



# **Mississippi Thrive!**

## **Child Health and Development Project**

### **Summary Report of Key Accomplishments and the Engagement In Action (Enact!) Framework for a Statewide Integrated Early Childhood Health System**

*February, 2023*

*Abstract:* The Health Resources and Services Administration’s Maternal and Child Health Bureau, Division of Home Visiting and Early Childhood Systems funded the Mississippi Thrive! Child Health and Development Project (MST) to create an integrated early childhood developmental health system across the state to serve as a national model to help all children and families thrive. This summary report traces the 2017-2023 work and accomplishments of Mississippi Thrive! and summarizes the integrated health system framework created to foster continued statewide progress in developing an early childhood developmental and behavioral health promotion system that promotes health for all, flourishing and school readiness.

*Acknowledgements:* The Child Health & Development Project: Mississippi Thrive! was supported through a \$17.4 million, five year (2017-2023) Cooperative Agreement grant (#UK2MC31456) from the Health Resources & Services Administration (HRSA) of the U.S. Department of Health & Human Services (HHS) to the University of Mississippi Medical Center’s Center for the Advancement of Youth (UMMC CAY), with 0% financed by non-governmental sources. The contents are those of the authors and do not necessarily represent the official views nor an endorsement of HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

## Foreword



### **A Letter from Mississippi Thrive! Leadership**

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Mississippi Thrive! Child Health and Development Project

It seemed like a dream come true. In September of 2017 the University of Mississippi Medical Center was granted funds from the Health Resources and Services Administration (HRSA) to launch the Mississippi Thrive! Child Health and Development Project (CHDP) in close partnership with Mississippi State University's Social Science Research Center. Our charge was to develop a statewide system of early developmental health promotion, screening, and intervention. At that time, our state ranked highest in child-poverty and low weight births and lowest in developmental screening, demonstrating the profound need and opportunity for improvement. As we often say, Mississippi is too often first when we do not want to be there and last when we do not want to be there. The HRSA funding provided needed resources to dedicate time to improving the overall well-being of children and families in our state.

Who would not be happy to work on such a lofty goal? Many caring individuals in the medical, early childcare, community services, and research communities across the state have spent much of their careers, untold energy, time, and dollars trying to lift Mississippi up from the bottom among states in the United States across an array of child well-being standards. The Mississippi Thrive! CHDP provided essential funding to spark a stronger focus on early childhood developmental health and to engage and align early childhood system partners who previously worked in a more siloed manner, sometimes even competing or duplicating efforts that failed to move the needle on health outcomes. These gaps in systems collaboration combined with early childhood developmental and behavioral workforce, resource, and policy gaps prevented the formation of the integrated, whole child and family early childhood health system we know we need. With both excitement and a humble recognition of the challenges ahead, Mississippi Thrive! committed to address these issues.

We are deeply grateful to HRSA and the dedicated funding for our work. We would like to specifically thank Dr. Dina Lieser, our HRSA project officer, for her unending dedication, vision, inspiration, and guidance as we made progress toward ensuring all of Mississippi's children and families receive quality services and are supported to thrive!

In systems change work, policy and programmatic efforts represent just the tip of the iceberg. Underneath lies the relationships and shared understandings required to bring about change. The Mississippi Thrive! project brought together two of the state's universities in a strategic long-term collaboration. Through this partnership, we were able to formulate more complete perspectives of developmental and behavioral health through both a clinical and population lens. In part, this is a story of how a major academic medical center with dedicated pediatric leadership and a social-science research institution could serve as a catalyst for positive systemic change.

But this foundational partnership was just the nucleus of a much larger structure. Throughout the project, relationships were built with state agency personnel, family and community-based organizations, other health care providers and child-care providers, non-profit leaders, additional institutes of higher education, and national and federal resources, experts, and partners. A special focus was on forming strong ties with families and family-serving and led organizations, foundations, and state and local level boards and committees working across many issues that impact the healthy development of young children. We are deeply grateful to each and every one of the organizations and individuals involved.

Among many other accomplishments, our work has resulted in greater awareness and understanding of the importance of early childhood developmental and behavioral health and has set in place sustainable workforce education and capacity building programs. Our work contributed to the near doubling of the rate of young children who have received developmental screening since 2017, bringing Mississippi up from the lowest ranked state to being equal to the nation as a whole using the most recent (2021) national data. What follows is a more extensive summary of the Mississippi Thrive! CHDP key initiatives, strategies, and accomplishments over the 2017-2023 grant period. In addition, we summarize the new Engagement In Action (Enact!) Framework for a Statewide Integrated Early Childhood Health System and introduce the newly established Mississippi Thrive! Early Childhood Development Coalition (ECDC) that will use the Enact!) framework to propel further collaborative action. From a patchwork of siloed programs and efforts, we have developed the ECDC to ensure continued progress and commitment to collaboration with a shared purpose to advance positive health, school readiness and flourishing for all our state's young children. Members include families, childcare, healthcare, community, state agency, not for profit and university organizations. We hope the ECDC will continue to grow in membership and impact for years to come.

This work takes time and we have only just begun. The best is truly yet to come!

### **A Note On National Significance**

The Mississippi Thrive! Child Health and Development Project was funded specifically from the Special Projects of National and Regional Significance (SPRANS) set aside of the Title V Maternal Child Health Block Program. Authorizing congressional language for this project intended to “yield a model for other States to utilize in improving child health and development outcomes among diverse populations”. In addition to demonstrating significant progress in a state with the highest level of child poverty and low birth weight and the lowest rate of developmental screening and a history of siloed early childhood programs at the start of the project; a state-of-the-art evidence-based framework for an Integrated Early Childhood Health System: The Engagement in Action (Enact!) Framework was developed to accelerate progress nationally and to further the work in Mississippi for years to come.



## **Building Relational Systems of Care to Achieve Positive Health for All**

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Director, Child and Adolescent Health Measurement Initiative  
Design lead for the Engagement In Action (Enact!) Framework

Transformational relationships are at the heart of systems change, just as nurturing relationships in families and communities are the foundation of healthy child development and flourishing. These fundamental, evidence-based truths have emerged center stage in the national landscape, sparking state and local partnerships and policies to advance high-quality integrated early childhood health systems. Such systems seek to promote the health of the whole child and family, build on strengths and address family priorities to create the safe, stable and nurturing relationships and environments all children need to thrive. The Engagement In Action (EnAct!) Framework summarized in this report leverages the science, available data, existing system assets and policies and evidence-based innovations to catalyze and power the essential partnerships and approaches needed to achieve these goals for all children in Mississippi.

Serving as a national model, the EnAct! framework builds on the foundation of our growing understanding about the developmental origins of early and lifelong health and impacts of both positive childhood experiences (PCEs) and adverse childhood experiences (ACEs) on children's healthy development. Nationally, 53.2% of children experience complex evidence-based social and/or relational health risks. The 31% experiencing both types of risks are 2.6 times more likely to have a mental, emotional or behavioral (MEB) health problem (39.5%). With 2 or more of each type of risk MEB problems rise to 61%, and half have a special health care need. Preventing or addressing established risks requires the integration of health care, social and educational systems. A proactive focus on promoting positive relational health is also critical. Even in the absence of social risks, like poverty, food insecurity or neighborhood violence, children with relational health risks, like multiple ACEs and caregivers struggling to cope, are still nearly 3 times more likely to have an MEB problem. Even without any risks at all, many children still lack positive relational health and nurturance and are much more likely to have MEB problems and special needs and are less likely to flourish or be ready for school. Yet, evidence is clear that if we can support family resilience and connection and positive childhood experience at home, in schools and the community these risks are substantially mitigated.

With only 2 in 5 young children meeting national criteria for being ready for school, we need approaches like the EnAct! framework to address the well-being of all children, as is recommended in national Bright Futures Guidelines and in the Maternal and Child Health Bureau's strategic plan; along with those of other federal agencies and leaders. Together we can leverage the possibilities and stop persistent gaps in healthy development. Doing so means promoting positive experiences, building on strengths, and restoring hope to heal the intergenerational and collective trauma we carry to achieve the EnAct! framework's positive health for all purpose.

The decades of research, advocacy and systems change work led by a countless army of individuals and organizations enable us to meet this moment of opportunity to improve the well-being of children and families for generations to come if we prioritize the possibilities before us!

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## I. Background and Overview

The Mississippi Thrive! (MST) Child Health and Development Project operated over five years (2017-2023) to improve child health through the study and development of a statewide system of early developmental and behavioral health promotion, screening, and intervention. What was initially a three-year funded project period was extended to five years, speaking to the reality that systems change occurs over time and requires dedicated leadership, partnership, and capacity. The Health Resources and Services Administration (HRSA) awarded a competitive cooperative agreement to the University of Mississippi Medical Center's (UMMC) Center for the Advancement of Youth with close partnership from Mississippi State University's Social Science Research Center (MSU SSRC) to accomplish this work. Specific aims included systematically studying, addressing, and improving the rudiments for optimal child developmental and behavioral health focused on (1) establishing an integrated set of activities to optimize the proportion of children receiving standardized developmental screening, surveillance, and required services, (2) improving the proportion of early childhood providers that demonstrate improved practices around developmental health promotion, and (3) increasing the number of families talking/reading/singing daily to young children from birth to age three,<sup>1</sup>

Congressional language from the Joint Explanatory Statement to the Consolidated Appropriations Act of FY 2017 authorized the program under the Special Projects of Regional and National Significance (SPRANS) funding stream with the recognition that early life investments to foster positive child

development can reap large and lasting gains.<sup>2</sup> Priority was placed on promoting child health based on large gaps in care and health outcomes by location (urban vs rural) and socioeconomic status.<sup>2</sup> Congress directed that this work to be done in a state with high levels of child poverty among children under five, low rates of developmental screenings, and high rates of low birthweight

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*“Congressional language that authorized the program recognized that early life investments to foster positive child development can reap large and lasting gains. Funding was directed to a state with high levels of child poverty among children under five, low rates of developmental screenings and high rates of low birthweight infants...Mississippi qualified as meeting all of these factors; including having the highest rate of child poverty and lowest rate of developmental screening at the time of the award.”*

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infants. At that time, Mississippi qualified as meeting on each of these factors; including having the highest rate of child poverty and low birth weight and the lowest rate of developmental screening at the time of the award.<sup>4</sup> Congressional language also noted that a “successful program shall involve leaders in early childhood wellbeing, including State officials in health and education, as well as medical specialists in pediatrics. The end goal of the program was to yield a model for other States to utilize in improving child health and development outcomes among diverse populations” to spark national improvements in health outcomes for all children and ensure that all children and families thrive and realize their potential.<sup>1</sup>



The MST team was led by [Dr. Susan Buttross](#), a widely respected, passionate pediatrician leading the Center for the Advancement of Youth at UMMC, the major academic health system in the state (UMMC).<sup>4</sup> The UMMC team worked closely with MSU SSRC’s Systems Change Lab, under the leadership of [Dr. Heather Hanna](#).<sup>5</sup> The effort began by taking stock of existing

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*“The effort began by building relationships across a wide array of early childhood partners...taking stock of existing programs, policies, strengths, needs and opportunities and advancing a shared vision to shape approaches on agreed upon areas of work... (1) building public and stakeholder awareness... (2) engaging and educating early childhood professionals (3) improving the capacity of...professionals to promote healthy child development and (4) building workforce capacity...”*

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programs, policies, strengths, needs and opportunities, building relationships across a wide array of early childhood partners, conducting studies to capture current perspectives of families, providers, and early childhood development professionals, and advancing a shared vision around Mississippi’s children thriving. The team pursued a variety of strategies aimed at (1) building public and stakeholder awareness about early childhood development, (2) engaging and educating early childhood

professionals to improve the proportion of children that receive developmental screening and services, (3) improving the capacity of early childhood development professionals to promote healthy child development, (4) building workforce capacity to close gaps in needed professionals and services needed, (5) understanding existing and potential connections and resource flows between the variety of existing institutions, and (6) obtaining a holistic understanding of the developmental health and well-being of MS’s youngest children and families and of the early childhood systems that serve them.

The MST effort featured six key focus initiatives as depicted in Figure 1 and summarized in Section II below. These included:

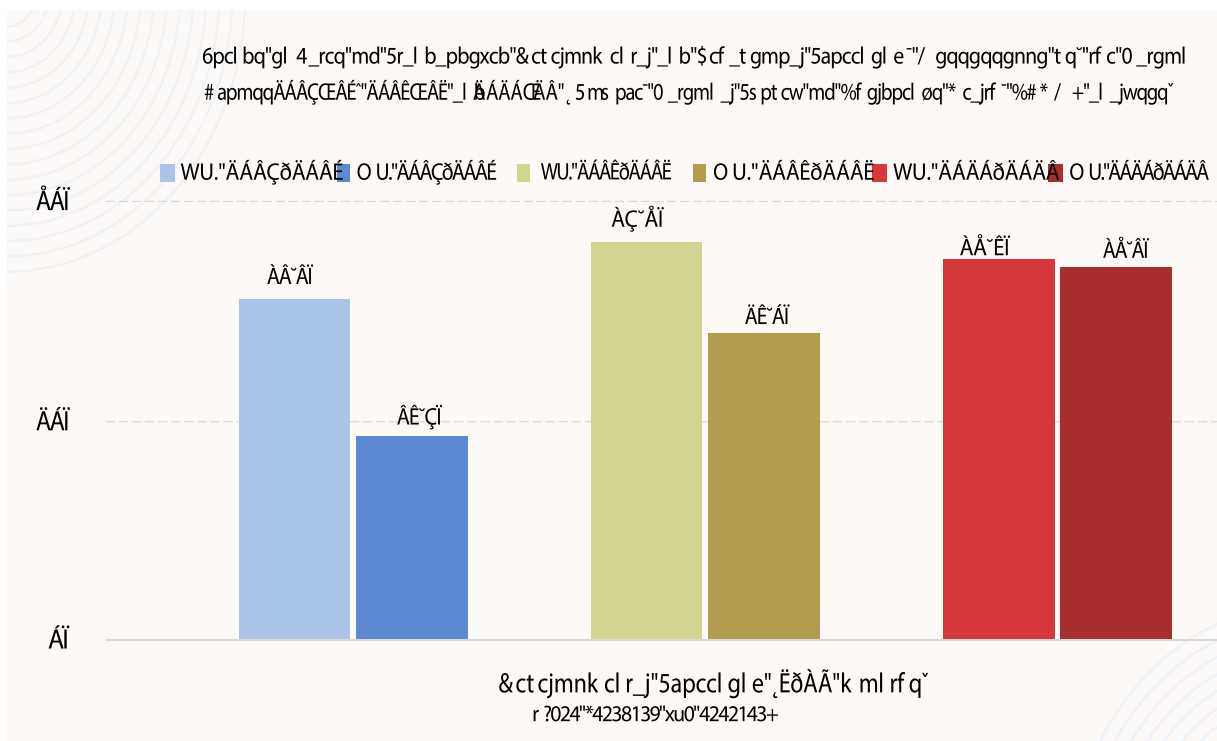
- A. Workforce Development
- B. Enhanced Pediatric Medical Home Services
- C. Outreach and Messaging
- D. Community Resources Connection Capacity
- E. Partner and Policy Engagement
- F. Statewide Integrated Early Childhood Health System Framework and Sustainable Leadership Development

*Figure 1: Mississippi Thrive! Child Health and Development Program Focus Initiatives*



The federal investment in Mississippi has been critical to the advancement of collaboration, capacity, and momentum toward an integrated statewide early childhood developmental health system in a low income, high needs state. A key outcome to which the MST effort contributed was a near doubling in the proportion of children under age three in Mississippi who received recommended developmental screening. As show in Figure 2, when the MST effort began, Mississippi ranked 50<sup>th</sup> in the nation for developmental screening. Mississippi rose to 33<sup>rd</sup> in the nation by 2021, which is not statistically different from the national average. See [Attachment A](#) for a more in-depth data report on Mississippi and national child and family health and system performance from 2016 to 2021.

