



Engagement In Action Framework

Toward a Statewide Integrated Early Childhood Health System

Possibility Prototype: Head Start/Early Head Start Programs

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

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Introduction

From 2022-2023, Mississippi Thrive! (MST) and the Child and Adolescent Health Measurement Initiative (CAHMI) partnered to develop the [Engagement in Action \(EnAct!\) Framework for a Statewide Integrated Early Childhood Health System](#). The EnAct! framework integrates decades of research to optimize preventive and developmental well-child care services to promote whole child health and help all children and families thrive. As set forth in the [MST Summary Report](#), the EnAct! framework includes a set of priority goals, an approach to engage families and integrate services across early childhood systems and an implementation action plan that specifies the relevance of the EnAct! framework across system partners.

As illustrated in Figure 1 and in the Mississippi Thrive! EnAct! aligned [toolkit](#), the EnAct! framework prioritizes a whole child and family-engaged approach to screening and assessments, personalized health promotion services and supports, deliberate linkages across early childhood development systems and services and a routine method to assess quality and outcomes to establish accountability and drive continuous improvement. It features four components:

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

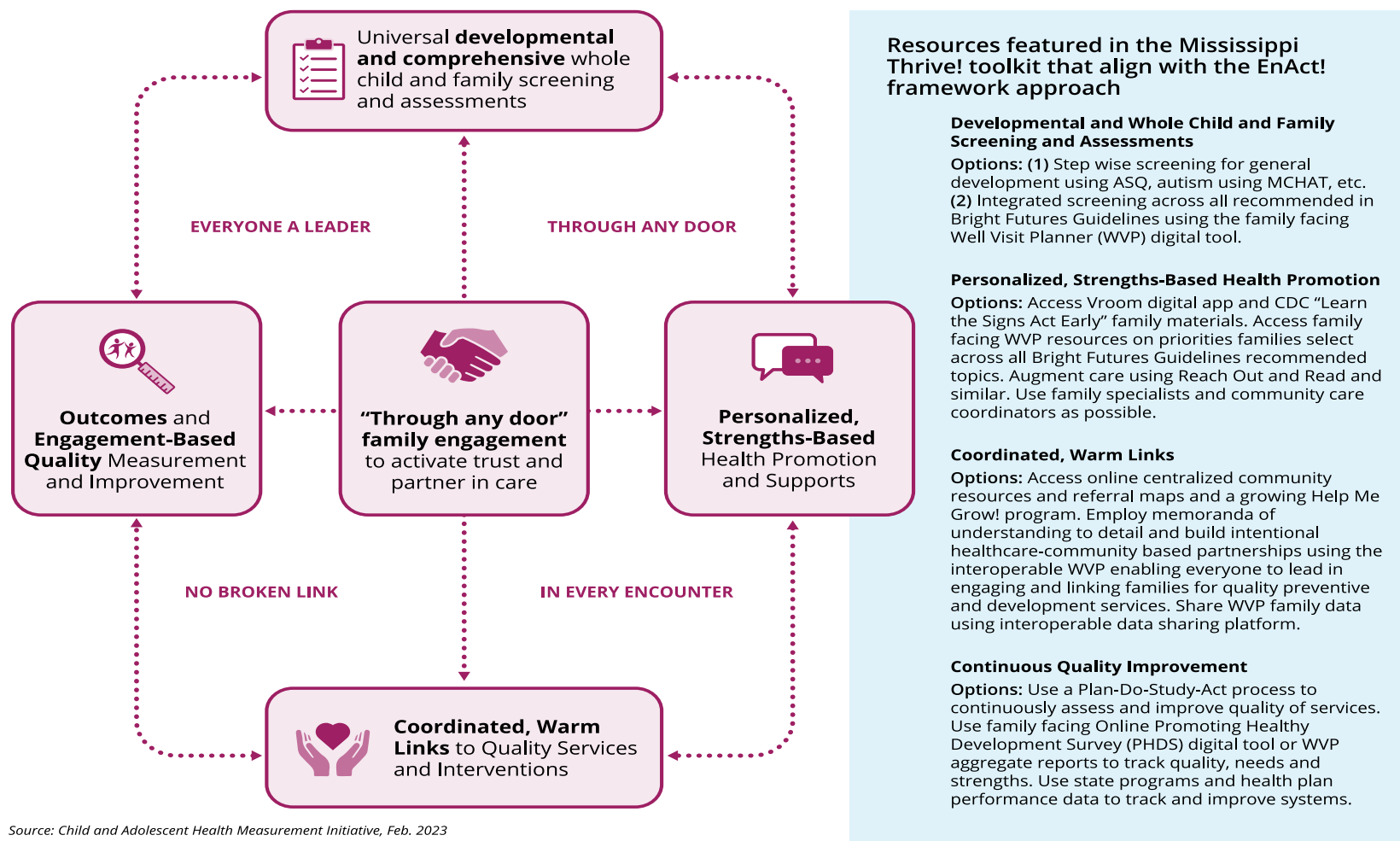
The EnAct! framework integrates the CAHMI's Cycle of Engagement (COE) model, principles, and tools, including the family-friendly and Bright Futures aligned [Well Visit Planner \(WVP\)](#) and [Online Promoting Healthy Development Survey \(PHDS\)](#) digital tools, which enable Personalized Connected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

