



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](http://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 Structure**

The ECDC includes two working groups, each of which will collaborate to advance goals aligned with the ECDC mission, vision and aims. The working groups are: (1) Enhanced Pediatric Medical Home Services (EPMHS) and (2) Help Me Grow. ECDC members can elect to serve on one or both working groups. Other working groups 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 working groups 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 working groups 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 working group efforts. See “Working Group Goals and Leadership” below for more information.

## **Meetings and Communications**

Meetings of the full ECDC will be held at least four times per year. 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. Working group co-leads and the ECDC co-leads will also meet, at least eight times per year, 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.

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

Minutes and notes will be produced and shared after each working group 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.

## **Working Group Goals and Leadership**

### **Help Me Grow Working Group**

#### ***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. Identify sustainable funding sources for the continuation of HMG and the Centralized Access Point
2. Increase statewide reach through developmental screenings and connections to service providers in local areas
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 state-level partnerships for HMG to be referral source for families with young children
6. Continually develop a provider network to build the resource database, strengthening provider knowledge and trust in the HMG model

The HMG working group is co-led by Nadeane Cattrell and Desiree States and meets monthly. Co-leads are responsible for the facilitation of each working group meeting, setting meeting agendas, and coordinating decision-making and collaborative actions. This working group 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 48 members of the HMG working group. 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 working group 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) Working Group**

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

The EPMHS working group 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:

GOAL 1: Engage and educate those dedicated to the healthy development of young children about the science of healthy development, and the central role of relational health in (a) promoting Positive Childhood Experiences (PCEs) and (b) preventing and mitigating impacts of Adverse Childhood Experiences (ACEs).

Objective #1: Presentations to healthcare providers and through EPMHS outreach (website, toolkit, newsletters, social media platforms)

Objective #2: Presentations to early childhood centers through Early Childhood ECHO (childcare providers) (ECHO=Extension for Community Healthcare Outcomes)

Objective #3: Presentations to child educators (Pre-K - 12) through TEACH ECHO

Objective #4: Education for parents and caregivers through community agencies (FAA, HMG)

GOAL 2. Spread the family engagement-based EnAct! Framework approach (a partnership between families, healthcare providers, and community agencies) and utilize family engagement tools anchored to national Bright Futures Guidelines in order to expand access and provide services.

Objective #1: Promote EnAct! framework/partnership, with each arm capitalizing on their strengths (i.e Help Me Grow addressing Social Determinants of Health, healthcare provider for evaluation addressing failed developmental screen)

Objective #2: Encourage utilization of Toolkit as a resource for health promotion strategies (Reach Out and Read, Vroom, Center for Disease Control's campaign Learn the Signs. Act Early.)

GOAL 3. In connection with the medical home, community agencies will work to close the utilization gap in the recommended well child visit services by using a "through any door" model to engage and educate families and provide linkage to services.

Objective #1: Introduce healthcare providers to community groups performing screenings (MS Families for Kids, Families as Allies, MS Early Childhood Inclusion Center)

Objective #2: Promote Well-Visit Planner to healthcare providers (American Academy of Pediatrics, community practices) as a credible tool for developmental screening and family support

GOAL 4. Advance the implementation and continuous improvement of high-quality services by 1) supporting learning networks, and 2) using validated measures to assess the quality of well child visits.

Objective #1: Continue to engage University of MS Medical Center residents through Mt Sinai training; Families As Allies (FAA) family engagement training

Objective #2: Continue support through Child Health & Development Project (CHDP) Fellowship; FAA family engagement training

Objective #3: Quality Improvement measures (PHDS: Promoting Healthy Development Survey, HEDIS: Healthcare Effectiveness Data Information Set)

Objective #4: Presentations to healthcare providers through Center for the Advancement of Youth ECHO and Pediatric Grand Rounds (in the future, include UMMC SON: University of MS Medical Center School of Nursing)

GOAL 5. Identify and work toward policy changes and workforce development solutions through partnerships with ECDC members, state agencies and other early childhood leadership bodies.