Figure 2: Mississippi developmental screening rates: 2016-2017, 2018-2019, 2020-2021



What follows is a summary of key MST initiatives and the journey towards developing a statewide early childhood integrated developmental and behavioral health system in Mississippi. An overview is also provided of the evidence-informed Engagement in Action (Enact!) Framework for a statewide early childhood integrated health system, which was created in partnership with the Child and Adolescent Health Measurement Initiative<sup>7</sup> (CAHMI) under the leadership of [Dr. Christina Bethell](#). The framework design process guided planning and leadership for further work in Mississippi and the new Mississippi Thrive! [Early Childhood Development Coalition](#) and was created to serve as a national model. Throughout the summary report, readers will be linked to several attachments for more in-depth information about MST initiatives, resources and the Engagement in Action (Enact!) Framework.



*“Perhaps herein lies the perspective of the past and the forecast for the future: Society moves forward in terms of what its care, hopes, and aspirations are for its children.”*  
- Katherine B. Oettinger, Fifth Chief of the Children’s Bureau, 1960

## II. Summary of Mississippi Thrive! Work Areas and Achievements

To work towards its mission to create a statewide integrated system of early developmental promotion, screening, and linkage to services and interventions, the MST team operated through the six areas of work listed in Figure 1. To build upon strengths and opportunities in the state, the MST work areas were inclusive of a range of partners, were iteratively designed and implemented, and pursued in ways that were synergistic with existing efforts. The MST team placed particular emphasis upon learning by doing, enlisting champions in the field, and building upon their work. Box 1 highlights key accomplishments from each area of work. Further information about each area of Mississippi Thrive! work is provided below.

### A. Workforce Development

Historically, the absence of a sufficient number of child health providers with training and experience in children’s healthy development has prevented Mississippi’s children from attaining the high quality and coordinated developmental and behavioral services they need. Extensive analysis, partnership building, recommendations, sustainable training programs, and policy commitments were established through the MST effort to assess and address workforce gaps. Through cross-sector efforts, MST trained well over 3000 early childhood providers across systems, such as healthcare, childcare, education, and home visiting. Workforce development efforts included:

In the beginning of the project, the MST workforce team leaned in on the relationships and work that was being conducted in Mississippi, and then established collaborations and partnerships to forge the needed mind shift change to elevate the early childhood initiatives.

- The development of the UMMC [Child Health and Developmental Promotion \(CHDP\) Fellowship](#), an interdisciplinary, post-graduate training program designed to increase the number of allied health and health experts highly trained in early childhood development and behavioral health in Mississippi. This program will be sustained through state general funds and has been credited with substantially improving access to developmental-behavioral services and expertise in the state.
- [Early Childhood and Teach ECHO](#) programs to reach, train, and collaborate with providers across the state in best practices for serving children and families. The ECHO approach allowed for wide geographic reach of providers in a rural state and spurred additional ECHO projects including in mental health as well as telehealth in the state.

## Box 1: Highlights of work and achievements across each Mississippi Thrive! Key Initiative

### Key Initiative #1: Workforce Development

- Established an early childhood development fellowship program, trained 15 fellows, and growing
- Provided early developmental and behavioral health training to over 3000 early childhood system professionals and families and over 1/3 of Mississippi's pediatricians
- Embedded evidence based early developmental and behavioral health training modules in state agency protocols including orientation (home-visiting) and licensure boards (childcare)
- Established an early childhood ECHO program conducting 28 Sessions that engaged 73 providers and expanded access to developmental-behavioral expertise across the state
- Trained 99 pediatric and family medicine residents in early relational health promotion and sustainably embedded training in their curricula

### Key Initiative #2: Enhanced Pediatric Medical Home Services

- Provided direct support and coaching to 13 pediatric practice locations to implement developmental promotion, screening and referral
- Disseminated practice and billing guidelines for developmental screening to all child-serving Medicaid providers in Mississippi
- Accelerated *Reach Out and Read* implementation in the state; supporting 31 practices, including 19 newly established during Mississippi Thrive! disseminating > 25,000 books

### Key Initiative #3: Outreach and Messaging

- Partnered with FrameWorks Institute to develop and implement a strategic communications plan to build awareness about early child development among families, providers, early childhood professionals, policymakers and program leaders
- Leveraged 6 channels of communication reaching an estimated over 195,000 per year in the state with multiple messages about early development
- Fostered over 10,500 uses of the Vroom caregiver/parent education online app and established a Vroom state coordinator position to further public education using Vroom
- Engaged 33 MS Excel by 5 Communities to launch use of Vroom parent education app

**\*Note:** Through a combination of partner engagement and commitment, funding, and/or policy development during the project period, most of the efforts launched through Mississippi Thrive! will be sustained moving forward.

### Key Initiative #4: Community Resource Connection Capacity

- Developed online, searchable interactive county/community resource maps to link to 2400 resources across 22 types of resources, including health care, childcare centers, family support and essential needs (e.g., diapers, food), with over 3395 views
- Trained care coordinators and contributed to the growth of Help Me Grow Mississippi

### Key Initiative #5: Partner, Research and Policy Engagement

- Conducted numerous surveys, focus groups, and interviews with over 2,319 participants to better understand developmental health and the system in Mississippi
- Established an Advisory Board that evolved into the Early Childhood Development Coalition with 53 founding members committed to working together moving forward, including state agency personnel, families, providers, early care and education leaders, community-based services, universities and other essential partners
- Produced and disseminated policy and research briefs to spark action across partners
- Formulated policy solutions and engaged state policymakers to improve early childhood services with resulting changes in Early Intervention, Workforce Investment, Medicaid guidance and a commitment to developing more coordinated governance of Mississippi's early childhood developmental health system
- Fostered alignment in early childhood development priorities across state agencies and advisory groups

### Key Initiative #6: Integrated Early Childhood Health System Framework

- Partnered with the Child and Adolescent Health Measurement Initiative to create the Engagement In Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System with a purpose, goals, integrated services approach and online toolkit
- Prototyped and piloted elements of the EnAct! framework across key provider and community system partners
- Specified an implementation roadmap, partner engagement and policy development strategy to address workforce, financing, accountability and infrastructure requirements essential to the implementing the EnAct! framework
- Launched the Mississippi Thrive! Early Childhood Development Coalition charter with commitment across partners to the EnAct! framework purpose, goals and approach

- Residency training for pediatric and family practice residents using the Mt. Sinai Keystones of Development training curriculum to develop skills to promote parenting behaviors that strengthen parent-child relationships and foster early brain development.
- Embedding training within established state agency orientation programs (e.g., home visiting, licensure boards, child-care administrators and provider required trainings) to amplify and foster the sustainability of training efforts as well as align training programs across child-serving programs.

Taken together, these efforts improved the awareness and knowledge of many providers, resulted in integration of developmental promotion, screening and referral among providers and also resulted in increased availability of evidence based developmental interventions such as Parent-Child Interaction Therapy (PCIT). The embedding of various trainings into state agency requirements, orientation processes and educational curricula, along with committed state and organizational funds to sustain efforts such as the Developmental Promotion Fellowship, will allow these efforts to have growing impact. Sustaining gains made, continuing to build out the workforce, and ensuring a deepened focus on family engagement, navigation, and coordination between services are embedded in the priorities of the Mississippi Thrive! Early Childhood Development Coalition and the Engagement In Action Framework summarized in Section III.

### ***B. Enhanced Pediatric Medical Home Services (EPMHS)***

The family centered primary care medical home model, as defined by the American Academy of Pediatrics (AAP), promotes comprehensive, family centered, coordinated, culturally appropriate care by a trusted usual source of care that knows the child and family well.<sup>8</sup> Based on the periodicity schedule for well child visits included in the national Bright Futures Guidelines set forth by the AAP,<sup>10,11</sup> an estimated 562,248 well child visits are recommended to occur each year in pediatric primary care for Mississippi’s estimated 215,552 children aged 0-5 (see [Attachment A](#) for calculation), making the primary care setting a high leverage context in which to promote their healthy development. Preventive and developmental services aligned with Bright Futures Guidelines are also required for provision through Medicaid under the federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.<sup>12</sup> Further, health plans in the United States are required to provide preventive services aligned with the age specific Bright Futures Guidelines for screening and health promotion under the Affordable Care Act and Section 2713 of the Public Health Service Act.<sup>10</sup> Despite long-standing requirements and clear national recommendations for developmental screening, about half of children under age 3 are estimated to receive recommended well visits (see [Attachment A](#)). At the start of this project,

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*“An estimated 562,248 well child visits are recommended to occur each year in pediatric healthcare settings for Mississippi’s estimated 215,552 children aged 0-5, making the primary care setting a high leverage opportunity to promote healthy development.”*

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only 18.6% of Mississippi’s children received any type of developmental screening before age three, which increased to 34% by 2020-2021.<sup>13</sup>

“Efforts within the UMMC clinics participating in EPMHS resulted in screening rates of 85% for American Academy of Pediatrics’ recommended developmental screening visits, with some clinics having 0% screening rates at the start of the initiative.”

Through the EPMHS pilot initiative, MST worked to help providers integrate standardized developmental and behavioral screening, surveillance, and promotion into their practices, including facilitating referral to community services. MST provided intensive

support to 13 pediatric clinics and engaged many other Mississippi providers to improve screening and health promotion services that foster early childhood development. Efforts within the clinics participating in the EPMHS pilot resulted in screening rates of 85% for American Academy of Pediatrics’ (Bright Futures Guidelines) recommended developmental screening visits (9, 18, 24 months). This represented a large increase, with some clinics reporting that they had not been conducting any developmental screening at the start of the EPMHS pilot initiative. Early in the project, all of Mississippi’s child-serving Medicaid providers were given guidance around Bright Futures Guidelines and American Academy of Pediatrics (AAP) aligned developmental screening and Medicaid Billing procedures in Mississippi’ ([MST outreach to Medicaid that sparked clarification of guidelines and provider outreach](#)). This outreach may have spurred the near doubling of the developmental screening rate for MS across project years as noted above.

MST’s EPMHS initiative also expanded the Reach Out and Read (ROR) program, resulting in a 158% increase in the number of practices implementing ROR in Mississippi (from 12 active to 31 practices). A partnership with Dr. Jill Sells and a [related report](#) developed for MST helped to support the expansion of Reach Out and Read as a foundational strategy to promote child health and development, transform pediatric care and build an early childhood system that supports families. This work also facilitated the procurement of funding and commitment to continue to advance ROR after the MST grant ended, ensuring [ROR](#) and the [health system](#) remain integral to Mississippi’s early childhood system. In addition, a range of health promotion materials for use by providers, featuring the Vroom digitally accessed educational resources, Learn the Signs Act Early materials and other resources compiled into “Wellness Packets” were disseminated to providers for distribution to families through the EPMHS initiative.

At the practice level, lessons learned through the EMPHS effort reinforced well documented barriers to screening, such as time and implementation support, perspectives on community resource availability, gaps in the IT systems needed to collect, score, and use data and streamline billing and payment for services. These barriers were identified when working to integrate developmental screening using the Ages and Stages Questionnaire. During the Engagement In Action Framework (EnAct!) development process (summarized in section III) the [Well Visit Planner](#) (WVP) was also piloted as a strategy. The WVP was recognized by providers as an innovative digital family engagement tool that streamlines and integrates screening results across all recommended age-specific screeners while ensuring identification of family priorities for health promotion and support. In this case, the primary barrier was the absence of routines for effectively engaging families. Overall, the Bright Futures Guidelines aligned, family facing WVP digital tool was recognized as a foundational approach that could drive improvements in early developmental health and school readiness for all children. The WVP was also regarded as particularly useful for supporting historically marginalized populations and those experiencing poverty since the WVP is interoperable for use by community-based organizations and professionals working more closely with marginalized populations. In this way, these trusted professionals can use the WVP to engage families and ensure they learn about and receive well child care services while proactively addressing their social health and many caregiver/parenting education and family health needs. Regardless of the specific tools used, further implementation pilots, workforce development and improvements in payment were identified as important for widespread practice change. The EnAct! integrated health system model directly addresses these issues. An online toolkit featuring the resources and tools used throughout the EMPHS effort and that will be leveraged going forward is available [here](#). This provider facing toolkit aligns with the expanded resources included during the EnAct! design process and is also useful for community-based professionals who also seek to promote the healthy development of children.

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*Overall, the Bright Futures Guidelines aligned, family facing WVP digital tool was recognized as a foundational approach that could drive improvements in early developmental health and school readiness for all children.*

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### ***C. Outreach and Messaging***

MST partnered with the FrameWorks Institute to develop a [communications plan](#) that drove a mission-driven strategy to shape public discourse and understanding. It was based upon an understanding that communications for social change needs to accomplish more than “reach” or “resonance.” To drive meaningful change on issues like child development and behavioral health, strategic communicators must consider images, messages, or stories that have the power to shift unproductive mindsets, spark policy thinking, and ultimately change culture and behaviors. Informed by this plan, MST conducted large-scale and targeted outreach and



communications activities to educate parents, health care professionals, early childhood educators, and other early childhood stakeholders, including decision-makers and providers, on the importance of early childhood experiences and development. Large scale media campaigns using public broadcasting as well as print and digital media were also launched. MST outreach leaders shared resources, tools, and strategies for professionals and families to use to support healthy development.

This effort had widespread reach and leveraged science-based materials. While more formal studies are needed, this component of the work may have substantively contributed to population level improvements in developmental screening. MST also operated as a communications hub across early childhood partners. This hub gathered and shared resources, events, and information from partners through newsletters, social-media, and other mechanisms. This fostered coordination of traditionally siloed efforts and amplified the reach of opportunities and services available in MS.

