

# **ENGAGEMENT IN ACTION (ENACT!) FRAMEWORK**

Toward an Integrated Early Childhood Health System to Promote the Early and Lifelong Health of Children and Families

JUMP START REVIEW AND APPLICATION WORKBOOK (Version 1.0)

September 2023



### The EnAct! Framework

The EnAct! framework builds on decades of progress and innovation in health care and early childhood systems to integrate early childhood preventive and developmental services, promote whole child health, and support national, state and local efforts to improve child and family well-being. Read the EnAct! framework overview here.

### This workbook serves as a high-level guide jump start your application of the EnAct! framework.

Ten exercises are suggested and are designed to spark ideas and to be completed in writing—scribble away!

### Overview

Describe how the FnAct! Framework purpose, goals and approach to integrated services and the Cycle of Engagement 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 and families.

Kick Start Activities (see pages 3-7):

- 1: Review the FnAct! Framework.
- 2: Review the Cycle of Engagement
- 3: Reflect: theory of change/approach

### **Plannina**

Collaborate with stakeholders to reach consensus on your purpose, define a logic model, specify design parameters, strategic goals, and your collaborative process with partners, assumptions on data, needs and opportunities, and an approach for integrated ECD services and systems change.

Kick Start Activities (see pages 8-13):

- 1: Discuss your logic model.
- 2: Consider your design parameters
- 3: Go wide to identify partners

### **Implementation**

Assess current progress on and design a roadmap to guide stakeholders in the strategic implementation for your application of the EnACT! framework. Consider leadership, culture, implementation and policy levers and strengths in your state and local area.

Kick Start Activities (see pages 14-20):

- 1: Review the roadmap visual.
- 2: Brainstorm SMART goals & steps
- 3: Prioritize policy levers for action
- 4: Outline data you have and need

To access the EnAct! Overview and Current Data, Methods, Partners, Measures, Policy and Prototypes Attachments visit our website by scanning the QR code with your mobile phone.

New resources will continue to be provided as they are available. www.cahmi.org





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

### Overview

The EnAct! framework was designed to serve as a national model to promote child flourishing, school readiness and family resilience. The EnAct! framework achieves its whole child health purpose using a through any door family engaged approach. Learn how the EnAct! Framework and Cycle of Engagement model builds the capacity of families, communities, and pediatric primary care teams to partner in the joyful work of promoting healthy development.

Activity 1: Review the EnAct! Framework Overview. See webinar overview. Get resources using this QR code. EnAct! Framework— **ONE Big Doable Thing! Framework Purpose: Framework Goals:** Whole Child Health All In: Universal provision Real Engagement: Families are Seamless System: All early childhood The purpose of the EnAct! framework of comprehensive, engaged to access and ensure services systems intentionally collaborate to is to promote whole child health and personalized, whole child are personalized to their goals and optimize early screening, address improve child flourishing, school and family preventive and needs and to shape improvements in social and relational health needs, and readiness and family resilience. developmental services. practice, policy and systems of care promote well-being Illustration of the Engagement In Action Framework's Through Any Door Approach Universal developmental Towards a Family Engaged, Community Based, Integrated Early Childhood Health System and comprehensive whole child and family screening and assessments **Through Any Door Family Access Points FAMILY EVERYONE A LEADER** THROUGH ANY DOOR Community Based Healthcare **Access Points Access Points** Everyone leads, ····· through every door, in every encounter ····· to inquire and engage families to provide and/or link to quality whole child and family preventive and developmental Outcomes and "Through any door" Personalized. **Engagement-Based** Strengths-Based Early care and education, family engagement Pediatrics, Family Practice, services and partner to coordinate supports across systems Health Promotion home visiting, community **Quality** Measurement to activate trust and resource brokers. and Improvement partner in care and Supports faith based, etc. NO BROKEN LINK IN EVERY ENCOUNTER Use the family driven Well Visit Planner (or similar) to engage families and share standardized data reports using the interoperable a..... data platform to promote comprehensive, personalized. coordinated services. Coordinated, Warm Links to Quality Services Source: Child and Adolescent Health Measurement Initiative, Feb. 2023 and Interventions



### Overview (continued)







The Cycle of Engagement (COE) model was initially designed in 1997 and has undergone continued development by the CAHMI to guide and catalyze CAHMI's work to advance data driven partnerships among families, providers, health plans, and communities. It is...



a personalized, relationship-centered model of child and family care focused on building trust and customizing care based on child and family strengths, social context, needs, and priorities.



a family-centered, integrated approach to screening and providing comprehensive wholechild and whole-family based services anchored to best practice evidence and quidelinebased care.



a measurement process for continuously updating a family-led agenda and assessing and improving the quality of care aligned with family-centered medical homes and value and team-based care.



a population health strategy to learn about and use aggregate data on child and family needs and priorities and quality of care to guide and drive cross-sector collaborations to improve systems of care.

