



# **The Engagement In Action Framework**

*Toward a Statewide Integrated Early Childhood Health System*

## **Attachment D: Engagement In Action Framework Possibility Prototypes**

### **Envisioning Application Across Ten Early Childhood Health System Partners**

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

**February 2023**

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## Introduction

Mississippi Thrive! (MST) and the Child and Adolescent Health Measurement Initiative (CAHMI) partnered to specify the Engagement in Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System focused on optimizing the power of preventive and developmental well-child care services to engage families, promote equity and help all children thrive. As set forth in the [MST Summary Report](#), the EnAct! framework includes a set of goals, an approach to engage families and integrate services across early childhood systems and an implementation action plan that specifies the relevance of the EnAct! framework across system partners. The EnAct! framework was developed through a robust process of leveraging progress,



learnings, and partnerships fostered through both MST and the work of the CAHMI, and integrating decades of research, family engagement, data, national best practices, recommendations, frameworks, and policy expertise. A notable feature to the EnAct! framework is the specificity with which it identifies and maps the feasible roles that partners across sectors can play within current constraints while laying out concrete and actionable policy

recommendations to support sustainable transformative change. Given MST's progress and the EnAct! framework's role in envisioning an integrated child and family health system, the Early Child Development Coalition (ECDC) was created to advance this integrated system. *Possibility Prototypes* for key ECDC partners include the University of Mississippi Medical Center (page 4-6), Mississippi Families for Kids (page 7-9), Families as Allies (page 13-15), Department of Human Service's Division of Early Childhood Care and Development (page 19-21). The *Possibility Prototypes* included in this document were created as part of the work to understand partner needs and potential roles and application of the EnAct! framework as incorporated into ECDC projects and goals.

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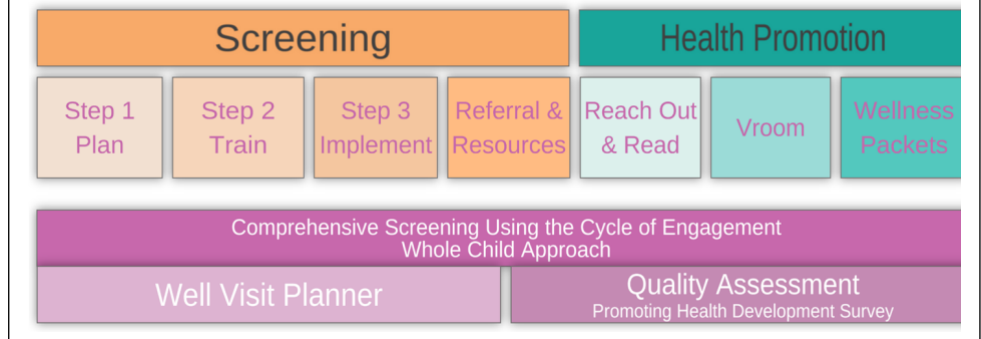
*The EnAct! approach to care is powered by family engagement and prioritizes a whole child and family approach to screening and assessment, personalized health promotion services and supports, deliberate linkages across early childhood development systems and services and a routine method to assess quality and outcomes to establish accountability and drive continuous improvement.*

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As illustrated in Figures 1 and 2, the EnAct! approach to care is powered by family engagement and prioritizes a whole child and family approach to screening and assessment, personalized health promotion services and

supports, deliberate linkages across early childhood development systems and services and a routine method to assess quality and outcomes to establish accountability and drive continuous improvement. The EnAct! approach to

**Figure 1: Illustration of the Mississippi Thrive! EnAct! Aligned Toolkit**



integrated services features four components from the original MST! Enhanced Pediatric Medical Home Services care bundle:

- 1) Developmental screening using the Ages and Stages Questionnaire
- 2) Literacy and relational health promotion resources using Reach Out and Read
- 3) Developmental health promotion resources using Vroom<sup>®</sup> and wellness packets
- 4) An online interactive resource map of early childhood and family agencies and organizations that can be used by service providers and families to find relevant resources and care.

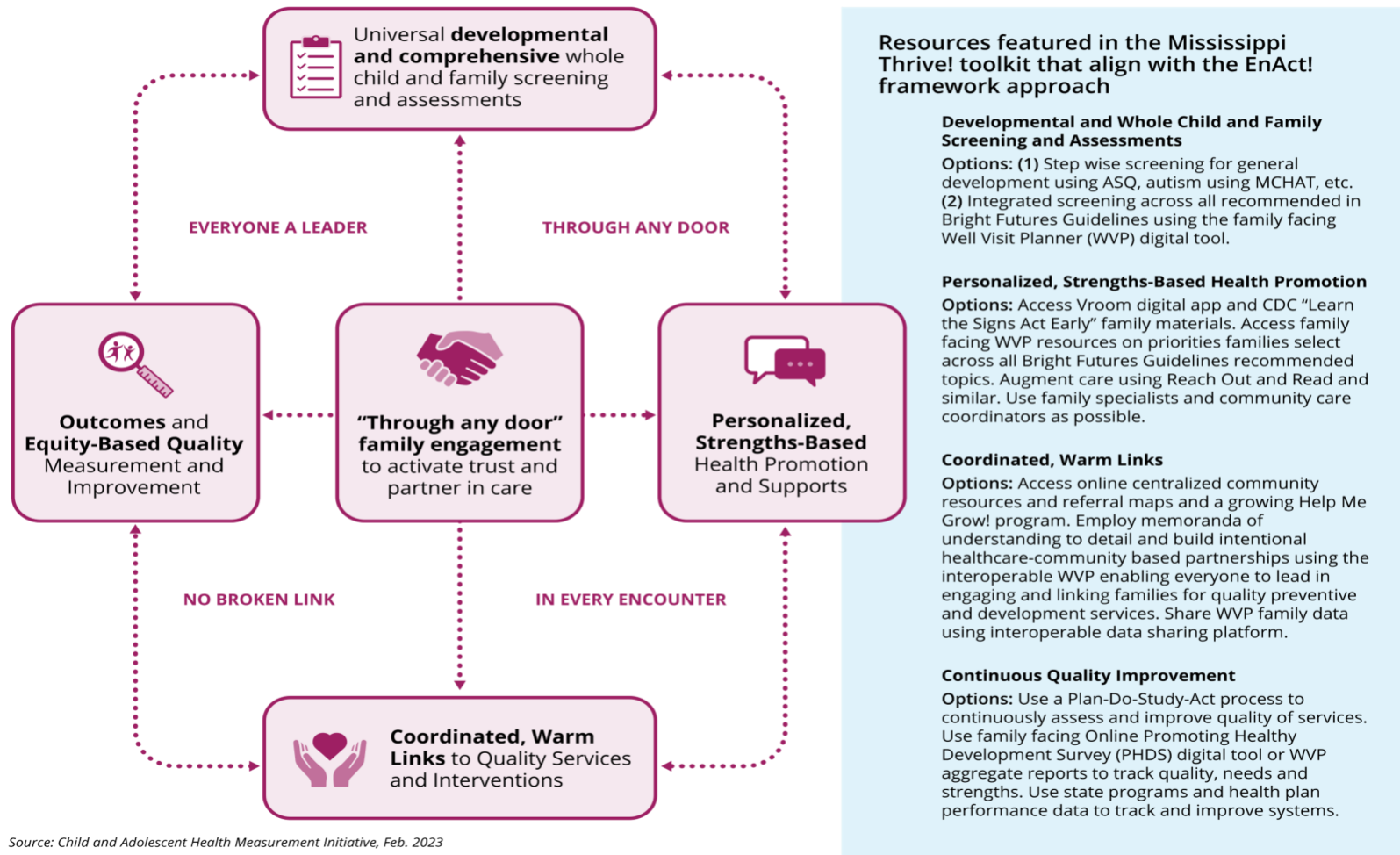
In addition, the EnAct! framework integrates the CAHMI’s Cycle of Engagement (COE) model, principles, and tools that streamline the translation of the more comprehensive Bright Futures Guidelines into practice. This includes the family friendly [Well Visit Planner \(WVP\)](#) and [Online Promoting Healthy Development Survey \(PHDS\)](#) digital tools, which enable Personalized Connected Encounters and advance both a standardized, yet personalized approach to family engagement, comprehensive screening, and priority setting.

The ten *Possibility Prototypes* included in this document are case examples of how the EnAct! approach can be relevant to state early childhood partners and ways to implement the approach to foster coordination and collaboration across services systems to foster the healthy development of young children. Each prototype is anchored to the goals and responsibilities of each partner and was finalized based on iterative feedback with MST leaders and experts. Early development revealed strong interest in the Well Visit Planner as a transformative tool for improvement. As such, this is featured in several of the prototypes based on partner input. As the EnAct! framework is implemented across state and local settings, the *Possibility Prototypes* can help different early childhood services partners envision how the framework might advance their goals and catalyze the early childhood integrated health system required to promote the healthy development of infants and young children. Additional prototypes can be developed such as WIC, family economic support, and housing partners. These prototypes are meant as a starting point. So many potential partners have a role to play and benefit from EnAct!