Key accomplishments included:

- Over 150,000 Mississippi families and partners were reached annually over print and digital media.
- Provision of over 117 outreach events, including presentations, trainings, and through meeting exhibit booths to early childhood professionals, community partners and families.
- Development of messaging on Mississippi's Public Broadcasting system on radio, podcasts, and television which promoted talking, reading, and singing to children, the value of developmental screening and early relational health.
- A state Vroom coordinator position was established and funded through a partnership with the Bezos Family Foundation. This will be sustained to ensure continued early childhood development education efforts are publicly provided after the MST grant period ends using the Vroom parent education digital resources.

The Mississippi Thrive! [website](#) was created and provided access to many other resources, such as MST Parent Education materials, free child care provider training modules, health care provider resources, and research, data, and policy reports. Based on its high value for the Mississippi Thrive! Early Childhood Development Coalition (ECDC), which was established at the end of MST, the Mississippi Department of Human Services' Early Childhood Care and Development Division has provided funding to continue the MST website so that families, childcare providers, teachers, and healthcare professionals can continue to access valuable resources that support early child development.

#### ***D. Community Resource Connection Capacity***

MST created a set of county-specific, online, [searchable, interactive resource maps](#), which can be accessed on the [Mississippi Thrive! website](#). These resource maps provide families, providers, and community partners with county level resources, including:



- Health care clinics
- Birthing hospitals
- Health care and health related service providers
- Licensed childcare centers.
- Family resources
- Essential needs resources such as food banks, housing supports, birth support, and transportation.

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*“Parents found the interactive resource maps to be helpful for navigating to resources for their children under five years old. 80% said the maps were exceptionally useful to find resources and 83% indicated they were very likely to recommend the resource maps to other families.”*

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Since many entities had been working in siloes and duplicating efforts for years, an effort to centralize resources in a way that partners could all use was a new and complex endeavor in Mississippi. MST supported collaborative efforts needed to develop and update online searchable community resource maps and to share these with providers, communities, and families and other stakeholders who help families access resources. The Mississippi Department of Human Services has agreed to support the continuation of efforts to maintain and update the community resource maps, which will also serve to identify resource gaps to inform ongoing policy and program planning, development, and evaluation. This resource work also pointed to the need to direct resources to the smaller neighborhood level and with a focus on those neighborhoods that are especially vulnerable and important to support in order to advance access to care. The most vulnerable neighborhoods in Mississippi were identified using the [CDC’s Social Vulnerability Index](#), as specified in this [report prepared for MST](#) by [Charlie Bruner](#).

MST’s work in this area also included a partnership with Mississippi Families for Kids/Help Me Grow (HMG) Mississippi and led to engaging the Help Me Grow National Center to provide training for Mississippi care-coordinators and develop a business case for the expansion of Help Me Grow Mississippi. This work resulted in a commitment to further building statewide capacity for HMG as a central goal for the Mississippi Thrive! Early Childhood Development Coalition ECDC as they work to build an integrated developmental health system moving forward. Further capacity building of existing care-coordinators and early care and education resource and referral staff are key opportunities as is committing to the development of a family engagement and navigation workforce that builds upon community health worker efforts and to integrate this workforce into Mississippi’s growing comprehensive early childhood systems approach. The [Well Visit Planner](#) and [Promoting Healthy Development Survey](#) resources featured in Engagement in Action (Enact!) Framework provide validated family facing digital tools for collecting local data from families. The aggregate data produced can be used to identify needs and gaps in services across families which

*“Research is clear that well-resourced and supported community health workers (or family navigators, promoters, or relational care coordinators) and child development experts as part of team-based care are key to optimizing the health system’s role in promoting healthy child development and advancing health for all.” C. Bruner*

would support efforts to fill resource gaps and target areas of greatest need. These goals and others arising from the MST work can be driven through implementation of the EnAct! approach.

### *E. Partner and Policy Engagement*

#### **Partner Engagement**

The MST effort began with the forging of a partnership between a medical center and social science research center; combining the reach and influence of a major medical center in a largely rural state with the power of social-science research to drive practice, policy, and ultimately systemic change. Building additional relationships across early childhood development systems, including family and community-based organizations, state agencies, early care and education programs and a wide array of child and family-facing organizations was immediately prioritized. MST was uniquely positioned to foster partnerships inside and outside of state government that helped to drive systemic change. This opened powerful opportunities to elucidate and address long-standing challenges to advance governance, policies, and resources to build an integrated early childhood health system approach.

A paradigm shift occurred during the MST project which began with programs and interest holders with similar goals working in silos and ended with a commitment to work as a collective whole. We know that partnerships and resulting change occur at the speed of trust. As such, the complexities related to programs operating in long-standing siloes, structural barriers and power-dynamics were navigated throughout this effort. Critical to this paradigm shift to work as a collective whole has been explicit work to embrace all voices in the MST work. This commitment was not only named a core value but was recognized as a key lever for systems change and fostering a collective network mindset through all of MST's partner engagement efforts.

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*MST was uniquely positioned to foster partnerships inside and outside of state government that helped to drive systemic change. This opened powerful opportunities to elucidate and address long-standing challenges to advance governance, policies, and resources to build an integrated early childhood health system approach.*

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MST also worked to proactively and strategically participate in existing state and local tables to integrate and prioritize early developmental health. Ripple effects of this collaboration included integration of early developmental health recommendations in previously disconnected agendas like the [2022 Mississippi State Health Improvement Plan](#) supported by [the Preventive Health and Health Services Block Grant \(PHHSBG\)](#) and councils that had traditionally focused more narrowly on early education and childcare. Novel partnerships also emerged, such as with Mississippi Children's Museum, Mississippi Public Broadcasting, which amplified the visibility and reach of MST.

The initial Mississippi Thrive! Advisory Board that was established during the first year of the project evolved in the final year to a larger Early Childhood Development Coalition

(ECDC) with deeper family involvement. On February 28, 2023, the ECDC conducted a ceremony celebrating the official signing of the [ECDC Charter](#) whereby members committed to work together to pursue the vision of [Positive Health](#) set forth in the Engagement in Action (Enact!) Framework, including ensuring all of MS’s children flourish, are ready for school and live in resilient families that experience hope, see their strengths, reach for support, and stay connected during difficult times.

## Research and Policy Engagement

From the start, MST continuously studied how the systems, providers, policies, and practices in Mississippi were functioning and impacting its youngest children and families with a holistic systems view. Many

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*“A priority for the continued work of MST is to advance policy and financing strategies recommended for the successful implementation of an integrated system approach to early childhood services for children with and without special health care needs.”*

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practical, financial, capacity, administrative, and incentive system barriers requiring policy action were identified for change. Results were shared widely through policy briefs, partner meetings with various interest holders, state advisory bodies, and decision-makers.

Data for learning and improvement was at the core of the MST effort and initial data on low rates of school readiness for Mississippi’s children was a major catalyst for early commitment of key partners in championing the MST effort. Research and data throughout the initiative proved to be a continued catalyst for action and engagement. For example, a multi-pronged [study of Mississippi’s Early Intervention Part C](#) program that included state data analysis, interviews with families and providers, and an analysis of national recommendations contributed to related policy and program improvements to increase the number and access of eligible young children receiving quality Early Intervention services. This also contributed to a commitment of state funds to implement and study a new model structure and explore new approaches to governance across early childhood systems in MS.<sup>14</sup> This effort also includes advancing MST’s fellowship program led by UMMC’s Center for the Advancement of Youth, demonstrating a contribution of MST to the early developmental health workforce.

Throughout the Engagement In Action integrated early childhood health system framework development process (see Section III), more specific [policy levers](#) and strategies directed at the Mississippi Division of Medicaid were identified with a focus on how the state government contracts with and holds Coordinated Care Organizations (CCO) accountable to providing to high quality preventive and developmental services to the estimated 96.2% of children enrolled in Medicaid.<sup>15</sup> A priority for the continued work of the MST ECDC is to advance such policy and financing strategies as well as to address gaps in availability of a truly integrated statewide data system across early childhood systems to enable the availability of real time family and provider level data important to realizing an effective early developmental promotion system.

### ***F. Bringing it all Together: Developing an Integrated System Framework***

With great excitement over achievements, the MST team recognized the importance of specifying an integrated and transformative framework to leverage progress and guide continued work of MST after the HRSA grant funding ended. Of special interest to MST in this effort was building the capacity to reach each and every one of Mississippi's children, as well as to feasibly and sustainably engage families, establish cross-system standardized assessments and information sharing, and shift policies and practices to improve child and family well-being. As such, an integrated early childhood health system framework design effort was initiated through a partnership with the Child and Adolescent Health Measurement Initiative (CAHMI<sup>7</sup>), a center at the Johns Hopkins Bloomberg School of Public Health that has led in promoting the early and lifelong health of children, youth, families, and communities using family centered research, measures, data, tools, and collaborative approaches to care. See Box 1 for featured accomplishments.

### III. Overview of the Engagement in Action Framework for a State Integrated Early Childhood Health System

#### A. Introduction

During 2022-2023 the Mississippi Thrive! Child Health and Development Project<sup>1</sup> (MST) under the leadership of [Dr. Susan Buttross](#) partnered with the Child and Adolescent Health Measurement Initiative<sup>7</sup> (CAHMI) to define a process, conduct research and engage partners in the design of an actionable integrated early childhood health system framework that built on MST progress, lessons and partnerships. CAHMI is a center at Johns Hopkins Bloomberg School of Public Health led by [Dr. Christina Bethell](#). Since 1996 the CAHMI has led to advance the early and lifelong health of children and families in research, policy and practice, including the development of evidence-based, family engaged, whole child and family approaches to measure and promote positive health for all as well as to foster the cross-system and community partnerships, data, and policies needed to support this goal. CAHMI’s development of the [Cycle of Engagement](#) model and

contributions to building and applying Positive and Adverse Childhood Experience Science (PACEs) for systems change were leveraged for the design of the resulting evidence-informed *Engagement in Action Framework for a Statewide Integrated Early Childhood Health System (EnAct!)*. Meant to not only provide a

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*“Advancing a whole child and family well-being approach was a particular priority given growing evidence regarding the impact of social and relational health factors in child development and health. These goals require continued progress to promote universal development screening and going beyond health promotion focused on parenting behaviors like reading to children toward efforts to advance a stronger integration of the science of healthy child development related to positive and adverse childhood experiences (PACEs).”*

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roadmap for MST’s continued work, the framework was also designed to allow MST to live on through the application of the framework nationally and locally. Since the framework integrates best practice approaches and builds on progress in the field at large, hopes are high for this outcome.

The EnAct! framework design process resulted in a shared “Positive Health for All” purpose, set of goals and principles for collaborative action. An approach to integrated services based in family engagement is specified, along with an [online toolkit](#) with practice-based resources to support implementation of this approach. Both pediatric health care providers and community-based professionals can use the toolkit resources, which include approaches to 1) engage families, 2) ensure the provision of valid, comprehensive, Bright Futures Guidelines aligned whole child and family assessments and 3) identify and meet family priorities and goals. A notable feature of the EnAct! framework is the specificity with which it identifies an approach to child and family engagement and services, maps feasible roles for cross-sector partners within

current constraints, and lays out an implementation roadmap with concrete, actionable policy directions, data, and measures to support sustainable transformative change.

### ***B. Methods and Design Parameters***

Figure 3 summarizes key inputs and methods used in the design of the Engagement in Action (EnAct!) Framework and provides a high-level summary of the framework elements. Design efforts were built on the foundation of MST progress, a strong science and evidence base, federal laws requiring Bright Futures Guidelines-aligned services and Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT), as well as several government agency policies on services and performance measurement related to early childhood development. A fast-paced and highly engaged development and research process was employed that incorporated rapid feedback loops to support iterative decision making. As further delineated in [Attachment B](#), the following seven methods were simultaneously employed to inform, shape and create the EnAct! framework through five two-month phases. This work culminated in a [signing ceremony](#) with the new MST [Early Childhood Development Coalition](#) (ECDC), which evolved from the MST Advisory Board. The seven methods were:

1. Structured interviews, MST document reviews and multiple weekly team discussions
2. An in-depth review and synthesis of the literature and related framework in the field
3. Research and data analysis to define the realities of the current system in Mississippi
4. Partner environmental scan and specification of relevance, roles, and existing measures
5. MST partners “Possibilities Prototype” development and real time integration of lessons
6. EnAct! framework approach pretest pilots and outreach with feedback to inform design.
7. Policy research, analysis and group discernment on policy levers and priority strategies to pursue to advance the EnAct! framework

Early in the process, five key design parameters were developed. The emerging framework must:

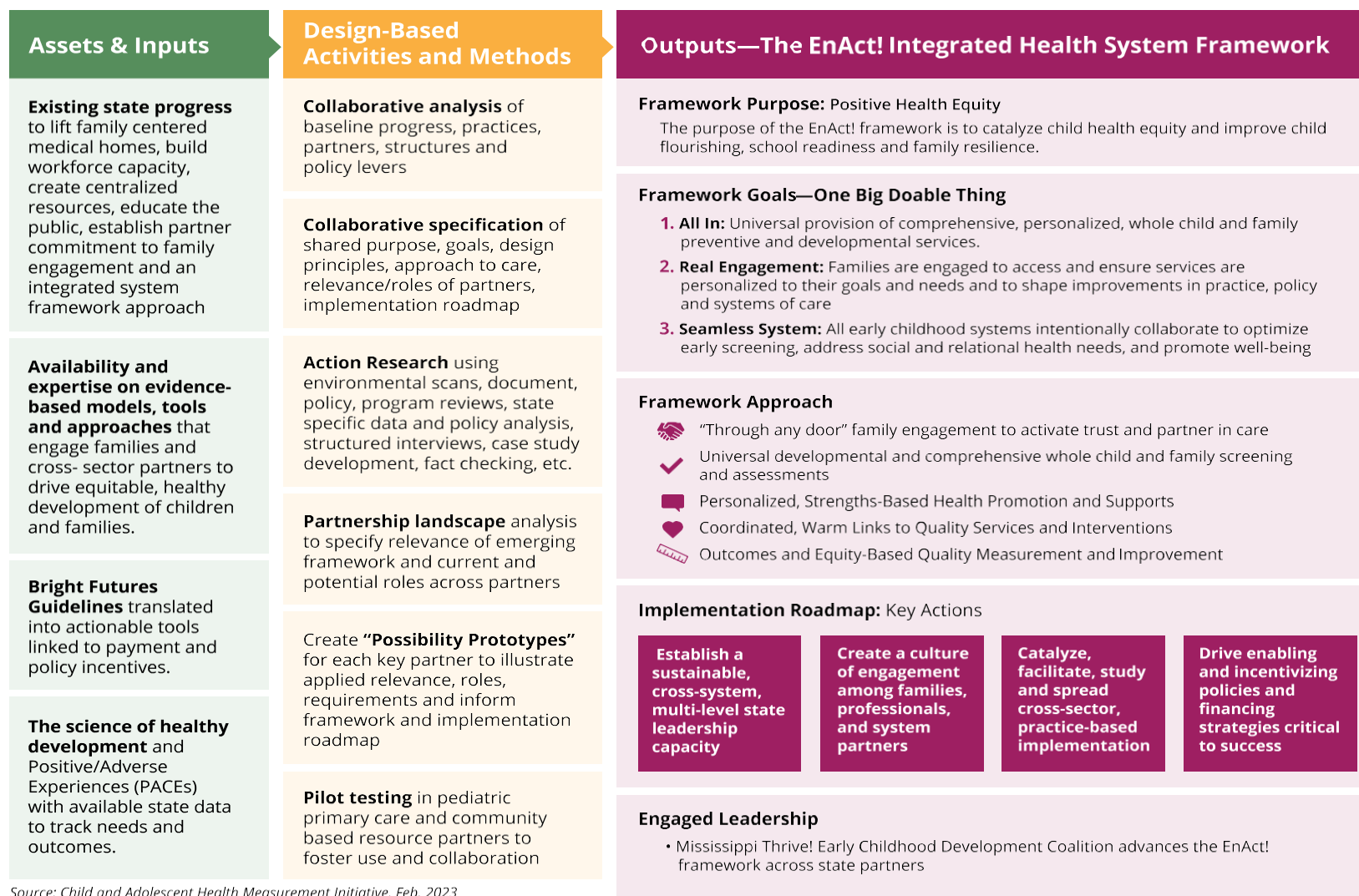
1. Put **families at the center** of services and system change efforts.
2. **Be interoperable** so that community, family, health care providers, and other early childhood system professionals fully partner to assess and support families and create a seamless link between primary care and community-based supports and services.
3. **Build on MST progress** to scale high quality medical home services that optimize pediatric well visits by addressing the health of the whole child and family, promoting social and relational health, and building the centralized resource and referral capacity.
4. **Leverage existing Mississippi policies and program strengths**, promote shared accountability and integrated performance measurement, and identify and advance policy levers to pursue in the shorter- and longer-term.
5. **Activate short term actions and improvements** in services and programs for families across key MST partners so that action can take place as learning and improvement evolve through sustainable implementation supports and resources.



**Figure 3: Summary of the Engagement In Action (EnAct!) Framework Development and Design Summary**

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

The EnAct! Framework Design Process Inputs, Activities and Outputs



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

These design parameters led to featuring “Engagement” and “Action” in the naming of the Engagement In Action (Enact!) Framework, with the intent to spotlight the central importance of real engagement and relational health within families, communities, and across system partners as well as to the importance of delineating strategies that can be acted upon in the short term in

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*“The design parameters also inspired a framework motto to, if nothing else, achieve **“One Big Doable Thing!”**, which is to ensure all young children and families receive timely, high quality, personalized whole child and family preventive and developmental services in the context of an integrated system focused on improving child health, child flourishing, school readiness and family resilience.”*

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order to advance further systems transformation. The design parameters also inspired a framework motto to, if nothing

else, achieve “One Big Doable Thing!” which is to ensure all young children and families receive timely, high quality, personalized whole child and family preventive and developmental services in the context of an integrated system focused on improving child health, child flourishing, school readiness and family resilience. To do so, available guidelines, structures, financing, incentives and policies already in place for primary care well child visits, early intervention, home visiting, early care and education, child welfare and others should be leveraged while continuously improving services and advancing system and policy change. Informed by the research, data analysis, and feedback from partners, within two months a

framework name, draft purpose, set of goals, approach to services and implementation roadmap were drafted. Pretest pilots and specification of Possibility Prototypes with system partners and development of policy levers ensued.

#### ***Why Well Child Care Services and Visits?***

*Paid for and monitored in performance accountability systems for Medicaid, health plans and health systems, fifteen pediatric well child care services and visits are recommended in a child’s first six years of life. Yet only about half of these visits are estimated to take place each year, with 9 in 10 children failing to receive all of a core subset of four recommended services even when they do occur (developmental screening, maternal depression screening, family centered care, parent concerns addressed).<sup>21</sup> See [Attachment A](#).*

*Well-child care services and encounters with professionals are critical to promoting lifelong whole child and family health as these opportunities (1) are the most accessible portal into young families before children enter preschool, (2) provide an opportunity to develop trusting relationships between providers and families to promote child and family strengths and (3) coordinate and link children and families to concrete supports. Imagine the possibilities for child and family well-being if more children attend high quality, system-integrated well visits as featured in the EnAct! framework.*

### ***C. EnAct! Framework Purpose and Goals***

The purpose of the Engagement in Action (Enact!) Framework is to drive **child health and improve child flourishing, school readiness and family resilience**. The EnAct! framework seeks to achieve its positive health for all purpose by advancing three key strategic goals:

- 1. All In:** Universal provision of comprehensive, personalized, whole child and family preventive and developmental services using best practice Bright Futures Guidelines.
- 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, and systems of care.
- 3. Seamless System:** All early childhood systems intentionally collaborate to optimize early screening, address social and relational health needs, and promote well-being.

The approach to care, summary of partner roles, and implementation roadmap components of the framework summarized in the sections below bring these goals to life. Each rely on collaborative, transformational relationships, which where were recognized as the most important success factor. As such, a short set principles for collaborative action (or “simple rules”) essential to guide daily action across partners were identified. The need for additional principles to guide the multi-layered, collaborative, and transformational relationships required at all levels were also explored.

### ***D. EnAct! Framework Principles for Collaborative Action***

Recognizing the complex nature of systems change and the wide range of individuals and organizations that need to be involved, a set of easy to remember principles for collaborative action (also referred to as “simple rules”)<sup>29</sup> are included in the EnAct! framework. These are meant to inform day-to-day relationships with families and across system professionals, as well as to guide state and community partnerships essential to advancing an integrated early childhood health system. Applicable to all partners across healthcare, community, family, and program settings, the “simple rules” comprise a set of shared agreements for approaching interactions with families and other system partners, which must be personalized and therefore require guidelines for success rather than specific procedures to be followed.

The **four principles (or “simple rules”)** are:

- 1. Everyone a leader:** All partners, including parents/caregivers, need to remember and recognize their strengths, skills, power, position, and resources they have to proactively use as a leader in order to promote the healthy development of children and advance the EnAct! goals.
- 2. Through any door:** All partners need to remain aware of, inquire about, and take responsibility for ensuring children receive developmental screening and preventive services and families are empowered to do so.

3. ***In every encounter***: All partners commit to creating safety, trust, and care with each child and family and with each other to build a “through any door” relational system of care.
4. ***No broken link***: All partners work together to discover, establish, and use methods to connect and share information with one another and ensure each child and family leaves their presence with a positive next step.

Additional principles for collaborative action are important to guide the success and sustainability of the many state and community partnerships needed to lead and continuously improve upon an integrated early childhood health system in the communities where children and families live. Mississippi has a rich set of resources with expertise in establishing and maintaining effective partnerships that can be leveraged for this purpose, including the expertise of the Mississippi State University’s [System Change Lab](#) (led by the ECDC’s co-chair Dr. Heather Hanna) and the [Excel By 5](#) initiative that trains and certifies community partnerships dedicated to the healthy development of children age 0-5. Also relevant are principles and self-assessment and improvement resources for successful [community/neighborhood partnerships](#) set forth by the Center for the Study of Social Policy, which has worked with several communities to advance an integrated early childhood systems.

Importantly, principles for collaborative action are needed to guide the success of the Mississippi Thrive! ECDC and other state collaborative bodies. These principles should be agreed to and routinely reflected upon in these partnerships. Example systems change framework include the [Collective Impact](#) model and the [Waters of Systems Change](#) model, each of which align with the values and approach to collaboration set forth in the [ECDC Charter](#) that recognize the primary importance of aligning mindsets and vision while creating positive relationships based on a [growth mindset](#). For example, principles from the ECDC aspires to and includes: (1) *Community Capacity*: Strengthen individual and collective capacity to lead to improve the system and services; (2) *Authentic Relationships*: Build relationships among families and between families and professionals that serve them; (3) *Families as Experts*: Center family experiences and stories as sources of knowledge, expertise, and solutions; (4) *Providers and Professionals as Learners*: Position providers and professionals as learners working to improve their practice; (5) *Balanced Power*: Attend to power imbalances and plan for equal voice and influence; (6) *Family-driven Goals*: Begin with and prioritize family goals and concerns in all services and system change strategies

MST has learned that the advancements needed to achieve an integrated early childhood health system will only through transformational relationships across systems partners. As such, the principles to guide the “how” of building an integrated health system to promote child and family thriving are emphasized as a core component of the EnAct! framework deserving of the same attention paid to the “what” of the framework itself.

### ***E. EnAct! Framework Theory of Change***

As important as identifying principles for collaborative action is defining a theory of change for how an integrated early childhood health system could drive improvements in the healthy development and lifelong well-being of children and families. In this regard, the Engagement In Action (EnAct!) Framework was informed by an extensive environmental scan and review of dozens of recent and historical reports related to advancing an integrated early childhood

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.

developmental health system (see [Attachment B](#)). It was also informed by the logic that promoting the healthy development of children requires services and supports that proactively promote their physical, environmental, social, and relational health, which is only possible through collaboration among early childhood services across health care, early care and education, early intervention, home visiting, child welfare and the array of community and family-based organizations that directly interact with families on a daily basis.

In addition to this self-evident logic, evidence demonstrating possibilities to support nurturing relationships and environments for all children by promoting positive childhood experiences (PCEs), preventing and mitigating impacts of adverse childhood experiences (ACEs) and addressing social determinants of

health were central in the design process.<sup>16-20,23, 30,31</sup> As such, the EnAct! framework team saw a high leverage opportunity to translate the American Academy of Pediatrics' relational health policy statement,<sup>16</sup> family centered medical home model<sup>8</sup> and existing national Bright Future Guidelines<sup>32</sup> that together lay out a path to translate the science in policy and practice.<sup>16</sup> Concepts and evidence from several other sources informed the design of the framework. This included the Harvard University's Center on the Developing Child's (CDCH) "three-part design principles" to improve outcomes for children and families,<sup>20</sup> the 2020 National Academies report on fostering children's mental health,<sup>17</sup> the *HOPE and a New Science of Thriving approach*,<sup>30,31</sup> the national *2017 Prioritizing Possibilities* agenda<sup>3,1</sup> and associated *Payment for Progress*<sup>34</sup> recommendations to leverage preventive services to address ACEs and promote the social and relational roots of well-being. Results from a 2020 national HRSA funded Maternal and Child Health Measurement Research Network [summit](#)<sup>34</sup> that included family, provider, research, federal, and state leaders was also leveraged and findings further confirmed agreement across stakeholders about key features and measurement approaches needed to achieve high quality

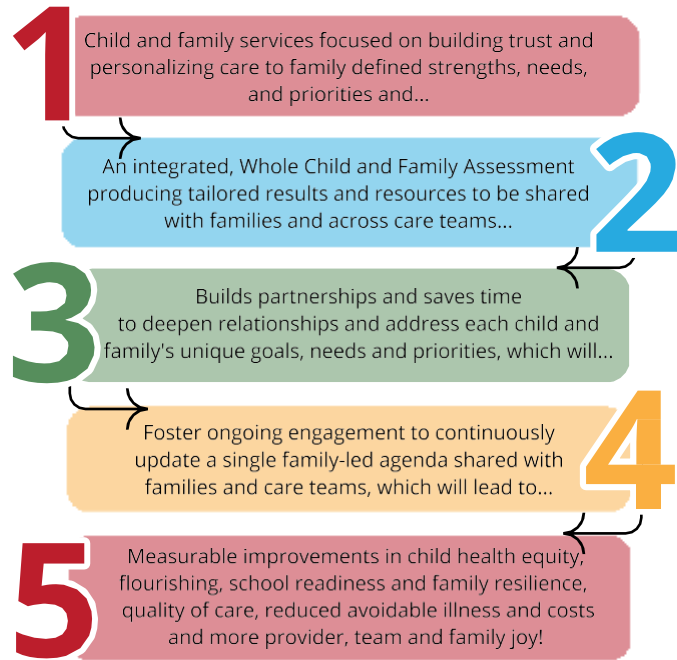
preventive services that promote the healthy development of young children. The meeting specifically evaluated the CAHMI’s Cycle of Engagement (COE) model and a new Help Me Grow National and *Pediatrics Supporting Parenting* study report documenting alignment and support for the COE approach and associated family engaged data and reporting tools.<sup>35</sup>

Figure 4 summarizes the COE theory of change that informed the EnAct! framework approach to services for implementing best practice services and supports that promote the healthy development and thriving of children.<sup>36</sup>

At a systems-change level, the EnAct! framework responds to recommendations set forth in the 2018 Global Nurturing Care Framework,<sup>37</sup> that calls for country, state, and local collaborative efforts that:

- (1) assess the current situation and identify opportunities within and across different sectors for strengthening support for nurturing care;
- (2) develop a common vision, set of goals and targets;
- (3) prepare a coordinated plan of action;
- (4) specify an approach to advance integrated policies on early childhood development;
- (5) assign clear roles and responsibilities for implementing the plan, at all levels of government;
- (6) give sub-national and local authorities the means to act;
- (7) prepare a long-term financing strategy; and
- (8) build on any available funding streams that support the components of nurturing care.

**Figure 4:** Summary of the Cycle of Engagement Theory of Change for Positive Health for All





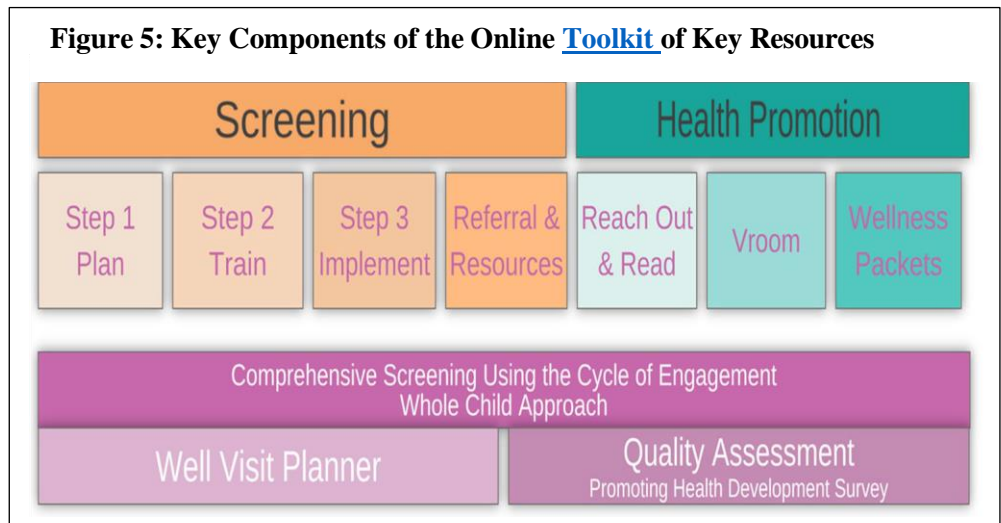
**F. Key Elements of the EnAct! Framework Approach to Integrated Services**

There are five key elements to the Engagement in Action (Enact!) Framework approach to integrated services, which are aligned with national Bright Future Guidelines and best practice family-centered models of care and the *Cycle of Engagement* model summarized above:

1. “Through any door” family engagement to activate trust and partner in care.
2. Universal developmental and comprehensive whole child and family screening and assessments.
3. Personalized, Strengths-Based Health Promotion and Supports.
4. Coordinated, Warm Links to Quality Services and Interventions.
5. Outcomes-Based Quality Measurement and Improvement.