Objective #1: Follow guidance from legislative liaison

Objective #2: Continue support for Early Intervention (EI) Task force, EI Pilot, CHDP Fellowship, EI Special Instructor Bill

Objective #3: Work alongside State Early Childhood Advisory Council, State Interagency Coordinating Council, and other entities focused on Early Childhood

The EPMHS working group 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 leaders, it is the responsibility of Dr. Patterson and Ms. Elliott to oversee the coordination of meeting scheduling, agenda setting, decision making, notetaking and dissemination and collaborative actions. There are currently 28 members in the EPMHS working group. 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 working group 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-Mississippi-early-childhood-system-working\\_-Brief-3.0.pdf](https://mississippithrive.com/wp-content/uploads/2023/02/How-well-is-Mississippi-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**

<b>Member</b>	<b>Partner Organization</b>	<b>Subcommittee</b>
Keri Abernathy	Mississippi Health Advocacy Program Health Help	HMG
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	Planning Team, HMG
Devon Brenner	MSU SSRC	General Member
Ruby Brenner	MSU SSRC	HMG
Nicole Briceno	USM Early Childhood Inclusion Center	HMG
Tami H. Brooks	General Pediatrics at Physicians & Surgeons, Starkville, MS	EPMHS
Rikki Broom	Kids Bright Clinic, LLC	EPMHS & HMG
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	Planning Team, Coalition Co-lead, EPMHS & HMG
Stacy Callender	Mississippi State Dept of Health, Child & Adolescent Health	HMG

Daisy Carter	Excel By 5	HMG
Nadeane Cattrell	Mississippi Families for Kids	Planning team, HMG Co-lead, EPMHS
Valecia Davis	Mississippi State Department of Health, Title V	EPMHS & HMG
Tara Dickerson	MSU Extension, Child Care Resource & Referral	HMG
Oleisha Edwards	Parent	EPMHS
Lauren Elliott	UMMC Center for the Advancement of Youth	Planning team, EPMHS Co-lead, HMG
Nikki Flippins	Families As Allies	Planning team, HMG
Michelle Gaihter	MSU SSRC	HMG
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	Planning team, Coalition Co-lead, HMG
Shana S. Harper	Be Undeafed 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	Planning team, 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	UMMC	HMG
Avis L Lloyd	Parent	HMG
Bradley Long	MSU SSRC	Planning team, HMG
Lisa Long	MSU SSRC	HMG
Melissa Luckett	MSU SSRC	HMG
Heather Martin	MSU SSRC	EPMHS & HMG
April May	Mississippi Early Learning Alliance	HMG
Joann Mickens	Parents for Public Schools, Inc.	General Member
Mary Hannah Mills	MSU Extension, Nurturing Homes Initiative	EPMHS & 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

