



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

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

### **JUMP START REVIEW AND APPLICATION WORKBOOK (Version 1.0)**

September 2023

## The EnAct! Framework

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

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

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

### Overview

Describe how the [EnAct! Framework](#) purpose, goals and approach to integrated services and the [Cycle of Engagement](#) builds the capacity of families, communities, and pediatric primary care teams to partner in the joyful work of promoting the well-being of all children and families.

Kick Start Activities (see pages 3-4):

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



### Planning

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

Kick Start Activities (see pages 5-7):

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



### Implementation

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

Kick Start Activities (see pages 7-10):

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

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

New resources will continue to be provided as they are available. [www.cahmi.org](http://www.cahmi.org)



## Overview

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

**Activity 1:** Review the EnAct! Framework Overview. See [webinar overview](#). Get resources using this QR code.



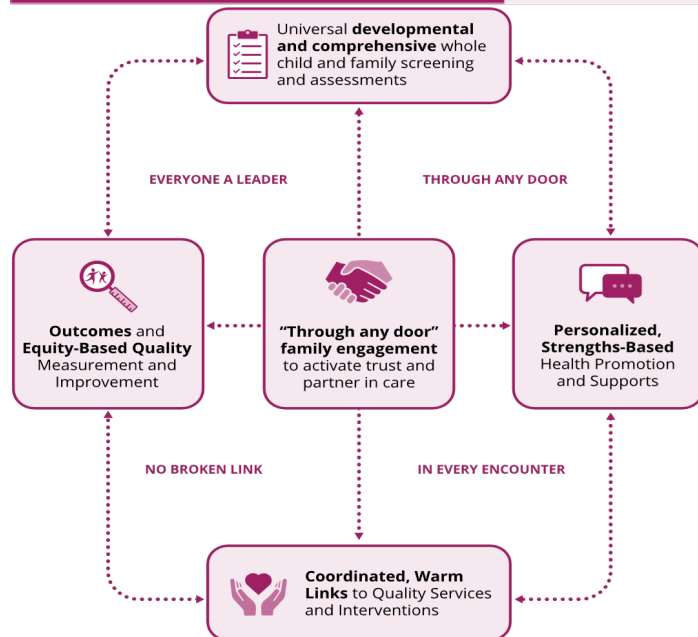
**Framework Purpose: Positive Health Equity**

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

**Framework Goals:**

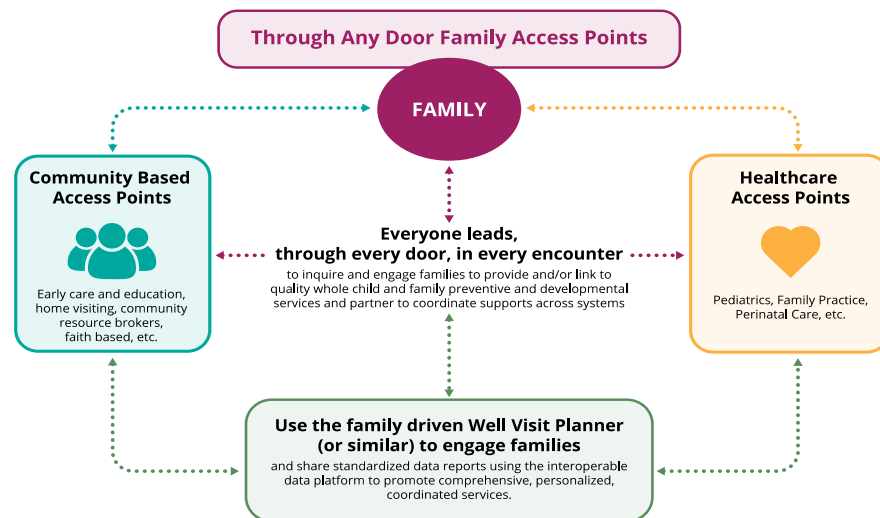
- 1 All In:** Universal provision of comprehensive, personalized, whole child and family preventive and developmental services.
- 2 Real Engagement:** Families are engaged to access and ensure services are personalized to their goals and needs and to shape improvements in practice, policy and systems 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