Many tools and resources can be used by early childhood development professionals to implement each element of care. Featured tools and resources set forth in the EnAct! framework are summarized below and include those implemented using the MST EPMHS model as well as those created to implement the *Cycle of Engagement* evidence-based model and tools. Information about each of the featured resources are available in an online toolkit illustrated in Figure 5 and can be accessed [here](#).

What follows is a brief description the five elements of the EnAct! framework approach to integrated, whole child and family services to promote healthy development. See Figure 6 for visualization of these five elements and how they relate to the “simple rules” described above.



**Element #1: “Through any door” family engagement to activate trust and partner in care.**

At the core of the integrated systems approach is family engagement. Child and family professionals across settings can only succeed by building respectful, empowering, and warm relationships with the children and families they serve “in every encounter” and “through any door”. Family engagement is both a process and outcome dependent upon establishing a culture of engagement among families, providers, and system leaders. Proactive training is needed to

establish the core competencies and processes required for effective engagement and partnership with families. This is a central focus of Families as Allies and other MST partners.

### **Element #2: Universal developmental and comprehensive whole child and family screening and assessments.**

It is widely agreed upon that universal developmental screening and comprehensive child and family assessments are fundamental to early identification and intervention for children with risks and to promote healthy development. Yet, these are far from the norm in the nation. The EnAct! framework features the family facing [Well Visit Planner](#) (WVP) digital tools that include and report on results from all family reported screens recommended in Bright Futures Guidelines for each age visit as well on family priorities for health education and supports. The WVP is offered as an exemplar tool to overcome long-standing barriers to implementation, *including needs for a standardized, family centered approach to assessment that is interoperable across system partners and results in family and provider/professional reports with tailored resources.*

### **Element #3: Personalized, strengths-based health promotion and supports.**

Face-to-face time with children and families is often limited but critical (even if using telehealth). Yet, the extensive range of important screens, topics, and issues to address for each child and family during preventive services encounters make it challenging to discover family goals and priorities and build on child and family strengths. As noted above, 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.<sup>40</sup> The availability of interoperable resources to engage families is a central strategy to enable the integrated systems approach needed to ensure the effective engagement of families to promote personalized, whole child health promotion “through any door”. Figure 7 below further illustrates how the EnAct! framework purpose, goals, approach to care, simple rules work together and introduces the EnAct! implementation roadmap.

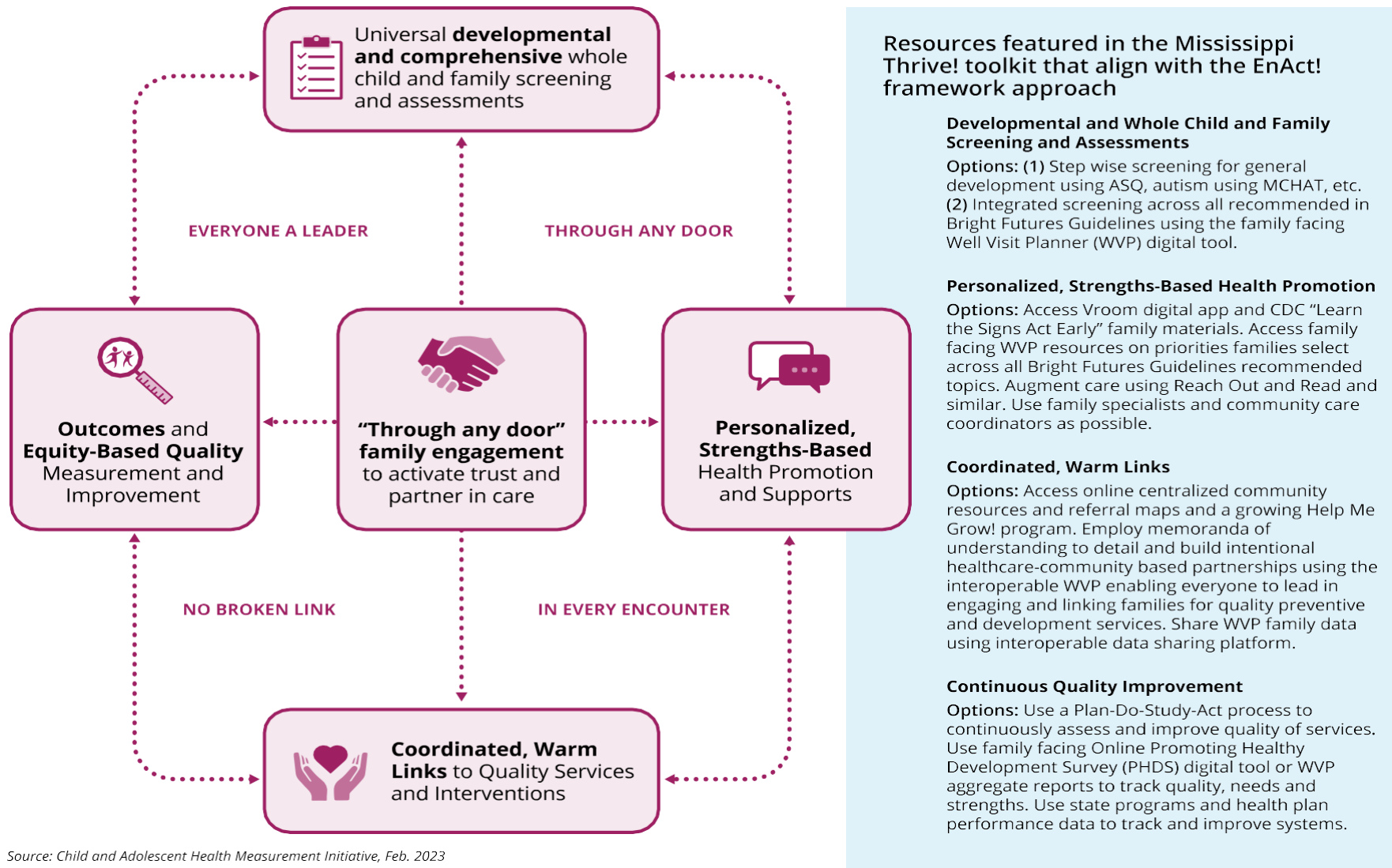
“The pediatric health care system provides a strong foundation for a statewide developmental promotion system because it can be universally accessible, build on relationships families trust, and provide an individualized approach to teaching families, and connecting them to other services. Despite this unparalleled opportunity, sometimes the health system is not an integral partner within a comprehensive early childhood system. This results in missed opportunities to reach and partner with families to promote child development.” Jill M. Sells, MD

<https://mississippithrive.com/wp-content/uploads/2022/04/health-systems-sells-brief-2.0-3.pdf>

**Figure 6: Overview of Key Elements Comprising the Engagement In Action Framework Care Model**

**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

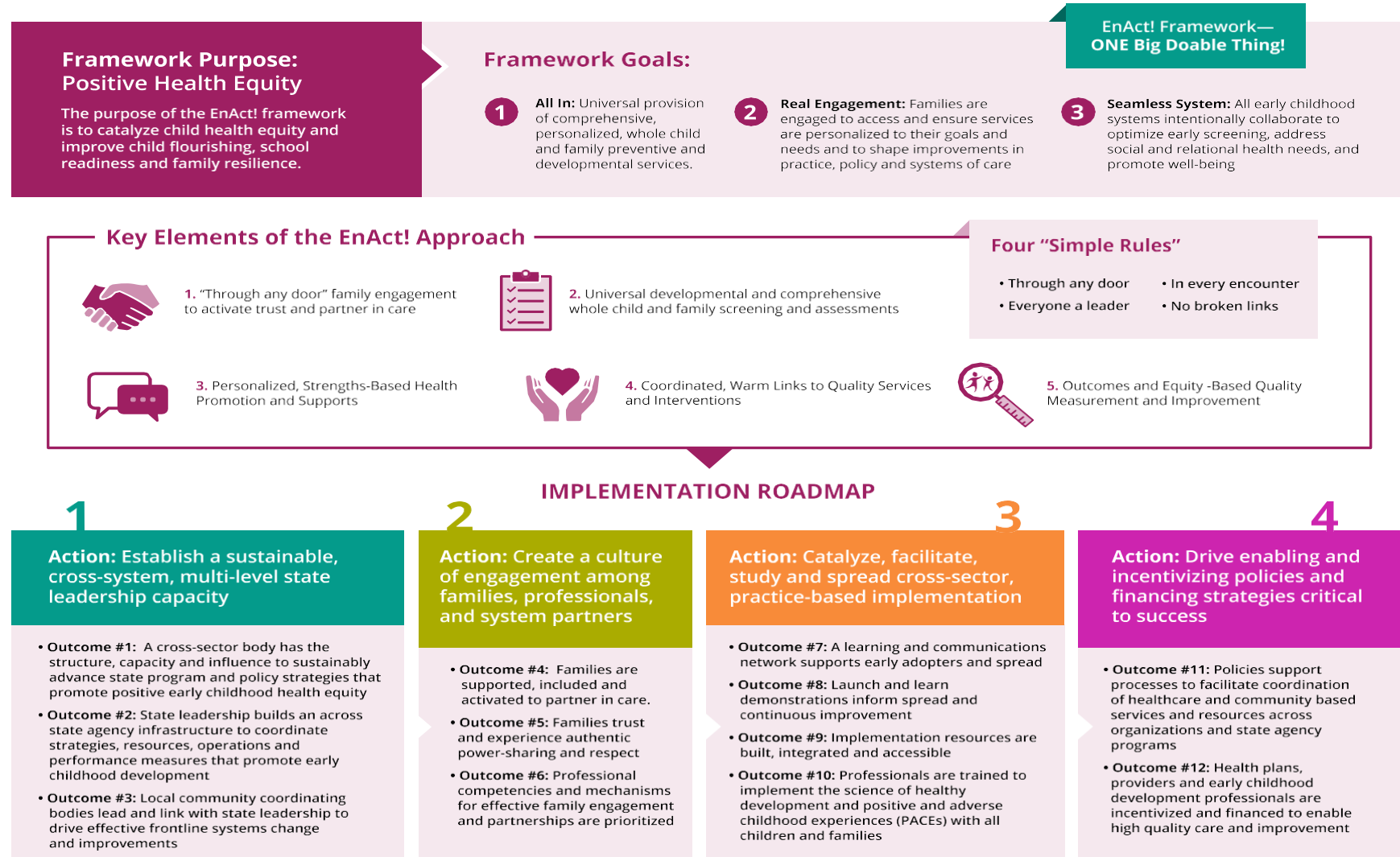


Source: Child and Adolescent Health Measurement Initiative, Feb. 2023

**Figure 7: Overview of the Engagement In Action Framework Goals, Approach and Implementation Roadmap**

**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

#### **Element #4: Coordinated, warm links to quality services and interventions.**

Coordinating services across pediatric primary care providers, community-based organizations, and specialized service settings requires intentional relationship building, defined collaboration processes, and easy-to-access information about high-quality accessible resources. The EnAct! framework features online centralized resource maps to help family-facing professionals link families to accessible care that meets their unique needs and priorities. Resources to foster cross-service partnerships and the activation of families to partner in care, like an example [Memorandum of Understanding](#) created with the [Mississippi Families for Kids' Help Me Grow](#) program to link pediatricians and community-based resources are also featured. To further support this coordination, when professionals use the Well Visit Planner (WVP), they can agree to use the WVP data sharing platform to prevent unnecessary duplication of child and family assessments and ensure that the family agenda and results from standardized assessments across all professionals is used to guide services.

#### **Element #5: Outcomes-based quality measurement and improvement.**

Baseline and routine measurement of child and family health and needs, as well as the quality of services provided, is critical to monitoring and improving services and health outcomes over time. Numerous measures currently used across several early childhood programs align with the Engagement In Action (Enact!) Framework and additional measures and data are available to help fill gaps in measures across these programs. See [Attachment C](#) for an analysis of current measures and gaps in measures used across early childhood health programs, including Medicaid/CHIP, Title V, Early Intervention, Child Welfare, Maternal and Infant and Early Childhood Home Visiting, Community Health Centers/FQHC's as well as to hold managed care plans accountable (NCQA/HEDIS). Standards used for Head Start/Early Head Start, the Supplementation Nutrition Program for Women, Infants and Children (WIC), and the Child Health and Development Fund early care and education program (CCDF) were also reviewed to assess relevance and alignment with the EnAct! framework.

Sources of data immediately relevant to track quality and outcomes associated with the EnAct! framework approach include:

- (1) State and local application of child flourishing, school readiness and family resilience metrics from the [National Survey of Children's Health \(NSCH\)](#).<sup>24</sup> See [Attachment A](#) for current data findings and a more extensive list of measures relevant to children age 0-5 available through the NSCH.
- (2) State and managed care health plan results on key preventive care measures (e.g., well-child care visit rates) can be accessed through the National Committee for Quality Assurance's Healthcare Effectiveness Data Information System's<sup>25</sup> [managed care plan tracker](#) for each NCQA accredited health plans in the United States.
- (3) Centers for Medicare and Medicaid Services child [core set](#) of metrics tracking provision and quality of well child visits (e.g., well visit rates, developmental screening rates.)<sup>26</sup>



- (4) State, plan, and provider use of the family-completed [Promoting Healthy Development Survey \(PHDS\)](#) aligned with Bright Futures Guidelines, which provides rich feedback to drive improvements in care and can be used at the state, plan and provider levels.<sup>21,27,28</sup>
- (5) Use of the aggregate data produced through the [Well Visit Planner](#) that provides information to assess needs, outcomes and positive outcomes for children and families.<sup>33</sup>

Opportunities also exist to strengthen measures used across early childhood system partners, especially in assessing the EnAct! framework’s positive health for all purposes and the *All In*, *Real Engagement*, and *Seamless System* goals. Results of the measurement assessment reported on in greater detail in [Attachment C](#) reveal that gaps are greatest for the *Real Engagement* and *Seamless Systems* goals of the EnAct! framework. In these areas, while there are some family reported measures included those used to assess performance (e.g., the family centered care measures and care coordination measures available through the NSCH and Medicaid/CHIP Consumer Assessment of Health Plan and Providers Survey measures), additional measures are important to explore. For this, resources exist to support state and local areas to assess performance using self-assessment tools. For example, the Center for the Study of Social Policy created a toolkit to help early childhood systems to evaluate [family engagement and partnerships](#) using self-assessment tools. Mississippi’s [Families as Allies](#) program is a key resource to assess and improve engagement and partnerships with families. The [education sector](#) has [robust programs and models](#) for engaging families and has specifically advanced measures of family engagement that rely on reports from families. An important system assessment tool related to family engagement in health care is the Family Engagement in Systems Assessment Tool ([FESAT](#)) developed through Family Voices. While this is also a self-assessment, it includes obtaining assessment by family leaders.