Additionally, the Well Visit Planner Approach to Care (COE WVP) is a tool that operationalizes the Cycle of Engagement model. To learn more, see this video overview of the COE WVP.



### **Overview (continued)**

**Activity 3:** Consider what your theory of change is and aspects of the EnAct! approach summarized above (and in the next page again) aligns with your goals and strategies.

Defining a theory of change for driving improvements in preventive and developmental services to achieve the healthy development and lifelong well-being of children and families is important. Three key elements to defining your theory are: 1) identifying what you ultimately want to happen (desired impact), 2) articulating how you will make that happen (strategies or activities), and 3) what will happen in between as a result of your starting point strategies. The figure below is a summary of the Cycle of Engagement theory of change as an example. Brainstorm your ideas in the template on the right for your theory of change.

The Engagement In Action (Enact!) Framework was informed through an extensive environmental scan and review of dozens of reports related to advancing an early childhood development system. Conceptually, the EnAct! framework is closely aligned with the AAP's family centered medical home model, the Center for the Developing Child's design principles to promote children's healthy development... and the CAHMI'S Cycle of Engagement five-part theory of action to create tools, relationships and system capacity to implement best practice services and supports to promote healthy development and thriving.

# Summary of the Cycle of Engagement Theory of Change for Whole Child Health & Family Flourishing

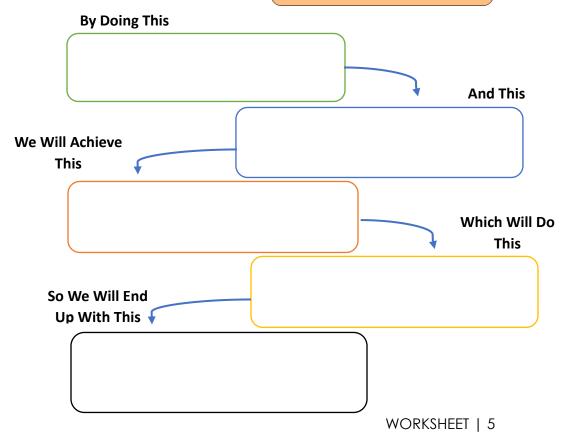
Child and family services focused on building trust and personalizing care to family defined strengths, needs, and priorities and...

An integrated, Whole Child and Family Assessment producing tailored results and resources to be shared with families and across care teams...

Builds partnerships and saves time to deepen relationships and address each child and family's unique goals, needs and priorities, which will...

Foster ongoing engagement to continuously update a single family-led agenda shared with families and care teams, which will lead to...

Measurable improvements in whole child health, flourishing, school readiness and family resilience, quality of care, reduced avoidable illness and costs and more provider, team and family joy!



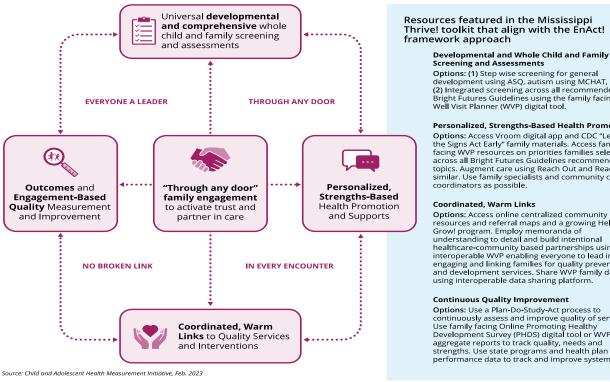


Activity 3 (cont'd) Consider what your theory of change is and aspects of the EnAct! approach to transformed care that alians with your goals and strategies. The EnAct! theory of change if discussed further in the EnAct! framework overview.