**EnAct! Framework—  
ONE Big Doable Thing!**



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

**Illustration of the Engagement In Action Framework’s Through Any Door Approach**  
Towards a Family Engaged, Community Based, Integrated Early Childhood Health System

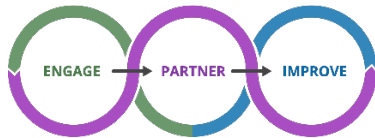


Source: Child and Adolescent Health Measurement Initiative, Feb. 2023

## Overview (continued)



**Activity 2:** Review the [Cycle of Engagement \(COE\) Model](#) & Mississippi Thrive! [National Toolkit](#) featuring the COE



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



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



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



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



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

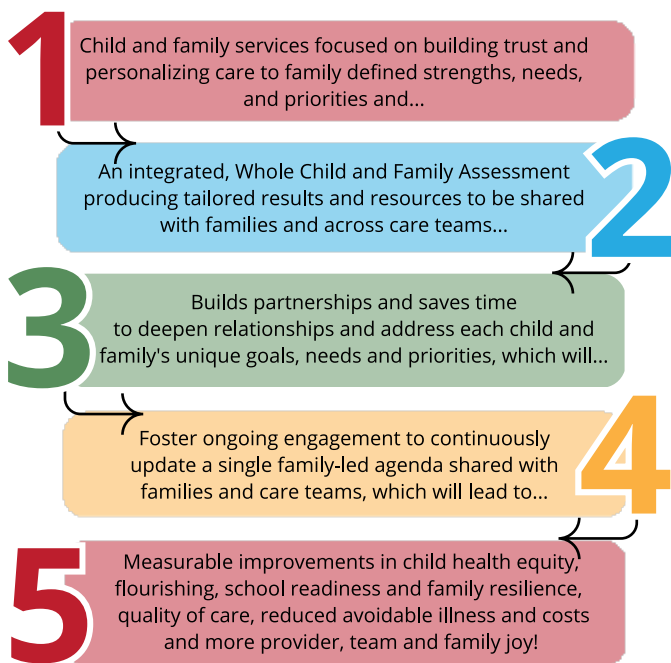
Additionally, the [Well Visit Planner Approach to Care \(COE WVP\)](#) is a tool that operationalizes the Cycle of Engagement model. To learn more, see this [video overview of the COE WVP](#).

## Overview (continued)

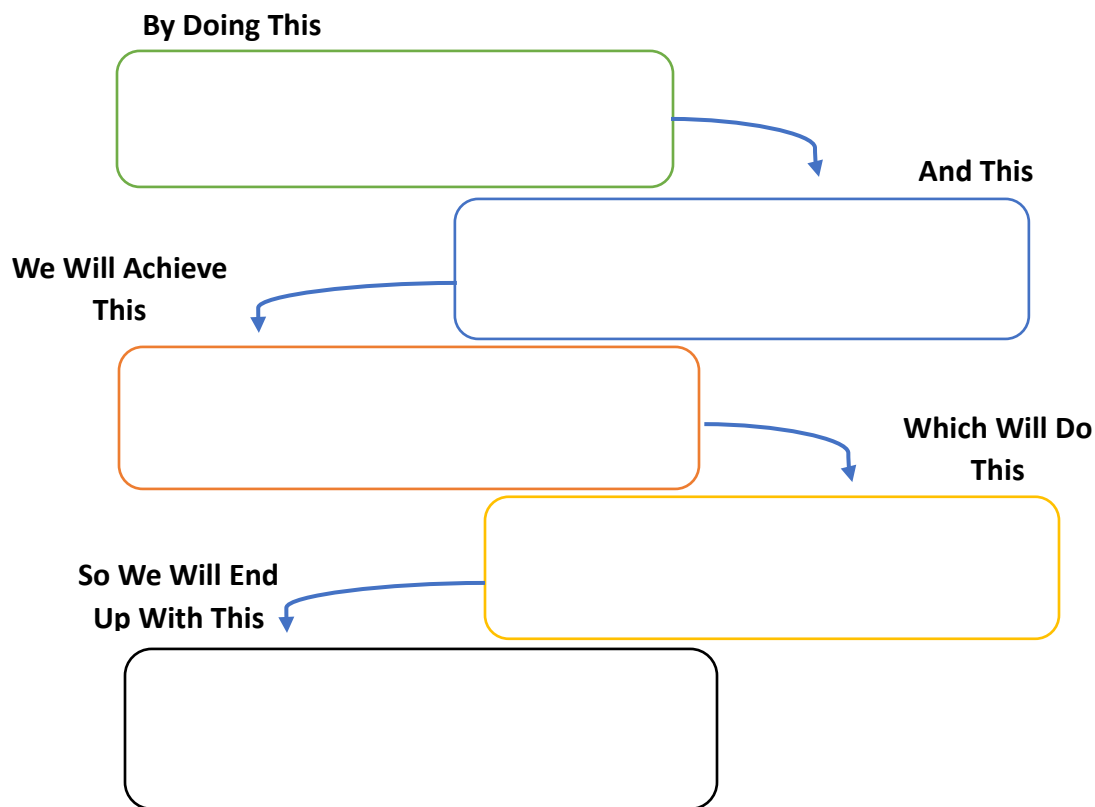
**Activity 3:** Consider what your theory of change is and aspects of the EnAct! approach summarized above (and in the next page again) aligns with your goals and strategies.

