V could potentially act as a coordinating hub to educate about and support implementation of the EnAct! framework given its reach across agencies focused on children's health and wellness. https://amchp.org/wp-content/uploads/2021/11/UPDATED_AMCHP_Roadmap-for-Improved-EC-Collaboration_Sept-2021.pdf Title V also focuses on improving systems of care for children and youth with special health care needs. As such, the Magnolia Health Plan/Medicaid program to improve services for these children is pertinent to Title V. Since this effort focuses on ensuring children receive preventive services and coordinated supports, Title V might be able to help drive implementation within the Magnolia Health Plan effort and help scale successes across other health plans and systems. Many other exciting opportunities exist for Title V to drive success in ensuring all young children in Mississippi receive Bright Futures Guidelines aligned preventive services as outlined in the EnAct! framework and required through the Affordable Care Act, Public Health Service Act Section 2713.
MS Healthy Moms, Healthy Babies (Perinatal High Risk Infant Support Services)	The Engagement in Action (EnAct!) Framework shares the same family-centered focus as Mississippi's Healthy Moms, Healthy Babies case management program as it works closely with Medicaid eligible families to address contributing factors of infant morbidity and mortality and to promote a healthy first year of life for the infant through addressing individual maternal/infant and family needs. Healthy Moms, Healthy Babies (HMHB) supports high-risk pregnant women and their babies less than one year old by enhancing access to health care, nutritional and psychosocial support, home visits, and health education. By using the EnAct! approach to care, HMHB's can better achieve their programmatic goals to ensure healthy pregnancy outcomes for high-risk mothers and infants and particularly promoting a healthy first year of life for the infant through improved assessment and ensuring provision of pediatric primary care well visits aligned with the unique needs, context and priorities of each mother and child. • The EnAct! framework approach to care toolkit includes developmental screening resources, including the whole child/family focused Well Visit Planner that produces essential information for the completion of the HMHB's "Infant Form" which requires reporting on diagnoses as well as "Unspecified lack of expected normal physiological development in childhood." • The EnAct! approach to services can support programmatic requirements with pregnant women who are presenting eligible risk factors and may be screened into the maternal HBHB portion of the program, which provides services up to 60 days postpartum. Infants presenting with separate eligible risk factors may be screened onto the ISS portion of the program at any point following birth. Services for infants are provided until the infant's first birthday.

	Recent programmatic changes aim to better incorporate more evidence-based screening and interventions moving forward, which could be supported through uptake of the EnAct! framework approach. Historically, most of the education provided to families is centered around maternal physical health and safe sleep practices with ample opportunity to expand focus towards maternal mental health and early relational health. The EnAct! framework toolkit resources, like Vroom and family resource sheets included with the Well Visit Planner may be ideal to use to further support maternal and infant and family health in alignment with Bright Futures Guidelines.
MS Child Welfare/CPS, and the Infant Toddler Court Program (MDCPS) https://www.mdcps.ms.gov/ Working on implementing Family First in eight pilots and starting to see results MFFI Annual Report - 2019.pdf (ms.gov)	The EnAct! framework and approach to care can advance the federal Administration for Children & Families' Children's Bureau goals to (1) prevent child maltreatment and unnecessary foster care placement; (2) support the well-being of children and families; and (3) collaborate with community-based services to support families. CPS professionals can both ensure children and families receive well-child services and engage them directly to assess and build family strengths and identify needs and priorities using EnAct! toolkit resources like the Well Visit Planner. This includes options to assess for Adverse Childhood Experiences along with a range of child and family risks, priorities, and strengths. Results can be used on the spot to guide personalized education, counseling, and link to support services. The EnAct! approach to services allows CPS workers to have a better understanding of whole child health, child and family strengths and priorities and social determinants of health that are perpetuating cycles of maltreatment and disrupt future patterns of victimization; and supports family data sharing with pediatric providers and others on the family and child's care team. • The EnAct! framework approach to care toolkit includes the Well Visit Planner which engages families to build trust and personalize interactions and to streamline conducting screenings required by CPS to assess strengths and needs, which is critical for young children and families at risk to evaluate underlying conditions, contributing factors to assess child needs for intensive and supportive services. The EnAct! approach provides a pathway for CPS workers to connect children to a primary care Medical Home, which has been emphasized as critical by MS CPS. • The EnAct! approach to care is highly relevant to Magnolia Health Plan's program on children in foster care and pertinent to MS CPS as well: 1-2020.2024-Mississippi-Health-Care-Oversight-and-Coordination-Plan-9-3.pdf (ms.gov). As noted in the MDCPS manual on Health Care Oversight "Being a part of the Magnolia Health Plan has greatly enhanced our service array for foster children. They are afforded the continuity of having a medical home. Partnering with Magnolia also provides opportunities for more specialized services, case management services and access to follow up care. Because of the number of Magnolia providers our children will be able to be serviced within their communities. Medical providers for Magnolia Health Plan are supplied with the American Academy of Pediatrics Healthy Foster Care America form which includes a brief medical history as well as the initial health screening (within 72 hours of placement) and the comprehensive admission health assessment (within 30 days of placement)." The EnAct! approach to care toolkit and resources could enhance health screenings and further engage families as partners. • Another program with close alignment and potential for implementation of the EnAct! approach to care is the Infant Toddler Court Program (ITCP) (also knowns as the Safe Babies Court Program) where the "Family Team" ensures assessment-driven needs identification, prioritizes evidence-based interventions, ensures timely referral to children's services including: regular well-child visits where children receive age-appropriate developmental screenings, immunizations; Part C-Early Intervention services and other developmental supports; and Infant and Early Childhood Mental Health services, services and supports that address basic needs and the social determinants of health.

	The Administration for Children and Families released a federal letter to the field in collaboration with the Department of Education on June 14, 2022, recommending the Well Visit Planner as an approach to advance both Child Welfare, Home Visiting and Head Start goals related to promoting the social, emotional, and mental health of young children and specifically recommends universal provision of comprehensive well-child care services as featured in the EnAct! approach. The federal letter can be found at: https://www.acf.hhs.gov/ecd/news/dear-colleague-letter-social-emotional-development-and-mental-health
MS Women, Infants and Children's Nutrition Program (WIC)	In addition to providing healthy, nutritious food to eligible mothers and children, WIC is responsible to improve breastfeeding and to assess and provide referrals to children and families that require supports (https://www.fns.usda.gov/wic/food-assistance-performance-measures-assessing-three-wic-services). These goals are supported by the EnAct! framework approach and resources and complement the CDC guidance to WIC on assessing child development (Developmental Milestones Resources for WIC Programs | CDC.) WIC service providers and families will be able to partner around child's health and developmental needs and priorities while reinforcing sustained, ongoing support. Given that WIC acts as a coordination hub for eligible families, the tools included in the EnAct! approach to care can broaden the possibilities and ensure children are thriving and flourishing. Given the many benefits of WIC participation such as, associated with stronger cognitive development during infancy and better performance on reading assessments in elementary school, the EnAct! approach to care elements can capitalize on these programmatic outcomes and allow for statewide population health interventions. • About half of MS children age 0-5 received some type of food or cash assistance. As such, WIC reaches a high number of families and can go above and beyond nutrition and food assistance by using the EnAct! framework resources to conduct assessments and help families learn about and access well-child visit services. https://www.childhealthdata.org/browse/survey/results?q=8788&r=1&r2=26&g=936 • The EnAct! framework and its approach to care toolkit provides a concrete pathway for WIC practitioners to provide important education and anticipatory guidance to families on child healthy development and wellness. • The EnAct! framework! toolkit, including the family facing Well Visit Planner tool, can help WIC build on its evidence-based success to engage families to improve birth outcomes and immunization status of children and ensure all attend well visits at periodicity recommended. (https://www.cbpp.org/sites/default/files/atoms/files/5-4-15fa.pdf)
MS Head Start Association, Early Head Start (HS/EHS)	Head Start/Early Head Start (HS/EHS) is funded through the federal Administration for Children and Families' Office of Head Start and in 2021 served approximately 25,000 low-income children age 0-5 in Mississippi through 17 HS/EHS programs across the state. With a focus on children's mental, social and emotional development and with accountability for numerous standards that include ensuring all children receive well-child services in a primary care setting, the EnAct! framework approach is relevant to HS/EHS. Using the EnAct! framework approach, HS/EHS programs in Mississippi can both partner to educate families about well visits and link them to primary care providers as well as directly address many of their non-medical needs and priorities important to their child's development. Also, the MS Head Start Collaboration Office can be an important partner since it seeks to enhance collaborative partnerships that: • Assist in building early childhood systems and access to comprehensive services and support for all low-income children. • Promote widespread collaboration and partnership between Head Start and other appropriate programs, services, and initiatives, including childcare and State preschool; and

