California Children's Trust

UCSF
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# New Opportunities with Enhanced Care Management

*Increasing Success for San Francisco Families with Children Ages 0–5 in Family Maintenance*

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# Introduction

Every family involved in San Francisco's child welfare system has a unique story and set of needs. Access to necessary supports can help vulnerable families stay together. Increasingly, many of these supports can be funded, at least in part, by the Medi-Cal program.

New Medi-Cal services—Community Health Workers (CHW) and Enhanced Care Management (ECM)—offer navigation support. Fortunately, children involved with child welfare, including Family Maintenance cases, are a priority population, but participation has been low. In the first half of 2024, less than 2% of eligible children and youth involved in child welfare were enrolled in ECM services.[1]

In this paper we describe a hypothetical scenario based on real-world experiences, to illustrate what ECM might look like for a Family Maintenance case involving children ages 0–5 in San Francisco. Using a concrete example spurred conversation among key partners to identify implementation challenges and key questions, such as how ECM can be additive and not duplicative to services provided today, who should make referrals, how they should do it, and what information should be shared with whom.

## Stage Setting

Our first paper in this series, *Child Welfare-Involved Children and Families in San Francisco: Understanding a Unique Population: Families with Children Aged 0–5 in a Family Maintenance Placement,* noted that young children who are at high-risk of removal but still living with their families under supervised Family Maintenance need support in overcoming day-to-day barriers that may impede their stability. Examples include transportation, making and accessing physical or mental health care appointments, finding housing or food, and identifying and applying for community programs for supports like reliable and safe childcare.

While many community-based services exist today, these services are uncoordinated and thus not readily accessible. Introducing a list of confusing and disjointed services and mandating participation in them may invite more chaos into families' lives than benefit. Additionally, the existing preventative services they rely on are often challenged by unstable funding and may not be available when needed.

Before we dive into a specific case to illustrate the mechanics of ECM, here is a summary of what we know about the context of child welfare in San Francisco in the last three years.

- **Many children involved in child welfare are very young.** About one in three children involved in child welfare in San Francisco are ages 0–5. This is consistent with statewide numbers.[2]
- **Racial disproportionality is pervasive in child welfare.** While significant progress has been made, children and parents in child protective service placements are disproportionately African American, Native American, and Latino compared to the city's overall population.[3]
- **General Neglect is the dominant reason for the initial referral and system-involvement.** Interpersonal violence, mental health disorders and substance use disorders frequently are co-occurring.[4]
- **Family Maintenance aims to prevent removal and/or re-entry.** About 220 children—roughly one-quarter of San Francisco's open child welfare cases at any point in time—remain living with their families and receive support via Family Maintenance programs. Family Maintenance can happen voluntarily or on a court-

1 DHCS ECM Community Support Data Tables for Quarterly Implementation Report. Published Aug. 2024. Accessed Oct. 28, 2024.
2 California Child Welfare Indicators Project (CCWIP).
3 Data requested from the San Francisco Child Welfare Data Unit, Younger, Matthew; Tan, Lily, FCSDataUnit@sfgov.org
4 CCWIP

ordered basis. It can occur on the front-end to prevent removal or after reunification to prevent re-entry. About one in five children in Family Maintenance cases end up being removed and enter foster care.

- **Most impacted children and family members have Medi-Cal.** National data show that at least 8 in 10 families in child welfare are considered low-income and meet income thresholds for Medi-Cal. San Francisco has three Medi-Cal managed care plans to which children and families in Family Maintenance could belong: San Francisco Health Plan, Anthem Blue Cross, or Kaiser Permanente.
- **Supporting parents and caregivers is key to keeping young children with their familes and putting them on a positive life trajectory.** ECM can reinforce the goals of Family Maintenance by providing wrap-around services and supports to address the root causes of the neglect or abuse. This often requires a combination of concrete support like housing, food and transportation, along with access to therapeutic services to address trauma, other emotional issues, and/or substance use disorders.

*"When families are in crisis... and they are experiencing trauma... and there are a bunch of things happening to them [...] Having an extra person to do little details for them can allow them to focus on things needed to make sure that CPS is no longer involved. But once the crisis is no longer happening, the parents need ongoing support to build better tools and skills to continue to thrive without that extra support."*

**FAMILY ADVISORY BOARD MEMBER**

# What is Enhanced Care Management?

Enhanced Care Management (ECM) is intended to identify and close gaps in needed services, as well as ensure closed loop care coordination occurs between a child's or family's medical care, behavioral health care, and social services delivery systems. Because children and youth with complex needs are often already served by one or more case managers or other service providers within a fragmented delivery system, ECM offers coordination between systems. Instead of duplicating work already being delivered, ECM aims to facilitate effective communication and timely and necessary data sharing to make sure that the child or youth and their caregivers' holistic needs are being met. A key component of ECM is helping clients link to Community Supports offered by Medi-Cal managed care plans (MCPs) to address health-related social needs (although ECM is not the only pathway to access Community Supports).

