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2/28/2023

Mississippi Thrive Early Childhood Development Coalition (ECDC)

Charter

The Mississippi Thrive! Early Childhood Development Coalition

February, 2023

The purpose of this charter is to explain what the ECDC is, how it functions, and its role in promoting early childhood developmental and behavioral health in Mississippi.

This charter includes:

1. Mission, Vision, Aims
2. Background and Members
3. ECDC Leadership and Committee Structure
4. Key Milestones to Build On
5. Next Steps Forward

The mission of the Mississippi Thrive! Early Childhood Development Coalition (ECDC) is to ensure the implementation of a comprehensive, high-quality early childhood developmental and behavioral health system that fully engages families, providers, and community-based service professionals as partners. In doing so, the ECDC will promote the health of the whole child and family through coordinated action to address the range of developmental, medical, social, and relational health needs essential for healthy development and thriving children and families. The ECDC envisions an early childhood health system that achieves child health equity, where all children and families feel they matter, belong, are valued, and can access the services and supports they need to promote flourishing and school readiness for their young children and establish strong family resilience.

To fulfill its mission, the ECDC will operate with a growth mindset and continuous learning approach to advance an integrated early childhood developmental and behavioral health system. This will be accomplished through a shared vision and commitment to measurable goals and priority actions across the many organizations, agencies and individuals in Mississippi. The ECDC will be committed to prioritizing the healthy development of all of Mississippi's infants and young children and the well-being of their caregivers. Specifically, the ECDC seeks to establish the following:

- Universal provision of high-quality preventive and developmental services, including comprehensive, whole-child screening, surveillance, and health promotion services that leverage the primary care well visit, establish collaboration with community-based resources and fully engage families as leaders and partners in care
- The promotion of positive childhood experiences and strengthening of protective factors using relationship-based, family-centered services that also work to prevent and mitigate impacts of adverse childhood experiences.
- Accessible early childhood interventions and family support services provided by well-trained and appropriately supported early childhood professionals.

- The creative and innovative use of health information technology and data systems to facilitate early intervention and care coordination services, including an effective centralized resources access point for healthcare and community services and supports.
- Standardized, family-centered, feasible methods to ensure whole child and family assessments take place and can be used and shared across system partners working to support the healthy development of young children and the well-being of families.
- Sustainable policies that support and incentivize quality coordinated services across early childhood service providers and systems, including incentives for the health plans and broader organization within and/or through which services are provided.
- Comparability, consistency, and standardization of measures, and metrics across programs enabling continuous quality and outcomes monitoring and improvement to drive progress towards a high quality integrated early childhood health system.

What is a “growth mindset”?

A growth mindset is one that views challenges as opportunities for growth and development and believes that the talents and skills of people, organizations and systems are learned and can be improved. In contrast, a fixed mindset views people and systems as unlikely to change, leading to disengagement and reinforcing actions that block creativity and progress. Research shows that an intentional commitment to a growth mindset in groups leads to innovative thinking, stronger collaboration, transparency and trust, enjoyment in the process, greater sustainability, and positive results. A growth mindset is learned and should not be assumed. For more information: <https://austinlearningsolutions.com/blog/84-growth-mindset-vs-fixed-mindset>

Background and Members

The ECDC evolved from the Mississippi Thrive! Advisory Board to facilitate collaboration among many key partners dedicated to advancing an integrated early childhood health system and further the mission, vision and aims outlined above. Mississippi Thrive! (MST) was a five-year collaborative project funded by the Health Resources and Services Administration (HRSA) to create an early child health and development system in a low-resource, high-need state.

Through the 17.4 million dollar Congressionally authorized investment, MST worked over five years (2017-2023) to (1) build public and stakeholder awareness about early childhood development, (2) engage and educate early childhood professionals to improve the proportion of children that receive developmental screening and services, (3) improve the capacity of early childhood development professionals to promote healthy child development; (4) build workforce capacity to close gaps in the shortage of professionals and services needed; (5) build partnerships and advance policies and (6) create a framework to further drive the creation of a statewide integrated early childhood health system. Key accomplishments across these six areas of work are summarized in Attachment B below.

Four organizations have agreed to facilitate the work of the ECDC going forward: (1) the University of Mississippi Medical Center’s Center for the Advancement of Youth (UMMC CAY), (2) Mississippi Families for Kids (MFFK) and its Help Me Grow program, (3) Families as Allies (FAA) and (4) Mississippi State University’s Social Science Research Center (MSU

SSRC). These organizations have been consistently engaged in the MST Advisory Board, alongside agency and organization partners, childcare providers, and families and have served as members of the ECDC planning committee. See Attachment A for a list of current ECDC members. As the ECDC evolves, the circle of partners and efforts is expected to evolve as well.

