



ECM Workflow Lunch and Learn

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Document Overview & Purpose

Purpose of This Implementation Guide:

- Assist counties in identifying how to select managed care plans and enroll youth
- Provide step-by-step processes for engaging families in ECM services ensuring tribal representation and voice
- Modify existing workflows to meet partnership and operational needs
- Support coordination between child welfare and healthcare systems

Document Development

- Created through CDSS and DHCS partnership
 - Designed to help counties identify roles and responsibilities of key stakeholders
 - Provides general steps that counties should adapt to local needs
 - Encourages close partnership with MCPs and ECM providers
 - Prioritizes engagement with tribal entities with Indian children and families
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Document Structure & Layout

How the Guide is Organized

By Case Type and Timeline:

- **New Cases:** Initial removal → CFT meeting → Dispositional hearing
- **Family Maintenance:** Court/voluntary cases with families remaining together
- **Existing Cases:** Previously opened cases needing ECM assessment
- **Prevention Pathway:** Services without open child welfare case

Document Features

- **Step-by-step tables** with responsible parties clearly identified
- **Detailed workflows** for different case scenarios
- **Contact information** and resources for implementation
- **Templates and forms** referenced throughout
- **Glossary** of key terms and definitions

Key Stakeholders & Roles

Document Identifies Responsibilities for:

County Staff:

- **Social Workers (SW)** – Case management and family engagement
- **Eligibility Workers (EW)** – Medi-Cal enrollment and plan selection
- **Public Health Nurses (PHN)** – Health coordination and assessment

Healthcare Partners:

- **MCP Child Welfare Liaisons** – Designated county contacts for CWS needs
- **MCP Tribal Liaisons**– Designated tribal liaisons for tribal children youth and families
- **ECM Providers** – Direct service delivery and care coordination
- **Managed Care Plans (MCPs)** – Benefit administration

Family Members:

- **Resource Families (RF)** – Caregivers and placement providers
- **Birth Parents** – Biological families working toward reunification
- **Youth and Non-Minor Dependents (NMDs)** – Direct service recipients
- **Tribe/ICWA Representative** – Individuals who represent the sovereignty of Indian children and families and ensure cultivation of informed participation and trusting relationships

Others:

- **Community-based organizations (CBOs)** – Those agencies offering prevention services and that can be referrers to ECM supports

New Cases: Initial Removal Process

County Responsibilities: MCP Enrollment

1. Determine Medi-Cal status – Check MEDS system
2. Obtain documentation – MC card and current health plan
3. Check available MCPs – Single vs. multiple plan counties
4. Facilitate application if not enrolled
5. Discuss MCP vs. FFS options with family and family's request, ICWA representative
6. Contact Health Care Options for enrollment
7. Notify parents/youth with 10-day Notice of Action

ECM Provider Selection

- SW/PHN introduce ECM services
- Obtain verbal consent before referral
- Ensure independent ECM outreach to family
- Include ECM provider in CFT meeting scheduling

CFT Meeting to Dispositional Hearing

Before CFT Meeting

- **CANS assessment** initiation
- **Missing health information** collection (JV-225)
- **Review FFS vs. MCP** options
- **Team-based MCP selection** process

During CFT Meeting

- **ECM enrollment/referral** issue resolution
- **Family engagement** for needs assessment
- **Tribe engagement** for families with Indian heritage as families choose
- **CANS completion** facilitation
- **Action plan development** with care coordination
- **Final consents** for services and information sharing
- **Ongoing CFT** scheduled and to include ECM providers and MCP staff (as needed)

After CFT Meeting

- **ECM care plan** updates based on meeting outcomes
- **Ongoing communication** between ECM provider and SW/PHN

Family Maintenance Cases

Key Differences from Removal Cases

- Family remains together while receiving services
- Enhanced family choice in MCP and ECM selection
- Birth parent engagement throughout process

Process Steps

1. Determine MC enrollment status
2. Assess family's current plan preferences
3. Provide MCP vs. FFS education
4. Complete ECM referral with family consent
5. Coordinate CFT meeting with ECM provider participation

Important Note

- ECM provider should be included in CFT meetings with family consent
- Focus on voluntary engagement and family-driven decisions
- Indian children and families may have a tribal representative engaged in case planning and prevention activities who may be an integral part of the family team at the family's discretion

Prevention Pathway: Community Focus

Prevention Pathway Overview

- Access to **Family First Prevention Services** without open CWS case
- Services delivered through **community-based organizations (CBOs)**
- **Title IV-E Prevention Pathway** allows direct CWS agency services

Community Provider Activities

- **Collect Medi-Cal status** – Determine MCP enrollment
- **Discuss MCP benefits** – Explain enrollment advantages
- **Introduce ECM services** – Provide benefit information
- **Refer family for ECM** – Use universal ECM form
- **Coordinate services** – Collaborate with ECM provider

ECM Provider Role in Prevention

- **Family engagement** after ECM approval
- **Needs assessment** and care plan development
- **Service coordination** with referring CM and other providers

***NOTE:** families may also receive FFPS prevention services via the IV-E pathway if they meet the candidacy criteria (i.e., Family Maintenance, Expectant or Parenting Youth in foster care, etc.). This case type is solely referring to the community pathway in which a family receives services and supports via the community provider and has no interaction with the child welfare agency.

Special Circumstances

Out-of-County Placements

- **Continuity of Care** rights for youth moving counties
- **24-hour determination** for out of county moves with a different MCP
- **Provider continuity** assessment and preferences
- **Warm hand-offs** between ECM providers when needed

Case Closure Scenarios

- **ECM services continue** after case closure for:
 - Reunification cases
 - Adoption/Guardianship cases
 - APPLA/NMD cases
- **Youth participation until age 26**
- **Inform ECM provider** of case closure plans and continuation of ECM if needed

Existing Cases

- **Caseload review** for MCP/ECM benefits
- **Assessment of current enrollment** status
- **Family choice** in plan selection

Key Implementation Principles

Family Voice and Choice (ICPM Framework)

- **Culturally relevant** and **trauma-informed** services
- **Youth and family voice** in service planning and delivery
- **Informed consent** required before ECM referrals
- **Information sharing** with proper releases
- **ICWA** considerations and engagement for Indian families

Critical Success Factors

- **Verbal consent** sufficient for MCP ECM referrals
- **Independent ECM outreach** to avoid CWS perception
- **Regular communication** between SW/PHN and ECM providers
- **CFT meeting integration** for coordinated care
- **Documentation** in case plans and court reports

Contact Resources

- **Health Care Options:** 1-800-430-4263
- **Medi-Cal Ombudsman:** 888-452-8609
- **MCP CWS Liaisons:** Email CWSHealth@dss.ca.gov

Next Steps for Counties

Immediate Actions

- **Modify workflow document to fit your local practice and partnerships**
- **Review current caseloads** for ECM eligibility
- **Establish partnerships** with local MCPs and ECM providers
- **Train staff** on MCP enrollment and ECM referral processes
- **Develop local materials** for family education
- **Create communication protocols** between CWS and health partners

Implementation Support

- **Partner with MCP CWS Liaisons** for seamless enrollment
- **Integrate ECM** into CFT meeting processes
- **Modify county procedures** to align with guide recommendations
- **Engage prevention providers** in ECM awareness and referrals
- **Strengthen/nurture** relationships within tribal community for ICWA accountability

Long-term Goals

- **Improved health outcomes** for children and families
- **Enhanced care coordination** across systems
- **Reduced barriers** to healthcare access
- **Strengthened family engagement** in service planning