**Figure 2: The Engagement in Action (EnAct!) Framework integrated systems approach to care**

**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



## Engagement In Action Framework Possibility Prototype Pediatric Primary Care Well Child Visits

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



### What's Working Now?

The Mississippi Thrive! (MST) Child Health and Development Project through the University of Mississippi Medical Center (UMMC) developed the Enhanced Pediatric Medical Home Services (EPMHS) program to improve developmental screening and health promotion in pediatric primary care settings. Advancing these tools led to improvements screening and set practices on a path to improve child health and well-being outcomes that can continue for generations to come.

The UMMC EPMHS care bundle includes guidance for developmental screening using the Ages and Stages Questionnaire (ASQ), integrating the Reach Out and Read (ROR) program during well child visits, accessing Vroom's digital parent education resources, and providing "wellness packets" to help engage and educate families in their child's healthy development. The program was implemented across 13 primary care clinics within the University of Mississippi Medical Center (UMMC). The developmental screening rates within EPMHS pilot practices increased to 85% during 2018-2019, compared to the MS statewide rate of 28% during the same years. Use of ROR grew by 158%. UMMC has also advanced initiatives to increase and enhance the capacity of healthcare professionals in early childhood development through the UMMC's Center for the Advancement of Youth's ECHO training program providing access to developmental-behavioral health knowledge and specialists. UMMC has also trained pediatric and family-practice residents using the [Mount Sinai Parenting Center – Keystone Curriculum](#).

### The Engagement in Action Opportunity

The Engagement in Action approach for Mississippi Thrive! features the EPMHS care bundle and also integrates the CAHMI's Cycle of Engagement model and Well Visit Planner approach (COE/WVP) as an option to use family facing digital tools to engage families in comprehensive, whole child and family screening and personalized health promotion while facilitating collaboration with community and family supports (e.g., Mississippi Families for Kids/Help Me Grow), home visiting, early care and education programs, early intervention, child welfare, etc. The COE/WVP provides an option to put families in the driver's seat where families and providers get automated 'at-a-glance' results from comprehensive screening and personalized resources based on identified needs and family priorities. The COE/WVP both educates and activates families to partner in care. Research shows that when providers implement the Well Visit Planner, they can better align with high quality medical home criteria and Bright Futures Guidelines while ensuring family engagement, comprehensive assessments and promotion of social and relational health while making time to better link children and families to resources. Use of the COE's Online Promoting Health Development Survey is also an option for conducting assessments of quality to support ongoing improvement. While basic developmental screening rates have improved through EPMHS, screening for holistic child and family needs and opportunities such as social-determinants of health, maternal depression and family-strengths as recommended through the Bright Futures Guidelines and AAP's policy statements was not able to be integrated due to time, policy and work-flow challenges.

The COE/WVP addresses these challenges, with a comprehensive assessment platform and automatic scoring of results, which saves time and helps ensure an upstream approach to promoting health and mitigating risks to promote positive health equity for MS children and families.

The WVP fosters a Personalized Connected Encounter making it easy for provider to identify and celebrate strengths, be confident that all recommended developmental and family and child health screenings recommended for each age child have been completed and meeting family identified anticipatory guidance and education priorities. This family engagement approach has been shown to create positive relationships with families and improves the work-satisfaction of pediatric providers since it strengthens relationships with families and providers and supported to better help children and families thrive. Enlisting family specialists available in the community or within the practice can support the engagement of families and serve as first responders to social and relational health risks and family priorities and support coordination of care. Since over half of Mississippi's young children experience social and/or relational health risks, like food insecurity or adverse childhood experiences, a clear path to support and intervention using the EnAct! framework approach can help improve early childhood development, school readiness, and lifelong health outcomes.

### **From Possibility to Progress**

The EnAct! approach to care, consisting of the EPMHS tools and strengthened with the COE/WVP approach, offers options and flexibility to pediatric providers to mix and match practices and screening tools that best work for them as they learn and adapt to new models of care. UMMC EMPHS team has engaged pediatric providers to explore the COE/WVP approach and revealing strong interest in advancing the use of the WVP in collaboration with community-based organizations like Mississippi Families for Kids/Help Me Grow. Similar interest exists among family navigators working with the Mississippi Department of Human Services' Early Care and Education focused Resource and Referral Centers. This interest opens the door for closer collaboration between healthcare practices and the community, furthering goals to ensure all young children receive comprehensive preventive and developmental services. Because the majority of young children currently do not receive all recommended well visits, developing family-led and community-based partnerships is essential to educate, encourage, and empower families to schedule visits and partner in care.

### **Envisioning Success**

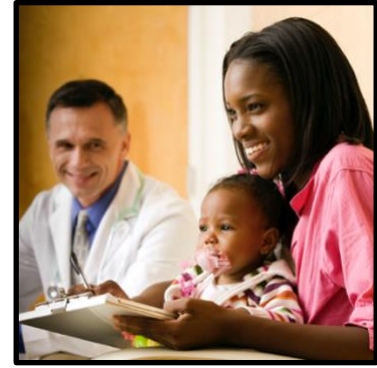
The MST online [toolkit](#) is a guide to learn about the recommended EnAct! framework EPMHS and COE/WVP tools. Resources to support implementation with community partners like MFFK/Help Me Grow are also available along with slides, handouts, and video tutorials to educate and engage new providers and practices. Recommendations have been specified to advance enhanced Medicaid payments and to engage MS Medicaid Coordinated Care Organizations and private health plans, who are required through the Affordable Care Act via Section 2713 of the Public Health Service Act to ensure quality services aligned with Bright Futures Guidelines. Monitoring and improvement of the EnAct! approach can be supported by using the validated family facing Online Promoting Healthy Development Survey digital tool, using results to evaluate equity goals in children's health, and by advancing a learning network approach across early adopters, along with other strategies to drive scaling, implementation, and continuous program improvement throughout Mississippi.

## Engagement In Action Framework Possibility Prototype Community-Based Family Resource Brokers

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

### What's Working Now

Even in communities rich in family support resources and services, caregivers struggle to find essential services they can trust to meet the needs of their children and family. Family support and resource brokers, such as Mississippi Families for Kids (MFFK), proactively partner with families to help them identify their needs and receive high quality services and supports in their local community. Mississippi families with young children can benefit from the array of direct services, supports, and resources provided by MFFK and its Help Me Grow (HMG) program. Additionally, their longstanding work with children in foster care supports permanency and safety of children and families during times of transition. As a one-stop-shop for families with children, MFFK/HMG seeks to ensure that all young children in Mississippi receive required developmental screenings and referrals for additional support if needed. MFFK's direct work with families and children make them important advocates for local and state policy and program improvements to optimize supports for all children and families in Mississippi. With a growing number of children served through HMG and increasing numbers of developmental screenings completed during initial efforts (2021-2022), MFFK is looking to build its current partnership with MST and its operational capacity statewide to support more families to reach more families.



### The Engagement in Action Opportunity

The Engagement in Action (EnAct!) approach to care sets forth critical resources MFFK/HMG recognizes can build upon their existing work to engage families, conduct developmental screening, and provide referrals to community services. The EnAct! approach to care includes the Child and Adolescent Health Measurement Initiative's (CAHMI) Well Visit Planner (WVP) family facing digital tools, which are powered by family engagement and result in automatically generated whole child and family assessments. MFFK/HMG may also use the Ages and Stages Questionnaire (ASQ) for developmental screening and can employ the comprehensive, family-driven, online Well Visit Planner (WVP) digital tool to complement ASQ or substitute ASQ which uses the equally valid Survey of Well-Being of Young Children (SWYC) included in the WVP and also receive family information across a range age-specific child and family health, social and relational health assessments recommended through Bright Futures Guidelines. The WVP guides families to learn about and pick their priorities for education and support and the automatically generated WVP Well Visit Guide (for families) and Clinical Summary (for care coordinators) can help MFFK/HMG care coordinators to quickly identify how to personalize supports for children and families. MFFK/HMG understands the critical importance of engaging families as partners in their child's healthy development and health care and is piloting the WVP as an evidence-based tool in their program efforts.