	• Facilitate the involvement of Head Start in the development of State policies, plans, processes, and decisions affecting the Head Start target population and other low- income families. The EnAct! approach screening and health promotion toolkit includes the Well Visit Planner (WVP), which has been piloted and used in Head Start/EHS to educate families about well visits and partner with primary care providers to address social needs and support caregivers. Overall, the EnAct! Framework and approach to care can help HS/EHS centers to meet at least 42 of their federal operating standards (see Appendix Table 1 in Attachment C) related to child and family screenings and assessments, family engagement, child health status, mental health, and social and emotional well-being. This includes the WVP as well as the Vroom parent education resources, the centralized resource sheets available on the Mississippi Thrive! website. Importantly, by leveraging the EnAct! approach to care, Early Head Start centers can enhance their enrollment process by learning about the needs and priorities of families and connecting eligible families to medical homes within 30 days, as required. The EnAct! framework provides a pathway to strong partnerships between Head Start centers and pediatric medical home practices to ensure the delivery of comprehensive family support, early child health and development monitoring, health care, dental health, mental and behavioral health, early literacy, and access to resources. By enhancing this cross-sector partnership, children and families can expect improved whole child health care and case management supports through Head Start Centers. More details on alignment of the EnAct! framework approach to care to HS/EHS include: • 5 out of 10 subchapters of the Head Start Program Performance Standards set forth by the Office of Head Start, Administration for Children and Families in chapter XIII, part 1302 of Title 45 of the Code of Federal Regulations are related to child development and family partnerships. Of these, use of the EnAct! framework screening and health promotion toolkit resources are most linked to improvements on operating standards set forth in 4 out of 5 subchapters (C,D,E,H). • Formalizing a partnership (e.g., MOU) between Head Start and local pediatric practices can support strong collaboration. The Well Visit Planner platform allows exchange of data between partners to support data sharing. • Policy efforts may be needed to ensure provider reimbursement by Medicaid when child health care providers partner with Head Start in the collection of developmental, maternal depression and/or autism screening (etc.). The US Department of Education release a letter to the field June 14, 2022 recommending the Well Visit Planner as an approach to advance Head Start goals related to promoting the social, emotional and mental health of children, which can be found at: https://www.acf.hhs.gov/ecd/news/dear-colleague-letter-social-emotional-development-and-mental-health
Department of Insurance	The MS Department of Insurance provides oversight to commercial health plans in Mississippi. Since about one half of Mississippi's young children receive health care through commercial health insurance plans it is critical that the DOI drive improvements in services. All US health plans, including commercial health plans, are required to ensure provision of and pay for preventive services aligned with Bright Futures Guidelines through the Affordable Care Act Public Health Service Act 2713 and many improvements are required.
Federally Qualified Health Centers	There are 275 FQHC's in Mississippi that serve as primary care hubs for children and families. These centers are critical partners in ensuring the provision of high-quality well-child care services in Mississippi in collaboration with community-based supports (https://chcams.org/). In 2024, FQHCs will be required to report on prevalence of developmental screening for young children, along with other performance measures relevant to early childhood development.

Table 3.3: Health Care System

Health Care System	
University of Mississippi Medical Center (UMMC)	The EnAct! framework is relevant to UMMC, which has led the Mississippi Thrive! initiative and will continue to co-lead the new Early Childhood Development Coalition to implement the EnAct! framework. UMMC is the only academic health science center and children's hospital in MS. The EnAct! framework also supports UMMC community benefit requirements. UMMC is the state's only academic health science center and children's hospital and the home institution for implementing and scaling the MS Thrive! Enhanced Pediatric Medical Home Services Program (EPMHS). Through the MS Thrive! grant, UMMC has supported implementation of the EPMHS care bundle at 9 pediatric care offices to conduct developmental screening, provide literacy and relational health promotion supports using Reach Out and Read (ROR) and to enhance caregiver education and support using text/email-based Vroom resources and caregiver "wellness packets". The EnAct! framework enriches the current EPMHS program by integrating as options the Cycle of Engagement model and Well Visit Planner approach to well-child care services. Doing so offers options to further engage and educate families about their child's healthy development and to conduct whole child and family assessments that are scored and reported back to families and providers on the spot. This optimizes pre-visit planning and focuses time in encounters with children and families to address child and family needs and priorities. The Online Promoting Health Development Survey (PHDS) is also offered as a way to capture valid family reported information about quality of care, which is important to inform and drive continuous quality improvement. UMMC is ideally situated to be the leading implementer and disseminator of the EnAct! framework's approach to care to improve services within Mississippi's poorest and most medically underserved communities. Doing so directly advances the goals and mission of UMMC's Center for the Advancement of Youth (CAY) and is further enhanced through UMMC's ECHO and child development fellowship training programs as well as by an array of other efforts UMMC is advancing, such as the use of family navigators/specialists in pediatric practice (e.g., DULCE program) and efforts to improve NICU graduate developmental services. Through continued leadership of UCCM in this area, they can: • Help UMMC providers better align with high quality medical home criteria related to family engagement, comprehensive assessments, linkage to resources and assessments of population needs and performance measurement and reporting. • Lead to define strategies and demonstrate the impact of any forthcoming Medicaid initiatives or payment system reforms and managed care organization efforts to ensure high quality, family engaged well-child care services for all children. • Integrate research into implementation efforts to provide the evidence base to spread EPMHS-COE care bundle uptake across other health systems and clinics outside of the UMMC network. • Assist UMMC to meet their community benefit standards related to understanding and improving population health.
Medicaid Contracted Managed Care Organizations	Section 2713 of the Public Health Service Act requires that all US health plans provide services aligned with Bright Futures Guidelines, which form the basis of services advanced through the Engagement In Action (EnAct!) Framework. MCOs are essential partners to help shape, implement, fund, and ensure high quality, integrated early childhood developmental services that promote the health and well-being of the whole child and family. Medicaid contracts with MCOs include requirements, incentives, and mechanisms to drive improvements in early childhood developmental services. As of July 2022, MS Medicaid MCOs are: (1) Magnolia Health Plan: (magnoliahealthplan.com/), which is already operating an existing state-initiated Health Services Initiative focused on children with complex needs to ensure preventive care visits and whole child care and is also affiliated with Head Start. (2) CareSource/TrueCare: (caresource.com/Mississippi/), whose president Erhardt Preitauer is committed to "…. making a lasting difference in the health and well-being of Mississippians while driving better quality and outcomes"; and (3) Molina Health Care: https://www.molinahealthcare.com, which emphasizes wellness checks in their communications with members. See Attachment E for a range of policies important to pursue

	to optimize the power of managed care plans to ensure early childhood development and Attachment D for a Possibility Prototype related to Mississippi's Coordinated Care Plans.
Mississippi State University Social Science Research Center	The Mississippi State University Social Science Research Center has been a leader and close partner in the MS Thrive! effort and will co-lead the Early Childhood Development Coalition with UMMC. SRRC is critical to success as work continues to sustain and further progress made to implement the EnAct! framework through the ECDC. Of special relevance is SSRC's current work with the Department of Human Services to ensure access and quality of childcare and important community resources through the Quality Support System for Childcare. In addition, with funding SSRC may be able to continue to support important data collection and analysis, facilitate collaborative work across partners, conduct policy research, advance outreach to and training of child care providers, home visitors, and other early childhood professionals through training modules that have been embedded in state agency protocols, statewide workshops, trainings, and presentations and educational materials created by SSRC staff. SSRC could also continue to: • Conduct outreach to families by embedding Vroom into communities across the state. • Create and support use of interactive statewide resource maps, which MDHS currently intends to fund as a part of their public education presence. Support MS Thrive! project media like the MS Thrive website, newsletters to health care and early childhood professionals and families, and MS Thrive social media channels.
Center for Mississippi Health Policy	The key functions of the Center for Mississippi Health Policy are closely aligned with the Engagement in Action Framework as they attempt to understand how the "application of research to relevant health policy issues rather than the development of original research". The Engagement in Action Framework provides a rich "on the ground" research experiment exploring how the EnAct! approach may positively impact MS policies and regulations all in the spirit of children's health advancement. The Center for Mississippi Health Policy has conducted research on quality of care and population health in MS. While primarily focused on adult health, CMHP could be engaged to conduct similar analyses with a focus on young children and families. CMHP also has experience with research and analysis on examples of cross-sector collaborations and policies that are working to improve population health and healthcare system performance, which are relevant to the goals of the EnAct! framework. A CMHP led study commissioned by the Mississippi State University's Social Science Research Center (SSRC) focused on implementing developmental screening in each of the eleven Pre-Kindergarten Early Learning Collaboratives funded by the State to delineate policy concerns around school readiness which showed that nearly 50% of all young children met criteria for being at risk for healthy development. The EnAct! framework approach to services can facilitate similar research and offer new data points around school readiness framed within a whole child model.
Commercial Health Plans	Commercial health plans are required to provide services aligned with Bright Futures Guidelines under Section 2713 of the Public Health Service Act advanced through the Affordable Care Act. Alignments for MS health plans are essential since some commercial health plans do not currently cover core services, like developmental screening. Businesses/private sector payers must lead improvements.
Mississippi Health Care and Public Health Professionals' Associations	Health related professional associations can partner in building interest, skills and supporting implementation of the Engagement In Action Framework across different health professionals important to its success, including the Mississippi American Academy of Pediatrics; Community Health Workers Association of Mississippi (chcams.org/community-health-workers/); Mississippi Early Learning Alliance (msearlylearning.org/); Mississippi Rural Health Association (msrha.org); Mississippi Academy of Family Physicians (msafp.org/); and the Mississippi Public Health Association (mspha.org).