For more information on MST, see this website (mississippithrive.com) and this [MST Summary Report](#), which provides an in-depth review of the work accomplished, including a summary of the *Engagement in Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System*, with which the ECDC mission and aims are aligned. It is important to note that the EnAct! framework was designed with key ECDC partners to set forth measurable goals, an approach to services, a partnership engagement strategy and an implementation roadmap. The goals of each hosting partner align with the EnAct! framework, including (1) MFFK's Help Me Grow program to advance a centralized access point to connect children and families to the grid of community resources and partner with child health care providers so all infants and young children and families receive high quality preventive and developmental services; (2) UMMC's Enhanced Pediatric Medical Home Services effort to establish high-quality, family-centered medical homes for children that engage families, consider the health of the whole child and family and link to community resources in partnership with Help Me Grow; (3) FAA's goals to make sure families are partners in all aspects of their child's care; (4) state agency programs with requirements focused on promoting the healthy development of young children, like the Mississippi Department of Health, the Mississippi Department of Human Services, the Mississippi Division of Medicaid, Head Start and others and (5) MSU's Social Science Research Center's work to advance knowledge to improve the lives of Mississippi residents. See the [MST Summary Report](#) for more in-depth information and Attachment B below for a high-level overview of the EnAct! framework and summary of the relevance of the framework across key partners and potential implementation roles for each.

Leadership and Structure

ECDC Leadership

The ECDC will be collaboratively led by Dr. Susan Buttross (UMMC CAY) and Dr. Heather Hanna (MSU SSRC), given their leadership roles during MST and their expertise in early childhood healthcare services and policy (Dr. Buttross) and early care and education and other early childhood systems (Dr. Hanna). As coalition co-leads the roles of Dr. Buttross and Dr. Hanna will be to 1) oversee the coordination and facilitation of full group ECDC meetings, 2) consult with and assist ECDC subcommittee leads, 3) formally represent the ECDC effort as agreed to by the full coalition, and 4) formulate and vet proposals for advancing the viability and impact of the ECDC over time. Further decisions on term limits for leadership will be evaluated as work progresses and succession leadership options arise.

ECDC Committee Structure

The ECDC consists of two subcommittees, each of which will collaborate to advance goals aligned with the ECDC mission, vision and aims. The subcommittees are: (1) the Enhanced Pediatric Medical Home Services (EPMHS) subcommittee and (2) the Mississippi Help Me Grow subcommittee. ECDC members can elect to serve on one or both subcommittees. Each subcommittee currently has at least 18 members committed to convene. Many of these members are former MST advisory team and project leaders and are already committed to support the set-up of each subcommittee and ensure sustainability. Other subcommittees may be created with agreement among committee members using ECDC decision making protocols to address special issues, such as policy development and advocacy, communications and outreach, strategic planning, operations, continuous improvement, and fundraising.

The ECDC subcommittees will purposefully work at the intersection between (1) providing and modeling innovative and effective direct child and family services and (2) advancing the workforce, policies, and structures required to enable the success and scaling of these services. As such, rather than establishing separate ECDC subcommittees on workforce development or policy (for example), each subcommittee will consider and bridge to other broader efforts established in Mississippi to advance workforce, policy, and systems structures as it relates to ensuring the provision of high-quality, integrated services that promote the healthy development and well-being of young children and their families. Many policy and system developments have been specified through previous MST work to inform subcommittee efforts. See “Subcommittee Goals and Leadership” below for more information on each subcommittee.

Meetings and Communications

Meetings of the full ECDC will be held quarterly. When the full coalition meets, efforts will be made to offer two time options, one during business hours and one during evening hours, to accommodate different schedules of members and maximize participation. Subcommittee co-leads and the ECDC co-leads will also meet monthly to further the integration among subcommittees and the sustainability of each. Full ECDC meetings will provide time for updates from subcommittees as well as members leading/engaged in related state committees like the State Early Childhood Advisory Council, the State Interagency Coordinating Council and the Comprehensive Systems of Personnel Development, with a focus on how developments relate to and can advance the ECDC mission and goals.

