



# **The Engagement In Action Framework**

## *Toward a Statewide Integrated Early Childhood Health System*

# **Possibility Prototype: Child Welfare Professionals**

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

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## Introduction

From 2022-2023, Mississippi Thrive! (MST) and the Child and Adolescent Health Measurement Initiative (CAHMI) partnered to develop the [Engagement in Action \(EnAct!\) Framework for a Statewide Integrated Early Childhood Health System](#). The EnAct! framework integrates decades of research to optimize preventive and developmental well-child care services to promote whole child health and help all children and families thrive. As set forth in the [MST Summary Report](#), the EnAct! framework includes a set of priority 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.

As illustrated in Figure 1 and in the Mississippi Thrive! EnAct! aligned [toolkit](#), the EnAct! framework prioritizes a whole child and family-engaged approach to screening and assessments, 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. It features four components:

- 1) Developmental screening
- 2) Literacy and relational health promotion resources
- 3) Developmental health promotion resources
- 4) An online interactive resource map, as seen in MS, of early childhood and family agencies and organizations that can be used by service providers and families to find relevant resources and care.

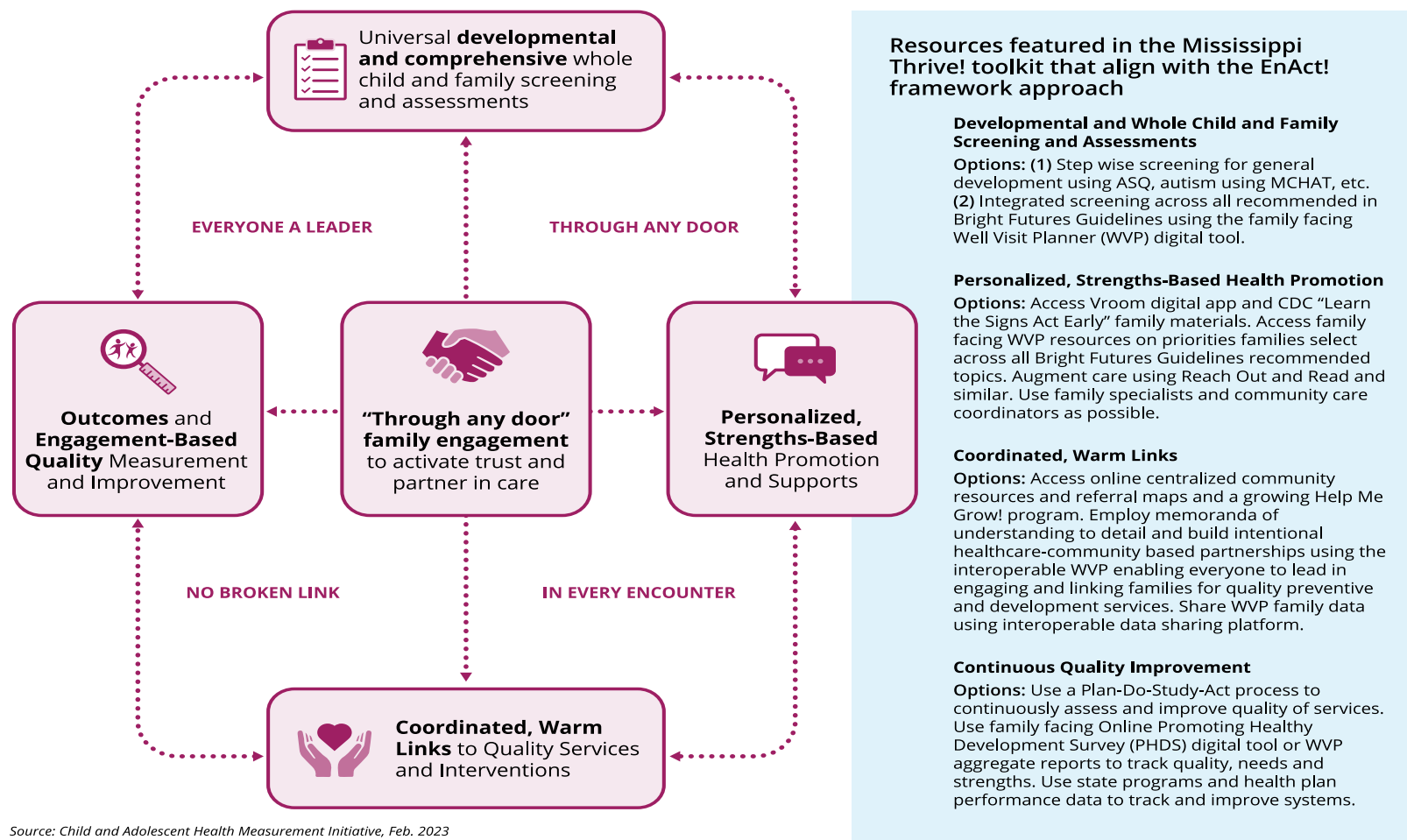
The EnAct! framework integrates the CAHMI's Cycle of Engagement (COE) model, principles, and tools, including the family-friendly and Bright Futures aligned [Well Visit Planner \(WVP\)](#) and [Online Promoting Healthy Development Survey \(PHDS\)](#) digital tools, which enable Personalized Connected Encounters and advance both a standardized, yet personalized approach to family engagement, comprehensive screening, and priority setting.

*Possibility Prototypes* were created as part of the work to understand partner needs and potential roles and application of the EnAct! framework in Mississippi within current constraints while laying out concrete and actionable policy recommendations to support sustainable transformative change. The *Possibility Prototype* included in this document is a case example of how the EnAct! approach can be relevant to child welfare professionals. The prototype provides ways to implement the approach in a manner that is anchored to the goal of fostering the healthy development of young children 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, and as a result, the Well Visit Planner is featured in the *Possibility Prototype* for Child Welfare Professionals. As the EnAct! framework is implemented, the *Possibility Prototype* can serve as a useful resource that illustrates how the framework might strengthen the early childhood integrated health system required to promote the healthy development of infants and young children.

**Figure 1: 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



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

## 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.

## 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 whole child health, 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 ([mississippi thrive.com](http://mississippi thrive.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.