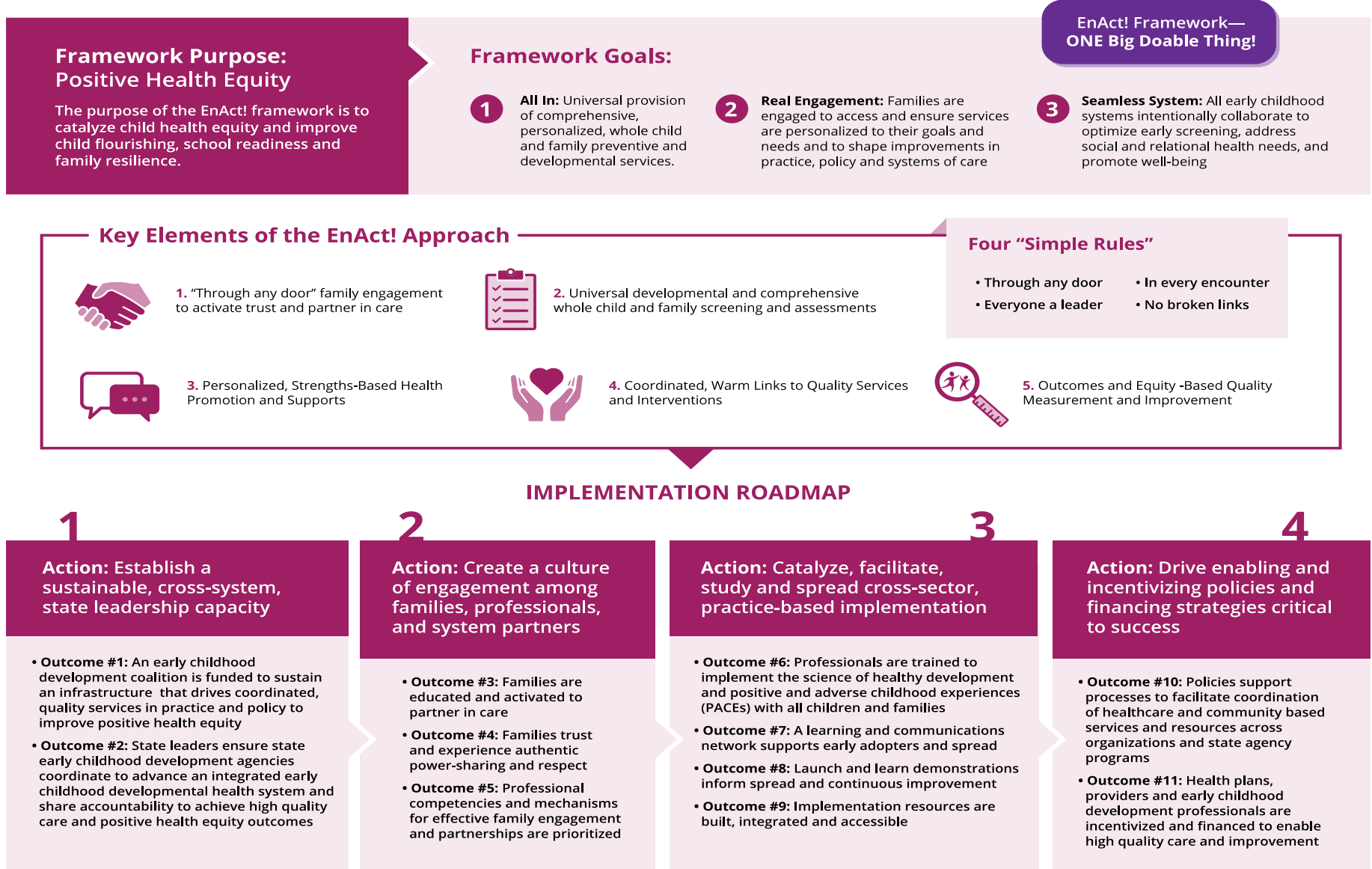
Julie Parker	MSU Office of Human Sciences	HMG
Ruth Patterson	UMMC Center for the Advancement of Youth	Planning team, EPMHS Co-lead, HMG
WaShanda D Patton	Parent	EPMHS & HMG
Lauren Wilson Phillis	Parent	EPMHS & HMG
LaTonya Pittman	Parent	HMG
Callie Poole	MSU SSRC	Planning team, HMG
Coreaner Price	Families as Allies	Planning team, 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	Planning team, HMG Co-lead
Candice Taylor	Mississippi Department of Education	HMG
Rachel Tyrone	UMMC Center for the Advancement of Youth	EPMHS
Amy Walker	UMMC Center for the Advancement of Youth	EPMHS
Ben Walker	UMMC School of Population Health	EPMHS
Courtney Walker	UMMC Center for the Advancement of Youth	EPMHS



Rodney Washington	Mississippi Families for Kids	Planning team, 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