Review in more depth the EnAct! Approach to Integrated Preventive Services and Example Tools. Consider how this is relevant to your work and the tools and resources you are or wish to employ.

### 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



Thrive! toolkit that align with the EnAct! **Developmental and Whole Child and Family** 

Options: (1) Step wise screening for general development using ASQ, autism using MCHAT, etc. (2) Integrated screening across all recommended in Bright Futures Guidelines using the family facing

#### Personalized, Strengths-Based Health Promotion

Options: Access Vroom digital app and CDC "Learn the Signs Act Early" family materials. Access family facing WVP resources on priorities families select across all Bright Futures Guidelines recommended topics. Augment care using Reach Out and Read and similar. Use family specialists and community care

resources and referral maps and a growing Help Me understanding to detail and build intentional healthcare-community based partnerships using the interoperable WVP enabling everyone to lead in engaging and linking families for quality preventive and development services. Share WVP family data using interoperable data sharing platform.

continuously assess and improve quality of services. Use family facing Online Promoting Healthy Development Survey (PHDS) digital tool or WVP aggregate reports to track quality, needs and strengths. Use state programs and health plan performance data to track and improve systems.

The EnAct! framework approach promotes time-saving digital resources, like the Well Visit Planner (WVP), to engage and activate families while streamlining screening, identification of family priorities and to make time for important language development and caregiver/child attachment interventions. These resources can be used by pediatric health care providers and are also ideal for use family specialists, community health workers and care coordinators featured in evidence-based models like Healthy Steps<sup>38</sup> of Dulce<sup>39</sup>; or by home visiting, early intervention, child welfare or early care and education professionals who share goals and accountability to promote the healthy development of young children.40

**Notes:** 



### The Engagement in Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System The EnAct! Framework Design Process Inputs, Activities and Outputs

### **Assets & Inputs**

### **Existing state progress** to lift family centered medical homes, build workforce capacity, create centralized resources, educate the public, establish partner commitment to family engagement and an integrated system framework approach

Availability and expertise on evidencebased models, tools and approaches that engage families and cross- sector partners to drive the healthy development of all children and families.

**Bright Futures Guidelines** translated into actionable tools linked to payment and policy incentives.

The science of healthy development and Positive/Adverse Experiences (PACEs) with available state data to track needs and outcomes.

**Design-Based Activities and Methods** 

**Collaborative analysis** of baseline progress, practices, partners, structures and policy levers

Collaborative specification of shared purpose, goals, design principles, approach to care, relevance/roles of partners. implementation roadmap

**Action Research** using environmental scans, document, policy, program reviews, state specific data and policy analysis, structured interviews, case study development, fact checking, etc.

Partnership landscape analysis to specify relevance of emerging framework and current and potential roles across partners

Create "Possibility Prototypes" for each key partner to illustrate applied relevance, roles, requirements and inform framework and implementation roadmap

**Pilot testing** in pediatric primary care and community based resource partners to foster use and collaboration

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

### Outputs—The EnAct! Integrated Health System Framework

### Framework Purpose: Whole Child Health

The purpose of the EnAct! framework is to promote whole child health and improve child flourishing, school readiness and family resilience.

#### Framework Goals—One Big Doable Thing

- 1. All In: Universal provision of comprehensive, personalized, whole child and family preventive and developmental services.
- 2. Real Engagement: Families are engaged to access and ensure services are personalized to their goals and needs and to shape improvements in practice, policy
- 3. Seamless System: All early childhood systems intentionally collaborate to optimize early screening, address social and relational health needs, and promote well-being

#### Framework Approach

- "Through any door" family engagement to activate trust and partner in care
- Universal developmental and comprehensive whole child and family screening and assessments
- Personalized, Strengths-Based Health Promotion and Supports
- Coordinated, Warm Links to Quality Services and Interventions
- Outcomes and Engagement-Based Quality Measurement and Improvement

### Implementation Roadmap: Key Actions

Establish a sustainable, cross-system, multi-level state leadership capacity

Create a culture of engagement among families, professionals, and system partners

Catalyze, facilitate, study and spread cross-sector. practice-based implementation **Drive enabling** and incentivizing policies and financing strategies critical to success

#### **Engaged Leadership**

• Mississippi Thrive! Early Childhood Development Coalition advances the EnAct! framework across state partners



# Overview (continued)

**Activity 3 (cont'd)** Use the worksheet below to list out the tools and strategies you use, plan to use or are interested in anchored to the EnAct! approach to transformed care that aligns with your goals and strategies. Refer to the prior page for ideas.