Table 3.4: Family and Community Based Organizations

Family and Community Based Organizations	
Families as Allies (FAA)	The EnAct! framework family engaged approach provides important tools and resources to further leverage and build capacity of FAA's presence and impact in MS as they work to promote family engagement, health literacy, advocacy, and leadership and partner with family-facing and provider organizations and state agencies. The EnAct! approach, including the Well Visit Planner (WVP), can support FAA to help families partner in their child's care and to help build collaboration systems and services that serve children and families. Through direct to family efforts to educate families about the importance of well visits and the possibilities to promote healthy development and encouraging families to build health literacy and agency by using the WVP, FAA can further their mission to engage families as partners in care. FAA's use of the family reported Online Promoting Healthy Development Survey can help FAA monitor and report on healthcare quality on behalf of families, helping FAA to be a crucial force to transform child equity, family centered systems and population health in Mississippi. FAA is an ideal partner to integrate the EnAct! framework core elements and information related to the WVP into their training programs with healthcare consultant groups, community-based caregiver support programs, and healthcare providers and clinics to ensure high quality care. In the spirit of child health care transformation, FAA plays a critical role to educate families about the importance of well-child visits, assists families to use the WVP in order to learn about their child's development and family's well-being, know what to expect during well visits and how to schedule well-child visits with a pediatric primary care provider. • Established in 1990, Families as Allies (FAA) is the only statewide organization run by and for families of children with behavioral health challenges. FAA's vision is that all children will have the opportunity to reach their potential and succeed with a mission to make sure that families are partners in their children's care. • By utilizing the data driven and evidence-based EnAct! framework approach resources, FAA can bolster their efforts in parent and community engagement as well as statewide research and policy efforts. • FAA trains family advisors assigned to health care clinics across the state who will be supporting families of children with special health care needs. By leveraging the EnAct! approach to care resources the FAA-trained workforce can be more knowledgeable about child health and developmental milestones. FAA will also lead the new HRSA funded Family to Family Information Health Information Center (F2F HIC) focused on children and youth with special health care needs, which are a central focus of the EnAct! framework approach to care and tools.
Mississippi Families for Kids (MFFK), **Help Me Grow** (HMG)	MFFK is a non-profit family support organization operating across the state of Mississippi offering an array of programs and services to children and families, with a specific focus on families involved in adoption or foster care. The Engagement in Action (EnAct!) Framework goals, strategies, and tools and resources can help MFFK and its Help Me Grow program more effectively and efficiently support their goals to screen for healthy development and link children and families to support the well-being of all young children and families in Mississippi. MFFK seeks to scale the Help Me Grow program across Mississippi and is leading this work through the Early Childhood Development Coalition (ECDC) with goals directly aligned with the EnAct! framework. MFFK's vision to conduct comprehensive screening and connect families to community resources and pediatric providers can be supported through the EnAct! approach to care, especially by using the Well Visit Planner (WVP), with MFFK is piloting with early care and education centers in 2023. Not only does the WVP include validated developmental assessments, but its family engaged approach is aligned with MFFKs goals to connect families with healthcare providers and community-based services. By empowering families to use their own health data in the WVP digital tool and share the quality of their experience in the Online Promoting Healthy Development Survey, the EnAct! framework can further MFFK's mission to ensure the well-being of children and families. Vroom resources are also potentially valuable as MFFK/HMG seek to support family strengths to help children thrive.

	• MFFK has four components of services (1) adoption and foster care training and placement (2) family and child counseling and support relating to kinship and respite care (3) policy advocacy and (4) developmental screening, education, and training programs through HMG. • MFFK can incorporate local comprehensive resource maps into their customized WVP so that all families served can automatically receive helpful resources that best meet their needs. • As MFFK seeks to close gaps in communication between their care coordinators, families, and providers they can choose to set up their own customized WVP accounts in a way that enables sharing family Well Visit Guides and Clinical Summaries across care teams, including MFFK, pediatric providers and other community-based supports. MFFK can partner with FAA or others to lead in assessing the quality of preventive services for young children and families by using a customized Online Promoting Healthy Development Survey with families and receiving an automated quality of care report representing responses of families to inform and drive improvements in care and policy.
Community/Family Advocacy and Support Organizations	Mississippi has an array of important community, family, parent and youth advocacy and support organizations whose leadership is essential to engaging families and caregivers to early childhood development. Examples include: (1) OneVoice—(www.onevoicems.org), which is currently advocating that Medicaid cover post-partum care- onevoicems.org/wp-content/uploads/2022/02/Legislative-Priorities-_RECAP.pdf; OneVoice also hosts "Mississippi Speaks", a podcast focused on important health and health policy issues in Mississippi (https://podcasts.apple.com/au/podcast/mississippi-speaks-a-community-conversation/id1562230604); (2) Teen Health Mississippi (teenhealthms.org), which has a Pregnancy Assistance Fund Program; (3) Mississippi Parent Training Institute (mspti.org) which is one example of many parent-support and advocacy organizations. See: https://www.mdek12.org/sites/default/files/Offices/MDE/OAE/OSE/Parents/parent-advocacy-groups-7-17-17.pdf
Mississippi Children's Foundation and other private foundations	The Engagement in Action (EnAct!) Framework supports the MS Children's Foundation's mission to promote child well-being in Mississippi by driving cross-sector leadership and driving multi-year efforts to "Do Big Things", as well as their priority to ensure developmental screening and promotion. The EnAct! Framework is designed to drive integration across state early childhood stakeholders, is relevant across a wide array of current stakeholders and can provide a concrete pathway for the MS Children's Foundation to achieve its goals for "engaging major partners and stimulating key conversations, coordinating and educating across the child care and medical systems, and provides data harmonization opportunities for statewide research and policy endeavors". As a strategic partner of MS Thrive! the MS Children's Foundation is a natural support of the Mississippi Thrive! Early Childhood Development Coalition and other infrastructure requirements related to communications, training, and coordination. The foundation might also help sponsor statewide use of the Online Promoting Healthy Development Survey to meet their goals to help "monitor and report new critical indicators of MS child well-being that advocates and decisionmakers need to be informed". Overall, any child health focused foundation will likely find the EnAct! framework goals and strategies to be relevant. The MS Children's Foundation's goals are especially relevant and are to: (1) Create a blueprint for child well-being in Mississippi that articulates what our state can do to address important children's issues; (2) Bring stakeholders together to implement the plan and provide updates on the progress and (3) "Do Big Things" by taking on multi-year strategic projects that have the potential for major impact.
Retailers, Media, Recreation, Libraries, Businesses, Public Leaders	Retail pharmacies and similar health care sites of care can play a role to educate families about scheduling well visits and can even sponsor use of developmental screening tools (e.g., ASQ) or the comprehensive Well Visit Planner to both engage families, provide immediate resources, and support and activate families to get services to promote their child and family well-being. The media and other public services like parks and recreation and transportation are powerful public education and family engagement partners.

Table 3.5: County, City and Local Programs Important to Child Health

County, City, and Local Programs Important to Child Health	
County & City Health Depts.	County and City Health Departments conduct needs assessments and pursue strategies to improve the health of the public and can be key partners to raise awareness related to well visits and the possibilities to promote healthy development and child well-being. Important partner organizations include Mississippi Association of Supervisors (mssupervisors.org); the Association of County Health Department Supervisors; Mississippi's Jackson County Health Department (which has a "Building Healthy Jackson County Community Health Improvement Plan" with a focus on Mental & Behavioral Health); City Health Departments like the Jackson City's (jacksonms.gov) Healthy Babies, Bright Futures (hbbf.org) effort; and the Jackson 311 resource hotline. These types of programs could include an early childhood development focus. County health departments typically seek to advance the Centers for Disease Control and Prevention's Healthy People 2030 guidelines, many of which specifically focus on early childhood development using the name metrics used to assess the health, risks, protective factors, and services for young children in States that are also used to assess Title V, MIECHV and other state program performance. Reaching families and communities means working with County, City and local health and related programs.
Non-Gov't Early Childhood Development Leadership and Training Orgs.	Mississippi programs that promote high quality early childhood education and development are essential partners to support engagement of families through early child care programs and community-based services, which is an essential to the implementation of the implementation of the EnAct! framework and ensure all young children receive screening and health promotion services that optimize their development and family well-being. Examples include: Excel by 5 (excelby5.com); Mississippi Early (mississippiearly.com); SPARK MS (spark-ms.com); Barksdale Institute (misreads.org); MS Early Childhood Association (mississippiearlychildhood.org) and MS Early Learning Alliance (msearlylearning.org)

IV. Fostering Collaboration and Results Through Measurement

Overview

As part of the process of designing the Engagement In Action (EnAct!) Framework, the Child and Adolescent Health Measurement Initiative (CAHMI) conducted an analysis of performance measures and program operations standards used across 9 federal programs to monitor performance and accountability of these programs that operate through states. The federal government provide funds to states to implement these nine programs and services relevant to promoting the healthy development of young children and the well-being of their families. In addition, also included in this analysis are child and family health related performance measures that Medicaid and private insurance payers use to assess the quality of services provided through managed care health plans. These are measures come from the National Committee for Quality Assurance's Health Effectiveness and Data Information Set (HEDIS) and were important to include since most young children in the United States receive health insurance and services through managed care health plans. Overall, 10 sets of measures or standards federal agencies require one or more state run programs to assess were included in CAHMI's analysis.