Possibility Prototypes were created as part of the work to understand partner needs and potential roles and application of the EnAct! framework in Mississippi within current constraints while laying out concrete and actionable policy recommendations to support sustainable transformative change. The *Possibility Prototype* included in this document is a case example of how the EnAct! approach can be relevant to Head Start/Early Head Start programs. The prototype provides ways to implement an approach anchored to the goals and responsibilities of Head Start/Early Head Start (HS/EHS) Programs and was finalized based on iterative feedback from MST leaders and experts. Early development revealed strong interest in the Well Visit Planner as a transformative tool for improvement, and as a result, the Well Visit Planner is featured in the *Possibility Prototype* for EHS/HS Programs. As the EnAct! framework is implemented, this *Possibility Prototype* can serve as a useful resource that illustrates how the framework might advance the goals of HS/EHS programs.

Figure 1: The Engagement in Action (EnAct!) Framework integrated systems approach to care

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

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



Engagement In Action Framework Possibility Prototype Head Start/Early Head Start Programs

Building on the strengths of childcare and early education to help children thrive!

What's Working Now

Experts in early childhood development agree that access to high quality early care and education have positive long-term impacts on a child's social, emotional, and cognitive development. Head Start and Early Head Start (HS/EHS) are federally funded programs supporting preschools, early learning and community centers, and home visiting programs serving families below the federal poverty line. These comprehensive service centers promote learning, health, and family well-being, with the [goal](#) to "prepare America's most vulnerable young children to succeed in school and in life beyond school." Several of Mississippi's preschools and early childcare centers receive Head Start funds. [Mississippi](#) has enrolled 25,108 children, served 239 pregnant mothers, and sponsored 17 sites. Each preschool or center receiving Head Start funding is required to report on 16 performance standards related to family engagement, child and family health, healthcare access, and health education. This includes ensuring children have a primary care provider and medical home within 30 days and have a development screening within 45 days of enrollment. While only about [14% of eligible infants](#) and toddlers below 100% of the federal poverty line in Mississippi accessed HS/EHS services as of 2018, efforts to expand access and participation are ongoing and HS/EHS professionals require effective resources to meet standards and engage families.



The Engagement in Action Opportunity

The EnAct! framework is built upon the essential need for comprehensive, integrated early childhood developmental services that fully engage families and establish collaboration across healthcare, early care and education and is highly relevant to HS/EHS programs. The EnAct! approach to care specifically support HS/EHS program goals, especially the Well Visit Planner tool featured in the EnAct! framework [toolkit](#). Based on a study with Early Head Start programs conducted by CAHMI with the American Academy of Pediatrics' in 2015, the federal Administration for Children and Families' Office of Head Start (ACF/OHS) featured the CAHMI's Well Visit Planner (WVP) on the ACF/OHS national website as a referenced resource for HS/EHS programs. Beyond the ACF/OHS referral to the WVP on its website, ACF further referenced the Well Visit Planner in an official June 2022 [Federal Letter](#) to the field, co-led with the Department of Education.