ECDC subcommittees will meet routinely to work toward established goals and plans. The periodicity for full subcommittee meetings will be eight times per year to pursue the specific goals, projects, activities, and commitments. Subcommittee members will provide support as

agreed to with their subcommittee co-chairs. When the full ECDC meets, time for subcommittee breakout sessions may occur and subcommittees will have the opportunity to share updates with the full group. In addition, a member from each subcommittee will be identified to participate at least quarterly in the meetings of the other subcommittee for purposes of alignment, coordination, and mutual learning.

Minutes and notes will be produced and shared after each subcommittee and full ECDC meeting. Notes will include the meeting goals and participants, a synthesis of issues discussed, decisions made, and next steps and agreements. Notes will be written up within two weeks of each meeting using a standardized template and shared with all members of the ECDC.

Subcommittee Goals and Leadership

Help Me Grow Subcommittee:

Early Identification, Connections, and Supports

The Help Me Grow subcommittee has identified six goals, each of which are aligned with the mission, vision and aims of the ECDC and the Engagement In Action Framework.

1. Increase statewide reach through developmental screenings and connections to services in local areas.
2. Identify sustainable funding sources for the continuation of HMG and the Centralized Access Point.
3. Build connections with childcare providers to educate them about typical child development, signs that may indicate concerns, and referral sources.
4. Promote family empowerment and advocacy through education, training, and promotion of developmental monitoring.
5. Create a partnership with state Resource and Referral systems for HMG to be a primary referral source for families with young children.
6. Expand the provider network to build the resource database, strengthening provider knowledge and trust in the HMG model.

The HMG subcommittee is co-led by Nadeane Cattrell and Desiree States and meets monthly. Co-leads are responsible for the facilitation of each subcommittee meeting, setting meeting agendas, and coordinating decision-making and collaborative actions. This subcommittee has identified specific members who will be responsible for specific ongoing contributions to the group, such as recording meeting minutes and sharing them with subcommittee and coalition members, engaging members to be informed and attend meeting, and sending out monthly meeting reminders. There are currently 42 members of the HMG subcommittee. Other subcommittee member responsibilities include attending and participating in all ECDC meetings with the group values in mind and leveraging their expertise and wisdom to help advance goals. When subcommittee members cannot participate in a scheduled meeting, they will review the agenda and meeting notes and share their thoughts in areas of relevance to their expertise and work.

Enhanced Pediatric Medical Home Services (EPMHS) Subcommittee

Promoting community integrated, guideline-based pediatric primary care well visits

The EPMHS subcommittee has five goals, each of which are aligned with the mission, vision and aims of the ECDC and the EnAct! framework goals, approach to services and system partnerships and implementation roadmap:

1. Promotion of Relational Health and Flourishing: Engage and educate all those dedicated to the healthy development of young children about the science of healthy development, child flourishing and the central role of relational health to prevent and mitigate impacts of Adverse Childhood Experiences (ACEs) and promote Positive Childhood Experiences (PCEs) essential to child and family well-being.
2. Family Engaged Developmental Promotion: Spread the impactful family engagement-based EnAct! framework approach to services and family engagement tools so that healthcare providers and others can more feasibly and effectively ensure developmental screening and the promotion of the health of the whole child and family anchored to national Bright Futures Guidelines for well child visit services.
3. Universal Utilization of Well Child Visit Services: Leverage pediatric primary care well visits using a “through any door” model so that all early child developmental and behavioral entities partner to close the utilization gap in well child visits and partner to engage and educate families and provide linkages to needed services and supports, with a focus on Help Me Grow, Families as Allies, and similar community-based family organizations.
4. Sustainable Implementation and Improvement: Advance the implementation and continuous improvement of high-quality services by 1) supporting learning networks, 2) catalyzing continuous improvement among those implementing the EnAct! framework approach, and by 3) using actionable measures to assess the quality of well child visits.
5. Policy and Workforce: Identify and work toward policy changes and workforce development required to achieve subcommittee goals in partnership across ECDC members and other state leadership bodies dedicated to policy and workforce development improvements.

The EPMHS subcommittee is co-led by Dr. Ruth Patterson and Lauren Elliott, NP, each of whom co-led the EMPHS model development and piloting through the MST program, including early piloting of the EnAct! framework approach that builds on the EPMHS model. As subcommittee leaders, it is the responsibility of Dr. Patterson and Mrs. Elliott to oversee the coordination of meeting scheduling, agenda setting, decision making, notetaking and dissemination and collaborative actions. There are currently 24 members in the EPMHS subcommittee. The responsibilities of these members include attending all ECDC meetings, actively participating in meetings with an open, growth mindset and leveraging their wisdom, resources, and power to help advance subcommittee goals. When subcommittee members cannot participate in a

scheduled meeting, they agree to review the agenda and meeting notes and proactively comment and share their thoughts in areas of relevance to their expertise and work.