"Through any door" family engagement to activate trust and partner in care.	
Universal developmental and comprehensive whole child and family screening and assessments	
Personalized, strengths- based health promotion and <u>supports</u>	
Coordinated, Warm Links to Quality Services and Interventions	
Outcomes and Engagement-Based Quality Measurement and Improvement	
Simple Rules to Guide Collaborative Systems Change and Action	



### **Planning**

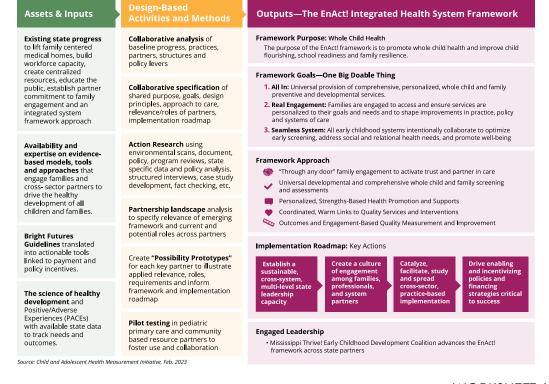
In this section, consider your own logic model, identify existing assets and foundational strengths and methods and activities to engage partners and collaborate, reach a consensus on your shared purpose, strategic goals, design parameters, assumptions about needs, strengths and opportunities and action goals to implement a family engaged, integrated approach to services and care. Attachment B of the EnAct! framework shares more on design decisions.

**Activity 1:** Discuss Your Logic Model: Starting Point Question Prompts.

Thinking of your organization and state context, strengths and levers...

- How does the EnACT! framework purpose, strategic goals and approach to care alian with your vision and assets?
- What assets, inputs, and resources do you have available now to leverage and build from?
- How does your organization plan to seek and sustain multisector collaborations? Engage in policy change?
- What types of data and assessment(s) might help your organization tailor your focus using the EnACT! framework?

Our organization assets & inputs are: Some examples of activities might be: Some examples of outputs might be: Some examples of outcomes might be: Examples of impact might be:





### Planning (continued)

Activity 2: Complete a Logic Model

Building on activity 1, reference the example EnAct! Logic Model to further shape a logic model for your state.

### ILLUSTRATION: LOGIC MODEL FOR ADVANCING PRACTICE TRANSFORMATION AND INTEGRATED SYSTEM GOALS LEVERAGING THE ENGAGEMENT IN ACTION (ENACT!) FRAMEWORK FOR A STATEWIDE INTEGRATED EARLY CHILDHOOD HEALTH SYSTEM

ASSETS & INPUTS	ACTIVITIES & METHODS	OUTPUTS	OUTCOMES	IMPACT
existing progress to lift amily centered primary care medical homes, systems and family engagement, workforce development and public education and resources. Clear impact, need and cossibilities to leverage strengths and close large gaps in child health quality and services quality, capacity and integration.  Evidence based models, cools and approaches to engage families and systems partners to promote the early and ifelong health the whole child and family using PACEs./prevention accience.  Growing understanding and commitment to early childhood development, equity and the whole child	Collaborative Assessment and Analysis of Progress. Practices. Current Structures. Policy Levers and Partners  Collaborative Specification of Shared Goals, Strategic Priorities. Shared Agreements. Approach to Care and Collaboration, Relevance and Roles Across Partners and Implementation Roadmap  Research: Document Reviews. Policy, Program and Epidemiologic Research, In Depth State Data Analysis. Structured Interviews  Partnership Landscape Analysis and Creation of "Possibility Prototypes" to Envision Implementation and Value  Pilot Testing and Adaptation Based on Findings in Pediatric Primary Care and Help Me Grow	EnActl Framework (purpose, goals, strategic priorities, approach, partners, agreements, actions, policies)  Activated Early Childhood Development Coalition  Applied Policy Playbook to Optimize Existing Systems and Levers  Possibility Prototypes to Anchor and Jump Start "Launch and Learn" Implementation in Practical Contexts	Integrated Primary Care Prevention and Health Promotion Services are Optimized  Cross System Partners Collaborate to Reach and Support All Children and Families  Incentives and payment reforms enable implementation, workforce capacity is built	Universal use and high quality well child visits promote child flourishing, school readiness, reduce ACEs  Early childhood systems formally collaborate guided by a sustainable, funded coalition (ECDC)  Policies train, incentivize health plans, providers, families and community-based support professionals  Statewide leadership ensures and funds crossagency integrated systems EnAct! approach



# Planning (continued)





### Planning (continued)

**Activity 3:** Identify relevant system partners to map a partnership landscape. See <u>Attachment C</u> and <u>D</u> of the framework.

