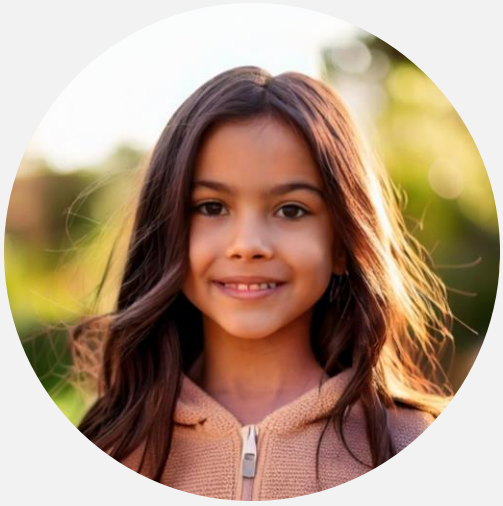
At the Intersection: Child Welfare and Enhanced Care Management
Tapping the potential to support families

Resources

- **Child welfare ECM case examples**
  Hypothetical but real-world scenarios to show how ECM, CHW and CS can be leveraged to support youth and families in child welfare.

- **Child welfare case summaries**
  Explanations of different parts of the child welfare continuum.

Sonja, 7



Scenario

Sonja, 7, was removed from her mother's care and placed with her father, Carlos, and a family maintenance case was opened. Carlos had not seen her in several years. He was living in his mother's subsidized apartment in violation of the apartment complex' rules. He and Sonja could not stay there long-term. Sonja is enrolled in a Medi-Cal managed care plan. Sonja goes to half-day school due to emotional dysregulation and stays with grandma for other part of day. Grandma has diabetes and may not be able to take care of Sonja if it is not better managed. Grandma is enrolled in the same Medi-Cal managed care plan as Sonja.

Core Needs

Safety

Family & Relationships

Stable Housing

Emotional / Psychological

Medical

Dental

School

Social/Fun

Presenting Needs/ Child & Family Goals

- Complete Family Maintenance Case Plan
- Support Sonja's education goals and get her ready to be in full-day school
- Help father find safe, stable housing and other food and employment assistance
- Support Sonja's ability to self-regulate and increase coping skills
- Support Grandma in controlling her diabetes so she can continue being stable child care

Role of ECM Care Manager

- Refer family to transitional housing program for 60 days of housing and help finding employment
- Connect dad and daughter to FQHC for medical, dental and behavioral needs
- Connect Spanish-speaking grandma to community health worker to support managing her diabetes
- Help father apply for food and cash assistance
- Research specialty MH services within the agency or elsewhere & make a "closed loop" referral
- Help father connect with school to ensure assessments have been completed and accommodations made (e.g. IEP/504 plan)
- Help Sonja/Dad explore and enroll in afterschool enrichment youth programs

Expected outcomes

- Safe, stable housing
- Enrolled in school and enrichment programs
- Linkage to MH services

Sisters

Scenario

Two sisters ages 9 and 7 were removed from their home due to sexual abuse by their mother's boyfriend. The mother is an undocumented immigrant and Spanish is her primary language. The mother wants her children back ASAP, but had no family or supports. She needs a place where she and her children could live, but she has never rented an apartment before on her own.

Core Needs

- Safety
- Family & Relationships
- Stable Housing
- Emotional / Psychological
- Medical
- Dental
- School
- Social/Fun

Presenting Needs/ Child & Family Goals

- Help the mother find stable housing so she can reunify with her children
- Ensure family is enrolled in all available social services supports for utility support and food
- Connection to mental health services for the daughters to address trauma
- Connection to mental health services for the mother to address trauma
- Catch up on all physical health and dental appointments
- Afterschool activities and supports

Role of ECM Care Manager

- Community Supports referral to housing services agency to help family find, secure and sustain housing
- Ensure both sisters are linked to a specialty mental health services provider
- Help mom connect to a mental health provider
- Help both sisters update their assigned pediatrician and make appointments
- Help make dental appointments for both girls
- Identify and find resources for transportation if needed for appointment attendance
- Research youth enrichment programs and help girls enroll
- Refer mother to parenting resources