See Attachment A for the list of current ECDC members and the subcommittees to which they have assigned themselves and Attachment B for more information about MST key accomplishments and an overview of the Engagement In Action Framework.

Further decisions on term limits for leadership will be evaluated as work progresses and succession leadership options arise.

ECDC Full and Subcommittee Decision Making and Continuous Improvement

Decisions will be made using a consensus process. First, once questions or issues requiring decision making are clarified, at least two ECDC members will be asked to recommend/propose that the question or decision be advanced to a vote. There will then be a chance for any ECDC members to ask further clarifying questions before any votes take place. Once advanced to a vote, choices will occur using polls via Google, Zoom, Mentimeter, or a show of hands. Polls are preferred due to anonymity, but there may be times when anonymity is not needed due to the routine nature of the decision being made or use of a poll is not possible due to technical difficulties. Once votes are calculated, a new poll will be conducted to determine if everyone can accept the majority vote, even those who may have voted for another option. If someone cannot accept the choice with the most votes, a facilitated discussion process will be used to talk through objections to the approach that anyone is comfortable sharing. If no one is comfortable voicing their objections to the approach, those who agree with the approach will brainstorm possible concerns. Once concerns are voiced and have been addressed, the original plan can be modified based on these concerns as needed, and a new poll will be conducted to determine if everyone can accept the approach given the discussion and possible modifications. The ECDC can move forward with decisions once everyone has come to a consensus.

While ECDC members will be encouraged to express feedback at any time, either during meetings or via one-on-one contact with leadership or other members, formal feedback opportunities will be provided. ECDC members will be sent a survey to provide feedback and input for how the ECDC structure and work could be improved.

Key Milestones to Build On

The ECDC evolved through prior achievements and milestones that will be built upon. Key milestones to be built upon are summarized below.

Data Collection, Analysis and Reflection on Early Childhood Systems Building

During 2020-2021, MST implemented a network mapping survey to identify and assess the state's early childhood system and inform the creation of an MST state leadership team, from which the ECDC has evolved. In conjunction with Help Me Grow National and in partnership with Visible Network Labs, in 2021, the team analyzed the results of the Early Childhood Network Mapping PARTNER survey that was distributed to 105 early childhood systems leaders identified by Mississippi Families for Kids, Families as Allies, and the MST Child Health & Development Mississippi Thrive! leadership and staff and achieved a 68% return rate.

The network mapping survey assessed system leaders' perceptions regarding the success of the states' early childhood system, its critical goals and biggest barriers, and the relationships among early childhood organizations and agencies across the state. The MST team released two reports and hosted a virtual event with 62 participants to discuss the results of the survey with partners and families across the state. One of the major takeaways from the PARTNER network mapping survey was that the majority of participating stakeholders identified the *most critical goal of Mississippi's early childhood system as being coordinated collaboration among partners of various sectors to improve children's health and development and to support children's and families' needs*. The majority of the stakeholders also identified this goal as the easiest to achieve. Complete survey results can be found here: <https://mississippithrive.com/wp-content/uploads/2022/02/ECNM-Brief-MS-Thrive-4.0.pdf>. A companion report drawing upon data from parent perspectives about the state's early childhood system was also created by Mississippi Thrive!, Mississippi Families for Kids, and Families as Allies and can be found here: https://mississippithrive.com/wp-content/uploads/2023/02/How-well-is-Mississippis-early-childhood-system-working_-Brief-3.0.pdf.

In 2022, an additional network analysis was conducted specific to the design of the Engagement In Action (EnAct!) Framework, which was created to advance further efforts to establish a coordinated, statewide collaboration among early childhood system partners that was prioritized in the network survey. Here, over 25 existing and potential partners were identified across family and community organizations, government agencies and programs, healthcare systems and service providers and other County, City, and local organizations. Many were already on the MST advisory team and/or partnering with key MST initiatives (e.g., workforce development, enhancing pediatric primary care services, community resource connection, outreach and messaging). An in-depth analysis of the goals, programs and status of each partner was conducted to inform and assess the relevance of the emerging EnAct! framework and to specify potential roles for each partner in the implementation of the framework's purpose to create a statewide integrated early childhood health system. Case examples for how this might look across several partners were also created to further inform the EnAct! framework and spark action. See Attachment B for an initial EnAct! framework partners schematic that lists key partners and indicates the relevance and potential roles for each and the [MST Summary Report](#) as well as Attachment C for this report for more information, including a more comprehensive

overview of each partner and alignment with the EnAct! framework in [Attachment C](#) and a set of case examples (called “Possibility Prototypes”) in [Attachment D](#) to the MST Summary Report.