Related to the *Seamless Systems* goal, the EC-LINK program led by the Center for the Study of Social Policy has set forth [indicators](#) to consider to assess the early childhood system. These are also self-assessment tools that are powerful, but do not include direct reports across individuals served by the system. Further measures based on [Community Based Participatory Research](#) principles are especially relevant to shape effort to evaluate the quality of cross sector and community partnership essential to success. The Global [Nurturing Care Framework](#) also outlines [criteria for effective early childhood programs](#) in national, state and local contexts that can guide considerations of how to assess efforts to advance state and local early childhood integrated health systems.

### ***G. Opportunities and Requirements to Engage Families Across an Integrated System***

The Engagement in Action (Enact!) Framework approach elements are interconnected and mutually reinforcing. Figure 8 further illustrates the “through any door” EnAct! approach for engaging families and ensuring all access points have tools and resources to validly conduct assessments and share data with system partners to address needs and priorities of the child and family. Implementing the approach requires that its elements be interoperable and possible to



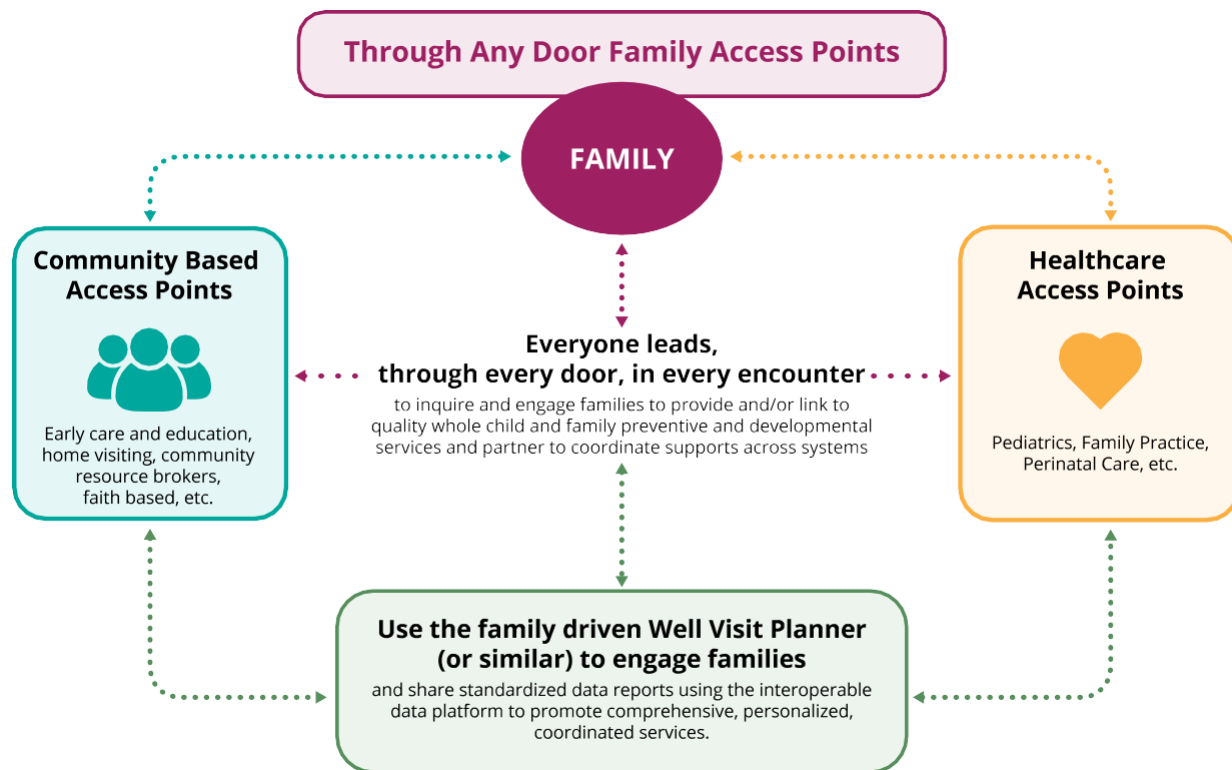
embed across early childhood partners with the children and families served, including mechanisms to easily assess needs, access resources, and link children and families to other system partners who meet child and family needs and promote wellbeing. Partners engaged in the EnAct! framework process explained that this is one of the reasons the [Well Visit Planner](#) (WVP) tool was relevant to many system partners as summarized in the EnAct! Possibility Prototypes ([Attachment D](#)). Since valid, guideline-based screeners, questions, scoring, and reporting methods are used in the WVP, it can be used with confidence across early childhood sectors despite varying levels of training about screening and assessments. Since all results are automatically scored along with links to tailored and credible resources based on child and family needs and priorities, family support professionals can ensure assessments are completed needs are met and priorities are addressed. Also, since the WVP integrates assessments, each early childhood system partner does not have to separately license and pay for, administer, and score each individual screener in a step-wise manner. See Figure 9 for a synthesis of the criteria for tools and approaches partners identified as important to enable the cross-partner coordination that approaches like the WVP can meet.

#### H. Relevance, Roles and “Possibility Prototypes” Across Partners

Figure 8: Application of the EnAct! framework approach across early childhood system partners

#### Illustration of the Engagement In Action Framework’s Through Any Door Approach

Towards a Family Engaged, Community Based, Integrated Early Childhood Health System



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

At the start of the EnAct! framework development process, existing and important early childhood developmental and behavioral health system partners at the local, state, and federal levels were identified. As further delineated in [Attachment C](#), these partners include:

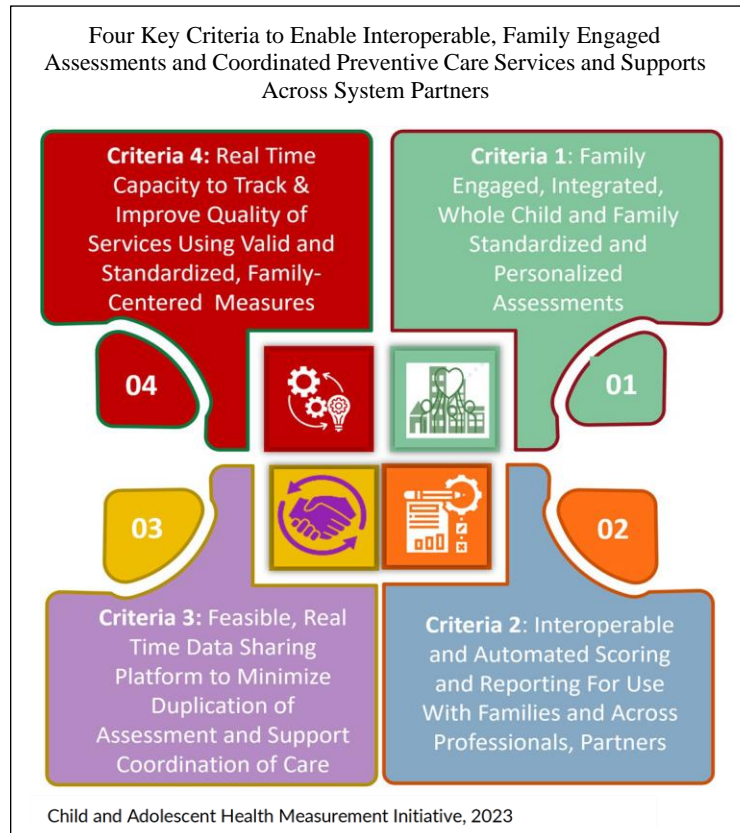
- (1) family and community organizations
- (2) state and federal governmental agencies, advisory bodies, and programs,
- (3) health care systems, health plans, provider organizations, and health research centers
- (4) county and city health agencies and non-governmental early childhood programs

An in-depth partner landscape analysis was conducted to both inform the design of the

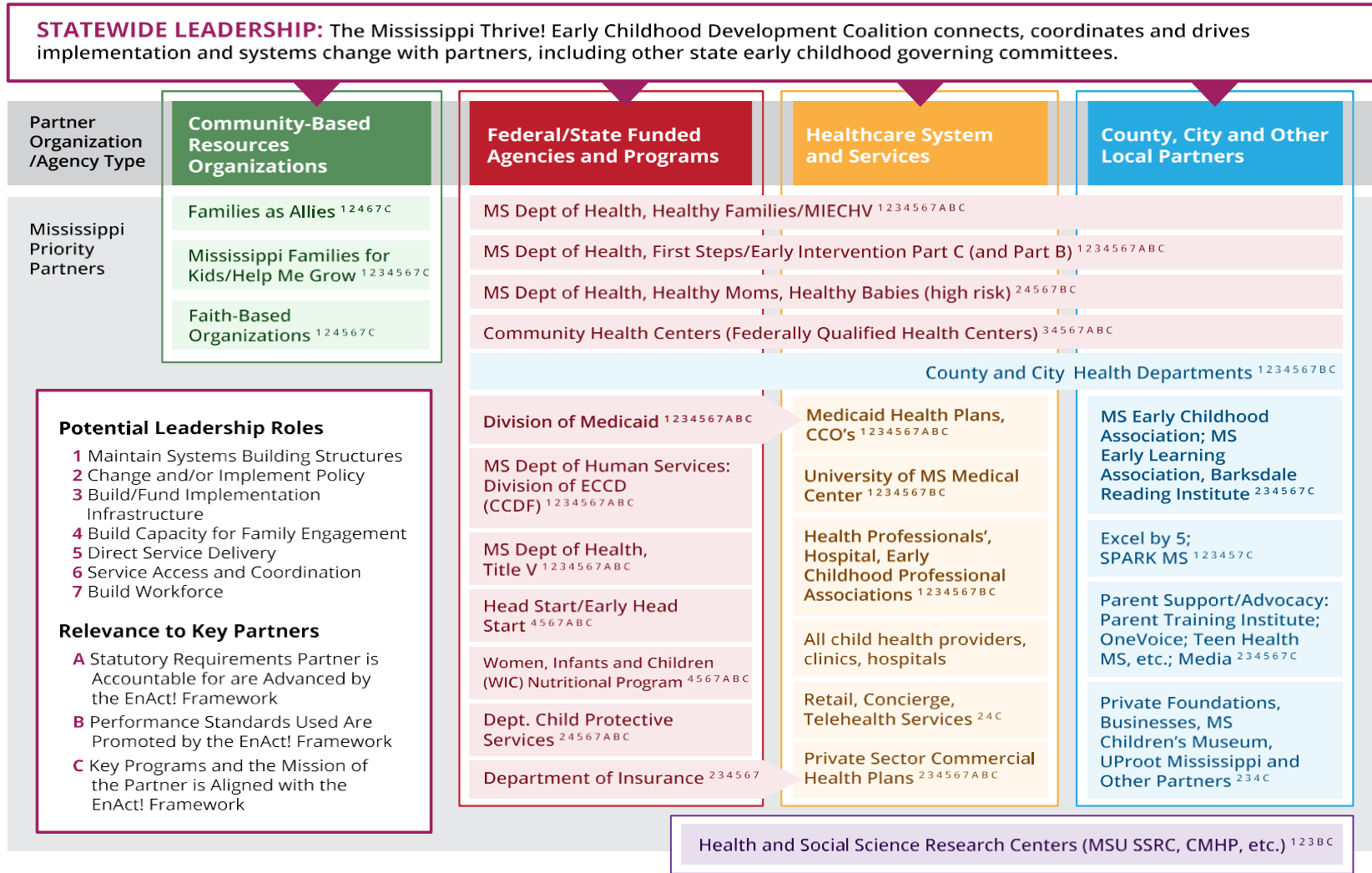
Engagement in Action (Enact!) Framework and specify the potential relevance and alignment of the emerging framework to each existing or potential partner. This included an in-depth assessment of each partner’s mission, goals, programs as well as statutory obligations and reported performance standards in place. Based on this analysis, which also included website and document reviews and one-on-one interviews with key partners, a proposal summarizing each partner’s relevance and leadership roles to advance the EnAct! framework was set forth as depicted in Figure 10. A set of *Possibility Prototypes* ([Attachment D](#)) were also collaboratively created to envision application across system partners. See Figure 11.

Through the iterative design of the prototypes, a final assessment of potential leadership roles for each partner was conducted, identifying which of the many essential leadership roles each partner might play in collaboration with other partners, including 1) Maintain Systems Building Structures, 2) Change/Implement Policy, 3) Build/Fund Implementation Infrastructure, 4) Build Capacity for Family Engagement, 5) Direct Service Delivery, 6) Service Access and Coordination, 7. Build Workforce Capacity. Our analysis confirms that all partners to are important to each leadership role, with no partner having fewer than three defined roles. For a more detailed articulation of the potential relevance and roles across partners see [Attachment C](#).

Figure 9: Key criteria for tools and models needed to implement the EnAct! approach



**Figure 10: Landscape of Existing and Potential Partners and the Relevance and Roles of the EnAct! framework for each**  
**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

*Figure 11: Landscape of Existing and Potential Partners and the Relevance and Roles of the EnAct! framework*

**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

**Overview of the Engagement In Action (EnAct!) Framework Possibility Prototypes: Envisioning relevance and application of the EnAct! Approach Across Key State Integrated Early Childhood Health System Partners (see Attachment D to read each brief prototype)**

**Division of Medicaid and Coordinated Care Organizations/Health Plans**  
*Activating the power of the payer to accelerate transformations in child and family wellbeing.*  
 The EnAct! approach supports Medicaid's obligation to ensure use and quality provision of EPSDT services and health plan requirements under the Affordable Care Act to provide and drive use of quality Bright Futures Guidelines aligned preventive services. Implementation population health and lower avoidable costs.