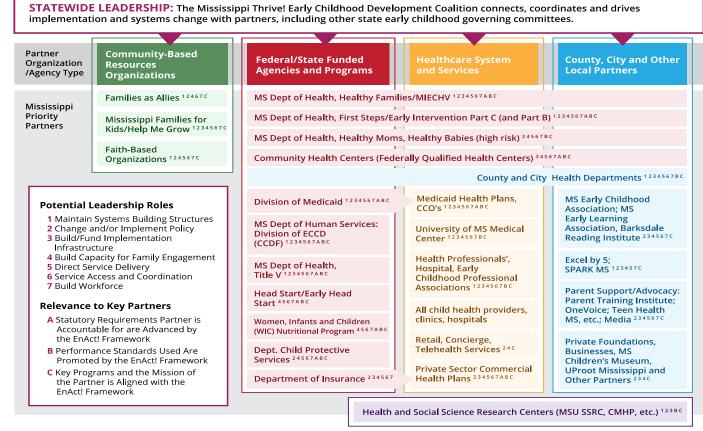
The EnAct! framework principles 1 and 2 are "Everyone's a leader" and "Through any Door". Designing your partnership landscape will help all see themselves as integral to the success of transforming your state health system. Use the table on page 11 to begin identifying relevant partners. Key things to consider when identifying your partners are:

1) What are their organizational goals and do they align with one another?
2) What are they required to do/currently do to promote ECD?
3) Do they represent the populations we need at the table to ensure success and

sustainability?

-See Attachment C for more on partner roles and shared measures -See Attachment D for prototypes in integrated services.
-See the Mississippi Early Childhood Development Coalition Charter for ideas.

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



Annotations assigned based on analysis and require further partner assessment.

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



Key/Potential Partner (MS Examples)	High Level Summary of the Relevance to ECD System	What else do we need to know or learn about?
	Existing Leadership and Collaborative Bodies	
Private-Public Statewide		
Partnership Bodies		
2. Cross-State Agency Bodies		
3. Local area collaborations and		
leadership groups		
	overnment Agencies Accountable for Early Childhood Devo	elopment
1. Division of Medicaid		
2. Department of Human Services,		
Division of Early Childhood Care and		
Development  3. Department of Health, Part C Early		
Intervention (EI) program		
4. Department of Health, Healthy Families		
Mississippi (MIECHV)		
5. Department of Health, Title V Maternal and Child Health		
6. Department of Health, Healthy Mom's, Healthy Babies		
7. Department of Child Protective Services		
8. Special Supplemental Nutrition		
Program for Women, Infants, Children (WIC)		
9. Head Start, Early Head Start Programs		
(HS/EHS)		
, ,		



Key/Potential Partner (MS Examples)	High Level Summary of the Relevance to ECD System	What else do we need to know or learn about?
10. Department of Insurance		
11. Federally Qualified Health Centers (FQHC's)		
	Health Care System	
12. University/College Medical Centers:		
13. Medicaid Health Plans; Coordinated Care Organizations:		
14. Health and Social Science Research Centers:		
15. Private/Commercial Health Plans		
16. Health Care and Public Health Professional's Associations		
	Family Support, Community Based Organizations	
17. Family-to-Family Health Information Center:		
18. Community Resource Supports; Help Me Grow affiliate:		
19. Community & Family Advocacy Organizations		
20. Private Foundations		
	County, City, and Local Programs Important to Child Ho	ealth
21. Businesses, Media, Children's Museum, Community Centers, etc.		
22. County & City Health Departments.		
23. Non-Gov't Early Childhood Development Training Orgs.		