Six of the nine federal programs that operate through state and local level programs have standardized measure specifications and quantitative reporting mechanisms that were possible to compare in a concrete manner. These programs are the focus of the results section of this report. These six programs and associated measurement sets are:

1. The US Department of Health and Human Services, Center for Medicaid and Medicare Services (CMS) ***State Medicaid/Child Health Insurance Program Core Set*** of Measures
2. The US Department of Health and Human Services, Administration for Children and Families' (ACF) ***Child Welfare*** Program Metrics
3. The US Department of Health and Human Services, Health Resources and Services Administration (HRSA) ***Title V Block Grant*** Program Performance and Outcomes Measures
4. The US Department of Health and Human Services, HRSA ***Maternal Infant and Early Childhood Home Visiting*** (MIECHV) performance measures
5. The US Department of Health and Human Services, HRSA ***Community Health Center/Federally Qualified Health Centers*** Program performance measures
6. The US Department of Education's ***Early Intervention*** Program

In addition, three other state programs with federally defined performance standards that are not specified as standardized measures were also examined. These three programs are:

1. The Administration for Children and Families' ***Head Start*** program operations standards

2. The Department of Agriculture's ***Special Supplemental Nutrition Program for Women, Infants and Children*** (WIC) program
3. The Administration for Children and Families' ***Child Care and Development Fund*** (CCDF) Block Grant Program for early childcare and education.

A summary of the performance tracking topics used for these three programs are also summarized in this report in order to note their relevance to the EnAct! framework and alignment with the measurement topics address in the 7 standardized measurement sets outlined above (6 federal/state programs and NCQA/HEDIS).

The primary purpose of this measurement analysis was to:

1. Characterize the specific aspects of program performance that are assessed as of 2023 across federal/state programs and that therefore incentivize and influence priorities across state early childhood programs and managed care health plans, including influencing provider/professional's efforts related to promoting the healthy development of young children and the well-being of their caregivers and families.
2. Identify measurement topics and/or specific measures that are used across more than one program, which help identify already existing measures where collaboration to improve performance across programs might be most fruitful.
3. Identify opportunities to harmonize specifications of measures across programs to strengthen shared accountability through collaborative data sharing and action.
4. Assess if and how the purpose and goals of the EnAct! framework-- and the featured Cycle of Engagement Well Visit Planner (WVP) approach—can help drive improvement in existing performance measures. Mapping to the COE/WVP was emphasized since this approach has been officially referenced as relevant to several of the programs included in this analysis, like ACF, HRSA, DOE.
5. Identify priority gaps in existing measures and explore other sources of data or measurement concepts that could be tapped into that further support the implementation and evaluation of the EnAct! framework approach.

Method

This analysis used the CAHMI's Online Maternal and Child Health Measurement Compendium data base. In doing so, first CAHMI updated the MCH Measurement Compendium to include recent changes to measures for some of the programs included in this analysis. Note that only measures with clear specifications are included in the MCH Measurement Compendium. This means that each measure includes the following components:

1. A title and description sufficient to indicate the purpose and formulation of the measure
2. A clearly specified numerical formula, including a numerator and a denominator
3. A standardized data collection instrument/database and methodology

4. An algorithm for scoring and reporting the measure, including specifying what the reportable/focus value is to indicate better or worse performance
5. Other measurement reporting requirements, benchmarks and/or stratifications

The CAHMI uses a highly standardized four step process to ensure accuracy of the characterization of each measure included in the MCH Measurement Compendium, as further discussed here.

Once updated in the MCH Measurement Compendium, each individual reportable measure for each of the seven measurement sets for which measurement details and specifications were available (see lists above) were evaluated for their relevance to young children and families based on the topic assessed as well as whether young children or caregivers/parents were included in the denominator for each measure. Note that in some cases measurement topics would be relevant to young children and families, but data was not required to be collected for these populations, so these measures were not included in this analysis. After identifying relevant measures, details for each measure were further analyzed to allow accurate placement of the measure into a measurement domain and subsequently into more granular topical areas. The analysis of measures first led to the identification of four domains that encompassed all measures and into which each measure was placed. These are:

Domain A: Access and Utilization of Care
Domain B: Quality of Care: Screening, Referrals and Follow Up
Domain C: Quality of Care: Care Processes, Education and Counseling
Domain D: Outcomes: Health and Intermediate Outcomes

Placement of individual measures into these four domains was based on analysis of the detailed specification and intent of each measure, including how it is characterized by each program. Note, however, that some measures could be reasonably placed in more than one domain. In these cases, measures were placed in the domain that was evaluated to be most reflective of the intent of the measure. In particular, if the measure is intended to reflect quality of care and not only use of care, it was placed in one of the quality-of-care domains and not in the access and utilization domain. In addition, measures were always placed in the category most aligned with how each measurement set sponsor describes them. For example, whether children receive care in a high-quality medical home is named as a "performance measure" for Title V Block Grant programs and was placed in Domain C: Quality of Care Processes, Education and Counseling. However, some might consider this to be an outcome measure. To further illustrate, whether children receive needed mental health services is categorized as an outcome measure in the Title V Block Grant measures and was therefore placed into Domain D: Outcomes. Some might consider this to be an Access and Utilization Measure (Domain A). Yet, this measure reflects actual receipt of needed services, which reflects an outcome of a complex process.

Once measures were specified, characterized, and placed into domains, each measure was further placed into more granular topical categories within each domain. Here, measures were grouped based on similarities in specifications and topic. The number of individual measures included in each topical area across all programs was then codified along with documenting which measurements sets/programs shared measures in a similar topical area.

Finally, the measures were more specifically evaluated for their relevance to the Engagement In Action (EnAct!) Framework purpose, goals, and approach to services, including whether performance on each measures might be improved by implementing elements of the CAHMI's Cycle of Engagement Well Visit Planner approach to care model and tools that are featured resources in the EnAct! framework. As noted, results based on the seven measurement sets evaluated using the process above were used to consider how the program operations standards or performance measurement concepts set forth by Head Start, WIC and/or through the CCDF program were aligned with these measures. This required a review and analysis of the program operations standards and measurement concepts for these three additional programs.

Results from these methods are summarized below.

Results

Measurement Assets and Distribution Across Measurement Sets and Domains

Overall, 309 program performance measures were identified as being in active use across the seven federal/state programs listed above and the NCQA/HEDIS measurement set. See Table 1 for a summary of the number of measures included in this analysis for each measurement set.

Table 1: Performance Measurement Sets Evaluated and Number of Measures Included for Each

Performance Measurement Set Evaluated	Number of Measures (N=309)	Year Last Updated
CMS's Medicaid/CHIP Core Set of Measures	64	2023-2024
NCQA's HEDIS Managed Care Plan Measures	115	2023
HRSA's Title V Block Grant Measures	65	2022
HRSA's Maternal Infant and Early Childhood Home Visiting program (MIECHV) Measures	21	2022
DOE's Early Intervention Measures (IDEA Part C)	10	2020
HRSA's Community Health Centers (CHCs or FQHCs) Measures	9	2019
ACF's Child Welfare Program Measures	25	2019

As can be seen in Table 1, the largest number of measures are included in the NCQA/HEDIS measurement set (n=115). However, as further delineated below, these 115 measures fall into many fewer topical areas and include 39 immunization rate measures, 12 measures related to monitoring antipsychotic medications for youth and 9 related to depression screening. This represented 52% of all of these NCQA/HEDIS measures (60 measures). Also note the same measures required to be reported separately for an age or race/ethnicity or other population subgroup are considered to be separate measures and several measures in the NCQA/HEDIS and Medicaid/CHIP program require such subgroup reporting and do not represent new measurement topics.

As summarized in Table 2 below, of the 309 measures identified across all measurement sets, over two-thirds (70.55%) were in either Domain B: Quality of Care: Screening, Referrals and Follow Up (22.65% of all measures) or Domain D: Health and Intermediate Outcomes (47.90%). The fewest measures were found for Domain A: Access and Utilization (n=38).