### From Possibilities to Progress

To pilot the EnAct! approach to care, MFFK/HMG has created a customized WVP website using the [Cycle of Engagement](#) customization portal. Care coordinators have begun to use the WVP with families



who will need to take about 10 minutes (on their own or with care coordinators) to complete MFFK/HMG's WVP to learn about and assess their child's development, identify strengths, needs and priorities, and obtain a customized family Well Visit Guide (WVG) with personalized resources. The WVG is also shared with care coordinators along with a WVP "at-a-glance" Clinical Summary that can be shared with providers using the WVP data dashboard data sharing portal. The Clinical Summary summarizes all assessment results and family priorities and provides links to resources to address their needs and priorities. Meticulously aligned with national Bright Futures Guidelines for each well visit age between a child's first week through sixth year of life, MFFK/HMG staff and families can be confident that all recommended family-reported screens are completed and that families are educated about key topics important to their child and family. In addition, MFFK/HMG staff can add additional resources to share with families when they customize their WVP website, like a comprehensive list of community-based providers, the Mississippi Thrive! electronic community resource maps, and featured health promotion resources, like links to Vroom and Family Wellness Packet. If the child has a pediatric provider already using the WVP, the MFFK/HMG family care coordinator can help the family use the provider's WVP customized website link or use the WVP data portal to share the families Well Visit Guide/Clinical Summary with the child's primary care providers.

MFFK/HMG staff have identified ways to leverage existing programs to begin to implement the EnAct! approach, such during their "Books, Balls, and Blocks" community events, childcare site visits, their call center, or in-home visits. MFFK/HMG's new partnership with a school district's pre-K center and the City of Jackson's childcare centers provide new access points to engage families and link them to healthcare and community resources. MFFK/HMG can also leverage additional support from their partnerships with pediatric providers (e.g., EMPHS sites) and the new Mississippi Department of Human Service's Division of Early Childhood Care and Development's Resource and Referral Centers, which will be adding new family navigators who can partner to engage families and link them to care and resources. MFFK/HMG is also a key partner on the Early Childhood Development Coalition (ECDC) and a workgroup has been established with diverse partners committed to furthering the capacity of HMG in MS. The EnAct! approach provides a strategy to address financing, policy, and workforce opportunities to help realize statewide spread of HMG MS.

### **Envisioning Success**

MFFK/HMG has assessed that implementing the EnAct! approach is a strong fit to help them meet their goals. Success will require learning about and building new family engagement workflows and strategies to effectively engage families before, during, and after encounters with staff. MFFK/HMG's WVP data dashboard allows staff to identify children requiring referrals, which can help them track if services are received and to ensure effective follow up. They are also able to leverage the Online Promoting Healthy Development Survey (PHDS) to monitor the quality of preventive services that families receive and use the autogenerated quality of care reports to promote improvements in collaboration with community partners. Using the EnAct! approach and tools in partnership with pediatric providers can help MFFK/HMG advance important early childhood health system integration goals. A Memorandum of Understanding has been created for use with pediatric practices through the EnAct! framework pilot process to support this work. MFFK/HMG can also play a training role in building new competencies of providers and others on how to best engage and partner with families and community services. MFFK/HMG's expertise in child development and family engagement will be critical to supporting the

capacity of the early child development workforce using the EnAct! approach. Finally, MFFK/HMG can use this experience and knowledge to be a leading voice for policy advocacy to integrate child and family health systems using EnAct! approach recommended resources to promote equity. By leading to engage families, build trust to address unique child and family needs and priorities, and link children to primary care well visits and other services, MFFK/HMG can better help families can take charge of their child's healthy development and optimize the impact of early childhood systems of care.

## Engagement In Action Framework Possibility Prototype Division of Medicaid and Coordinated Care Organizations

*Activating the power of the payer to accelerate transformations in child and family well-being.*

### What's Working Now

The Mississippi Division of Medicaid's (DOM) Mississippi CAN program contracts with three Coordinated Care Organizations (CCOs) who are responsible for providing comprehensive health care services to about 96% of the estimated 47.4% of all children ages 0-5 in Mississippi who are enrolled in Medicaid. Each of Mississippi's three Medicaid CCO health plans maintain a provider network that includes pediatricians, family physicians and other providers supporting young children and their families. Fifteen well visits are recommended by Bright Futures Guidelines in the first five years of life. Yet, only about half of these visits are estimated to occur. As of December 28, 2021, it is federally required that all US health plans provide high quality preventive and developmental services to children that align with Bright Future Guidelines, under Section 2713 of the Public Health Service Act. CCOs under contract with the Mississippi DOM are also required to ensure high quality care by trained providers and have a financial incentive to meet DOM benchmarks on the proportion of children ages 0-15 months who had at least 6 of 9 recommended well visits. One fifth of DOM's 1% withhold of the CCO total capitation amount linked to quality measures is linked to improving rates for early childhood well visit rates. However, the benchmark to meet the incentive is only 52.1%, which is lower than the national average. The Engagement in Action (EnAct!) approach to care and policy playbook recommendations for DOM (see [Attachment E](#)) are relevant to the DOM and CCOs and can help them drive improvements in well visits utilization, quality, and outcomes of care, and the equitable use of quality care to promote the healthy development of young children.



### The Engagement In Action Opportunity

The Engagement In Action (EnAct!) approach to care provides a pathway for MS DOM and their contracted CCOs to engage families as partners in care and ultimately to improve utilization, quality, and outcomes of preventive and developmental services for young children and families, including those with special health care needs. The EnAct! framework focuses on family engagement, whole child and family assessments, and use of digital tools that 1) give families access to their own screening results, and 2) support data sharing across service providers is aligned with MS Medicaid Quality Strategy objectives. The EnAct! framework recognizes that CCOs are accountable for improving the frequency and quality of well child visits and ensuring provision of high quality, Bright Futures Guidelines aligned services. By advancing EnAct! framework strategies like the Well Visit Planner (WVP) and use of family specialists, CCOs can strengthen beneficiary engagement and partnership in care. Lastly, through the adoption of the EnAct! approach to care, the CCOs can achieve an interoperable health information technology system that keeps health information secure but readily accessible to patients and across different healthcare and community-based supports for children.

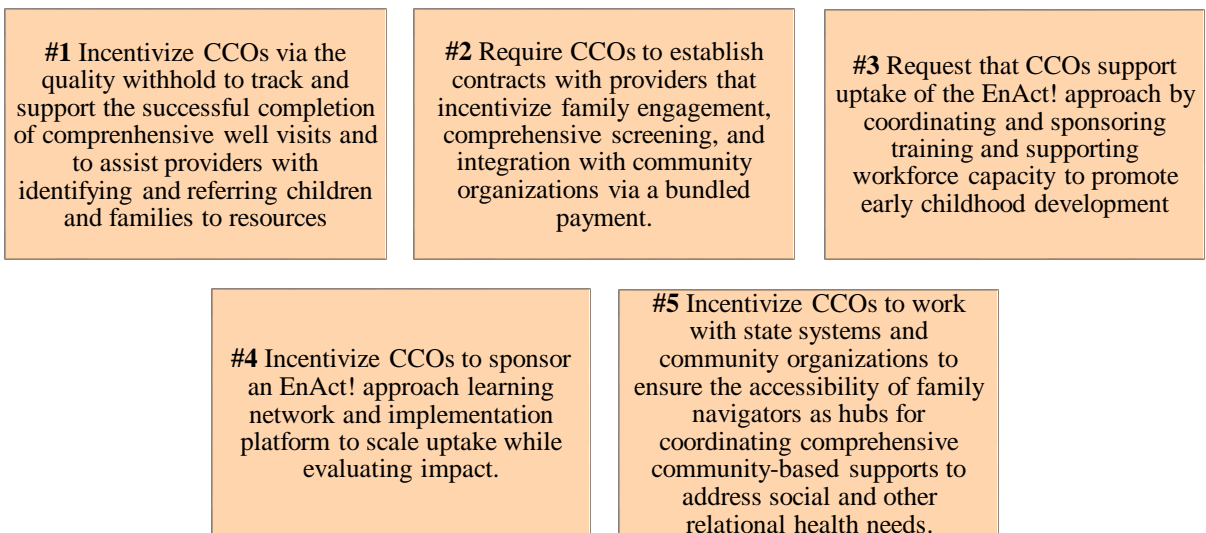
## From Possibility to Progress

The EnAct! framework “[policy playbook](#)” includes specific strategies that can be used by the Mississippi Division of Medicaid to engage contracted CCOs as they meet their obligation to ensure pediatric and other child health providers are trained and have resources to transform child health services that align with Bright Futures Guidelines. Assurance that guidelines are met can be accomplished by using the EnAct! framework’s approach to care resources. CCOs can advance much needed improvements in use and quality of well visits for young children by (1) directly engaging families to ensure they learn about and ensure their children receive well visit services; (2) supporting training and implementation of innovations including in the EnAct! approach (3) engaging essential family navigators and specialists to partner with pediatric primary care providers and (4) ensure fair payment and rewarding providers for providing high-quality, comprehensive screening, personalized care and linking to community-based services and supports. The DOM can include the Online Promoting Healthy Development Survey (PHDS) in External Quality Review Organization contracts to assess quality of well visits, equitable distribution of services, and engage CCOs, providers and EnAct! framework partners to improve services. The PHDS was deployed in this manner in Mississippi in prior years.