Expected outcomes

- Secure stable housing
- Speed up family reunification timeframe
- Linkage to MH services
- Once the family is reunified, stay with the case for an additional 5 months to maintain family stability

Marcee, 17

Scenario

Marcee, 17, was adopted by her grandparents out of foster care when she 2 years old. Her grandfather died unexpectedly when she was 3. Adoption assistance funds helped the family survive financially. Marcee was diagnosed with bipolar disorder, anxiety and ADHD. She had suicidal ideation in the past but currently was receiving services to help her manage. She was doing well in school. Her 18th birthday was approaching and the family worried that the adoption assistance financial support would end, which would be disastrous for the family. Marcee's grandma needed a plan for after she turned 18. Additionally, Marcee had severe tooth pain but couldn't find a dentist.

Core Needs

Safety

Family & Relationships

Stable Housing

Emotional / Psychological

Medical

Dental

School

Social/Fun

Presenting Needs/ Child & Family Goals

- Help grandmother and Marcee make a plan for ongoing financial and other assistance after Marcee's 18th birthday
- Help Marcee find a dentist to address her tooth pain
- Ensure that Marcee remains engaged in mental health services
- Work with Marcee on post-high school planning
- Give grandmother additional training and tools to support Marcee

Role of ECM Care Manager

- Help grandmother advocate for extension of adoption assistance funds.
- Ensure Marcee will continue to quality for all necessary services after turning 18 and educate Macree on how she can maintain her eligibility
- Family already received CalFresh food benefits; help them apply and qualify for reduced utility bill program
- Find a dentist that accepts Medi-Cal and make a appointment for Marcee
- Enroll Grandma in agency's Trust Based Relational Intervention training to give her better skills in dealing with her granddaughter's trauma responses
- Encourage Marcee to engage with her mental health service provider

Expected outcomes

- Extend adoption assistance financial support due to Marcee's mental health needs
- Connection to Medi-Cal dental services
- Marcee stays engaged in mental health services and has a plan for post high school
- Education for grandma in supporting Marcee

Brothers

Scenario

Three brothers, ages 13 and 9 (twins), were removed from their adoptive grandmother for neglect and placed with their great aunt and uncle. Soon after the placement, the grandmother died unexpectedly. The older boy has short gut syndrome requiring a feeding tube and one of the younger boys (twins) has ADHD. The eldest sibling requires frequent medical care and hospital visits due to short gut syndrome. The aunt has learned to care for him. The boys are happy to be together but sad about grandma's death. They did not get to visit or say goodbye. Great aunt and uncle are in their 60's and are mentally and financially overwhelmed raising three young boys.

Core Needs

Safety

Family & Relationships

Stable Housing

Emotional / Psychological

Medical

Dental

School

Social/Fun

Presenting Needs/ Child & Family Goals

- Relative caregivers need additional financial support to supplement the cost of raising the boys.
- Connect brothers to grief counseling to process death of grandmother
- Medical management support/coordination for eldest sibling to maintain condition
- Afterschool and summer programs are needed for all siblings to maintain the adaptive skills needed to live successfully in the community.

Role of ECM Care Manager

- Help relative caregivers ensure they are receiving all financial and other assistance related to meeting boys' needs
- Provide resource linkage, program enrollment support and care coordination support to family
- Coordinate and centralize services among eldest brother's medical care team, ensure aunt understands who all the providers are and feels confident in working with them
- Identify and apply for local funding scholarships to help pay for extra-curricular activities for the boys
- Identify resources for educational tools for aunt and uncle
- Guide aunt and uncle through the process of getting an IEP for twin with ADHD

Expected outcomes

- Boys have outlets to process feeling about recent changes, including grandmother's death
- Aunt and uncle feel less overwhelmed and better able to manage the boys, including having a financial plan to meet the basic needs of the brothers moving forward
- Enrolled in school and enrichment programs, receive scholarships to help cover costs of extra-curricular activities
- Linkage to MH services