From Possibilities to Progress

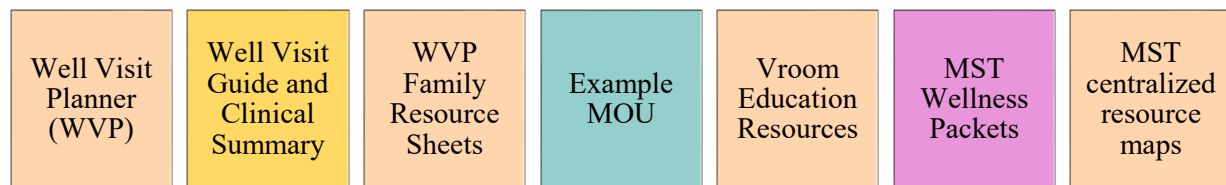
HS/EHS programs can implement the EnAct! approaches' featured screening, health promotion and referral resources during the child and family enrollment process. For example, by using the WVP, these programs can educate families about well visits and link them to primary care services while establishing a baseline understanding of each child and family's health and wellness, related social and family context, as well as needs and priorities. Specific for each age child, the screeners included in the WVP are aligned with Bright Futures Guidelines and validated to replace other screeners that may already be in use. HS/EHS programs can also benefit from the EnAct! framework's health promotion and educational

resources, including Vroom digital parent education resources, the WVP Family Resource Sheets, Wellness Packets, and the Mississippi Thrive! online, searchable centralized resource maps for each county. HS/EHS can also integrate their own local resources into the WVP during set up so they can be shared with families in the automatically generated Well Visit Guide used during health promotion discussions with the family. As needed, additional assessments can be added to the WVP for specific ages, like Adverse Childhood Experiences, family resilience and child flourishing, and additional social determinants or socioemotional and developmental assessments. The EnAct! approach featured resources are powerful to engage families as they develop health literacy skills, learn about child development, and become advocates and partners with HS/EHS.

Envisioning Success

To optimize use of the EnAct! framework in Mississippi, HS/EHS centers will need to collaborate with pediatric practices and community resources so that the well-being, early education, and pediatric healthcare of eligible children are coordinated and integrated. This collaboration can be specified through a Memorandum of Understanding (MOU) to plan and formalize agreements about communication, collaboration, roles, and responsibilities. Additionally, HS/EHS programs should track how use of EnAct! approach and featured resources improve their performance and align with existing funding allotments and requirements. In some cases, HS/EHS will be recognized as a site of service for conducting and being reimbursed for developmental and related screenings. Clarifying payment in collaboration with primary care providers is important. Ensuring continued use in HS after children age out of EHS services is also critical to consider.

Figure 1. EnAct! Featured Tools and Resources for Head Start Programs



Glossary of Terms

EnAct! framework: The *Engagement in Action Framework* was developed by Mississippi Thrive! (MST) in partnership with the Child and Adolescent Health Measurement Initiative. The framework, built on MST as well as CAHMI's progress and accomplishments, specifies goals, an approach to care and implementation and policy roadmap toward the development of a statewide integrated early childhood health system focused on whole child health, child flourishing, school readiness and family resilience. The collaboration of relevant agencies, organizations, and programs involved seek to ensure early identification of risks and needs, the promotion of nurturing parenting and environments, and provision of supports to families in order to prevent and mitigate the impacts of social and community risks and proactively promote positive protective factors for children and within families and communities. See the [MST Summary Report](#) for more information.

MS Thrive!: *Mississippi Thrive!* is a federally funded grant-based program operating from 2017-2023 to create a comprehensive system of early childhood screenings and interventions (mississippithrive.com).

CAHMI: *The Child and Adolescent Health Measurement Initiative*; an applied research and policy center housed in Johns Hopkins Bloomberg School of Public Health leading family centered measurement, data, tools, and research focused on helping all children, youth and families thrive (cahmi.org).