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

### Summary of the Cycle of Engagement Theory of Change for Positive Health Equity Family Flourishing



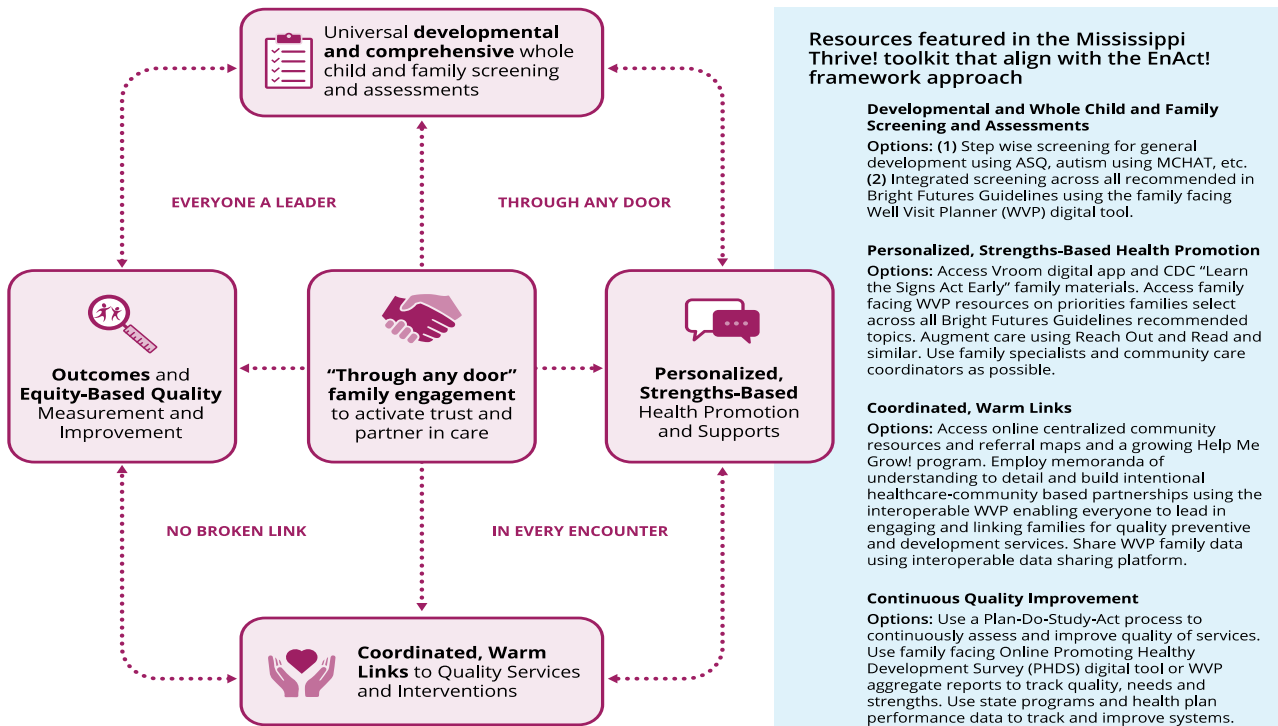
The Engagement In Action (Enact!) Framework was informed through an extensive environmental scan and review of dozens of reports related to advancing an early childhood development system. Conceptually, the EnAct! framework is closely aligned with the AAP's family centered medical home model, the Center 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.