Table 2: Number of Topics and Distribution of Measures by Performance Measure Domain

	Number of Topical Areas	Number of Individual Measures	Percent of All Topics in this Domain	Percent of All Measures in this Domain	Percent of Topical Areas in each Domain with Measures Used by 2+ Programs
Domain A: Access and Utilization	12	38	16.9%	12.3%	50.0% (6)
Domain B: Quality of Care: Screening, Referrals and Follow Up	17	70	23.6%	22.65%	52.9% (9)
Domain C: Quality of Care: Care Processes, Education and Counseling	11	52	15.5%	16.83%	54.5% (6)
Domain D: Health and Intermediate Outcomes	31	148	43.66%	47.90%	22.6% (7)
Total	**71**	**309**	**100%**	**100%**	**39.4% (28)**

Summary of Topical Overlap Across Measurement Sets by Domain

As summarized in Table 2, 28 (39.4%) of all 71 topical areas into which measures were placed are represented across more than one program. Half of the topics in Domain A: Access and Utilization of Care (50.0%) and over half (54.5%) of topics included in Domain C: Care Processes, Education and Counseling were represented in more than one measurement set/program. While nearly half of the total number of measures (47.9%) and 43.66% of all

topical categories were placed in Domain D: Outcomes (many are Title V measures), only 7 topics or 22.6% overlapped across programs.

Tables 3-6 below set forth each of the 71 measurement topical areas identified for each measurement domain, the number of measures in each topical area, and which programs/measurement sets had measures in that topics area. For these tables, the name of each program/measurement set are noted using the following acronyms: TV-Title V; MCD=Medicaid/CHIP; EI-Early Intervention; CW-Child Welfare; CHC-Federally Qualified Health Centers; HV-MIECHV; HEDIS-NCQA MCO Measures.

Table 3: Domain A: Access and Utilization Measurement Topics
(12 topics, 38 measures, 6 of 12 Topics (41.6%) Used for 2+ Programs/Measurement Sets

Adolescent Well Visits (4/TV, MCD, HEDIS)	Infants and toddlers with an Individualized Family Services Plan (IFSP) (2/EI)	Services were delivered to in a home or community setting (1/EI)
Child and adolescent health insurance coverage, continuity and/or adequacy (3/TV, HV)	Outpatient Visits, including telehealth (1/HEDIS)	Timely receipt of services for infants and toddler with an IFSP (2/EI)
Children and adolescents who are uninsured (1/TV)	Prenatal and Postpartum Care (6/TV, MCD, CHC, HV, HEDIS)	Well Child Visits (7/TV, HV, MCD, HEDIS)
Children and adolescents who did not received needed health care (1/TV)	Receipt of Dental Care Services (8/MCD, TV, CHC, HEDIS) *	Well Woman Visit (3, TV, MCD, HEDIS)

Note: ***Parentheses: (number of measures/name of agencies with measures on this topic)***
*Some dental care services measures could also be categorized in the "Quality of Care: Care Processes, Education, Counseling" domain

Overall, the greatest overlap in measures was between Medicaid/CHIP and HEDIS followed by Title V and MIECHV. Highlights of most measures included in a topical area and those with the most shared measures across measurement sets include:

1. The measurement topics in *Domain A: Access and Utilization* that had the most measures represented and the greatest overlap across measurement sets were (1) dental care services; (2) well child visit rates and (3) prenatal and postpartum care.
2. The measurement topics in *Domain B: Screening, Referrals and Follow Up* the measurement topics with the most measures and greatest overlap across measurement sets/programs; (1) early childhood developmental screening; (2) tobacco, alcohol, drug treatment referrals (adults/caregivers); and (3) depression screening
3. The measurement topics in *Domain C: Care Processes, Education and Counseling* with the most measures and most overlap across programs were (1) weight assessment and nutrition and physical activity counseling; and (2) monitoring use of antipsychotic medications for adolescents.

4. The measurement topics in *Domain D: Health and Intermediate Outcomes* with the most overlap across programs were (1) low birth weight rate; (2) preterm birth rates; (3) emergency room and injury related hospitalizations (4) breastfeeding rates and (5) immunization rates.

Table 4: Domain B: Quality of Care: Screening, Referrals and Follow Up Measures
(17 topics, 70 measures, 9 of 17 topics (52.9%) Topics Used for 2+ Agencies)

Behavioral Concerns of Children (1/HV)	Early Childhood Developmental Screening (6/TV, MCD, HV)	Parent-Child Interactions Assessment (1/HV)
Cervical Cancer Screening (4/HEDIS)	Follow-Up After Hospitalization for Mental Illness (12/MCD, HEDIS)	Social Needs Follow-Up (e.g., food security, housing) (3/HEDIS)
Chlamydia Screening (2/MCD, HEDIS)	Follow-Up Care for Prescribed ADHD Medication (6/MCD, HEDIS)	Social Needs Screening (e.g., food security, housing, etc.) – (3/HEDIS)
Completed Depression Referrals (5/HEDIS, HV, CHC)	Intimate Partner Violence Referrals (1/HV)	Tobacco, Alcohol or Other Drug Cessation Referrals/Treatments for Adults and/or Caregivers (7/CHC, MCD, HEDIS)
Completed Developmental Status Referrals (1/HV)	Intimate Partner Violence Screening (1/HV)	Tobacco, Alcohol or Other Drug Screening (2/CHC, HV)
Depression Screening (13/CHC, TV, MCD, HV, HEDIS)	Lead Screening (2, MCD, HEDIS)	

Note: ***Parentheses: (number of measures/name of agencies with measures on this topic)***
(TV-Title V; MCD=Medicaid/CHIP; EI-Early Intervention; CW-Child Welfare; CHC-Federally Qualified Health Centers; HV-MIECHV; HEDIS-NCQA MCO Measures)

Table 5: Domain C: Quality of Care: Care Process, Education and Counseling Measures (11 Topics, 52 Measures, 6 of 11 Topics (54.5%) Used for 2+ Measurement Sets)

Antibiotic Treatment (4/HEDIS)	Contraceptive Care (6/HEDIS)	Transition of Care (adolescents, early intervention) (2/TV, EI)
Asthma Medication (2/MCD, HEDIS)	Labor and Delivery Care (4/TV, MCD)	Use of First-Line Psychosocial Care for Children and Adolescents (2/MCD, HEDIS)
Children and adolescents receiving care in a setting meeting multi-part Medical Home measure (2/TV)	Mediated Dispute resolution (2/EI)	Weight Assessment, Counseling for Nutrition, Physical Activity (9/CHC, MCD, HEDIS)
Consumer Assessment of Healthcare Providers and Systems Health Plan-Includes Several Experience of Care Measures (4/MCD, HEDIS)	Monitoring of Children and Adolescents on Antipsychotics (15/MCD, HEDIS	

Note: ***Parentheses: (number of measures/name of agencies with measures on this topic)***

Table 6: Domain D: Outcomes: Health Related and Intermediate Outcomes (31 Topics, 148 Measures, 7 of 31 (22.6%) Topics Used for 2+ Measurement Sets)

Bullying (victimization or perpetration) (3/TV)	Children and adolescents with a mental/behavioral condition who receive treatment or counseling (1/TV)	Low Birth Weight (4/TV, HV, MCD)
Child and Adolescent Immunization Status (60/CHC, TV, MCD, HEDIS)	Children and adolescents with special health care needs (CSHCN) (1/TV)	Maternal Mortality Rate (1/TV)
Child and Adolescent Mortality Rates, including suicide, motor vehicle accidents (4/TV)	Children and adolescents with special health care needs (CSHCN), who receive care in a well-functioning system (1//TV)	Mental Health Disorder Diagnosis (5/HEDIS)
Child and Adolescent Physical Activity (3/TV)	Early/Infant Death Mortality Rates (6/TV)	Mothers Breastfeeding (3/TV, HV)
Child Maltreatment (3/HV, CW)	Early Language and Literacy Activities or Caregivers (e.g., daily reading) (1/HV)	Prenatal Immunization Status (3/HEDIS)
Child social-emotional knowledge, skills, and behavior (1/EI)	Emergency Department Visits and Injury Hospitalizations (4/TV, MCD, HV)	Preterm Birth (2/TV, HV)
Children and adolescents diagnosed with ADD/ADHD (1/TV)	Families Using Infant Safe Sleep Methods (4/TV, HV)	Primary Caregiver Education (1/HV)
Children and adolescents diagnosed with an autism spectrum disorder (1/TV)	Family knowledge of rights, communicating child's needs and supporting development (1/EI)	Severe Maternal Morbidity (1/TV)
Children and adolescents in excellent or very good health (1/TV)	Foster Care Related Outcomes (timely placement, etc.) – (23/CW)	Smoking/Tobacco Use (2/TV)
Children and adolescents who are obese (3/TV)	Infants born with alcohol or substance exposure (neonatal abstinence) (2/TV)	Teen Birth Rate (1/TV)
Children and adolescents who have decayed teeth or cavities (1/TV)		

Parentheses: (number of measures/name of agencies with measures on this topic)

Further Analysis of Measurement Assets, Gaps and Opportunities for Improvement

As noted, and listed in Table 7 below, 28 (39.4%) of all topical areas representing all measures are represented across two or more of the seven evaluated program measurement sets. As can be seen, child health programs that can benefit from shared performance goals and measures have differing levels of alignment with others. For example, while Early Intervention and Child Welfare programs each only share one performance measure topical area with another agency whereas Medicaid/CHIP is most aligned with other agencies. Medicaid/CHIP shares 20 topical areas with at least one other agency, which is over 28% of the total topical areas specified. Also, most of the Medicaid/CHIP topical areas are aligned with HEDIS (16 out of the 20 total). Title V and MIECHV are the agencies that are the second most aligned, sharing nine topical areas.