Collaborative Design of the Engagement in Action Framework for a Statewide Integrated Early Childhood Health System

In 2022-2023 MST partnered with the Child and Adolescent Health Measurement Initiative in a systems-engaged design process to build on MST progress and specify an evidence-informed framework to further a statewide integrated early childhood health system. The resulting Engagement In Action (EnAct!) Framework sets forth goals, an approach to services, a partnership engagement blueprint, and an implementation roadmap. The purpose of the EnAct! framework is to ensure the implementation of a comprehensive, high-quality early childhood developmental and behavioral health system that fully engages families, providers, and community-based service professionals as partners in promoting the health of the whole child and family through coordinated action across all early childhood system partners to address the range of developmental, medical, social, and relational health needs essential for healthy development and thriving children and families. As noted, the EnAct! framework is summarized in the [MST Summary Report](#) and through a set of [Attachments](#), including the Mississippi data profile, partnership landscape analysis, summary of key policy levers and case examples (“Possibility Prototypes”) created to support the design and implementation of the EnAct! framework. Attachment B provides a visual overview of the EnAct! framework and a synthesis regarding the relevance of the framework across system partners and their potential roles in framework implementation further discussed in the MST Summary Report. As noted, the ECDC mission, vision, and aims, and the Help Me Grow and EPMHS subcommittee goals are aligned with the mission, goals, approach to care, and recommendations from the EnAct! framework.

Progress to Engage Families, Childcare Systems, and other ECDC Partners

A central operating principle for the ECDC is that member engagement in the ECDC and its subcommittees must be something valuable and additive to their work. With this in mind, subcommittee structures have been designed based on feedback from ECDC members throughout the development of the coalition in order for the work to be most relevant to its members. This process of adapting the ECDC’s structure and work based on the feedback of its members will continue to be essential. The ECDC also prioritizes empowering families as partners. FAA and MFFK compensate families and childcare providers for their participation in this work. Additionally, FAA has provided trainings to the ECDC in being family-driven in all of its activities and has provided multiple trainings in family-driven practice to members. MFFK’s Help Me Grow program is also piloting key elements of the EnAct! framework approach in collaboration with the EPMHS team. This piloting is taking place in childcare settings as well as other settings with an explicit goal to enhance collaboration with pediatric providers. See the EnAct! Framework [Possibility Prototypes](#) for more information on FAA, MFFK/HMG and EPMHS efforts to advance elements of the EnAct! framework approach as well as for illustrations of the relevance and possible implementation strategies by other partners, many of

whom are members of the ECDC (e.g., Early Intervention/Part C, Dept. of Human Services Division of Early Childhood Care and Development).

Diversity, Equity, and Inclusion (DEI) Foundation

The MST Advisory Team and its evolution into the ECDC has prioritized discussing diversity, equity and inclusion practices to employ within the coalition to align with DEI values. The Collective Impact Forum organization provided technical assistance support for this effort as well, providing both a sustainability and an equity lens for continuing the work of ECDC. In addition to guiding the planning team through the formation process of the ECDC, they provided two racial equity and inclusion trainings to the coalition. This work will be built on.

Next Steps Forward

The ECDC will continue MST's work of creating a statewide integrated system of early developmental promotion, screening, and linkage to services by integrating early childhood systems across healthcare, community, and policy settings. The Engagement In Action (EnAct!) Framework approach, already reflected in the ECDC purpose, goals and approach provide a roadmap for the ECDC to consider as they plan next steps to promote family engagement, implementation of innovative care approaches, leadership development, and policy change as specified in the goals of each of the ECDC subcommittees.

To advance the important work of the ECDC, a sustainable funding stream will need to be identified and ECDC members must find a way to use their collective expertise and resources to focus on advocacy and funding for the work of the ECDC overall and to advance the statewide adoption of an integrated early childhood developmental and behavioral health system approach. Additionally, it will be essential to continue to adapt the ECDC based on feedback of members. Members have emphasized that their engagement on the subcommittees must be something valuable and additive to their work, rather than another meeting that takes them away from their work. This can be supported by the EnAct! framework, which specifically aligns with existing goals across a range of partners. Subcommittee structures have and will continue to be re-designed based on feedback from ECDC members throughout the development of the coalition so that the work is most relevant to its members as they collaborate to optimize the healthy development of young children.