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

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

**The Engagement in Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System**  
Collaboratively designed with Mississippi Thrive! by the Child and Adolescent Health Measurement Initiative



**Resources featured in the Mississippi Thrive! toolkit that align with the EnAct! framework approach**

**Developmental and Whole Child and Family Screening and Assessments**  
Options: (1) Step wise screening for general development using ASQ, autism using MCHAT, etc. (2) Integrated screening across all recommended in Bright Futures Guidelines using the family facing Well Visit Planner (WVP) digital tool.

**Personalized, Strengths-Based Health Promotion**  
Options: Access Vroom digital app and CDC "Learn the Signs Act Early" family materials. Access family facing WVP resources on priorities families select across all Bright Futures Guidelines recommended topics. Augment care using Reach Out and Read and similar. Use family specialists and community care coordinators as possible.

**Coordinated, Warm Links**  
Options: Access online centralized community resources and referral maps and a growing Help Me Grow! program. Employ memoranda of understanding to detail and build intentional healthcare-community based partnerships using the interoperable WVP enabling everyone to lead in engaging and linking families for quality preventive and development services. Share WVP family data using interoperable data sharing platform.

**Continuous Quality Improvement**  
Options: Use a Plan-Do-Study-Act process to continuously assess and improve quality of services. Use family facing Online Promoting Healthy Development Survey (PHDS) digital tool or WVP aggregate reports to track quality, needs and strengths. Use state programs and health plan performance data to track and improve systems.

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

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

**Notes:**

## Planning

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

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

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

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

Our organization assets & inputs are:

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Some examples of activities might be:

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Some examples of outputs might be:

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Some examples of outcomes might be:

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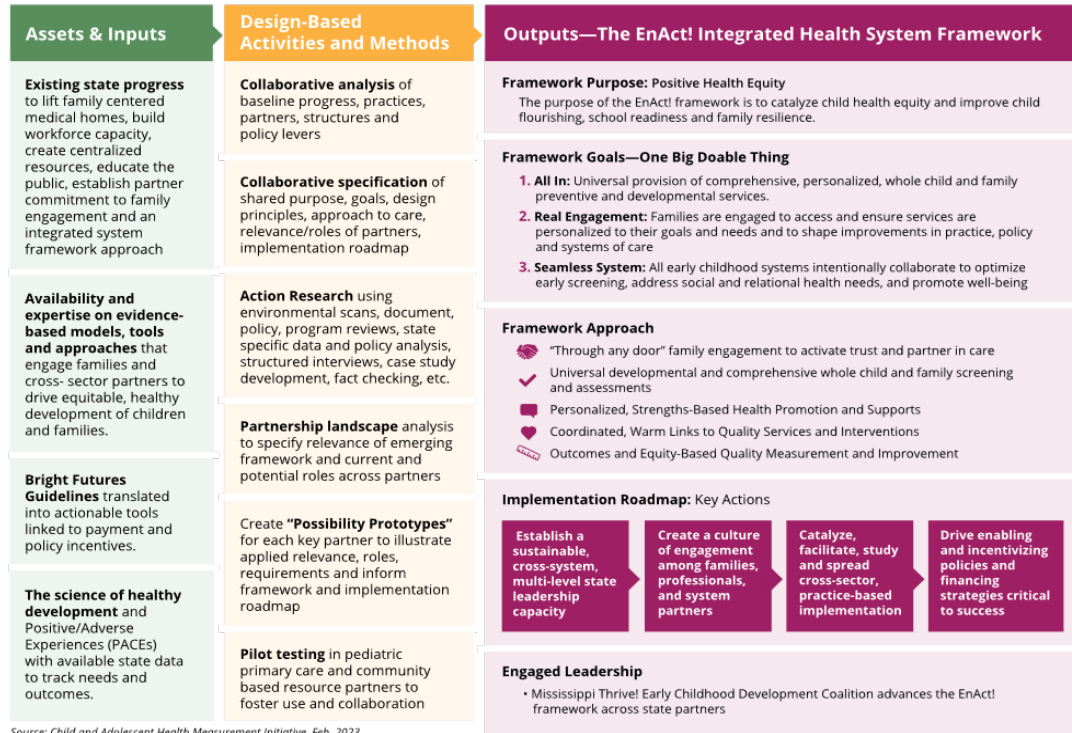
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Examples of impact might be:

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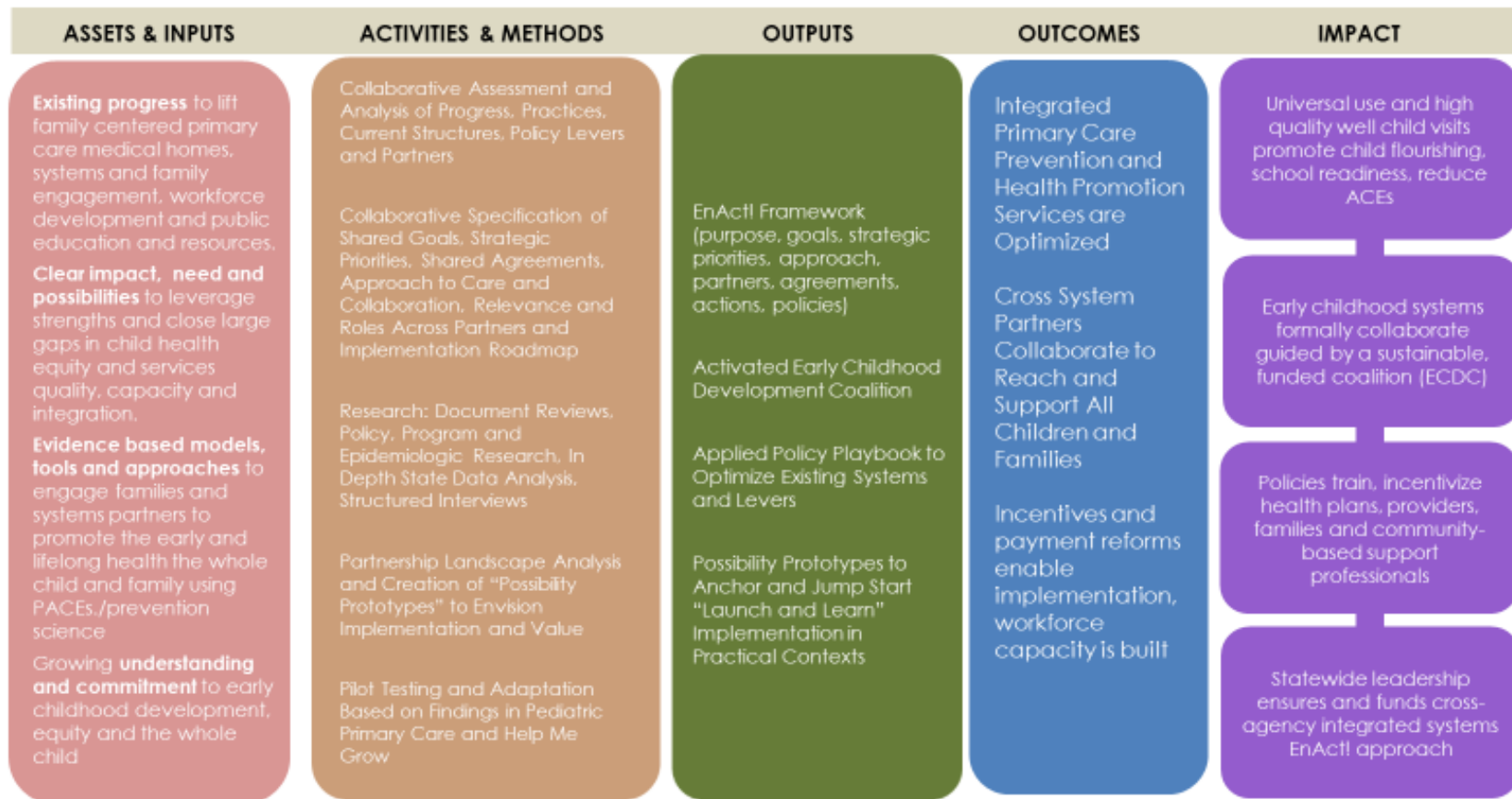
Source: Child and Adolescent Health Measurement Initiative, Feb. 2023