David, 14

Scenario

David was recently released back home from Juvenile Hall with terms and conditions placed upon him from the probation department. He must attend school, meet curfew, not associate with old acquaintances and follow his grandmother's rules in the home. The apartment building doesn't want David to return due to fear of bringing violence at the building, adding to his grandmother's stress. David has a history smoking marijuana on a daily basis. He has asthma. David has not been to the dentist in 3+ years and is complaining of a toothache and is self-conscious about an underbite. Grandma feels stressed about being able to manage her own health issues (hypertension and diabetes) while supporting David.

Core Needs

Safety

Family & Relationships

Stable Housing

Emotional / Psychological

Medical

Dental

School

Social/Fun

Presenting Needs/ Child & Family Goals

- Attend school on a daily basis
- Enroll in a tutorial program to catch up in school
- Participate in family counseling and be part of a Child and Family Team process
- See a dentist to address toothache and try to get braces
- Sign up for a club or social activity to make new friends
- Meet terms of probation

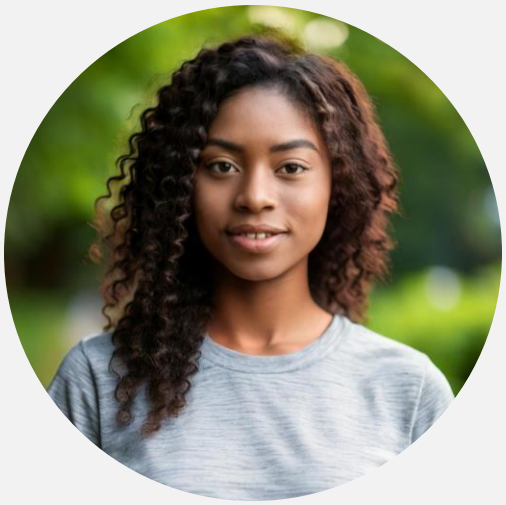
Role of ECM Care Manager

- Research alternative housing options with grandmother
- Make a referral to a mentoring program and ensure school links David to tutoring program
- Participate in the Child and Family Team (CFT) to support coordination of care
- Connect grandmother with a Community Health Worker at her FQHC to talk about how to better manage her own health conditions
- Connect David to pediatrician and help make sure he is caught up on all prevention health (vaccines, etc.), has refills on medications for asthma and gets questions answered on how to best manage his asthma
- Find a dentist taking Medi-Cal get David transportation to the appointment across town (only dentist available)
- Make referral to Community Supports for asthma abatement within apartment

Expected outcomes

- Stabilize behaviors from David in attending school and meeting curfew
- Build healthy support systems for David and grandmother
- Catch up on all pediatric appointments and good management of asthma resulting in no emergency room visits
- Fix toothache
- Receive asthma management education from a Community Supports provider
- Regular engagement in mental health services

Jo, 20



Scenario

Jo is in extended foster care as a non-minor dependent. She lives in a transitional housing plus program and attends community college, traveling to and from school on the bus. She plans to transfer to a state university to complete a bachelor's degree and wants to be a teacher. She is suffering from frequent panic attacks and reports a constant feeling of anxiety. She acknowledges struggling with healthy eating to cope with her anxiety. She has some contact with her birth family but says she has not fully addressed her prior trauma exposure. After contact with her family, her anxiety increases. Due to her trauma history, Jo also struggles with developing trusting relationships and has few friendships. She does not engage in many clubs or activities outside the classroom.