EPMHS: *Enhanced Pediatric Medical Home Services*; a pediatric early childhood preventive care improvement effort led by the University of Mississippi Medical Center through the MST grant. The EPMHS model supports early developmental health promotion, surveillance, and screening, as well as enhanced linkage to services and interventions across the state. The model is built upon a recognition that well child visits 1) support responsive relationships between children and adults, 2) strengthen caregivers' core life skills, and 3) reduce sources of stress in the lives of children and families.

COE: *Cycle of Engagement*; a model of care developed by the CAHMI that builds the capacity of families, communities, and pediatric primary care teams to partner in the joyful work of promoting the well-being of all children through digital tools, family coaching, and provider support (cycleofengagement.org).

EnAct! Approach to Care: Features five core elements (1) family engagement; (2) whole child and family assessments; (3) personalized health promotion and supports; (4) deliberate (and warm) linkages across early childhood development professionals (e.g., pediatricians and family resource and support professionals); (5) routine review of quality of care and outcomes to support continuous improvement.

EnAct! framework featured resources and tools. [Resources and tools](#) employed through the MST *Enhanced Pediatric Medical Home Services* program as well as those included in the CAHMI's *Cycle of Engagement Well Visit Planner* approach (COE/WVP) comprise the EnAct! framework featured resources. The EPMHS programs employed the Ages and Stages Questionnaires (ASQ) for developmental screening, the Reach Out and Read (ROR) program during well child visits, the Vroom parent education app, and resources, and "wellness packets" to help engage and educate families in their child's healthy development. The COE/WVP tools include the Bright Futures Guidelines aligned family facing Well Visit Planner (WVP) and Promoting Healthy Development Survey (PHDS) digital tools and related resources including, the family Well Visit Guide, provider/professional Clinical Summary, and family engagement and educational resources with the option to customize content and resources for families and share data across early childhood health system partners.

WVP: *Well Visit Planner*; a brief, online, family-facing tool containing Bright Futures Guidelines recommended screeners, priority educational topics, and assessments of family strengths and needs specific to each of 15 well visit ages from a child's first week through their sixth year of life. Includes assessment of developmental status, maternal mental health, family relational health and social needs, child's general health, child, and family strengths and more. The WVP engages families to learn about and shape services to their goals, needs, and priorities while ensuring all recommended screenings and health education priorities are met. The WVP is interoperable and can be used across early childhood systems such as healthcare, education, and early intervention. Providers/professionals create a customized WVP website to share with the families they serve and can add additional assessments and community resources as appropriate (e.g., ACEs, links to address social factors). Alternatively, families can use the public access WVP site without a link from a service provider (wellvisitplanner.org) to take charge of their child's healthy development and preventive services.

WVG: *Well Visit Guide*; An auto-generated, personalized report shared with families upon completing the WVP. The WVG summarizes assessment responses and family strengths, and shares age-specific education resources as well as customized resources from account holders such as healthcare providers. The WVG can be downloaded and printed to share at a well child visit. Family website: www.wellvisitplanner.org. For a customized website with data access: www.cycleofengagement.org.

CS: *Clinical Summary*; autogenerated at-a-glance summary for account holders who shared the WVP. Families who complete the WVP through a customized link (rather than the public use site) also receive this report and can review. Summarizes family responses and identifies potential family risks based on results. The CS can be uploaded to electronic medical records and used for billing services.

PHDS: *Promoting Healthy Development Survey*; a validated, online quality-assessment tool completed by families to evaluate the quality of care they received during a well child visit. Those implementing the Online PHDS can easily generate an aggregated and anonymous report on quality aligned with the American Academy of Pediatrics' Bright Future Guidelines once they have 25 responses. Families also receive a summary of the quality of their child's care with tips on how to partner to improve care and ensure their child and family receive the best care possible. Family website: (<https://www.onlinephds.org>). For a customized website with data access: www.cycleofengagement.org. The use of the PHDS was evaluated by Mathematica for its value in lifting family and community voice and powering antiracism and was found to be a powerful tool to put families and communities in the driver seat to assess and report on quality of care on their own or in partnership with health systems.