## Envisioning Success

Activating the power and obligation of Mississippi’s Medicaid CCOs to accelerate transformations in child and family well-being will require that concrete expectations and rewards be set forth in CCO contracts by the Mississippi Division of Medicaid (see Figure 1). It also requires specification of performance reporting specific to provision of high-quality preventive services. Performance Improvement Projects or Health Services initiatives with the Division of Medicaid can drive innovation and improvement. The DOM can directly incentivize providers by offering enhanced and/or bundled payment codes for use of evidence-based innovations and communicate their dedication to early childhood development and family well-being to all CCOs and providers receiving payments through the DOM.

**Figure 1: Example Recommendations for Consideration by the Mississippi Division of Medicaid**



## Engagement In Action Framework Possibility Prototype Family-Led Organizations

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

### What's Working Now

Engaging families in the design, delivery and continuous improvement of health care and related systems that support children, youth and families is [widely acknowledged](#) as critical to achieving positive health outcomes. Mississippi is fortunate to have strong family leadership organizations doing this work like Families as Allies (FAA), the Mississippi chapter of the National Federation of Families. FAA aims to empower families as partners in their child's health care and does so both by helping families learn about and access resources and by building the capacity of health care, community-based child and family service and parenting/caregiver support providers, and policy and program leaders to effectively engage families. For example, FAA partners with state health agencies like Title V and Medicaid, and University of Mississippi Medical Center's (UMMC) programs that train specialists in family engagement practices, such as the Child Access to Mental Health and Psychiatry (CHAMP). FAA has also assumed leadership of the HRSA funded Family to Family Health Information Center (F2F HIC) focused on children and youth with special health care needs. With a goal for even greater [impact](#), FAA has already provided direct support to over 400 families, trained over 150 providers, and developed tools used at the national level.



### The Engagement in Action Opportunity

The Engagement in Action (EnAct!) Framework's approach and [tools](#) are highly relevant to FAA. In particular, the online Well Visit Planner (WVP) and Promoting Healthy Development (PHDS) tools were found to be especially aligned with FAA's goals since they are family facing tools that were built to engage families as full partners in ensuring high quality, family-centered services for their child. Today, many families are not informed about the availability of preventive and developmental services and well child visits. Families are often not aware of what makes up high quality services, the purpose of screeners regarding their child and family's health, or next steps after the screeners are completed. Often families do not even receive results from completed screeners or know what they options are for services and supports. Use of the WVP and PHDS can close the information gap between families and healthcare providers and liberate families to self-assess, get results and resources, and activate them to fully partner in care. Using these and other EnAct! framework resources like the Vroom digital education resources, the Mississippi Thrive! centralized community resource maps (available on the Mississippi Thrive! website), FAA and other family support professionals can educate families about early childhood development and ensure all children have a primary care provider with scheduled well visits. FAA and related professionals can help families use the WVP thereby raising family expectations for partnership in their children's healthcare and building the knowledge and skills that ensure their children receive the best care possible. The EnAct! approach also puts families in leadership positions along-side providers, state agency and other partners to design and improve MS early developmental health system.

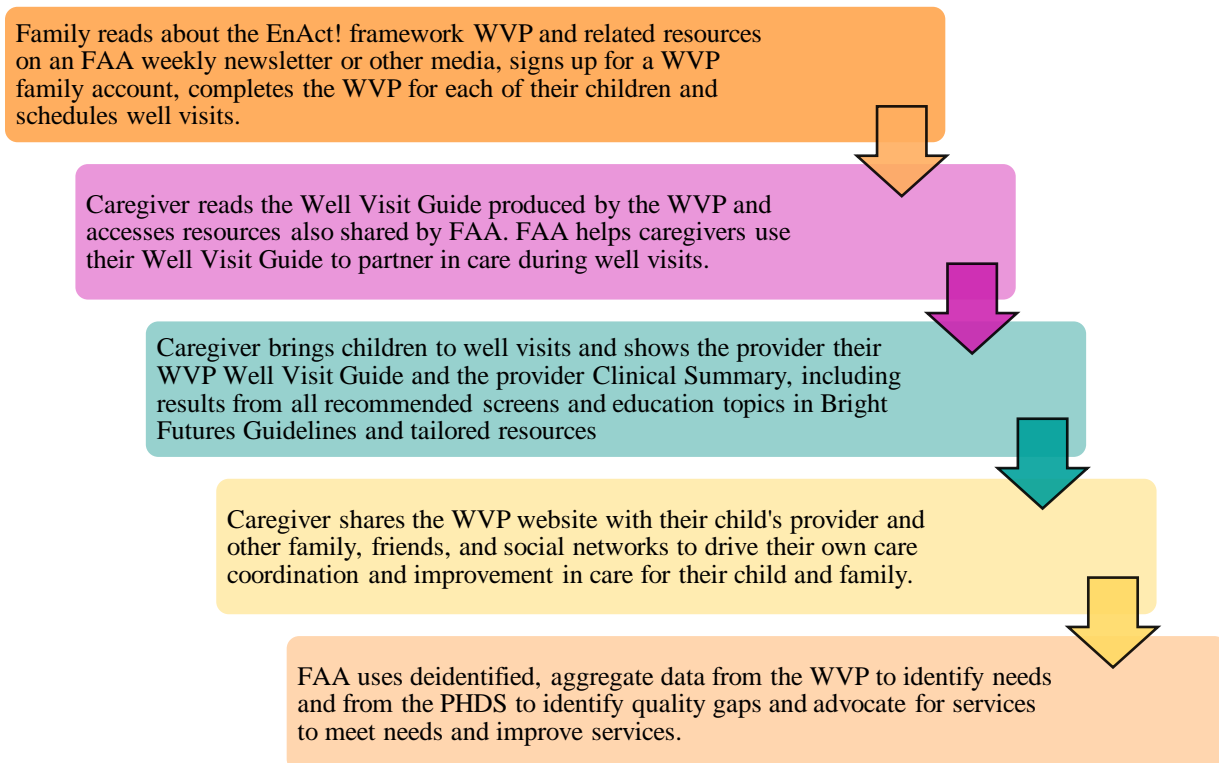
## From Possibilities to Progress

As a statewide organization trusted by families, FAA is also an ideal partner to lead the engagement of through direct to family communications as well as by integrating the EnAct! framework core elements and information into their training programs with healthcare providers, community-based caregiver support programs, and parenting support programs. Lastly, since the WVP was created with families of children with special health care needs, FAA can provide specific support for CYSHCN and their families using this resource while tracking prevalence and quality of care for this important population of children. FAA can customize the WVP and integrate related resources specific to families of children with special health care needs as they launch their F2F HIC during 2022. See Figure 1 for an outline of implementation steps for FAA.

## Envisioning Success

FAA knows both the fundamental power and the challenges of effectively engaging families. As such, they approach their work with a growth mindset and persistence to educate providers and others in the health care system about the critical need to engage families as partners in their children's health care. Their customized, public access WVP website will allow FAA to track use and monitor success, which will inform their approach to communications and further enhance a statewide culture of engagement. Families are empowered when Mississippi's family leaders work with and engage them in navigating their child's care. It is critical that family organizations and providers are equipped with the knowledge, skills, and motivation to partner with families to optimize both the child and family's health and well-being.

**Figure 1. Example Process FAA is Considering to Engage Families and Drive System Improvements**



## Engagement In Action Framework Possibility Prototype Head Start/Early Head Start Programs

*Building on the strengths of childcare and early education to help children thrive!*

### What's Working Now

Experts in early childhood development agree that access to high quality early care and education have positive long-term impacts on a child's social, emotional, and cognitive development. Head Start and Early Head Start (HS/EHS) are federally funded programs supporting preschools, early learning and community centers, and home visiting programs serving families below the federal poverty line. These comprehensive service centers promote learning, health, and family well-being, with the [goal](#) to "prepare America's most vulnerable young children to succeed in school and in life beyond school." Several of Mississippi's preschools and early childcare centers receive Head Start funds. [Mississippi](#) has enrolled 25,108 children, served 239 pregnant mothers, and sponsored 17 sites. Each preschool or center receiving Head Start funding is required to report on 16 performance standards related to family engagement, child and family health, healthcare access, and health education. This includes ensuring children have a primary care provider and medical home within 30 days and have a development screening within 45 days of enrollment. While only about [14% of eligible infants](#) and toddlers below 100% of the federal poverty line in Mississippi accessed HS/EHS services as of 2018, efforts to expand access and participation are ongoing and HS/EHS professionals require effective resources to meet standards and engage families.



### The Engagement in Action Opportunity

The EnAct! framework is built upon the essential need for comprehensive, integrated early childhood developmental services that fully engage families and establish collaboration across healthcare, early care and education and is highly relevant to HS/EHS programs. The EnAct! approach to care specifically support HS/EHS program goals, especially the Well Visit Planner tool featured in the EnAct! framework [toolkit](#). Based on a study with Early Head Start programs conducted by CAHMI with the American Academy of Pediatrics' in 2015, the federal Administration for Children and Families' Office of Head Start (ACF/OHS) featured the CAHMI's Well Visit Planner (WVP) on the ACF/OHS national website as a referenced resource for HS/EHS programs. Beyond the ACF/OHS referral to the WVP on its website, ACF further referenced the Well Visit Planner in an official June 2022 [Federal Letter](#) to the field, co-led with the Department of Education.