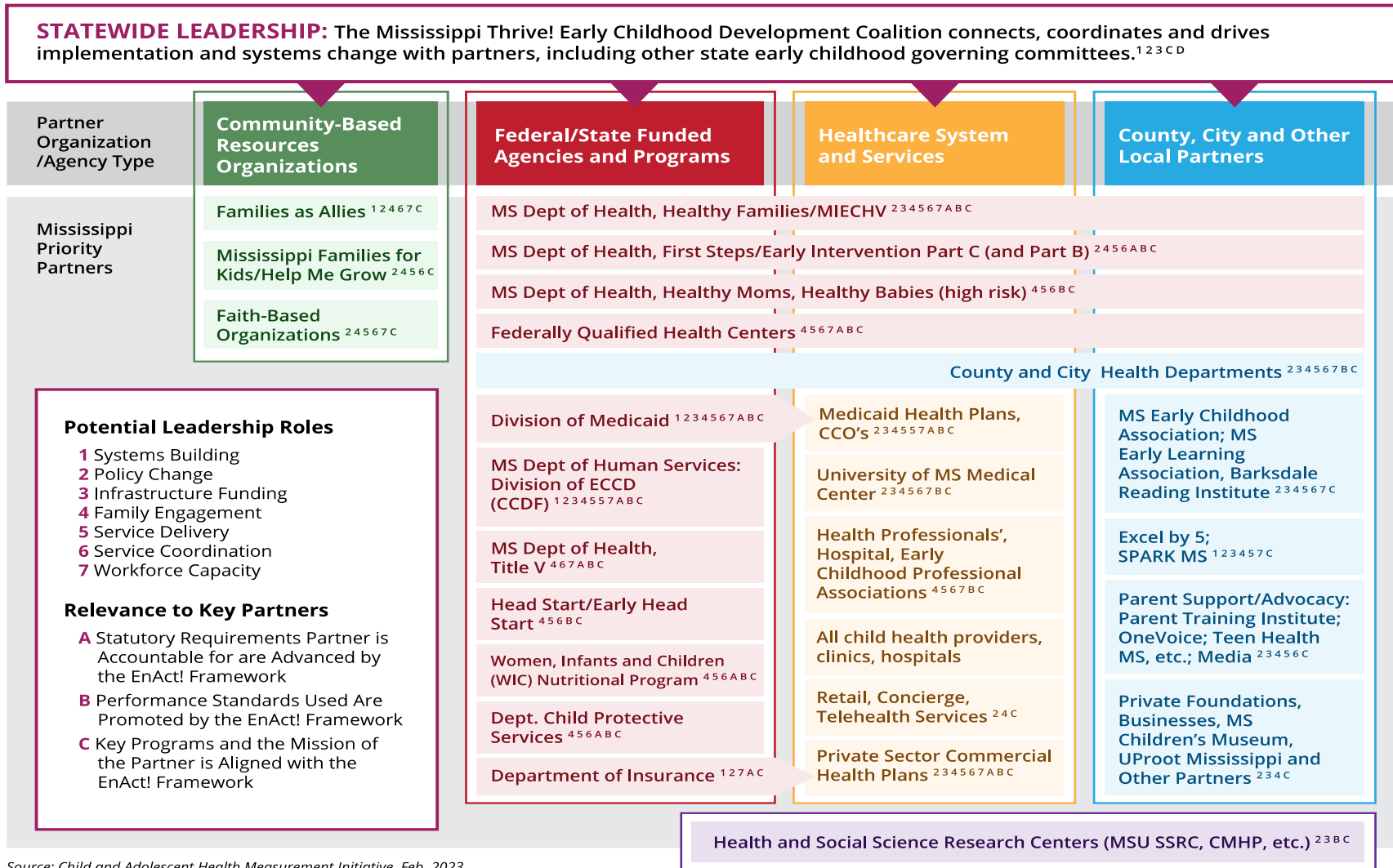
Collaboratively designed with Mississippi Thrive! by the Child and Adolescent Health Measurement Initiative



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

# 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