### **Implementation**

In this section, further design your implementation roadmap to guide your collaborative teams toward a whole systems, sustainable implementation of your application of the EnACT! framework. See the EnAct! Overview for more.

Activity 1: Review the implementation roadmap visual (further details are available, including example SMART goals, details on roles across partners and Possibility Prototype illustrations for key partners, policy playbook and data reports)

IMPLEMENTATION ROADMAP

### **Action:** Establish a sustainable, cross-system, multi-level state leadership capacity

- Outcome #1: A cross-sector body has the structure, capacity and influence to sustainably advance state program and policy strategies that promote positive early childhood health
- Outcome #2: State leadership builds an across state agency infrastructure to coordinate strategies, resources, operations and performance measures that promote early childhood development
- Outcome #3: Local community coordinating bodies lead and link with state leadership to drive effective frontline systems change and improvements

**Action:** Create a culture of engagement among families, professionals, and system partners

- Outcome #4: Families are supported, included and activated to partner in care.
- Outcome #5: Families trust and experience authentic power-sharing and respect
- Outcome #6: Professional competencies and mechanisms for effective family engagement and partnerships are prioritized

**Action:** Catalyze, facilitate, study and spread cross-sector,

practice-based implementation

- Outcome #7: A learning and communications network supports early adopters and spread
- Outcome #8: Launch and learn demonstrations inform spread and continuous improvement
- Outcome #9: Implementation resources are built, integrated and accessible
- Outcome #10: Professionals are trained to implement the science of healthy development and positive and adverse childhood experiences (PACEs) with all children and families

Action: Drive enabling and incentivizing policies and financing strategies critical to success

- Outcome #11: Policies support processes to facilitate coordination of healthcare and community based services and resources across organizations and state agency programs
- Outcome #12: Health plans, providers and early childhood development professionals are incentivized and financed to enable high quality care and improvement

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



**Activity 2:** In this exercise, first identify 2-3 action outcomes that are relevant to your work. Then, using the provided examples, develop SMART goals and kick start steps.

Action Focus	Action Outcomes	Relevance?	SMART Goal	Kick Start Steps
Establish a	#1: A cross-sector body has the structure, capacity and influence to sustainably advance state program and policy strategies that promote positive early childhood health for all.		Example: By December 2023 we will have joined or presented to an existing body or sparked work to create a cross sector early childhood body.	Example: Identify all existing state (public and private) leadership bodies addressing early childhood services
sustainable, cross-system, multi-level state leadership capacity.	#2: State leadership builds an across state agency infrastructure to coordinate strategies, resources, operations and performance measures that promote early childhood development.		Example: By February 2024 we will have reached out to leaders in key agencies that are collaborating or need to collaborate about our ideas and recommendations.	Example: Identify existing within state efforts to coordinate work across the numerous early childhood systems (Medicaid, MEICHV, Title V, CCDF, etc.)
	#3: Local community coordinating bodies lead and link with state leadership to drive effective frontline systems change and improvements.		Example: By December 2023 we will have joined or presented to an existing body or sparked work to create a local cross sector EC body.	Example: Identify and assess state linkages of existing local bodies that act to advance an integrated system.
	#4: Families are supported, included and activated to partner in care.		Example: By January 2024 we will have identified a process, payment for and included families as leadership partners at all levels of our work.	Example: Assess current status of family engagement, resources and processes and specify plans/gaps, steps.
Create a culture of engagement among families, professionals, and system	#5: Families trust and experience authentic powersharing and respect.		Example: By March 2024 we will have piloted a new model for well care that engage families and assess their experience and receptivity.	Example: Conduct a focus group with families in a service setting we work with to get response to care model ideas.
partners.	#6: Professional competencies and mechanisms for effective family engagement and partnerships are prioritized.		Example: By April 2024 we will conduct a training with providers, families and leaders on effective family engagement in care and in teams	Example: Assess all existing efforts to engage families and their success and identify lessons, gap to inform training.