As the ECDC continues to build and expand its presence in Mississippi, its advocacy efforts may also evolve to develop stronger relationships across early childhood systems and strengthen a shared vision and aim to improve existing services and systems, ensure coordination, and advance the essential implementation infrastructure, policy change and workforce development essential to success. To carry out its mission, vision and aims, ECDC members will need a growth mindset to believe change can happen, be curious and learn from challenges, and commit

to building strong relationships with partners based in trust. Through these practices, ECDC members can ultimately create a shared vision in which all children and families have their developmental, social, and relational needs met and thrive!

Attachment A: Roster of ECDC Members (February 2023)

Member	Partner Organization	Subcommittee
Keri Abernathy	Mississippi Health Advocacy Program Health Help	General Member
Mitchell Adcock	Center for Mississippi Health Policy	EPMHS
Chad Allgood	Mississippi State Department of Human Services	HMG
Eileen Beazley	Office of the Governor	General Member
Laure Bell	MSU SSRC	HMG
Devon Brenner	MSU SSRC	General Member
Nicole Briceno	USM Early Childhood Inclusion Center	HMG
Tami H. Brooks	General Pediatrics at Physicians & Surgeons, Starkville, MS	EPMHS
Bianca Bullie-Thompson	Doctor of Nursing Practice	HMG
Kelly Butler	Barksdale Reading Institute	HMG
LeeEsther Butler	Parent	HMG
Susan Buttross	UMMC Center for the Advancement of Youth	EPMHS, coalition co-lead
Stacy Callender	Mississippi State Dept of Health, Part C	HMG
Daisy Carter	Excel By 5	HMG
Nadeane Cattrell	Mississippi Families for Kids	HMG, subcommittee co- lead