### From Possibilities to Progress

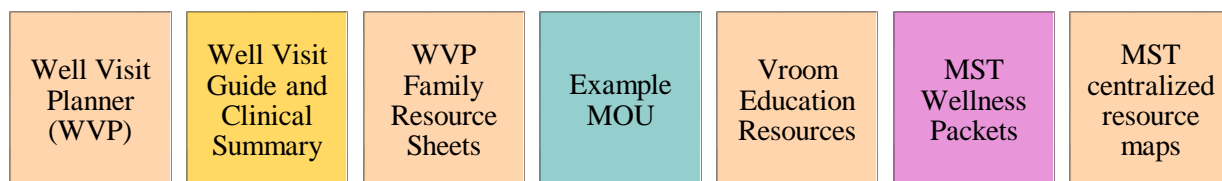
HS/EHS programs can implement the EnAct! approaches' featured screening, health promotion and referral resources during the child and family enrollment process. For example, by using the WVP, these programs can educate families about well visits and link them to primary care services while establishing a baseline understanding of each child and family's health and wellness, related social and family context, as well as needs and priorities. Specific for each age child, the screeners included in the WVP are aligned with Bright Futures Guidelines and validated to replace other screeners that may already be in use. HS/EHS programs can also benefit from the EnAct! framework's health promotion and educational resources, including Vroom digital parent education resources, the WVP Family Resource Sheets,

Wellness Packets, and the Mississippi Thrive! online, searchable centralized resource maps for each county. HS/EHS can also integrate their own local resources into the WVP during set up so they can be shared with families in the automatically generated Well Visit Guide used during health promotion discussions with the family. As needed, additional assessments can be added to the WVP for specific ages, like Adverse Childhood Experiences, family resilience and child flourishing, and additional social determinants or socioemotional and developmental assessments. The EnAct! approach featured resources are powerful to engage families as they develop health literacy skills, learn about child development, and become advocates and partners with HS/EHS.

### Envisioning Success

To optimize use of the EnAct! framework in Mississippi, HS/EHS centers will need to collaborate with pediatric practices and community resources so that the well-being, early education, and pediatric healthcare of eligible children are coordinated and integrated. This collaboration can be specified through a Memorandum of Understanding (MOU) to plan and formalize agreements about communication, collaboration, roles, and responsibilities. Additionally, HS/EHS programs should track how use of EnAct! approach and featured resources improve their performance and align with existing funding allotments and requirements. In some cases, HS/EHS will be recognized as a site of service for conducting and being reimbursed for developmental and related screenings. Clarifying payment in collaboration with primary care providers is important. Ensuring continued use in HS after children age out of EHS services is also critical to consider.

**Figure 1. EnAct! Featured Tools and Resources for Head Start Programs**





## Engagement In Action Framework Possibility Prototype State Early Childhood Care and Development Resources

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



### What's Working Now

Mississippi's Department of Human Services' Division of Early Child Care and Development (MDHS DECCD) is dedicated to helping raise healthy children by providing families with the tools, supports, and resources they need to promote the healthy development of their children and meet the daily complex and unique challenges of their lives. Driven by its [mission](#) to “empower families so they can become self-sufficient and responsible for their future success,” MDHS's [DECCD](#) seeks to provide essential health-promoting resources to children and families through its federal Child Care and Development Block Grant. In 2020, DECCD served 125,260 children and families through their [child-care settings](#) which are critical spaces to promoting healthy whole child development. National standards and the [Child Care Development Fund Final Rule](#) have emphasized the need for these settings and professionals to be an access point to the medical home model and developmental screening and health promotion. MST has supported child-care settings in implementing these recommendations by engaging with and providing education and training to child-care providers. This [partnership](#) helped increase child-care service providers' capacity to promote early childhood development and as a result their trainings on early brain development are now required for MS child-care directors.

Additionally, the DECCD has 15 statewide Child Care Resource and Referral Centers (R&R centers) that are designed to ensure children receive high quality childcare and early education opportunities as well as other supports needed to ensure children's healthy development and family well-being. More recently MDHS DECCD has the opportunity to hire family navigators for their R&R centers and expand these centers to every county. Family navigators will assist families in accessing care and finding relevant resources. The goal of navigators is not just to direct families to childcare or early education services. Rather, navigators will stay tightly connected with families to be a trusted support to help them “navigate” the complexity of the childcare and early education community and to access healthcare and other services needed for their child and family. Given that MS families who are below 200% of the federal poverty level are eligible for childcare subsidies and may access R&R centers, the MDHS' DECCD can reach many children and families and engage them using the Engagement in Action (EnAct!) approach and [tools](#) in collaboration with early care and education programs, pediatric primary care and community-based family resources and supports.

### Engagement in Action Opportunity

The EnAct! framework comes at a positive turning point for MDHS's Division of Early Childhood Care and Development (DECCD) as they build their R&R centers' family navigator system. The EnAct! approach to care features resources that can help family navigators provide essential services and supports and promote the program's effectiveness. Consultation with DHS DECCD leaders suggest that the family

facing Well Visit Planner (WVP) digital tools may be especially valuable as this enables R&R professionals to engage families and validly assess needs and priorities so that they can focus time on building relationship and trust and addressing priority needs. In addition, health promotion resources like the Vroom parenting education app and centralized community resource maps available on the Mississippi Thrive! website can help R&R family navigators educate families and provide resources and referrals. The Well Visit Planner (WVP) and resulting family-facing Well Visit Guide (WVG) and provider-facing Clinical Summary each contain Family Resource Sheets, personalized resources that will be especially helpful tools for navigators as they engage families in community settings, share relevant resources, and connect families to providers. The MDHS DECCD R&R Centers are charged to help families find the childcare they need in their community and connect caregivers to relevant programs, including to pediatric primary care well visits and community support services. The EnAct! framework featured resources help them to do so. The EnAct! framework's featured resources can also be used directly in child-care settings to reach and engage families with young children and can guide ongoing efforts while leveraging the Preschool Developmental Grant work and an increasing call for re-instating a child-care [quality improvement system](#) in MS in partnership with early care settings.

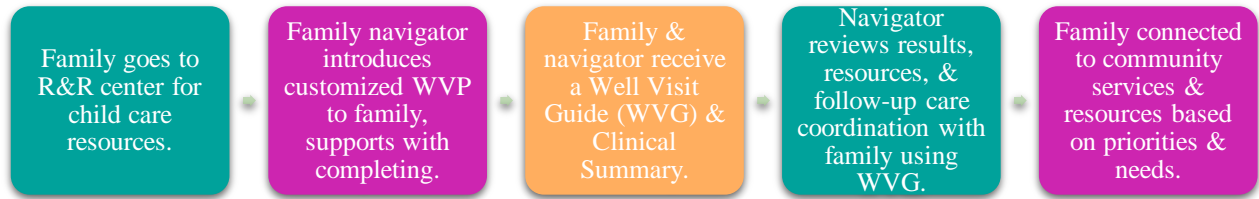
### **From Possibilities to Progress**

The MS DECCD can work towards their goal for R&R centers to provide comprehensive, expansive systems of coordinated care across the state by training family navigators to effectively build trust and engage families, capture information to understand child and family strengths needs and priorities using the WVP and other EnAct! framework featured resources and by ensuring all young children have a primary care provider with scheduled well visits. Navigators can partner with Mississippi Families for Kids/Help Me Grow care coordinators at these sites to advance best practices for implementing the WVP and referral processes that best serve young children and families.

### **Envisioning Success**

MDHS's Division of Early Childhood Care and Development family navigators embody the "through any door" approach central to the Engagement in Action Framework. Navigators will have the capacity to open doors to resources for families using the WVP, WVP Family Resource Sheets, Vroom parenting education resources and the online centralized resource maps. Each R&R center or family navigator can get a customized WVP account to help tailor support to each child and family. The EnAct! approach featured Online Promoting Healthy Development Survey (PHDS) can also be used to monitor success of the new navigator program, identify areas for growth, and inform programmatic improvements to advance child and family health equity while engaging families as partners in change. As the EnAct! framework scales across the state, DECCD-funded child-care centers may also plan to use the EnAct! approach recommended resources. The creation of the MDHS's DECCD family navigator program has the potential to transform population health in Mississippi in partnership with the growing capacity of the state's federally funded child-care centers. Navigators and child-care providers will be activated to coordinate referrals, resources, and services across state and local systems, eliminate silos of care, and uncover the power of engaging Mississippi families in partnership with pediatric primary care providers, state early childhood developmental services, and community organizations.