	#7: A learning and communications network supports early adopters and spread.	Example: Within 6 months of launching a new care model in practices, we will open a "come as you can" learning network to feature lessons and begin to spread to other providers.	Example: Identify any existing learning network platforms we can build on, partner with or learn from and establish a relationship to support collaboration.
Catalyze, facilitate, study and spread	#8: Launch and learn demonstrations inform spread and continuous improvement.	Example: By June 2024 we will have launched a QI study that will yield learnings for spread	Example: Develop a project charter for a QI effort to guide development and engage key partners for success
cross-sector, practice-based implementation.	#9: Implementation resources are built, integrated, and accessible.	Example: By November 2024 we will have an online resource hub with core resources shared	Example: Assess existing resources, gaps and needs and design or integrate with an existing online hub
	#10: Professionals are trained to implement the science of health development and positive and adverse childhood experiences (PACEs) with all children and families.	Example: By December 2024 we will disseminate learning opportunities to key audiences.	Example: Curate available resources and map to project goals for sharing
Drive enabling and incentivizing	#11: Policies support processes to facilitate coordination of healthcare and community-based services and resources across organizations and state agency programs.	Example: By March 2024 we will share recommendations with state and local bodies specifically related to needs to support coordination of services "Through Any Door"	Example: Identify current policies and needs with key partners and identify concrete recommendations and policy changes required.
policies and financing strategies critical to success.	#12: Health plans, providers and early childhood development professionals are incentivized and financed to enable high quality care and improvement.	Example: By February 2024 we will meet with Medicaid and Health Plan leaders and provide recommendations for improving incentives and supports needed to enable high quality well child care services using an integrated, family engaged, whole child model.	Example: Assess current payment, measurement and incentive approaches and their success and identify priority recommendations to share. Build relationships to establish meetings with Medicaid/Health Plans.



Activity 3: Identify relevant policy levers to catalyze action. See Attachment E of EnAct! for more.

Below are example policy levers identified for Medicaid agencies to optimize and drive change. Identify which might be relevant to and applicable to uplift and current status or progress. The table on page 19 is there to supplement your brainstorming for action steps, notes, or other ideas related to each category.

# Financial levers Medicaid can include in health plan contracts and with providers

### 1. Adequate baseline payment for expected care:

Ensure per member, per month algorithms Medicaid uses with managed care plans adequately reflect planned payments for utilization of high quality well child care services for all children anchored to Bright Futures Guidelines

### 2. Health plan payment withholds:

Employ a payment withhold using motivating measures and benchmarks sufficient to compel action as specified in the EnAct! Framework materials.

#### 3. Health plan incentive Payments:

Employ a health plan incentive payment for deploying innovative strategies anchored to the EnAct! Framework goals and approach as outlined in sections 2-4.

#### 4. Bundled, enhanced billing codes:

Streamline and incentivize provider/practice uptake with bundled and enhanced billing codes for use when EnAct! Framework evidence based approaches are used (e.g., one stop billing if the comprehensive pre-visit screening, planning and data sharing Well Visit Planner is used, billing for Family Specialists, etc.)

#### 5. Expand sites for service:

Enable the EnAct! framework "through any door" approach by establishing new service sites that can bill for services when they lead to engage families in comprehensive assessments and provision of health promotion and care coordination (e.g., community and home-based settings for qualified professionals).

# Non-Financial levers Medicaid can employ with health plans and providers

### 1. Enable payment innovations:

Create mechanisms to encourage, enable and monitor impact of innovative, value-based payment mechanisms with providers to drive improvement in preventive and developmental health promotion services and outcomes for young children and families

### 2. Strengthen provider networks:

Specify requirements for adequacy of the provider network to ensure networks are specified to the needs of young children and families as reflected in the EnAct! Framework. Report network adequacy information to family, provider, community partners.

### 3. Standardize coding:

Require uniform coding and payment rates across heath plans for specific services to streamline provider and system uptake of EnAct! Framework care approach.

### 4. Improvement projects:

Require health plan Performance Improvement Projects (PIPs) related to the EnAct! Framework goals, approach and strategies, including transparent reporting on actions/results

### **5. Targeted demonstrations:**

Develop Health Services Initiatives pilots (HSIs) with health plans to implement approaches anchored to EnAct! Framework goals and approaches and priority populations.



# Strategic levers Medicaid can use to promote implementation and improvement

### 1. State plan amendments:

Secure a State Plan Amendment with the federal government to enable innovative payment and service approaches aligned with the EnAct! Framework

#### 2. State quality strategy:

Strengthen the Medicaid state quality strategy to specifically set measurable goals for the healthy development of children aligned with EnAct! Framework goals and strategies.