In addition, within aligned topical areas listed in Table 7, some share the exact same measures and measurement specifications, whereas some are aligned more thematically. In terms of exact alignment, one example is *Lead Screening*. Both HEDIS and Medicaid/CHIP use the same measure: *the percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.* However, most measures within a topical area use different metrics for performance reporting. For example, Title V and MIECHV both have measures in the *Breastfeeding* topical area. Title V has two breastfeeding measures: *percent of infants who are ever breastfed* and *percent of infants breastfed exclusively through six months*. MIECHV uses one breastfeeding measure that is different from either of Title V measures: *percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age*.

Of the 13 topical areas aligned with three or more agencies, this alignment occurs between five of the seven agencies analyzed—CHCs, MIECHV, HEDIS, Medicaid/CHIP, and Title V. The topical areas, *Prenatal and Postpartum Care* and *Depression Screening*, are aligned with all five of these agencies. Five of the 13 measures fall under Domain A: Access and Utilization and four fall under Domain B: Screening, Referral and Follow Up, demonstrating greater shared emphasis across agencies on access and utilization of services as well as screening, referrals, and follow-up.

Note that in 2024, development screening for young children will be added to the list of measures used across more than one program. While right now Title V is the only program including this measure, but in 2024 both Community Health Centers/FQHCs and Medicaid programs will be required to report on developmental screening. Of importance is that while state Medicaid programs have not been required to report on the Medicaid/CHIP core set of measures, doing so will no longer be voluntary beginning in 2024. These developments increase incentives for these programs to improve performance in early childhood developmental screening, which strongly supports priority goals included in the EnAct! framework.

Table 7: List of the 28 Topical Areas with Two or More Programs Assess Measures on the Topic

*Topics measured by 3 or more of the 7 measurement sets evaluated

Domain	Topical Area
A	Insurance Status, Continuity and Adequacy
A	Prenatal and Postpartum Care*
A	Receipt of Dental Care Services*
A	Well Child Visits*
A	Adolescent Well Visits*
A	Well Woman Visit*
B	Chlamydia Screening
B	Completed Depression Referrals*
B	Depression Screening*
B	Early Childhood Developmental Screening*
B	Follow-Up After Hospitalization for Mental Illness
B	Follow-Up Care for Prescribed ADHD Medication
B	Lead Screening
B	Tobacco, Alcohol or Other Drug Cessation Referrals/Treatments for Adults and/or Caregivers*
B	Tobacco, Alcohol or Other Drug Screening
C	Asthma Medication
C	Consumer Assessment of Healthcare Providers and Systems Health Plan- Includes Several Experience of Care Measures
C	Labor and Delivery Care
C	Monitoring of Children and Adolescents on Antipsychotics
C	Use of First-Line Psychosocial Care for Children and Adolescents*
C	Weight Assessment, Counseling for Nutrition, Physical Activity*
D	Child and Adolescent Immunization status*
D	Child Maltreatment
D	Families Using Infant Safe Sleep Methods
D	Emergency Department Visits and Injury Hospitalizations*
D	Low Birth Weight*
D	Mothers breastfeeding
D	Preterm Birth
D	Transition of Care (adolescents, early intervention)

Alignment With Head Start, WIC and CCDF Program Operations Standards

As noted, a separate analysis of Head Start, WIC and CCDF program operating standards for which reporting is required was conducted. This analysis identified greatest alignment with the preventive care/development screening measures and those related to ensuring children and families are linked to primary care and social supports. Below is a high-level summary of the program performance topics emphasized in Head Start, WIC and CCDF and how they align with those summarized above and with the EnAct! framework purposes, goals, and approach.

- **Head Start/Early Head Start (HS/EHS):** With a focus on children's mental, social and emotional development, HS/EHS is accountable to track performance on numerous standards. This includes standards related to conducting developmental screening using validated tools and to ensuring children receive well-child services in a primary care setting. Overall, the EnAct! Framework and approach to care can help HS/EHS centers to meet 42 of their federal program operations standards related to child and family screenings and assessments, family engagement, child health status, mental health, and social and emotional well-being. See ***Appendix I to this document*** for a list of these standards and a summary of relevance to the purpose, goals, and approach to care from the EnAct! framework and, in particular, to the Cycle of Engagement Well Visit Planner approach featured in this framework. Prior work included piloting the COE/WVP in HS/EHS documenting value to required performance standards.

- **WIC:** In addition to providing healthy, nutritious food to eligible mothers and children, WIC is responsible to improve breastfeeding and to assess and provide referrals to children and families that require supports (https://www.fns.usda.gov/wic/food-assistance-performance-measures-assessing-three-wic-services). These goals are supported by the EnAct! framework approach and resources and complement the CDC guidance to WIC on assessing child development (Developmental Milestones Resources for WIC Programs | CDC.)

- **CCDF:** Currently CCDF advances the following performance standards originating in response to the Government Performance and Results Act (GRPA): 1) access to child care assistance, 2) early care and education quality rating and improvement (QRIS) standards, 3) children in high quality child care settings, and 4) access to licensed child care providers. The EnAct! framework's approach to care can support DECCD efforts by facilitating the ability of childcare and family navigator professionals to meet competencies for engaging families, conducting screening and assessment of health and needs, linking to important resources like pediatric primary care and overall supporting the healthy development of children. All these standards highly support national performance and outcome measures, particularly those focused on quality of care and

access and utilization measures examined, as well as the EnAct! framework and COE WVP approach.

Table 8: Program Performance Measure Aligned with EnAct! Framework Approach

Measures	Number of EnAct! Aligned Measures	Percent out of Total Measures for each Agency
Early Invention/IDEA	8	80%
Community Health Centers/FQHCs	9	100%
NCQA/HEDIS	94	81.74%
MIECHV/Home Visiting	21	100%
Medicaid/CHIP Core Set	56	87.50%
Title V NOMs/NPMs	50	76.92%
Child Welfare Outcomes	25	100%
Total	**263**	**85.11%**

Note: Please revisit Table 1 for total measures for each agency for understanding percentages.

Leveraging Measures to Power the Implementation of Engagement In Action Framework

In looking at all measures by each agency, the majority of measures for each of the seven agencies assessed are aligned with components of the EnAct! framework. The greatest alignment is with Title V, CHCs, MIECHV, and Child Welfare. As summarized in Table 8, nearly all the topical areas shared across two or more agencies are relevant to the EnAct! framework and its approach to integrated services for children and families. In particular, use of the featured Well Visit Planner and Promoting Healthy Development Survey family engagement data collection resources align with 100% of the 13 topical areas shared across three or more agencies because they either collect data at a service and/or local geographic level related to these measures, or their use can inform and drive improvements in these performance measures. See Table 9.

Table 9: Cross Agency Overlap in Measures Used Across the 71 Topical Areas

	Number	Percent of All Topical Areas	Number aligned with the EnAct! framework approach	Percent aligned with the EnAct! framework approach
Topical areas overlapping by at least two agencies (Table 7)	28	39.4%	26	92.86%
Topical areas overlapping by three or more	13	18.3%	13	100.00%

Existing alignment in the relevance of the EnAct! framework and the featured COE/WVP approach shows high promise for leveraging the framework and associated resources to drive

improvements in many performance measures already used across 9 federal/state programs and NCQA/HEDIS, as summarized above. With further deliberation, state programs can both integrate findings on similar measurement topics, but also enhance data locally so that more granular information can be obtained at the level of local services by using EnAct! framework resources.

Overall, there are many measurement assets to monitor, incentivize and drive improvements across many early childhood health system partners and programs. Yet, gaps exist in topical areas addressed and especially in the use, reporting and alignment of efforts across programs to assess measurement findings and engage in collaborative planning for improvement in services, health equity, population health and systems quality. This report offers a starting point to support cross-system analysis of measures, gaps, and findings. An important finding is that more contemporary metrics do not assess positive health equity or healthy development, yet data and/or measures are available to help fill these gaps. In particular, the National Survey of Children's Health produces many metrics related to:

- school readiness and children's early learning skills, social and emotional development, and approaches to learning
- child flourishing, including children's emotional connection and resilience
- family resilience, including levels of hope, sense of strengths, connection with each other when facing problems

Each of these align with the EnAct! framework's positive health equity purpose. In addition, by design the Well Visit Planner is meant to be used not only at the child/family level, but to produce aggregate data across families to further measures child development, family well-being, family priorities and many other measures. Similarly, the Promoting Healthy Development Survey (PHDS) can be employed locally to assess topics assessed at the state level, including developmental screening, depression screening, follow up for developmental problems, family centered care, family health and receipt of health promotion education and counseling.