**Figure 1: MDHS Division of Early Childhood Care and Education Quick Guide to Implementation**



## Engagement In Action Framework Possibility Prototype Early Intervention and the Child Find System

*Using family-centered approaches to identify and collaborate to identify and support children at-risk.*



### What's Working Now

Promoting the healthy development of children right from the start is critical and requires early identification and services for children with developmental and/or behavioral risks or disabilities. Early intervention (EI) for babies and toddlers up to age two is federally mandated through the Individuals with Disabilities Education Act (IDEA) Part C and operates in Mississippi as the First Steps program through Mississippi's Department of Health. [First Steps](#) coordinates with EI Part B (operating out the Mississippi Department of Education), which picks up where Part C leaves off when children with developmental problems turn three. Once children enter the First Steps program, they receive a comprehensive evaluation and assessment, service coordination and, if required, an Individualized Family Service Plan (IFSP). The IFSP specifies needs and services to be provided and can be modified by service providers as needed. A service coordinator is assigned to each child and family to help them navigate the different providers and track adherence to the IFSP. In addition to receiving referrals for children identified with developmental and/or behavioral risks, the Mississippi EI [Part C](#) and [Part B](#) programs are also charged to establish a [Child Find](#) system that ensures children at risk are proactively identified and ensures they receive the necessary services to promote their healthy development to prevent or remediate risks, delays, and health problems. Since only about one-third of all children in Mississippi receive any standardized developmental and behavioral screening before age three, EI Part B programs are equally critical to advancing a Child Find system. Success requires collaboration with healthcare, childcare, home visiting, early education, and community-based sectors who interact with infants and children routinely. Direct-to-public strategies that allow families to learn about and identify whether their child may be at risk for developmental and/or behavioral problems is also important to reach all families.

### The Engagement in Action Opportunity

By identifying risks early and providing appropriate services, developmental and behavioral health problems can be reduced, leading to better health and education outcomes for children served and reduced economic impact of future health problems. In Mississippi, according to a [Mississippi Thrive! policy brief](#), 3.8% of children receive Part C services. However, the federal government estimates this reflects a small portion of those who need services. Further Black, rural, and/or low-income children are [disproportionately underserved](#) by EI programs. Policy work is prioritized in Mississippi to expand capacity and fill gaps. This means advancing methods to build the capacity of existing EI service providers and improving the Child Find system to coordinate across all early childhood programs and professionals is important to proactively identify and serve children at risk. The Engagement in Action (EnAct!) Framework shares a family engagement based, statewide integrated system approach with specific application in the First Steps/Child Find program. The EnAct! approach offers strategies that can support EI goals.

## From Possibilities to Progress

The Engagement in Action (EnAct!) Framework's integrated system and family engagement-based approach to services provide powerful resources that can support those working in and with the EI Part C and Part B programs to provide early identification and prevention of developmental and/or behavioral problems and to ensure that children already experiencing risks are identified and receive appropriate services. Implementation of the EnAct! approach can contribute towards realizing expectations of the federally required Part C *comprehensive* [Child Find system](#) for the purposes of identifying, locating, and evaluating all infants and toddlers with disabilities ages birth–2 as early as possible and with key partners. The EnAct! approach promotes universal developmental and behavioral screening and features use of the Ages and Stages Questionnaire (ASQ) on its own or the use of the comprehensive, family facing Well Visit Planner (WVP) digital tool, which includes the developmental and behavioral screening tool from the Survey of Well-Being of Young Children-SWYC. While both produce equally valid information to determine a child's risk for developmental problems, the WVP also integrates information related to a child's physical health, family health strengths, family educational priorities, and social and relational health risks strongly associated with developmental and behavioral problems. Importantly, interactive community resource maps on the Mississippi Thrive! website can be an important resource for EI professionals to plan referrals that are accessible to families. Finally, since the First Steps program also seeks to promote healthy parenting and promote protective factors, they may also find value in the EnAct! framework's featured health promotion resources, like the Vroom app for caregivers and the family education resources included in the WVP's autogenerated, personalized Well Visit Guide and Clinical Summary tailored to individual child and family's needs and priorities (made available for download upon completion of the WVP).

## Envisioning Success

Because EI is a high demand service with limited capacity, the approach and recommended resources set forth in the EnAct! framework for an integrated system can support First Steps EI service professionals to more effectively engage families and support children's healthy development. This is especially relevant when designing IFSPs (Part C) or Individualized Education Plans (IEP) for school age children (Part B) since full family engagement and whole child and family data is essential to designing and implementing high quality plans. The EnAct! approach is potentially most relevant to EI program efforts to build an effective Child Find system. By partnering in the implementation of this framework with Mississippi Thrive!, Mississippi's EI program can accelerate efforts to establish coordination and collaboration across early childhood systems (healthcare, child care, early education, home visiting, child welfare etc.) so that they can support EI in screening all children, and ensuring those in-need receive early interventions that may resolve or mitigate any developmental and behavioral risks. The comprehensive Bright Futures Guidelines recommended assessments included in the WVP such as maternal depression, autism, and other child and family health screens, may be especially powerful to assess the social and relational health factors experienced by many children. This comprehensive set of assessments can then enable all early childhood professionals to address these factors and potentially mitigate risks in a way that minimizes need for EI services, which are already scarce due to gaps in need and services availability.

## Engagement In Action Framework Possibility Prototype Home Visiting Programs

*Meeting the Needs of Infants, Young Children and Families through Home Based Personalized Relationships and Comprehensive Support.*



### What's Working Now

Providing home visiting services to infants, children, and families at-risk for health problems is key to bending the curve in long-term, costly interventions optimizing positive outcomes for infants, young children, and pregnant people. [Healthy Families Mississippi](#) (the federal Maternal Infant and Early Childhood Home Visiting/MIECHV program), and Mississippi's Department of Health high risk home visiting [Healthy Moms/Healthy Babies](#), are both designed to mitigate risks in caregivers, infants and young children at critical stages of development, as well as to proactively promote caregiver skills and child and family protective factors. These evidence-based programs are essential to promoting the health of vulnerable populations in Mississippi and reducing health care costs by supporting caregiver and child health. Healthy Families Mississippi is required to [report on several performance measures](#) related to child and family health promotion to ensure families are receiving appropriate care. In its [most recent data report from 2019](#), Healthy Families Mississippi provided nearly 9,000 home visits to over 720 infants, young children, and families with a fulltime staff of 33 home visitors in 14 counties across the state. While impressive, many more children and families are eligible for this program, but are not enrolled. Given Mississippi's status as a low resource, high need state, it is critical for home visiting programs to be at full capacity with the highest quality services to support families in coordinating care and providing health education so that needs are addressed to promote child flourishing. The Engagement in Action (EnAct!) Framework was designed with these needs in mind.

### The Engagement in Action Opportunity

The EnAct! framework's integrated systems approach to early childhood preventive and developmental services is anchored to family engagement, whole child and family health assessments, personalized support, coordination across resources, and continuous improvements in care. This approach promotes universal developmental and behavioral screening and features use of the Ages and Stages Questionnaire (ASQ) and/or the comprehensive, family facing Well Visit Planner (WVP) digital tool, which includes the developmental and behavioral screening tool from the Survey of Well-Being of Young Children-SWYC. While both produce equally valid information to determine a child's risk for developmental problems, the WVP also integrates information in a set of 15 separate age-specific digital tools related to a child's physical health, family health, strengths, priorities, and social and relational health risks. The WVP can help home visitors drive improvements in 16 of the 19 MIECHV performance standards related to screening, referral, and education.

The EnAct! approach also features health promotion and education resources like the Vroom app and wellness packets for caregivers and personalized family resources provided through the WVP that share information about their needs and priorities. Furthermore, care coordination can be facilitated through Mississippi Thrive!'s online, interactive community resource maps which locate community-based resources and services for families. Collectively, these [tools](#) can support home visitors across program

models to engage families and provide them with higher quality care more effectively. By using the personalized, strengths-based tools recommended in the EnAct! approach, home visitors can better meet their performance measures while streamlining care to increase their capacity for serving high risk families.