**Family-Led Organizations**  
*Fueling the capacity of family leaders to engage families as partners in their child's care.*  
 The EnAct! framework provides concrete approaches to directly engage and activate families to partner in their child's care and build collaboration systems and services that serve children and families. Families As Allies can leverage resources to ensure high quality family-driven early childhood health services.

**Head Start/Early Head Start (HS/EHS)**  
*Building on the strengths of child care and early education to help children thrive!*  
 The EnAct! approach helps HS/EHS meet goals to promote children's mental, social and emotional development and link them with primary care medical homes. At least 21 of 57 HS/EHS practice standards are directly advanced by the EnAct! approach. The HS/EHS program in Mississippi are essential to educate families about well visits and link them to care.

**State Early Childhood Care and Development Programs and Resource/Referral Centers**  
*Leveraging early childhood resources and services to engage families and promote early childhood development.*  
 The EnAct! approach can help the MS Department of Human Services use the Child Care and Development Block Grant to ensure childcare providers and family navigators meet goals to engage families, conduct screenings, link to resources, and support healthy child development and school readiness.

**Pediatric Primary Care**  
*Catalyzing a whole child and family approach in pediatrics, family medicine and beyond.*  
 When providers implement the EnAct! approach to care, they can better align with high quality medical home criteria and meet Bright Futures Guidelines by engaging families, feasibly conducting comprehensive assessments, linking to community resources and learning and improving population health and performance. Hospitals and specialists are also key partners.

**Community-Based Family Resource Brokers**  
*Engaging families to personalize and accelerate connections to services and supports.*  
 The EnAct! approach advances the Mississippi Families for Kids' Help Me Grow vision to conduct comprehensive developmental, social and relational health needs screening and connecting families to primary care and community resources and streamlines coordinated care and data sharing.

**Home Visiting Programs**  
*Meeting the needs of families through home-based personalized relationships and comprehensive support.*  
 Healthy Families MS can advance improved performance on 16 of 19 MIECHV performance measures using the EnAct! approach to care. Other MS home visiting programs can use the EnAct! approach to assess and track needs of the high-risk families and infants they serve and coordinate personalized care.

**Early Intervention, Child Find**  
*Using family-centered care to meet the unique needs of children at-risk for developmental delay.*  
 The EnAct! approach can catalyze achievement of early intervention's broader set of required services to proactively find and serve children needing developmental services as set forth in both Part C and Part B Early Intervention statute and detailed through Mississippi's Child Find system.

**Child Welfare Professionals**  
*Strengthening children and families to optimize well-being, healing, and stability.*  
 The EnAct! approach supports child welfare professionals and programs, like the Infant Toddler Court Program, by providing tools to engage and build trust with families to address social and relational risks, addressing trauma and linking to supports to prevent child maltreatment and unnecessary foster care placement, support the well-being of children and families.

**Faith-Based Organizations, Community Centers**  
*Igniting faith-based and trusted community centers to activate families and optimize use and value of preventive services and supports*  
 Faith-based and community centers are welcoming environments where families feel cared for by a close community. These institutions can promote the wellbeing of the families they serve by advancing the EnAct! approach, ultimately improving use and value of preventive services to close gaps in health.

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



To summarize further, as shown in Figure 10, twenty-five existing and potential implementation partners (or categories of partners) were identified. Sixteen of the twenty-five entities were found to have performance or practice standard requirements that make the EnAct! framework relevant. Eleven have statutory requirements associated with their federal or state mandate that compel action in areas addressed by the EnAct! framework's integrated system approach. All had program priorities and missions that make the EnAct! framework approach, goals, and strategies relevant to their work. Despite these similarities and alignments, programs and agencies were

functioning in silos, missing opportunities to collectively and effectively move towards population level improvements in child and family flourishing. The EnAct! approach is a powerful unifying strategy to improve outcomes and services for children and families as well as to build a culture and sustainable structures necessary for collective action and impact.

In terms of leadership roles, the seven critical roles noted above were identified and the strength of fit across partners was analyzed, leading to a starting point proposal for further consideration by Mississippi Thrive! Early Childhood Development Coalition. See Figure 10 for a synthesis of this analysis that partners can reflect on and further specify as a team to ensure all key roles are played and coordinated and all partners have the capacity to play the roles they agree to. To summarize, 11 partners were identified as being in a strong position to lead in all seven roles, 5 across six roles, 4 across five roles, 3 across 4 roles and 2 across 3 roles.

### ***I. Fostering Collaboration and Results Using Performance Measures***

As noted, a synthesis of accountability performance measures currently tracked across federal/state early childhood system partners was conducted and summarized in more depth in [Attachment C](#). Early childhood health system program partners included were Medicaid/CHIP, Title V Block Grant, the Maternal, Infant and Early Childhood Home Visiting program (MIECHV), Child Welfare, Early Intervention, Community Health Centers (Federally Qualified Health Centers), Head Start/Early Head Start, WIC, and the Child Care Development Fund. Overall, 309 standardized performance measures relevant to children and families were identified across the six programs that have standardized metrics (all but Head Start, WIC and CCDF). These measures cover 71 unique topics relevant to child and family health, with 28 topics overlapping across two or more programs and 13 across three or more. See Table 1 below for a list of these 13 measures. Each are highly relevant to the EnAct! framework and can be leveraged to foster cross-system, shared accountability, and collaboration. Metrics set forth by the AAP to track implementation of Bright Futures Guidelines were also reviewed for relevance to the EnAct! framework approach and showed direct alignment. See [Attachment C](#).

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*“Sixteen of the twenty-five partners have performance or practice standard requirements that make the EIA framework relevant. Nine had statutory requirements associated with their federal or state mandate that compel action in areas addressed by the EIA integrated system approach.”*

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**Table 1: Performance Measurement Topics Shared Across Three or More Programs\***

<i>13 of 71 Topics that Represent All 309 Measures are Shared Across 3+ Programs</i>	<b>CHCs, FQHCs</b>	<b>NCQA, HEDIS MCOs</b>	<b>MIECHV, Home Visiting</b>	<b>Medicaid, CHIP</b>	<b>Title V Block Grant</b>
1. Prenatal and Postpartum care	✓	✓	✓	✓	✓
2. Receipt of Dental Care Services	✓	✓		✓	✓
3. Well Child Visits		✓	✓	✓	✓
4. Adolescent Well Visits		✓		✓	✓
5. Well Woman Visit		✓		✓	✓
6. Completed Depression Referrals	✓	✓	✓		
7. Depression Screening	✓	✓	✓	✓	✓
8. Early Childhood Developmental Screening	In 2024		✓	✓	✓
9. Tobacco, Alcohol or Other Drug Cessation Referrals/Treatments for Adults and/or Caregivers	✓	✓		✓	
10. Weight Assessment, Counseling for Nutrition, Physical Activity	✓	✓		✓	
11. Child and Adolescent Immunization status	✓	✓		✓	✓
12. Emergency Department Visits and Injury Hospitalizations		✓		✓	✓
13. Low Birth Weight			✓	✓	✓

CHC: Community Health Centers; CHIP: Child Health Insurance Program; HEDIS: Health Effectiveness Data and Information Set; MIECHV: Maternal, Infant and Early Childhood Home Visiting;

In 2024 developmental screening performance measures will be required to be reported across four programs --Title V, MIECHV, Medicaid/CHIP and CHCs/FQHCs. This will further align key programs in achieving universal screening and follow up. Each of the three programs (HS/EHS, WIC, CCDF) lacking standardized and publicly reported measures nonetheless also have accountability for promoting the healthy development of young children, including provision of developmental screening, family engagement and collaboration with community partners as do all programs assessed. However, they lack standardized metrics that are publicly reported like other early childhood health programs. Since transparency, reporting, and engagement of early childhood development coalition partners around system performance and improvement is essential, a focus on specifying and using information from performance measures is a critical focus to advance the Engagement in Action Framework purpose and goals.



## *J. The Engagement in Action Framework Implementation Roadmap*

### **One Big Doable Thing!**

The Engagement in Action (Enact!) Framework implementation roadmap summarized below was informed by best practice systems change and translational science concerning implementation and scaling of innovations in healthcare, government, and community settings. Specifically, the EPIS model (Exploration, Planning, Implementation, Sustainment)<sup>41</sup> was employed throughout the framework design process to identify implementation needs and barriers associated with:

- (1) the overall EnAct! approach, with a focus on family engagement and digital data collection and sharing
- (2) the inner context such as trained providers and practice norms
- (3) the outer context including payment policies and performance incentives.

Barriers and strategies to promote implementation were also identified based on prior research on the approaches included in the EnAct! framework approach. In addition to the EPIS model for implementing change, a “T-shaped scaling model”<sup>42</sup> for spreading the EnAct! framework for broader social impact is recommended. In this approach, the vertical bar of the T refers to grounding solutions within a community (scaling deep) and the horizontal bar of the T represents spreading the EnAct! framework concepts and resources across communities (scaling wide) while actively translating lessons and resources from areas with deep scaling to support these new communities. This framework supports real-time action while providing a structure for to drive broader uptake and transformation. Other scaling models are also valuable to explore.<sup>43</sup>

The infrastructure needed to implement change and scale innovation for impact requires investment with a long-term horizon. If done using best practice models like the EPIS model and the T-shaped scaling model, short terms successes and failures can be actively studied to drive improvements. In this way there is *no failure, only learning* and a persistent dedication to a *launch and learn* approach that never wavers from the purpose at hand—Positive Health for All. This requires a deliberate commitment to the growth mindset the Mississippi Thrive! [Early Childhood Development Coalition](#) has already explicitly committed to.

Four implementation actions and twelve associated outcomes comprise the EnAct! framework implementation roadmap. These actions address requirements for state and system leadership and infrastructure to support a strong coalition to drive system change, a culture that values family engagement and child well-being, practice-based implementation learning and technical assistance resources, and policy change. A summary of the implementation roadmap and current progress toward achieving priority outcomes is provided below. This implementation roadmap is meant as a guide, specific steps must be generated by partners and aligned to the commitment, capacity, and resources available to ensure action and progress.

## **Action 1: Establish a sustainable, cross-system, multi-level state and local leadership capacity.**

A statewide leadership team is essential to convene and facilitate collaboration across early childhood health system partners committed to advancing the EnAct! framework goals and approach. The scope of changes envisioned requires a shift from siloed systems focused on illness and risk to one system that is integrated and focused on child health, prevention, and the promotion of well-being. This shift requires a long-term view and consistent short-term actions using a growth and learning mindset with persistence to continuously move forward. Similar local area community partners are essential and require support and concrete mechanisms to ensure they are linked to statewide efforts. Three key outcomes are prioritized related to this implementation action area:

**Implementation 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.

**Implementation Outcome #2:** State leadership builds an across-state agency infrastructure to coordinate strategies, resources, operations, and performance measures that promote early childhood development.

**Implementation Outcome #3:** Local community coordinating bodies lead and link with state leadership to drive effective frontline systems change and improvements.

MST is well on the way to achieving each of these outcomes. The recently established Mississippi Thrive! [Early Childhood Development Coalition's](#) mission, aims and focus areas are aligned with the EnAct! framework. Members include key state agencies and leaders who can work together to secure the infrastructure support needed to advance needed implementation, system, and policy changes. In addition, MST leadership has begun a dialogue with state leaders on advancing a governmental cross-agency body to ensure coordination across state early childhood programs. Finally, MST's work has and will continue to include community-based leaders and partnership bodies, like [Excel By 5](#) and county and city programs who are essential to ensure frontline implementation of the EnAct! framework's vision and goals in collaboration with state level coalitions and committees who can act to support local needs.

## **Action 2: Create a culture of engagement among families, professionals, and system partners.**

Family leaders have long advocated for concrete ways to fully partner in shaping services and systems to achieve positive outcomes and meet their needs. It is only in the past decade or so that inclusion of families in organizational advisory bodies has become the norm. While identified as a priority by the Centers for Medicaid and Medicare Services (see Box 2) and numerous national, state, and local groups, engaging families in their own healthcare by

educating them on criteria for good care, activating them to ensure best care is provided, and creating real partnerships with families to share data and decisions is less common. If nothing else, the EnAct! framework seeks to close this gap for families. As emphasized in the National Academy of Sciences’ framework for patient and family engaged care (see Box 3), this means creating a culture of engagement where families are expected to engage and where early childhood professionals and system leaders build the competencies that shift practices. Mississippi’s Families as Allies and other organizations can lead built a culture of engagement.

Three implementation outcomes are prioritized for this implementation action area:

**Implementation Outcome #4:** Families are supported, educated, and activated to partner in care.

**Implementation Outcome #5:** Families trust and experience authentic power-sharing and respect.

**Implementation Outcome #6:** Professional competencies and mechanisms for effective family engagement and partnerships are prioritized.

**Box 2: Definition and Goals for Patient and Family Engagement**

*Centers for Medicaid and Medicare Services, 2022*

“Patients and families are partners in defining, designing, participating in and assessing the care practices and systems that serve them to assure they are respectful of and responsive to individual patient preferences, needs, and values. This collaborative engagement allows patient values to guide all clinical decisions and drives genuine transformation in attitudes, behavior, and practice.”

**Goal 1: Partnership with Communities:** Identify opportunities to bridge and forge partnerships among providers, persons, and community resources. Actively encourage person and family engagement within the broader context of health and wellbeing across services and communities in which people live.

**Goal 2: Values, Preferences & Self-Managing Care:** Promote tools and strategies that reflect and capture person and/or family values and preferences and enable them to actively engage in directing and self-managing their care.

**Goal 3: Experience & Best Practices:** Improve experience and outcomes of care for persons, caregivers, and families by developing criteria for identifying person and family engagement best practices and techniques in the field from CMS programs, measurements, models, and initiatives, that are most ready for widespread scaling and integration.

**Box 3: What Is Family Engaged Care? (and why it requires culture change)**

National Academy of Medicine’s (NAM’s) Leadership Consortium for a Value & Science-Driven Health System

*“Patient and family engaged care (PFEC)...represents a shift in the traditional role patients and families have historically played in their own health care... PFEC also represents an important shift from focusing solely on care processes to aligning those processes to best address the health outcomes that matter to patients. In a culture of PFEC, patients are not merely subjects of their care; they are active participants whose voices are honored.”*

Frampton, S. B., S. Guastello, L. Hoy, M. et.al.) 2017. Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care. National Academy of Medicine, Washington, DC.

*Figure 12: Engagement In Action Framework Key Implementation Actions and Outcomes*

## The Engagement In Action(EnAct!) Framework Implementation Roadmap for a Statewide Integrated Early Childhood Health System



MST has worked with family and community partners from the start to advance meaningful family engagement whereby families are proactively supported, provided information and reimbursed for their engagement in advisory committees and related efforts. This commitment is further reflected in the design and naming of the EnAct! framework and inclusion of family-driven tools. The priorities set by the ECDC, as informed by MST initiatives and the EnAct! framework, put family engagement front and center.