## Planning (continued)

### Activity 2: Complete a Logic Model

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

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







## Planning (continued)

**Activity 3:** Identify relevant system partners to map a partnership landscape. See [Attachment C](#) and [D](#) of the framework.

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

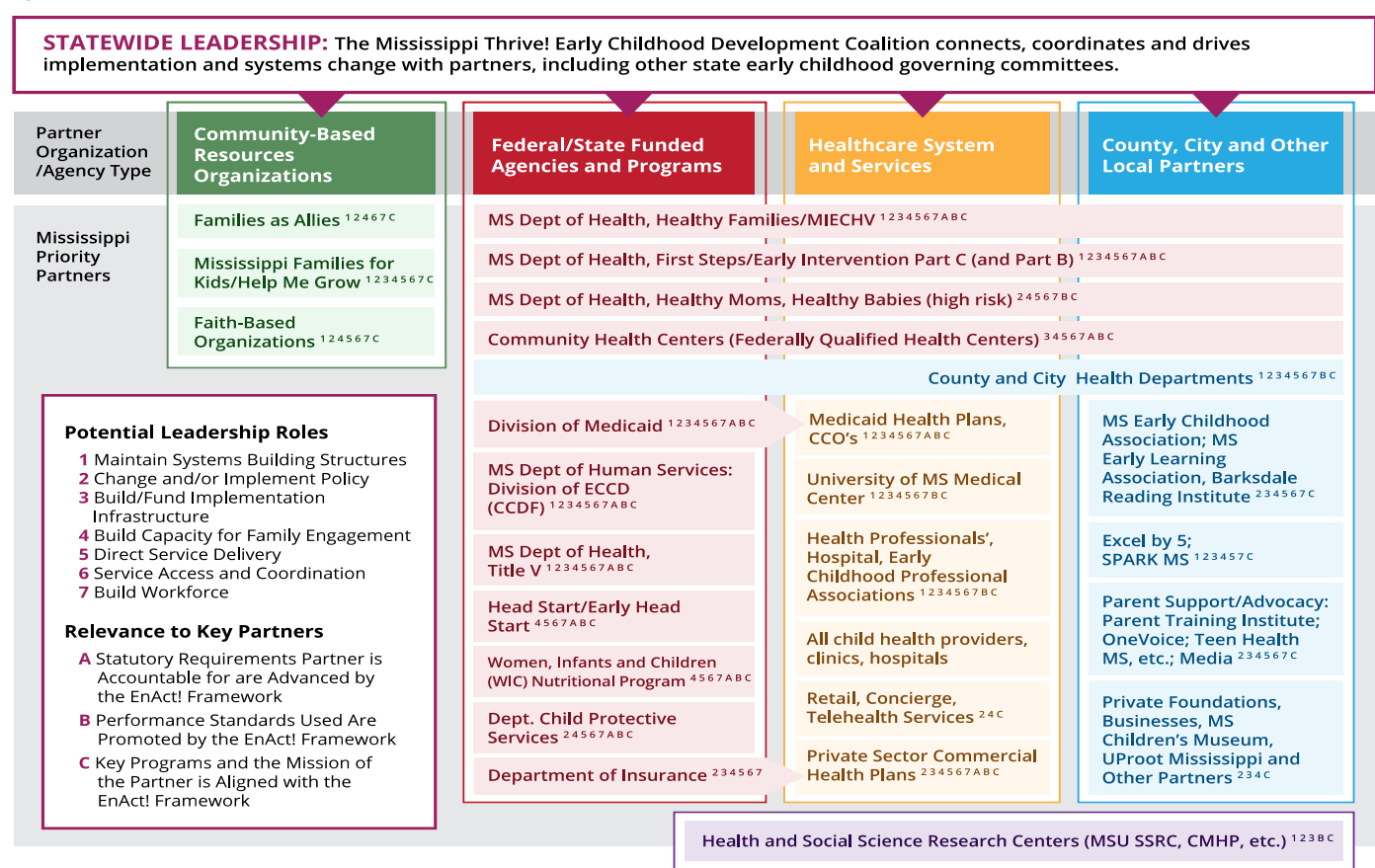
- 1) What are their organizational goals and do they align with one another?
- 2) What are they required to do/currently do to promote ECD?
- 3) Do they represent the populations we need at the table to ensure success and sustainability?