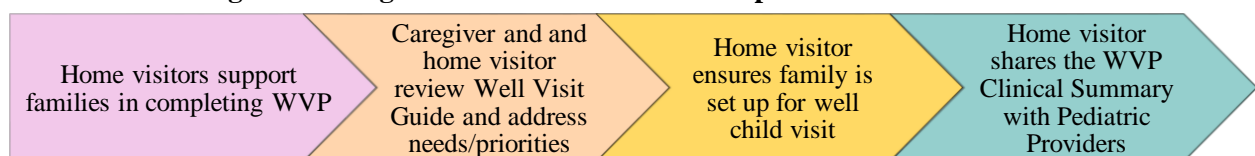
### From Possibilities to Progress

Family engagement is fundamental to the success of home visiting services. Home visitors know that building trust and an authentic connection with families is based on families feeling seen and that their needs and priorities are met. Evidence-based and highly rated by families, the WVP can be especially helpful for home visitors to use during introductory visits to both learn about the child’s development and well-being and to identify strengths, needs and priorities of the family. Families and home visitors receive the same automatically generated personalized data and resource reports, helping to jump start shared decision-making to address needs. The time saved collecting and obtaining scored reports with resources can then be used to help families learn about and get the support and counseling they need. Importantly, home visitors can better meet standards to ensure all children have well child visits using the WVP, since it helps families learn about the importance of well child visits and motivates their commitment to ensure their child has a primary care provider with scheduled well visits. Home visiting professionals can help families make appointments and send the child and family’s Clinical Summary (autogenerated provider-facing report, shared with family consent) to primary care providers and coach the family on how to engage in well visits so that their needs and priorities are met. Home visitors can also use autogenerated WVP results to scan the Mississippi Thrive! online community resource maps and find accessible providers who meet the needs of the family. They can also set the family up with the Vroom app to get more information about their needs and priorities.

### Envisioning Success

Home visiting programs provide essential services to mitigate risks and promote the healthy development of infants and young children while supporting the resilience and well-being of families. The EnAct! approach can help engage families to efficiently complete whole child and family assessments and ensure they receive services that address their medical, social, and relational health needs and priorities. Implementation requires approval to use these resources to ensure they align with evidence-based protocols and facilitate program goals and outcomes. Options to share and access data electronically can be tailored to meet the needs of each home visiting program. EnAct!’s recommended tool, the Online Promoting Healthy Development Survey (PHDS) collects information from families to assess many home visiting quality standards and could be used with individual home visitors so that they can learn how to best serve families and advocate for improvements on their behalf. Home visitors can use their extensive family and community knowledge to add to community resource maps and build connections with these organizations so that they can also refer families to home visiting programs. This community-level engagement and communication can help all child and family professional meet their goals to achieve improved child health outcomes for those most in need of care.

**Figure 1. Using the WVP to meet MIECHV performance standards.**



## Engagement In Action Framework Possibility Prototype Child Welfare Professionals

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

### What's Working Now

It is critical to provide families with supports that curb the prevalence and impacts of child maltreatment, victimization, and neglect and to proactively promote their healthy development, flourishing and overall well-being. In 2020-2021, 45% of Mississippi children ages 0-5 experienced one or more adverse childhood experiences (ACEs), compared to 25.5% in the nation, exposing the need to build trust with and engage families to ensure they receive the support needed to create safe and nurturing relationships and environments for infants and young children, whether children are in the home or under court jurisdiction, foster care, or at risk for removal.<sup>11</sup> Mississippi's Department Child Protective Services has a special opportunity to mitigate and help children and families heal and thrive through the trauma and adversities already experienced by strengthening families, providing personalized parent/caregiver education on healthy development, coordinating services needed, and advocating for trauma-informed mental health care. Doing so can disrupt intergenerational trauma and patterns of child maltreatment by engaging families and acting early to promote healing for children. Additionally, Mississippi operates a [Safe Babies Court Team](#) (SBCT) model (also known as the National Infant-Toddler Court program). Run by Zero to Three, the SBCT approach, which is fully aligned with goals for pediatric primary care well visits as set forth through Bright Futures Guidelines, is operating through the Mississippi State University's Extension Service's Trauma-Informed Parenting and Professional Strategies (TIPPS) program and the Children's Advocacy Centers of Mississippi (CACs). MST has already done foundational work in partnering with SBCT by both training professionals and providing direct services to SBCT children and families through their developmental health fellowship program. The support child welfare professionals can provide in collaboration with other early childhood health system partners like MST is essential for infants and young children already in the child welfare system and who are at high risk for developmental and mental health problems.



### The Engagement in Action Opportunity

Child welfare professionals need tools to assess child developmental status and social and relational health risks and to proactively promote child-family relational health in collaboration with other early childhood health system partners, including primary care providers responsible for conducting well child visits with children and families, early care and education programs, early intervention and home visiting programs and community-based service professionals. The Engagement in Action (EnAct!) Framework's integrated early childhood health system approach provides new pathways for child welfare and family support professionals operating as part of the team to achieve their goals to engage families, promote family relational health, and identify and address risks for maltreatment. Using a whole child and family approach, featured [resources](#) from the EnAct! framework are especially well aligned with the inspiring and powerful HRSA funded Infant-Toddler Court Program. Piloting the EnAct! approach in these programs and learning as they implement the truly family-centered, whole child and family well-being approach using the SBCT model could lead to growth in the SBCT model to help restore children and families and ensure childhood trauma is addressed as early in life as possible. Importantly, the EnAct!



framework, when implemented, can contribute substantially to child maltreatment prevention by promoting developmental and relational health and meeting the holistic needs of families in ways that reduce the likelihood of maltreatment.

### **From Possibilities to Progress**

The EnAct! approach to care can help child welfare professionals' capacity to engage families, identify their needs, strengths, and priorities, and coordinate across services. In particular, child welfare professionals can use the EnAct! framework featured Well Visit Planner family-facing digital tools to engage families to reflect on and identify any gaps in their child's development or family well-being, to identify their strengths and support and educational priorities while ensuring completion of recommended screenings, including screening for Adverse Childhood Experiences. Specifically, Safe Babies Court Family Team can use the WVP with families to partner with them to set goals and identify priorities and needs for support and education that will ensure children's safety and promote permanency, and child well-being. The Well Visit Guide, the autogenerated personalized summary report shared with families after completing the WVP, can inform the Family Team's focus. Strengths, risks, priorities, and resources outlined in the Well Visit Guide can facilitate the identification and provision of needed services from partner early childhood organizations that can partner to support the child's health and development. Integrating other EnAct! framework featured resources, like the parenting education Vroom app and use of the online interactive centralized resource maps available on the Mississippi Thrive! website can further support these goals. Finally, since the WVP maps to the Bright Futures Guidelines for use by pediatric primary care providers, it can create a powerful bridge to these providers on behalf of families, especially since many children lack a primary care provider and/or do not receive important well child-care services.

### **Envisioning Success**

The EnAct! approach to care and implementation roadmap are designed to support child welfare professionals in their critical and complex work with families, children, case workers, attorneys, and service providers as they partner to create safety, stability, and nurturance for children with their caregivers; and, when needed, to promote trauma healing for both children and families. The EnAct! approach to care offers an integrated assessment platform (WVP) to engage families and better understand the range of health, social and relational risks, specific needs, and priorities of the whole child and family. Yet, changing to a new approach requires standardized training for all service providers as well as interest, learning, and engagement of partners to pilot new workflows, and reporting formats to optimize value. The benefits of change could be powerful given the evidence-based tools recommended in the EnAct! approach. Use of the WVP and other EnAct! framework featured resources is flexible and can be used in rapid cycle pretests with any child welfare professional without having to adopt the resources program-wide. Child welfare professionals can use the WVP with some or all families and can customize content by adding relevant family resources and assessments, like Adverse Childhood Experiences and Related Life Stressors Tool (PEARLS) or Safe Environment for Every Kid instrument (SEEK) as well as positive health measures to assess family resilience, child flourishing and other family and child strengths. Given the child welfare system's goals to prevent child maltreatment, foster healthy development of children and the well-being of families, and promote the coordination of supports for children and families, the EnAct! approach to care can help ensure that children and families are not lost in the system but are healed by it.

## Engagement In Action Framework Possibility Prototype Faith-Based Organizations and Community Centers

*Building on community and faith-based relationships to ignite possibilities to activate families and advance child health.*

### What's Working Now

Faith-based organizations such as churches and affiliated community centers, are unique in that they are a welcoming environment where families feel seen and cared for by a tight knit community, full of relationships developed over years of participation in religious and/or community activities. In many cases, a family will belong to the same church or community organization throughout their life and look to the church or community center for support as their family grows and their children develop. The deep relationships that can emerge through the regular programming of services, gatherings, and activities in churches and centers are powerful to engage families in learning about and taking action to support the well-being and healthy development of their child. With over [80% of adults in Mississippi identifying as Christian](#), Mississippi is home to numerous organizations that can be the voice for families to ensure they receive supports and access to the preventive services needed for their children. Entities like the [Mississippi Conference of the United Methodist Church](#) which partners with or leads five community centers across the state, already provide everything from health clinics, to preschool, to job training. The [Young Men's Christian Association \(YMCA\)](#) has eight centers distributed throughout the state that have activities, infrastructure, and resources for all members of a family, such as daycare for children and adult education for caregivers, which often includes parenting classes and support programs. The [Mississippi Faith-Based Coalition](#), brings together churches, neighborhood groups, government agencies, and individuals to support community members in areas such as housing, financial assistance, and health. With rich partnerships and adherence to religious values, faith-based organizations across the state seek to promote well-being to their constituents with a particular focus on those most at-need.