Many strategies can advance a culture of engagement. Direct and local family engagement campaigns led by trusted community resource brokers, trainings for providers, professionals, and system leaders focused on family engagement competencies, and the application of the “through any door” and “in every encounter” simple rules from the EnAct! framework are examples of what is needed. The importance of family engagement has been described in the scientific literature and evidence-based strategies have been defined, such as the National Academy of Sciences report on creating a culture of engagement referenced in Box 3. Using these evidence-based findings and recommendations will be critical for advancing Mississippi child and family wellbeing.

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*“Many strategies can advance a culture of engagement. Direct and local family engagement campaigns led by trusted community resource brokers, trainings for providers, professionals, and system leaders focused on family engagement competencies, and the application of the “through any door” and “in every encounter” simple rules from the EnAct! framework are examples of what is needed.”*

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### **Action 3: Catalyze, facilitate, study, and spread cross-sector, practice-based implementation.**

Research on implementing evidence-based practices for sustainable change has found the following key elements are critical to success: learning communities/communities of practice and “on demand” access to resources, technical assistance and support, the uptake of innovations, recognized and trusted champions, and ongoing research to continually learn and demonstrate impact in local settings.<sup>41-43</sup> In addition to the critical implementation leadership discussed in Implementation Outcomes 1-3 above, four implementation outcomes are prioritized to guide specification of specific steps toward the sustainable adoption and impact of the EnAct! framework approach on the front line and across communities:

**Implementation Outcome #7:** A learning and communications network supports early adopters and spread.

**Implementation Outcome #8:** Launch and learn demonstrations inform spread and continuous improvement.

**Implementation Outcome #9:** Implementation resources are built, integrated and accessible.

**Implementation Outcome #10:** Professionals are trained to implement the science of healthy development and positive and adverse childhood experiences (PACEs) with all children and families.

The Mississippi Thrive! [Early Childhood Development Coalition](#) has integrated the Engagement in Action (Enact!) Framework approach into each of the nine goals set forth by its two subcommittees and prioritizes establishing the implementation infrastructure and resources require to achieve these implementation outcomes. In addition, an accessible online [toolkit](#) is already available that incorporates information about the framework’s featured resources to support a coalition of active users and learners working toward actionable change and who collaborate to help transform early childhood developmental services. MST has also made important strides in training health, community, education, and social services professionals about the science of early childhood development and practices to both promote positive development and address developmental problems and trauma through its fellowship and ECHO training programs. MST has built the relational infrastructure to advance workforce development going forward.

**Action 4: Drive enabling and incentivizing policies and financing strategies critical to success.**

A top priority for the Mississippi Thrive! ECDC and partner organizations is to translate the science of healthy development into practice, policy, and culture, with a focus on ensuring universal development screening, surveillance and early intervention and implementing the science of adverse and positive childhood experiences (PACEs). Translation of PACEs science into all settings serving young children and families requires aligning services, strategies, and policies to 1) support nurturing, responsive relationships between children and adults, 2) strengthen caregivers’ core life skills and resilience, 3) reduce sources of stress in the lives of children and families and 4) promote positive neighborhood and community environments. Many policies, financing strategies, and practices do not currently align with these principles or the family- and community-engaged, integrated systems approach. Two final EnAct! framework implementation outcomes are prioritized to address and shift policies to remove barriers to action and change.

**Implementation Outcome #11:** Policies support processes to facilitate coordination of healthcare and community-based services and resources across organizations and state agency programs.

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*“Additional solutions such as incentivizing financing for preventive services in health care, reimbursing community-based organizations to conduct developmental screening, placing family navigators within primary care practices, and enabling co-location of services all require policy change.”*

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**Implementation Outcome #12:** Health plans, providers and early childhood development professionals are incentivized and financed to enable high quality care and improvement.

Needs and barriers to coordinate services at the service and systems level have been identified by MST and iterative steps have been taken to remove these barriers. However, many essential actions require legislative changes and state leadership. Additional solutions such as incentivizing financing for preventive services in health care, reimbursing community-based organizations to conduct developmental screening, placing family navigators within primary care practices, and enabling co-location of services all require policy change.

A key component of the EnAct! framework included the identification of levers and strategies related to the critical need to work with the Division of Medicaid (DOM), Coordinated Care Organizations (CCOs) and healthcare systems. The DOM has specific requirements to provide comprehensive Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Yet, state interpretations of these requirements can leave important services uncovered,

*The policy playbook for the EnAct! framework complements the many policy reports in the field that specifically address in more details opportunities to leverage the power of Medicaid, Title V and other state agencies to drive policies and programs that support efforts to optimize the healthy development of children, such as set for the in the EnAct! Framework.*

leading to a low priority for improving preventive services. In addition, CCOs are required by law<sup>44</sup> to provide services aligned with Bright Futures Guidelines and the DOM and other purchasers are charged with enforcing this (e.g., commercial health plan services). As such, providing concrete strategies for

the DOM and other purchasers to use to ensure CCO compliance and innovation in early childhood preventive and developmental health services, appropriate payment, and incentives for healthcare and early intervention providers is essential. To support this policy work, the CAHMI collaborated with MST to develop a policy playbook ([Attachment E](#)) for MST leaders and partners. The playbook specifies legislative and non-legislative approaches to advance policy change, such as creating an Office of Early Childhood and supporting a public-private coalition like the ECDC to provide leadership to ensure state agencies and system partners serving young children and families work together to optimize positive outcomes.

Boxes 4 and 5 lists four categories of policy levers, and high-level examples for each of the twenty prioritized for implementation of the EnAct! framework. More detail can be found in [Attachment E](#). The policy playbook specified for the EnAct! framework was developed for Mississippi and future policy work in this domain will vary across states. Policy work conducted through the EnAct! framework process was also informed by other policy reports in the field that specifically address the opportunities to leverage the power of Medicaid, Title V, and other state agencies to drive policies and programs that support efforts to optimize the healthy development of children.<sup>45-47</sup>

**Box 4: Financial and Non-Financial Levers Medicaid Can Use with Managed Care Health Plans to Advance the Purpose and Goals of the EnAct! framework**

**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 health 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.

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

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

## **Box 5: Other Cross Agency and Strategic Levers Medicaid Can Use to Help Implement the EnAct! Framework**

### **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.

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

### **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

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

#### IV. Looking Ahead for Positive Systems Change

Mississippi Thrive! has made groundbreaking strides to lay a foundation for change by bringing system partners together, creating a shared purpose, and specifying ways existing programs across partners might contribute to fulfilling this purpose. Ensuring the enthusiasm, sense of hope, collaboration and commitment are sustained and further developed is the most important asset for success. There is

a readiness to act, and the momentum sparked through the MST activities must be harnessed for concrete action.

The “One Big Doable Thing!” set forth in the Engagement in Action (Enact!) Framework to optimize the power of existing early

childhood system programs and leverage pediatric primary care well-child care services using a family engaged integrated system approach. This is an achievable aim that will drive measurable improvements in child health, flourishing, school readiness, and family resilience for Mississippi’s young children and families, which is key to create a healthy and just society and the productivity of Mississippi’s population.

MST models strategies for other states to consider, recognizes gaps remain and that improvements upon these gaps most depend on establishing and maintaining transformational partnerships across early childhood systems and with families and communities. Improvements during the five-year MST effort, such as the near doubling of Mississippi’s rate of developmental screening during the project period and the increase in the “daily reading/singing/storytelling” (an indicator of child relational health and cognitive development) between 2018-2021 in which early literacy promotion focused efforts were scaled demonstrates the possibility for change. This progress is an important testimony to the value and impact of systems leadership and development. Yet, as shown in Figure 13, the majority of young children are still not receiving screening and improvements remain to make “daily reading/singing/storytelling” a norm.

Importantly, rates of child resilience have lowered substantially in Mississippi and across the nation (see [Attachment A](#) for a more in-depth data report). While the COVID-19 pandemic certainly contributed to these lowered rates, this also points to the need to advance the EnAct! framework recommended approach in Mississippi and nationally. The data also fuel a sense of urgency as MST efforts continue through the Mississippi Thrive! Early Childhood Development Coalition, with a strong emphasis on translating PACEs science to help children and families develop resilience and flourish, even amid adversity.

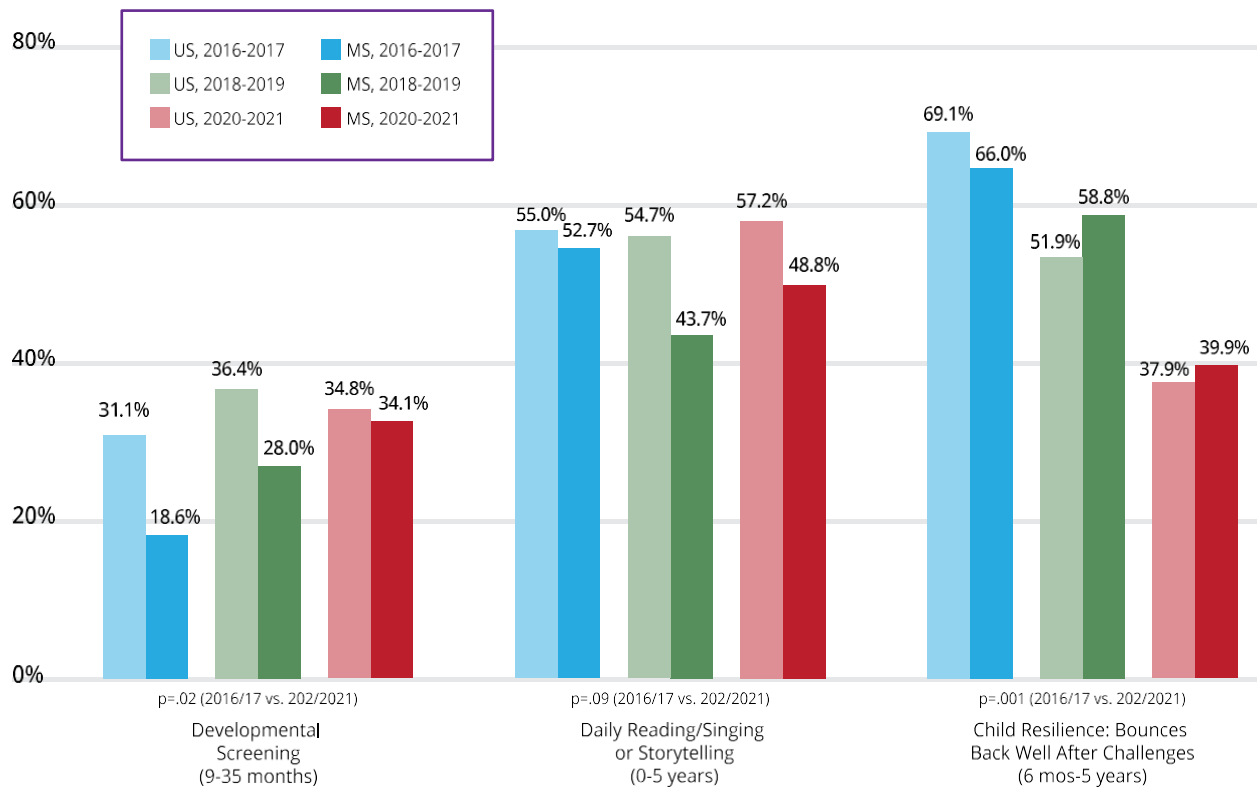
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*Ensuring the enthusiasm, sense of hope, collaboration and commitment are sustained and further developed is the most important asset for success. There is a readiness to act, and the momentum sparked through the MST activities must be harnessed for concrete action.*

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**Figure 13: Trends in Key Early Childhood Development Measures**

**Trends in Key Early Childhood Development Measures from the National Survey of Children’s Health:**  
National and Mississippi Results Across 2016/17, 2018/19 and 2020/21



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

A commitment to positive health for all, including the flourishing of all children and families, along with a feasible pathway to move in that direction has been inspired by MST and has strong potential for Mississippi and the nation.

*Closing Statement: The Mississippi Thrive! team has been honored with the opportunity lead this complex, challenging, and rewarding work to advance an integrated early childhood health system. The MST team and ECDC looks forward to joining other family, provider, and system leaders to make this integrated system a reality across all states in the*

## **Quick Links to the Attachments for the Mississippi Thrive! Summary of Key Accomplishments and the Engagement In Action (EnAct!) Framework**

[Note: If you have accessed these links before, please refresh your browser to ensure you are viewing the most up-to-date versions of these documents.]

[Mississippi Thrive! Summary of Key Accomplishments and the Engagement In Action Framework](#)

### ***Five Attachments for the Engagement In Action Framework Summary***

[Attachment A: Mississippi Data Summary for Young Children](#)

[Attachment B: Summary of Design Process and Methods](#)

[Attachment C: Partners Landscape Scan-Relevance, Roles, and Measures](#)

[Attachment D: Ten Partner \*Possibility Prototypes\*](#)

[Attachment E: Policy Playbook for Implementation and Action](#)

[Mississippi Thrive! Toolkit of Featured Resources for Comprehensive, Whole Child and Family Services](#)

[Mississippi Thrive! Early Childhood Development Coalition Charter](#)

[Mississippi Thrive! ECDC Signing Ceremony Two Page Overview](#)

[Mississippi Thrive! ECDC Signing Ceremony Celebration Slides](#)



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Many brainstorming sessions were held by this great group of leaders and visits transpired to our Washington, DC legislative delegation to promote the need for deeper work in the area of early child development. While there were some early successes, it wasn't until HRSA made a significant, groundbreaking investment in Mississippi that the real progress began. From the humble beginnings as a lofty goal to increase screening, improve family engagement and lift children, to today's national Engagement In Action (Enact!) Framework model of excellence, Mississippi Thrive! has proven that there is power in combining passion with targeted investment. HRSA's support, in funding, guidance and trajectory setting technical assistance, has been invaluable to today's success. It was the fuel that made our nascent fire burn brighter, allowing us to achieve in ways we had never thought possible. Deep thanks must go to our Project Officer, Dr. Dina Lieser, who encouraged us and helped us make the much-needed connections across the nation to access the deep knowledge already available in systems building and early brain development.

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And finally, a very special thanks must go to our advisory board members who tirelessly met and stepped up to the plate to meet more frequently as we neared the completion of the project. Many have stayed on to help us continue the work. We are forever grateful to all who have worked on this project and believe that Mississippi Thrive! work is here to stay due to the continued support that has been put into place by our legislators, partners, and state agencies.

Now the time has come for Mississippi to, once again, lead for itself, keeping the flame of this critical accomplishment burning and growing well into the future, lighting the way toward a brighter day for Mississippi's children.