Examples of Community Supports that can benefit children and families in Family Maintenance cases are:

- Asthma Remediation
- Housing Navigation
- Housing Tenancy and Sustaining Services
- Housing Deposits

Specific Medi-Cal managed care enrollees with complex needs are eligible for ECM. This includes all children in currently or recently involved in child welfare, including Family Maintenance. Because supporting young children necessitates supporting their families, the ECM team can work with parents and caregivers under the child's eligibility. Or the ECM team could open cases for both the child(ren) and the parent(s) if the adults meet program criteria.

# Case Scenario

TONIC, a collaborative group with representation from systems-impacted families, key child-serving departments and systems, managed care plans, and providers across San Francisco, developed the following scenario to illustrate typical needs of a family in Family Maintenance. The group discussed the case and potential improvements on the status quo, specifically looking at how the new Medi-Cal ECM benefit could help this family.

## SUBSTANCE USE AND UNSTABLE HOUSING IMPACTING A FAMILY'S STABILITY

A 4-year-old girl who lives with her single parent was referred to child protective services after she was seen wandering the street. The child protective services investigation revealed a history of referrals for lack of supervision associated with the parent's substance use. Through the safety planning process, the case worker noted that the parent and child had support from extended family. The parent agreed to sign up voluntarily for Family Maintenance services that could help them improve stability and reduce safety risks to the child.

As part of the Family Maintenance case planning process, the protective services worker referred the parent for a substance use disorder (SUD) assessment by County Behavioral Health. County Behavioral Health determined that the parent qualified for SUD treatment and connected them to an outpatient program. Noting additional needs for housing support, guidance on safe parenting and general care navigation support, the CPS worker also suggested the parent receive ECM services. The protective services worker received the parent's consent to send a referral via email to a central inbox at the child's Medi-Cal Managed Care Plan requesting ECM services.

## ECM in Action for Family Maintenance

**This is a hypothetical illustration of how ECM could support the family in this scenario:**

Upon receiving the referral from the county social worker, the Medi-Cal managed care plan authorizes the case initially for 12 months[5] of ECM and assigns the case to a contracted provider organization experienced with the child welfare system.

A lead care manager (LCM) contacts the parent and meets in-person with them and their daughter. The LCM is familiar with the community. She is unlicensed but has a few years of care coordination experience. The LCM learns about the family's needs by asking questions through an assessment process. These questions and answers help the LCM create a care plan with guidance from a licensed clinician. The assessment and care plan prompts the LCM to examine their needs from many angles: medical, dental, emotional, behavioral, and concrete supports like housing, food, transportation, education and social needs. Being from a community provider who is outside of the child welfare system, the LCM establishes trust with the parent. The LCM works collaboratively with the parent and child to set care plan goals and helps complete action items to meet them.

**5** MCPs can re-authorize ECM cases for longer than 12 months if there is ongoing need.

### *Enhanced Care Management Case Goals*

#### CHILD'S HEALTH

» The LCM notices that the child was past due on visits to the pediatrician and dentist. She helps the family make and attend those appointments.

#### SCHOOL

» The child was enrolled in preschool through San Francisco's preschool for all program. Noting that the child would be eligible for kindergarten the following year, the LCM links the parent to a resource to understand the public school enrollment process. The LCM also provides the parent with a list of nearby, affordable weekend programming options for the child.

#### HOUSING

» The LCM links the family to a Housing Transition Navigation Services provider to help the parent find permanent housing.

#### FAMILY MAINTENANCE PLAN

» The LCM helps the parent connect to parenting classes at a Family Resource Center.

#### PARENT'S HEALTH

» The LCM helps the parent get established with a primary care provider for the first time in over a year and encourages them to keep attending substance use service appointments.

A major part of ECM is communicating across providers. The ECM lead care manager explains to the parent why it is important to communicate with existing providers, such as the public health nurses, already supporting the family to make sure they are not duplicating any services or causing confusion. She also gets the parent's permission to share information and respects the parent's preferences on whom she may communicate with and what is OK to share. She knows this is important to maintain the family's trust.