Importantly, there are opportunities for incorporating more measures related to each of the EnAct! framework's goals to:

- ensure all young children receive comprehensive whole child and family assessments and quality preventive and developmental services (All In)
- fully engage families and communities as partners in care; (Real Engagement)
- advance coordination and a seamless system across programs (Seamless System)

Specific recommendations

Leverage Measurement Assets: Current recommendations for national performance and outcome measures to align with the Engagement In Action (EnAct!) Framework include:

(1) State and local application of child flourishing, school readiness and family resilience metrics from the National Survey of Children's Health (NSCH); See Attachment A for current data findings and a more extensive list of measures relevant to children age 0-5 available through the NSCH.
(2) State and managed care health plan results on the National Committee for Quality Assurance's Healthcare Effectiveness Data Information Systems tracking managed care health plan performance on preventive care measures for children (e.g., well visit rates)
(3) Centers for Medicare and Medicaid Services child core set of metrics tracking provision and quality of well child visits (e.g., well visit rates, developmental screening rates)
(4) State, plan, and provider use of the family-completed Promoting Healthy Development Survey (PHDS) aligned with Bright Futures Guidelines, which provides rich feedback to drive improvements in care.
(5) Use of the aggregate data produced by the Well Visit Planner in a specific program or setting to assess needs, outcomes and positive outcomes for children and families

Align Measures and Integrate Reporting: While there is a high degree of overlapping topical areas across agencies, the 28 topical areas that were aligned across two or more agencies consisted of 194 measures and few of the measures used across programs are based on the exact same measurement definition and metric. This is not necessarily a problem. For example, when assessing provision of well-child care services, the MIECHV/home visiting program measures assess if child had the last recommended well visit, which is an appropriate performance measure for assessing home visiting. In contract, Medicaid programs assess how many of all visits recommended children had at a population level. Yet, there are important opportunities to harmonize measures to strengthen shared accountability and promote efficiency. Such alignment will require federal agency agreement, highlighting the critical role of federal policy and programs to support state level efforts to monitor and improve services and systems for children.

Perhaps more urgently—and not requiring federal policy changes--early childhood health system partners can collaborate to create an integrated "picture of performance" and use the data collected across programs to information cross-sector priorities and efforts to improve. Doing so will inform and highlight recommendations for federal policy changes that can support states and local areas collaboration, share accountability, and fill key measurement gaps. Again, early childhood health system partners can agree to share and integrate results to arrive at a common meaning and recommendations for action, which can lay the groundwork to further enable agencies to share data, compare their progress to others, and potentially learn ways to collaborate and improve their programming.

Enable Stratifications: While many Medicaid and HEDIS measures have stratifications based on race/ethnicity and age, these stratifications are not consistent within or between these two agencies and appear to be nonexistent in others. Stratifying measures by important

sociodemographic factors related to health outcomes and equity will enable all agencies to better identify gaps in care and plan how to address these issues. States can enrich the sample size on the National Survey of Children's Health to enable further stratifications for younger children. When stratifications are not possible it is especially important to complement quantitative measures with qualitative methods to explore needs of specific populations, especially marginalized individuals, and communities.

Fill Key Gaps: As noted above, opportunities to strengthen existing measures to assess the EnAct! framework's positive health equity purposes and the "All In", "Real Engagement" and "Seamless System" goals were noted above. To elaborate, there are large gaps in measurement for the ***real engagement*** and ***seamless systems*** goals of the EnAct! framework. Some resources exist to support state and local areas to assess performance using self-assessment tools. For example, the Center for the Study of Social Policy created a toolkit to help early childhood systems to evaluate family engagement and partnerships using self-assessment tools. The education sector has also advanced measures of family engagement that rely on reports from families directly. Overall, the education sector has robust programs and models for engaging families. An important system assessment tool related to family engagement is the Family Engagement in Systems Assessment Tool (FESAT) developed through Family Voices. While this is also a self-assessment, it includes obtaining assessment by family leaders directly.

Related to the "Seamless Systems" goal, the EC-LINK program led by the Center for the Study of Social Policy has set forth indicators to consider to assess the early childhood system. These are also self-assessment tools that are powerful, but do not include direct reports across individuals served by the system. Further measures based on Community Based Participatory Research principles are especially relevant to shape effort to evaluate the quality and equity of cross sector and community partnership essential to success. The Global Nurturing Care Framework also outlines criteria for effective early childhood programs in national, state and local contexts that can guide considerations of how to assess efforts to advance state and local early childhood integrated health systems.

When filling measurement gaps, it is critical to do so in the context of what already exists, to build on existing work and ensure new measures are not duplicative. Installing any new program level measure can take years, so it is important to optimize information from existing measures and to be highly strategic to leverage available data and advance new measures that will have the greatest likelihood of agreement by program leaders and federal agencies that oversee specification of formal performance measures. It is also key to consider local grassroots measurement, which is possible using the EnAct! framework features resources, like the Promoting Healthy Development Survey (also used at the state level) and the Well Visit Planner aggregate data reports.

A key strategy is to map whether available measures align with/encompass recommended or required services, like the Early and Periodic Diagnostic and Treatment (EPSDT) services

required through Medicaid. In this regard, we can see gaps in measurement right away that may provide guidance for improving measures for this critical child health program. For example, a review of the federal guide on EPSDT and related reports illustrating opportunities to leverage EPSDT reveals missed opportunities to advance new measures (and policies) . For example, below is a summary of EPSDT requirements related to screening.

"Medical screenings have five components:

- *Comprehensive health and developmental history that assesses for both physical and mental health, as well as for substance use disorders.*
- *Comprehensive, unclothed physical examination.*
- *Appropriate immunizations, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices.*
- *Laboratory testing (including blood lead screening appropriate for age and risk factors); and*
- *Health education and anticipatory guidance for both the child and caregiver."*

Current measures assess only parts of these requirements, especially related to comprehensive health and developmental assessments and health education and anticipatory guidance for both children and caregivers.

Another set of guidelines required to be met by health plans in the United States through the Affordable Care Act and Section 2713 of the Public Health Service Act is Bright Futures. See Table 10. When identifying possible measurement gaps and methods to address these, the American Academy of Pediatrics' Bright Futures Guidelines implementation measures should be considered. These are listed below. Note that the EnAct! framework includes the Promoting Healthy Development Survey, which was specifically designed and validated to assess services based on Bright Futures Guidelines and can be used statewide, locally or at the service/practice or community level to assess current system performance.

Table 10: Bright Futures Guidelines Implementation Quality Measures: Mapping to Existing Measures Used Across Program Measurement Sets Evaluated Here and to EnAct! framework family report-based resources (Promoting Healthy Development Survey and Well Visit Planner)	Assessed by existing measures across programs evaluated	Assessed through the PHDS (and how WVP may assist)
Elicit and address patient/family concerns		X
Perform developmental and autism screening and follow-up	Partial	X
Elicit and discuss patient/family strengths		X
Perform age-appropriate risk assessment and medical screening	Partial	X
Measure and plot weight for length until 24 months and body mass index (BMI) at 24 months		
Perform maternal depression screening and follow-up	X	X
Perform oral health risk assessment	X	X
Provide anticipatory guidance	Partial	X
Use a preventive services prompting system		Well Visit Planner (WVP) Assists
Use a system to track referrals (paper based or electronic)		WVP Assists
Use a recall/reminder system (to address immunizations and well-child visits)		WVP Assists
Use a system to identify children with special health care needs		X
Link families to appropriate community resources	Partial	X

As found in the analysis reported on in this report, existing program measurement sets vary in their emphasis on process versus outcome measures. There is a longstanding debate on use of

process versus outcome measures (see this). As summarized above, Title V emphasizes outcome measures, in addition to many process measures. Most other programs include few outcome measures. It is critical for early childhood integrated system partners to identify and track outcomes which require engagement across all partners, and not just the processes used in each individual program. Just like the absence of risk or illness does not equal the presence of flourishing and well-being for children and families, quality processes do not necessarily add up to positive outcomes. This should be considered in identify and filling measurement gaps where it is key to "start where you want to end" up in defining what is important to measure and how.

Conclusions and Next Steps

In conclusion, all nine federal/state early childhood programs (Medicaid/CHIP, Title V, Early Intervention, Child Welfare, Home Visiting/MIECHV, Community Health Centers/FQHC's) and measures used for managed care health plan accountability (NCQA/HEDS) have many opportunities to feasibly align measures and the reporting and use of measurement results to drive a positive health equity agenda. Just by coordinating reporting and use of existing measures cross agency collaboration will be supported and lead to a more robust and effective integrated early childhood health system leading to greater efficiencies for programs and the narrowing of service gaps and quality to improve child and family health outcomes.

While it can seem daunting to specify and use measures, it is in the discovery, shared specification of measures and their use and improvement that can provide a container for collaboration that leads to greater shared vision, goals and actions that are driven by the information feedback loops made possible through measurement. Work to track, use and improve measures is often unfunded and must be considered as a central component in the design and budgeting of integrated early childhood health system efforts going forward.

Building on existing measurement assets and coordinating across programs to share measurement data and coordinate actions holds great promise and can be advanced starting today!

Appendix I

CAHMI analysis of Head Start/Early Head Start (HS/EHS) program performance standards alignment with measures from other early childhood programs and with the EnAct! framework purpose, goals, and approach to services.