### The Engagement in Action Opportunity

The Engagement in Action (EnAct!) framework identifies faith-based organizations as important partners to help engage and educate caregivers to promote the well-being of their children and family. These organizations could lead the use of key elements of the EnAct! framework's integrated health system approach to child health and well-being. For example, faith-based organizations and community centers could use the online Well Visit Planner (WVP) to educate families about healthy development, engage them to get a primary care provider, and bring their child in for well child visits. Further, faith-based organizations and community centers could help families identify existing supports and resources for any needs, concerns, or priorities identified in the completion of the WVP and facilitate family group discussions that lead to peer support and sharing about concerns, to celebrate strengths and support each other. Other EnAct! approach elements can be leveraged, like the Vroom parent education app, wellness packets, and the online interactive community resource maps that identify existing resources in each county in Mississippi, developed by Mississippi Thrive! Community leaders, whether a chaplain, family advocate, or community center director, have the power to promote the healthy development of children and well-being of families. Since families engaged with faith-based organizations may lack trust in healthcare providers or awareness about ways to promote their child's development, having a trusted

institution promote the EnAct! framework [featured resources](#) can help to close these existing gaps. The tools promoted by the EnAct! framework will empower families to engage in health and wellness by dropping stigma and putting data in their hands first, with further resources to build health literacy skills, knowledge, and advocacy.

### **From Possibilities to Progress**

Faith-based organizations can sign up and create a [customized WVP](#) account to use with their families who have young children. They can also simply encourage families to try the public use website and assist them in reviewing the Well Visit Guides and personalized resources included. To promote healthy child development and WVP use, faith-based organizations and community centers may hang posters, pass out informational pamphlets during community meetings, and post to their websites and social media accounts. They can use similar distribution methods to share the online resource maps, post Vroom app flyers and posters, and provide wellness packets to members to help engage them in child and family health and well-being. Community centers with preschools, childcare programs, and/or health centers may choose to create a customized WVP account where they can receive, with family consent, a Clinical Summary on their WVP data dashboard. This can be used to preview and prepare to meet with families to address identified needs, concerns, and priorities and link them to trusted providers and community resources. Each organization can select and train a “champion” who can train others that will discuss the WVP with families and guide caregivers through completing the assessments, sharing priorities, and reviewing the educational resources. [Staff partnership with families](#) will support caregivers in improving their health literacy, ensure children have a primary care provider and receive the many well visits recommended in a child’s first five years of life. In developing these relationships, community center staff, neighborhood, family, or religious leaders can support the health of their community members and promote trust to create family centered, connected systems of care.

### **Envisioning Success**

Community centers, whether a faith-based organization, neighborhood group, or coalition, will need to take time to learn and seek feedback from staff and volunteers implementing the EnAct! approach elements and recommended tools like the WVP. A “launch and learn” attitude will be important as challenges to engaging families and establishing relationships with providers evolve. Easy to use from day one, as more families use the WVP and are empowered to partner in well child visits, both families and community centers can increase uptake of the WVP and ensure families schedule well visits for their children and help ensure the quality of services are high. The bottom-up approach to uptake of the EnAct! approach and featured tools among community organizations can lead the charge in transforming the health and well-being of populations that have been historically ignored and marginalized by the healthcare community. Aggregate, deidentified WVP data can be shared with organizations, and they can use this data to highlight common needs, risks, and strengths. Additionally, the Online Promoting Healthy Development Survey could be used to assess the quality of services families receive, empowering faith-based organization and community centers to advocate on behalf of their children and families.

## Glossary of Terms

**EnAct! framework:** The *Engagement in Action Framework* was developed by Mississippi Thrive! (MST) in partnership with the Child and Adolescent Health Measurement Initiative. The framework, built on MST as well as CAHMI's progress and accomplishments, specifies goals, an approach to care and implementation and policy roadmap toward the development of a statewide integrated early childhood health system focused on child health equity, child flourishing, school readiness and family resilience. The collaboration of relevant agencies, organizations, and programs involved seek to ensure early identification of risks and needs, the promotion of nurturing parenting and environments, and provision of supports to families in order to prevent and mitigate the impacts of social and community risks and proactively promote positive protective factors for children and within families and communities. See the [MST Summary Report](#) for more information.

**MS Thrive!:** *Mississippi Thrive!* is a federally funded grant-based program operating from 2017-2023 to create a comprehensive system of early childhood screenings and interventions ([mississippithrive.com](http://mississippithrive.com)).

**CAHMI:** *The Child and Adolescent Health Measurement Initiative*; an applied research and policy center housed in Johns Hopkins Bloomberg School of Public Health leading family centered measurement, data, tools, and research focused on helping all children, youth and families thrive ([cahmi.org](http://cahmi.org)).

**EPMHS:** *Enhanced Pediatric Medical Home Services*; a pediatric early childhood preventive care improvement effort led by the University of Mississippi Medical Center through the MST grant. The EPMHS model supports early developmental health promotion, surveillance, and screening, as well as enhanced linkage to services and interventions across the state. The model is built upon a recognition that well child visits 1) support responsive relationships between children and adults, 2) strengthen caregivers' core life skills, and 3) reduce sources of stress in the lives of children and families.

**COE:** *Cycle of Engagement*; a model of care developed by the CAHMI that builds the capacity of families, communities, and pediatric primary care teams to partner in the joyful work of promoting the well-being of all children through digital tools, family coaching, and provider support ([cycleofengagement.org](http://cycleofengagement.org)).

**EnAct! Approach to Care:** Features five core elements (1) family engagement; (2) whole child and family assessments; (3) personalized health promotion and supports; (4) deliberate (and warm) linkages across early childhood development professionals (e.g., pediatricians and family resource and support professionals); (5) routine review of quality of care and outcomes to support continuous improvement.

**EnAct! framework featured resources and tools.** [Resources and tools](#) employed through the MST *Enhanced Pediatric Medical Home Services* program as well as those included in the CAHMI's *Cycle of Engagement Well Visit Planner* approach (COE/WVP) comprise the EnAct! framework featured resources. The EPMHS programs employed the Ages and Stages Questionnaires (ASQ) for developmental screening, the Reach Out and Read (ROR) program during well child visits, the Vroom parent education app, and resources, and "wellness packets" to help engage and educate families in their child's healthy development. The COE/WVP tools include the Bright Futures Guidelines aligned family facing Well Visit Planner (WVP) and Promoting Healthy Development Survey (PHDS) digital tools and related resources including, the family Well Visit Guide, provider/professional Clinical Summary, and family engagement and educational resources with the option to customize content and resources for families and share data across early childhood health system partners.

**WVP:** *Well Visit Planner*; a brief, online, family-facing tool containing Bright Futures Guidelines recommended screeners, priority educational topics, and assessments of family strengths and needs specific to each of 15 well visit ages from a child's first week through their sixth year of life. Includes assessment of developmental status, maternal mental health, family relational health and social needs, child's general health, child, and family strengths and more. The WVP engages families to learn about and shape services to their goals, needs, and priorities while ensuring all recommended screenings and health education priorities are met. The WVP is interoperable and can be used across early childhood systems such as healthcare, education, and early intervention. Providers/professionals create a customized WVP website to share with the families they serve and can add additional assessments and community resources as appropriate (e.g., ACEs, links to address social factors). Alternatively, families can use the public access WVP site without a link from a service provider ([wellvisitplanner.org](http://wellvisitplanner.org)) to take charge of their child's healthy development and preventive services.

**WVG:** *Well Visit Guide*; An auto-generated, personalized report shared with families upon completing the WVP. The WVG summarizes assessment responses and family strengths, and shares age-specific education resources as well as customized resources from account holders such as healthcare providers. The WVG can be downloaded and printed to share at a well child visit. Family website: [www.wellvisitplanner.org](http://www.wellvisitplanner.org). For a customized website with data access: [www.cycleofengagement.org](http://www.cycleofengagement.org).

**CS:** *Clinical Summary*; autogenerated at-a-glance summary for account holders who shared the WVP. Families who complete the WVP through a customized link (rather than the public use site) also receive this report and can review. Summarizes family responses and identifies potential family risks based on results. The CS can be uploaded to electronic medical records and used for billing services.

**PHDS:** *Promoting Healthy Development Survey*; a validated, online quality-assessment tool completed by families to evaluate the quality of care they received during a well child visit. Those implementing the Online PHDS can easily generate an aggregated and anonymous report on quality aligned with the American Academy of Pediatrics' Bright Future Guidelines once they have 25 responses. Families also receive a summary of the quality of their child's care with tips on how to partner to improve care and ensure their child and family receive the best care possible. Family website: (<https://www.onlinephds.org>). For a customized website with data access: [www.cycleofengagement.org](http://www.cycleofengagement.org). The use of the PHDS was evaluated by Mathematica for its value in lifting family and community voice and powering antiracism and was found to be a powerful tool to put families and communities in the driver seat to assess and report on quality of care on their own or in partnership with health systems.