The CPS case is successfully closed after about six months when the parent meets the CPS case plan requirements. The ECM care manager stays connected with the family for an additional five months to ensure they maintain connections to supports. The care manager checks in with the parent a few times per month. The parent reports feeling supported, knowing someone familiar with the family's situation is available to help navigate additional obstacles and build up the parent's confidence when they feel overwhelmed.

## ECM for Family Maintenance Cases: Keys to Collaboration

This case demonstrates a best case scenario. We acknowledge not every case will occur like this, but we wanted to illustrate the potential possibilities. The scenario required all of the following conditions to be met:

1. The child welfare social worker knew the Medi-Cal managed care plan in which the child and parent were enrolled.
2. The social worker understood what enhanced care management was, that all Family Maintenance cases were eligible, how ECM could help the family, and how to make a referral for services.
3. The social worker asked and received the parent's permission to make a referral for ECM.
4. Making a referral was as easy as sending a secure email with a description of the needs and contact information. The social worker did not have to fill out an extensive referral form.
5. The managed care plan swiftly processed the referral from the social worker and had a contracted ECM provider familiar with the child welfare system. That provider had capacity and was able to reach the parent within days of receiving the referral.
6. The parent accepted services and was willing to engage.
7. The linkage to the housing navigation support service resulted in securing permanent housing in a relatively short period of time.
8. The ECM care manager stayed available to the family after the CPS case closed. This provided important continuity for the family during this transition but felt separate from CPS. This separation was important to the parent who still needed support but wanted distance from CPS.

Not every case will go this smoothly, but the steps above are foundational for ECM to potentially help more families.

The next section reflects feedback from the TONIC participants on current barriers to making ECM more widely available along with some recommended next steps. While centered on San Francisco, these issues and recommendations apply more broadly across California.

# Issues and Recommendations

ISSUE #1

**Identification and coordination of families with Family Maintenance (FM) status through the process of accessing ECM services in San Francisco will require the collaborative leadership of multiple agencies.**

San Francisco's Family and Children's Service (FCS) is committed to building out pathways to prevention. Managed care plans that manage the delivery of Medi-Cal services (like ECM and Community Supports) and CBOs that hire Community Health Workers (CHW) and other provider types are important participants.

**In addition, starting ECM services when a family enters FM means several prior opportunities for earlier engagement and intervention were missed.**

For example, opportunities to access ECM services may arise at the child abuse hotline referral stage, when they are referred to differential response services, or if the family seeks out other concrete supports like food stamps, housing or diapers. However, it is not clear if these cases meet the eligibility criteria for ECM services.

***RECOMMENDATIONS***

- Medi-Cal managed care plans should learn more about the county's strategies around *preventing* child removals and identify opportunities to partner and help ensure families are connected to their covered services.
- Managed care plans are required to execute a Memorandum of Understanding (MOU) with county child welfare agencies. When establishing required coordination workflows both entities should focus on clear and concrete definitions and workflows, keeping processes as simple as possible for enrollees to connect to services.
- Systems partners should commit to collaborative testing and improvement of these coordination workflows for feasibility and implementation. The county's Family and Children's Service and managed care plans should also consult families with lived expertise on sensitive issues in a systems coordination workflow, such as identification of families in FM and consent to data sharing.

ISSUE #2

**Child welfare social workers may not know what ECM is or understand how it may benefit the children and families across the continuum from prevention, to early intervention and eventual reunification and after-care.**

***RECOMMENDATIONS***

- As stated in the required MOUs, MCPs and child welfare agencies should collaborate on training for referral pathways. It is important these materials include vignettes and case examples.
- County child welfare agencies should collaborate with local MCPs to identify which ECM providers have experience with child welfare and proactively send the list (or link to the website) to key staff at least quarterly.

ISSUE #3

**Proactively obtaining consent to make a referral on a parent's behalf to ECM at the beginning of a Family Maintenance case may not be standard policy.**

### *RECOMMENDATIONS*

- County child welfare agencies should develop a checklist for social workers to follow related to Medi-Cal coordination. It should include proactively obtaining consent to make referrals for ECM and other Medi-Cal services to either the managed care plan or a community provider. Likely, the same process should occur at other stages, including differential response, reunification, and after care.
- County should decide what the simplest referral pathway is—to the managed care plan or directly to providers—and train staff on that process.