-See [Attachment C](#) for more on partner roles and shared measures

-See [Attachment D](#) for prototypes in integrated services.

-See the Mississippi [Early Childhood Development Coalition Charter](#) for ideas.

### Landscape of key partners in the Engagement In Action (EnAct!) Integrated Early Childhood Health System Framework



Annotations assigned based on analysis and require further partner assessment.

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

<b>Government Agencies Accountable for Early Childhood Development</b>		
<b>Key/Potential Partner (MS Examples)</b>	<b>High Level Summary of the Relevance to ECD System</b>	<b>What else do we need to know or learn about?</b>
1. Division of Medicaid		
2. Department of Human Services, Division of Early Childhood Care and Development		
3. Department of Health, Part C Early Intervention (EI) program		
4. Department of Health, Healthy Families Mississippi (MIECHV)		
5. Department of Health, Title V Maternal and Child Health		
6. Department of Health, Healthy Mom's, Healthy Babies		
7. Department of Child Protective Services		
8. Special Supplemental Nutrition Program for Women, Infants, Children (WIC)		
9. Head Start, Early Head Start Programs (HS/EHS)		
10. Department of Insurance		
11. Federally Qualified Health Centers (FQHC's)		
<b>Health Care System</b>		
12. University/College Medical Centers:		

13. Coordinated Care Organizations:		
14. Health and Social Science Research Centers:		
15. Private Sector Commercial Health Plans		
16. Health Care and Public Health Professional's Associations		
17.		
<b>Family Support, Community Based Organizations</b>		
18. Family-to-Family Health Information Center:		
19. Help Me Grow affiliate:		
20. Community & Family Advocacy Organizations		
21. Private Foundations		
22.		
<b>County, City, and Local Programs Important to Child Health</b>		
23. Businesses, Media, Children's Museum, Community Centers, etc.		
24. County & City Health Departments.		
25. Non-Gov't Early Childhood Development Training Orgs.		
26.		

## Implementation

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

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



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

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

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

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

**Activity 3:** Identify relevant policy levers to catalyze action. See [Attachment E](#) of EnAct! for more.

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

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

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

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

#### 2. Health plan payment withholds:

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

#### 3. Health plan incentive Payments:

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

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

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

#### 5. Expand sites for service:

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

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

#### 1. Enable payment innovations:

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

#### 2. Strengthen provider networks:

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

#### 3. Standardize coding:

Require uniform coding and payment rates across 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.



## 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

## 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

Financial levers we are or want to advance	Non-financial levers we are or want to advance	Strategic levers we are or want to advance	Other important state and local policy levers

**Activity 4:** Outline the data you have and need.

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

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