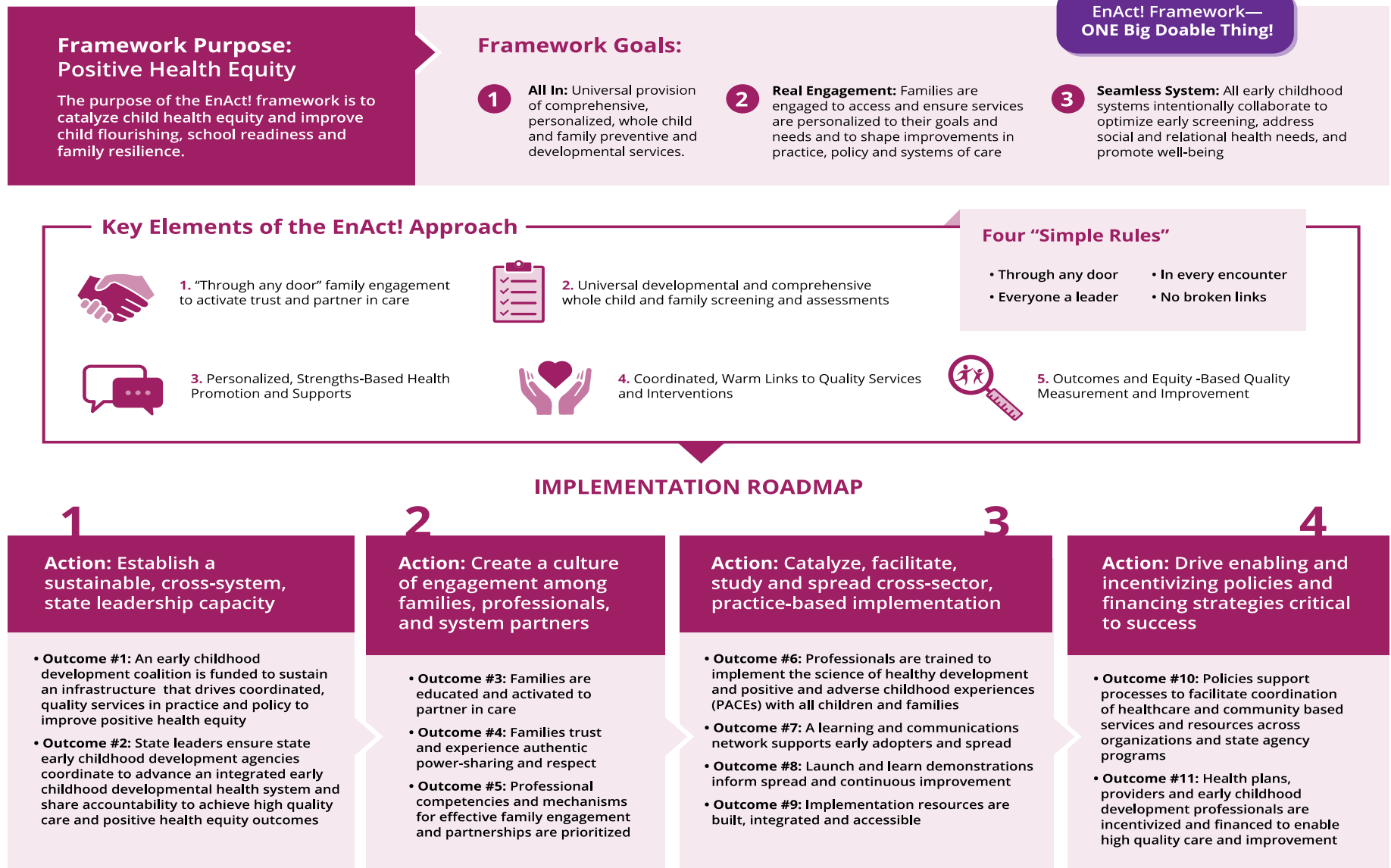
Valecia Davis	Mississippi State Department of Health, Title V	EPMHS
Tara Dickerson	MSU Extension, Child Care Resource & Referral	HMG
Oleisha Edwards	Parent	EPMHS
Lauren Elliott	UMMC Center for the Advancement of Youth	EPMHS, subcommittee co- lead
Nikki Flippins	Families As Allies	HMG
Michelle Gaihter	MSU SSRC	General Member
Genevieve Garrett	UMMC Center for the Advancement of Youth	EPMHS
Cathy Grace	UM Graduate Center for the Study of Early Learning	HMG
Heather Hanna	MSU SSRC	HMG, coalition co-lead
Shana S. Harper	Be Undeclared Therapeutic Solutions, LLC	EPMHS & HMG
Jillian Harper-Peavy	Healthy Moms, Healthy Babies (Mississippi Department of Health)	EPMHS & HMG
Biz Harris	Mississippi Early Learning Alliance	HMG
Carolyn Harris	East MS Community College Resource & Referral Center	HMG
Tockie V. Hemphill	MSU SSRC	EPMHS
Joy Hogge	Families as Allies	EPMHS
Gigi Holder	UMMC	HMG
Ettamarie Jackson	Heaven's Angels Academy	HMG

Sara Jenkins	Mississippi State Department of Health	EPMHS & HMG
Leslie Junkin	Mississippi Parent Training & Information Center	EPMHS & HMG
Leslie Lavergne	USM Institute for Disability Studies	HMG
Regina Lewis	Mississippi Families for Kids	HMG
Avis L Lloyd	Parent	HMG
Bradley Long	MSU SSRC	HMG
Lisa Long	MSU SSRC	HMG
Melissa Luckett	MSU SSRC	General Member
Heather Martin	MSU SSRC	EPMHS & HMG
April May	Mississippi Early Learning Alliance	HMG
Asia McCoy	Institute for the Advancement of Minority Health	HMG
Henry Moore	Families As Allies	HMG
Brittney G Mosley	Mississippi State Department of Health	EPMHS
Nita Norphlet-Thompson	Mississippi Head Start Association	General Member
Julie Parker	MSU Office of Human Sciences	HMG
Ruth Patterson	UMMC Center for the Advancement of Youth	EPMHS, subcommittee co-lead
WaShanda D Patton	Parent	EPMHS & HMG

Lauren Wilson Phillis	Parent	EPMHS & HMG
LaTonya Pittman	Parent	HMG
Callie Poole	MSU SSRC	HMG
Coreaner Price	Families as Allies	HMG
Andrew Robertson	Pediatric Nursing Medical Student	EPMHS & HMG
Dustin Sarver	UMMC Center for the Advancement of Youth	HMG
Katerina Sergi	MSU SSRC	HMG
Kristy Simms	UMMC Office of the Vice Chancellor	EPMHS
Desiree States	Mississippi Families for Kids	HMG, subcommittee co-lead
Candice Taylor	Mississippi Department of Education	HMG
Rachel Tyrone	UMMC Center for the Advancement of Youth	EPMHS
Benjamin Walker	UMMC School of Population Health	EPMHS
Courtney Walker	UMMC Center for the Advancement of Youth	EPMHS
Rodney Washington	Mississippi Families for Kids	HMG
Stephane Watts	New Vineyard Community Development Center	HMG
Linda West	Mississippi Families for Kids	EPMHS & HMG
Sara Withrow	UMMC Center for the Advancement of Youth	EPMHS & HMG