#### 3. Family leadership:

Include and support family leaders to serve as Medicaid Beneficiary Advisory Panel/medical advisory committee members to shape Medicaid to meet child and family goals

#### 4. Quality reporting:

Enrich Medicaid contracts with External Quality Review Organization (EQRO) to further assess quality for preventive and developmental services that align with the Affordable Care Act, Section 2713 of the Public Health Service Act, EPSDT and the EnAct! Framework

#### 5. Public reporting:

Ensure public transparency of all health plan PIPs, HSIs and quality ratings to the public, families, health systems, providers and system partners in improvement.

### 6. Cross-agency collaboration:

Further formalize and monitor Division of Medicaid, Title V, Early Intervention and other agency partnerships and resource flows agreements to optimize early access to and quality of early childhood services and using publicly accessible cross-agency agreements, memoranda of understanding that are reviewed for implementation and improved over time.

#### 7. Administrative improvements:

Identify and publicly report on quality metrics related to administrative processes related to child and family enrollment in Medicaid and access to quality services, as well as clarity about and timeliness of payment for providers

# Other state levers of critical importance that Medicaid can support

### 1. Coordinate governance:

State leadership requires coordination across state administrative and public-private sector governing bodies related to Medicaid, the Child Care Development Fund required State Early Childhood Advisory Committee, the Individuals with Disabilities Act Part C/B Early Intervention Interagency Coordination Committee, etc.

### 2. Leverage Title V:

Encourage optimizing the power of the Title V Block grant, which priorities systems building, coordination of services, family engagement, early childhood development and achievement of MCH outcomes/system performance

### 3. Establish postpartum coverage:

Work to secure Medicaid postpartum coverage, dramatic improvements in early intervention and home visiting resources and coordination with healthcare and support family income support policies

# 4. Services and income support program eligibility and access:

Monitor and improve processes to streamline eligibility and access to early intervention, home visiting, early care and education and related state health and income support programs essential to the healthy development and wellbeing of young children and families.



inancial levers we are or want to advance	Non-financial levers we are or want to advance	Strategic levers we are or want to advance	Other important state and local policy levers
Walli to davanee	or warm to day affect	Wall to davanee	Todal policy levels



Activity 4: Outline the data you have and need.

Use work space below to brainstorm the data you have and need. Begin by listing out the range of assumptions you are starting and key questions that you have and the data you have or need to confirm your assumptions and answer your questions. Next, identify data you will need to help providers and other partners to gather and the processes, tools and strategies you use or might use to gather and make good use of this data? Review the data tables provided by the CAHMI and consider if this helps you better understand your goals or the strategies and priorities you might have as you advance your goals. Attachment A and Attachment B of the EnAct! framework and other resources may help you.

Assumptions You Have About Needs, Gaps, etc. and Data to Confirm	Priority Questions You Have	Data To Help Providers and	Other Data You Need or Will
	That Require Data	Partners Collect & Use	Use and How
(examples: Most infants miss essential well visits. Key issue is trust and outreach to families, not availability of services. It is important to screen for key issues even if they cannot be fixed right away?)	(example: When do Medicaid health plan contracts get competed and what process is used to influence them?)	(example: Measurement tools that engage families and collect integrated data mapped to Bright Futures Guidelines to support quality well visits.)	(example: Data to fill in a data dashboard for providers and hubs to track goals, needs and supports provided)

# Building on Strengths for Whole Child, Family Engaged, Integrated Services: Discussion Worksheet



**Directions:** Use the worksheet below to record key points, ideas, questions and actions that arose during your group discussion related to relevance/application of the EnAct! framework.

		ch workbook activity or components of the EnAct! framework did you focus on?
Pa	rti	icipants:
1	1.	Describe your/the <u>current situation related to key elements of the EnAct! framework</u> (e.g., current alignment with the purpose, goals, approach, simple rules, toolkit, partners, roadmap, policy playbook, measures, EC Development Coalition charter, etc.). What makes sense? What is less relevant?
2	2.	What strengths and levers might be used and progress made already to advance the parts of the
		EnAct! framework you most resonate with? What questions and resources already have, want or need?
3	3.	What <u>challenges or barriers</u> do you face and what <u>shorter term actions</u> can you take to mitigate challenges and move toward success? How would you <u>define success</u> in the next 6 months, year(s)?