ISSUE #4

**Parents may not consent to services or engage in ECM (or any services) because they do not trust government programs.**

### *RECOMMENDATIONS*

- When making the referral, county social workers should tell the parents that they are being referred to a Medi-Cal service not a CPS contracted service.
- Involving a parent partner, peer navigator or community health worker with similar lived experience may help create more trust in the referral and program. Having the referral come from the public health nurse may also be a pathway that parents trust.
- When obtaining consent, providers should explain that the child and parent decide who the care manager can talk with and what they should share, including child welfare services.

ISSUE #5

**Many agencies that work with child welfare are not contracted with the MCP for enhanced care management. The providers say there is confusion over service differentiation and significant administrative barriers to meeting Medi-Cal and ECM contract requirements.**

### *RECOMMENDATIONS*

- MCPs should continue exploring options to contract with the 27 Family Resource Centers currently contracted with San Francisco's Family and Children's Services.
- The Family and Children's Service division should set a goal of having its contracted providers secure Medi-Cal contracts for ECM and CHW services and first bill Medi-Cal for all eligible services.
- Providers should work together to complete a detailed service inventory and suggest options to differentiate between ECM, CHW and other services in ways that minimize duplication.
- The Family Services Alliance should continue exploring options for technical support around contracting, electronic care management documentation, and claims submission. The MCPs should provide technical assistance to the Alliance in this effort.

# Family Perspective

Members of the TONIC Family Accountability Board (FAB) also reviewed the hypothetical scenario. These individuals have lived experience with numerous public systems including child welfare. In a multi-hour discussion, the following themes emerged.

### *Families need support before CPS involvement.*

Screening families for referrals to enhanced care management should start when families are seeking basic services for housing and nutrition support/food stamps.

***"Why do traumatic things have to happen in order to get support?"***

### *Trust is key.*

A case manager or social worker known prior to CPS involvement would be the most trusted source for ongoing ECM support.

***"Those are the people I would lean on for support because there is already a foundation of trust built, and they would know who I am."***

The parents said they are less likely to trust a lead care manager or accept help if that LCM was obligated to talk with the child welfare worker without the parent's permission. Families feared that information shared could be used against them.

### *ECM will be another unfulfilled promise if it doesn't lead to actual services.*

These families are accustomed to challenges with accessing services, noting that getting medical, behavioral health and dental appointments can take months. Housing support services have long waiting lists and securing permanent housing can take months (or longer).

***"It's helpful only if that person [the LCM] can make sure the referrals actually go somewhere. Otherwise it just adds another layer of another person knowing your business if it's not going anywhere."***

### *Discretion is paramount.*

It is important that referrals or communication with others about their situation happens only with their knowledge and consent.

***"No matter how much people try not to have a bias, they have a bias. The way they view you will change. … Yes, I want services and want help, but the fewer people who know is important to me."***

Discretion and consent to share information is especially important for families with members who may be undocumented. They are on high alert about any of their information being shared.

### *Families want voice and choice.*

The FAB desired the ability to select who their ECM provider is and the option to request a different lead care manager if the original was a poor fit. They felt empowered to learn there was a pathway to voice a grievance or complaint about a provider.

# Conclusion

As our first paper explained, families with young children in child welfare Family Maintenance, especially those with children aged 0–5, have a unique and urgent need to access supports that will help their family safely stay together. Coordinating supports from the beginning and helping families connect with a network of community services may help minimize time spent in Family Maintenance, increase the likelihood of families staying together, and set the family on a path for success. Additional navigational support via Medi-Cal's ECM benefit can help families involved in child welfare on their journey, but importantly ECM needs to be closely aligned and coordinated with existing supports a family may receive.


## ACKNOWLEDGEMENTS

This paper attempts to reflect opinions from a diverse set of partners, including representatives from a Medi-Cal primary care clinic, public health nurses, public health physicians, Medi-Cal managed care plans, leadership from San Francisco's Family and Children's Services and individual family members who have lived experience with the systems described herein. We are grateful to the service and dedication of these individuals who toil in the difficult work of systems change to better support vulnerable children and their families.


## PARTNERS IN THIS WORK

### The UCSF Center for Child and Community Health's Toxic Stress Network Improvement Collaborative (TONIC)

**TONIC has been working since 2019 with the goal of grounding care coordination systems in San Francisco for children 0–5 in lived expertise and aligning sectors around the following goals:**

- **Promote health, including early relational health, and resilience;**
- **Identify, prevent, and mitigate risk factors for toxic stress; and**
- **Treat toxic stress and its negative associated health consequences.**

Center for Child and Community Health

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### California Children's Trust

**We are a coalition-supported initiative to reimagine how California finances, defines, administers and delivers children's mental health supports and services. Equity + justice are at the center of our beliefs, our actions, and our strategy for change.**

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