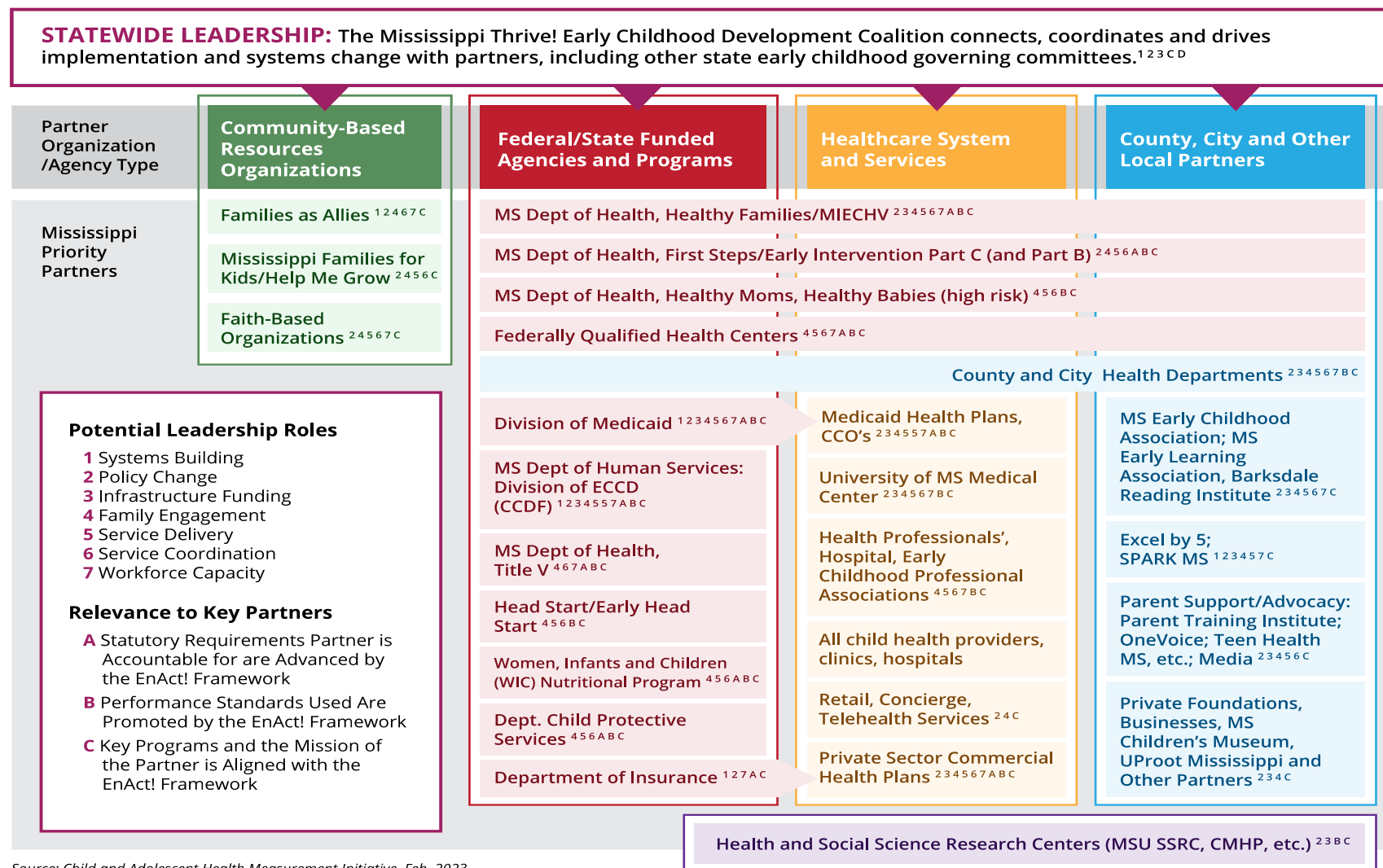
The Engagement in Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System

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



Landscape of key partners in the Engagement In Action (EnAct!) Integrated Early Childhood Health System Framework

Illustration of the relevance of and roles across key partners in implementing the EnAct! framework



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