Core Needs

- Safety
- Family & Relationships
- Stable Housing
- Emotional / Psychological
- Medical
- Dental
- School
- Social/Fun

Presenting Needs/ Child & Family Goals

- Start therapy and learn behavioral techniques to manage anxiety and cope with trauma triggers to reduce panic attacks
- Join social activities on campus and develop connections with peers
- Establish with a primary care provider
- Develop healthy eating and exercise habits
- Develop a plan to transfer to a four-year college with financial support

Role of ECM Care Manager

- Help Jo establish care with a PCP and connect to a mental health therapist contracted with her Medi-Cal MCP
- Teach Jo about the benefits available through her health plan and how to navigate them
- Engage with on connecting with the community college counselor and researching what social programs are available at school
- Help Jo research long-term housing programs to reduce anxiety about where she will live
- Support development of a plan to navigate the transfer to a four-year university

Expected outcomes

- Establish healthier habits and skills to manage her anxiety in coordination with her PCP and MH Provider
- Access Community College resources to develop a clear path to a State School & get involved in a social activity
- Jo understands how to navigate her health plan moving forward

At the Intersection: Child Welfare Definitions

As Medi-Cal Managed care plans focus more on supporting children and families involved with child welfare, it is important they understand more about the system. Below are summaries of key stages in the child welfare continuum. Each MCP can ask their local county about how many children and families are impacted at each stage below and if there are specific ways they can collaborate to mitigate trauma and impact from the system involvement.

- **Emergency Response (ER)** hotline workers receive 420,000 referrals annually and conduct safety assessments for each referral to evaluate risk to the child. ER workers conduct the investigations, may provide short-term ER services, and develop initial case plans.
- **Family Maintenance (FM) cases** are when a child stays at home with the parent, and the family receives support to prevent or remedy any abuse or neglect. FM services may happen voluntarily or on a court-ordered basis and may occur on the front-end to prevent removal or after reunification to prevent re-entry. FM status does not trigger Medi-Cal enrollment so there is no Medi-Cal aid code to identify these children.
- **Family Reunification (FR)** cases occur when abuse and neglect are substantiated, and children are removed from their parents. Counties must offer FR services to the parents of foster children with limited exceptions for up to 24 months. FR services are guided by case plans developed by the social worker with input from child and family teams and approved by the juvenile court. Case plans may require parents to participate in services for parenting-skills, mental health and substance use disorders. All children in FR cases are enrolled in Medi-Cal. About one in three children in foster care are younger than five.
- **Permanent Placement** occurs when children cannot live safely with their parents. Child welfare agencies must pursue concurrent planning as a two-track process that involves making reasonable efforts to reunify children with parents while simultaneously developing alternatives for a legally permanent family, which is either adoption or legal guardianship. When adoption or legal guardianship are not available, child welfare agencies must continue to seek permanent families for foster children while providing foster children and youth with services and supports, including mental health, educational and developmental services. All children in permanent placement cases are enrolled in Medi-Cal.
- **Post-permanency** services are provided by community agencies to ensure the continuing stability, safety, and well-being for children and youth who have moved from the temporary custody of the child welfare system into a permanent legal arrangement with committed caregivers. Medi-Cal may be the secondary insurance coverage to the legal guardian's primary insurance. Former foster youth are eligible for Medi-Cal up to age 26.
- **Resource Parents** is an additional term for **Foster Parents**. About 43% of foster youth are placed with relative caregivers in "kinship" placements and 33% are placed with non-relative resource parents. About 3% of youth are in placement settings called **Short-Term Residential Therapeutic Programs (STRTPs)**, which are intended to be temporary settings of intensive care and Specialty Mental health Services. About 9% are living independently in transitional housing and 11% are in other types of placement settings. [1]
- **Extended Foster Care (EFC) for Non-Minor Dependents (NMD)** is a program that allows foster youth to remain in foster care and receive services between ages 18 and 21. Youth may choose to live independently with financial support and other age-appropriate services to support their transition to adulthood provided by the county. These youth can be enrolled in Medi-Cal up to age 26.
- **Probation Youth.** County probation departments service foster youth who have been made wards of the juvenile delinquency courts. These youth receive supervision by probation officers and services similar to those provided to children in the child welfare system. These children are enrolled in Medi-Cal.

[1]California Legislative Analyst's Office. April 24, 2024. California's Child Welfare System: Addressing Disproportionalities and Disparities. Accessed Nov. 8, 2024.