Overview

Head Start/Early Head Start program performance standards are organized into 5 components:

1. Program Governance
2. Program Operations
3. Financial and Administrative Requirements
4. Federal Administrative Procedures
5. Definitions

Among these, the Head Start Program Operations component includes the standards that focus on early childhood preventive and developmental services related to promoting early learning, healthy development, and family well-being. These standards have the highest alignment with the EnAct! framework purpose, goals and approach, though other categories of standards (e.g., Governance) are important to foster performance on the operations/services related standards that directly focus on promoting the healthy development of young children. Note that the Cycle of Engagement Well Visit Planner (COE/WVP) approach featured in the EnAct! framework has been piloted in HS/EHS programs and is featured on the federal HS/EHS website as well as in a Federal Letter from HHS and the Department of Education, as well as in the more recent Community Health Center grant program to support early childhood developmental specialists in CHC's that partner with HS/EHS programs. Head Start Performance Standards on Program Operations have the most alignment with the COE WVP approach. A total of 42 program goals and program operations standards detailed in Table 1 below were identified as being especially relevant to the purpose, goals, and approach of the EnAct! framework.

Table 1: Summary of 42 HS/EHS Program Goals and Program Operations Standards Relevant to the EnAct! framework and the COE/WVP approach.

Number	Title	Note/Reason for Alignment
1. 1302.11 b	Community wide strategic planning and needs assessment (community assessment)	Includes required community needs assessment that requires data that could be provided on a local population level by using the Cycle of Engagement Well Visit Planner (WVP) and/or Promoting Healthy Development Survey (PHDS) (education, health, nutrition, and social service needs of eligible children)
2. 1302.31 b	Teaching and the learning environment. Effective teaching practices	Includes requirements about topics discussed in WVP family resource sheets – promoting development, nurturing and responsive practices, etc.
3. 1302.33 a	Child screenings and assessments a) Screening	Program must complete/obtain developmental screening using one or more research-based developmental standardized screening tools and address any needs identified

4. 1302.33 b	Child screenings and assessments b) Assessment for individualization	Must conduct standardized and structured assessments, which may be observation-based or direct, for each child that provide ongoing information to evaluate the child's developmental level
5. 1302.33 C	Child screenings and assessments c) Characteristics of screenings and assessments	Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally, and linguistically appropriate, and appropriate for children with disabilities, as needed.
6. 1302.34 a	Parent and family engagement in education and child development services a) Purpose	Programs must structure education and child development services to recognize parents' roles as children's lifelong educators, and to encourage parents to engage in their child's education.
7. 1302.34 b	Parent and family engagement in education and child development services b) Engaging parents and family members	Program must offer opportunities for parents and family members to be involved in the program's education services and implement policies to ensure family engagement, including the results and purpose of screenings and assessments and discussing progress
8. 1302.35 f	Education in home-based programs f) Screening and assessments	A program that operates the home-based option must implement screenings and assessments as included in 1302.33 and inform parents on purpose and results
9. 1302.41 a	Collaboration and communication with parents a)	Collaborate with parents as partners in health and well-being of children, in linguistically and culturally appropriate manners
10. 1302.41 b	Collaboration and communication with parents b)	Obtain authorization from parent/legal authority for all health and developmental procedures administered through the program (e.g., screening)
11. 1302.42 a	Child health status and care a) Source of health care	Must determine if child has ongoing source of continuous, accessible health care (not urgent care) and health insurance coverage
12. 1302.42 b	Child health status and care b) Ensuring up-to-date child health status	Program must obtain determinations from health care and oral health care professionals as **to whether the child is up-to-date on a schedule of age-appropriate preventive and primary medical and oral health care**, based on the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid. And must assist parents in making arrangement to bring child up-to-date as quickly as possible, and, if necessary, facilitate provision of health services
13. 1302.42 c	Child health status and care c) Ongoing care	Program must help parents continue to follow recommended schedules of well-child and oral health care. Including appropriate strategies for monitoring new or recurring developmental, medical, oral, or mental health concerns
14. 1302.42 d	d) Extended follow-up care	1) Programs must facilitate further diagnostic testing, evaluation, treatment, and follow-up plans as appropriate by professionals for health

		problems/developmental delays etc. (such as elevated lead levels) and 2) develop a system to track referrals and monitor follow-up plans 3) must assist parents in getting any prescribed medications, aid, etc.
15. 1302.43	Oral health practices	Promote effective oral health hygiene
16. 1302.44 a	Child Nutrition a) Nutrition service requirements	Design and implement nutrition services and meet the needs of each child. This includes health snacks, encouraging family style meals, promoting breastfeeding and more
17. 1302.45 a	Child mental health and social and emotional well-being a) Wellness promotion	Programs must promote children's mental health, social and emotional well-being, and overall health, including securing consultation services as necessary and building community partnerships to facilitate access to additional resources and services
18. 1302.45 b	Child mental health and social and emotional well-being b) Mental health consultants	Programs must ensure mental health consultants assist with strategies to support children, and also help parents and staff understand and access interventions
19. 1302.46 a	Family support services for health, nutrition, and mental health a) Parent collaboration	Collaboration with parents to promote children's health and well-being by providing medical, oral, nutrition and mental health education support services
20. 1302.46 b	Family support services for health, nutrition, and mental health b) Opportunities	Collaboration must include opportunities for parents to learn about preventive medical and oral health care, development, and other anticipatory guidance and education topics
21. 1302.47	Safety practices 5) Safter practices	Includes requirements for staff and consultants regarding reporting suspected or known child abuse, neglect; safe sleep practices
22. 1302.50 a	Family engagement a) Purpose	Must integrate parent and family engagement strategies into all systems and services to support family well-being and promote children's learning and development
23. 1302.50 b	Family engagement b) Family engagement approach	Includes requirements around supporting parent-child relationships, developing relationships with parents, collaborating with parents, providing opportunities and family engagement services
24. 1302.51 a	Parent activities to promote child learning and development	Promote shared responsibility with parents for children's early learning and development, implement family engagement strategies to build parent confidence and skills
25. 1302.51 b	Parent activities to promote child learning and development b) research-based parenting curriculum	At a minimum, offer opportunities for parents to participate in a research-based parenting curriculum that builds on parents' knowledge and offers parents the opportunity to practice parenting skills to promote children's learning and development

26. 1302.52 a	Family partnership services a) Family partnership process	Must implement a family partnership process that includes a family partnership agreement and the activities described in this section to support family well-being
27. 1302.52 b	Family partnership services b) Identification of family strengths and needs	Must implement intake and family assessment procedures to identify family strengths and needs related to the family engagement outcomes
28. 1302.52 c	Family partnership services c) Individualized family partnership services	Must offer services that are individualized to families served, identifying family interests, needs and aspirations
29. 1302.52 d	Family partnership services d) Existing plans and community resources	In implementing this section, a program must take into consideration any existing plans for the family made with other community agencies and availability of other community resources
30. 1302.53a	Community partnerships and coordination with other early childhood and education programs a) Community partnerships	Establish ongoing, collaborative relationships and partnerships with community organizations – responsive to children's and families' needs and goals (health care providers, and more)
31. 1302.53 b	Community partnerships and coordination with other early childhood and education programs b) Coordination with other programs and systems	Must take an **active role in promoting coordinated systems of comprehensive early childhood services** to low-income children and families in their community through communication, cooperation, and the sharing of information among agencies and their community partners, while protecting the privacy of child records
32. 1302.61	Additional services for children a) Additional services for children with disabilities	Must ensure the individualized needs of children with disabilities, including but not limited to those eligible for services under IDEA, are being met and all children have access to and can fully participate in the full range of activities and services
33. 1302.62	Additional services for parents a) Parents of all children with disabilities	Programs must help parents meet the needs of their children with disabilities, including related to health
34. 1302.63	Coordination and collaboration with the local agency responsible for implementing IDEA.	Further requirements around integrated systems and collaboration
35 - 37. 1302 Subpart G – Transition Services (possibly 35, 36, 37)	Includes Transitions from Early Head Start, Transitions from Head Start to Kindergarten, Transitions between programs	Ensuring collaboration with families to implement strategies for successful transitioning of care

38. 1302.80	Enrolled pregnant women	Must determine if enrolled pregnant women have ongoing, continuous, accessible health care, help to find health care, help to access comprehensive services through referrals and provide a newborn visit with each mother and baby to offer support and identify family needs
39. 1302.81	Prenatal and postpartum, information education and services	Must provide info related to prenatal and postpartum education and services, address health and development for babies, risks of alcohol, drugs, smoking, parental depression, infant care, safe sleep, breastfeeding. Also, must address needs for supports for emotional well-being, nurturing and responsive caregiving and father engagement
40. 1302.82	Family partnership services for enrolled pregnant women	Program must discuss partnership services for the parents, family, and infant
41. 1302.102 a	Achieving program goals a) Establishing program goals	Must establish goals and measurable objectives that align with performance standards
41. 1302.102 b	Achieving program goals b) Monitoring program performance	Ongoing assessment of program goals, continuous work to address issues and improve
42. 1032.102 c	Achieving program goals c) Using data for continuous improvement	Must implement a process for using data to identify program strengths and needs, develop and implement plans that address program needs, and continually evaluate compliance with program performance standards