

# Supporting children and families: Leveraging CalAIM for child welfare prevention

September 2024



**Full Circle**  
Health Network



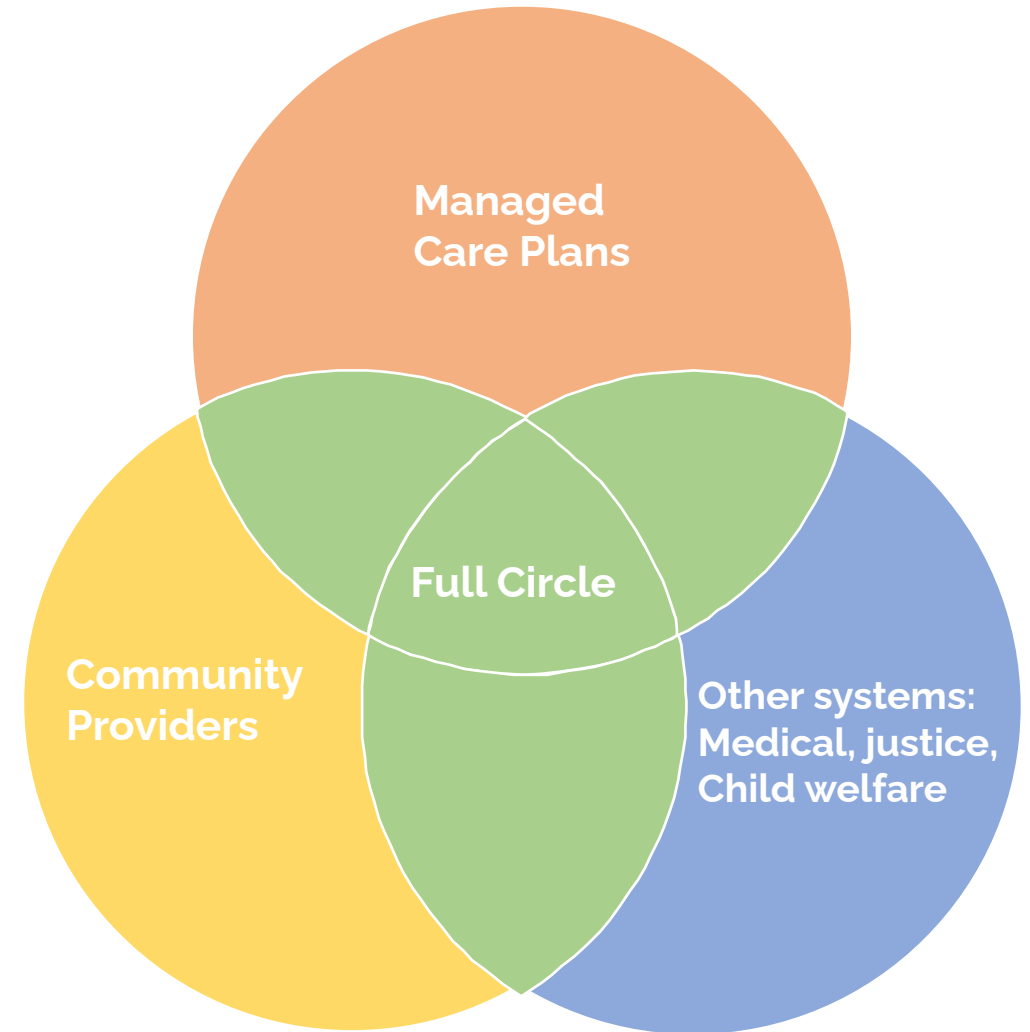
# Introduction to Full Circle



# Who we are

Full Circle Health Network is an integrated network of providers delivering coordinated, community-based services to vulnerable children, individuals and families across California.

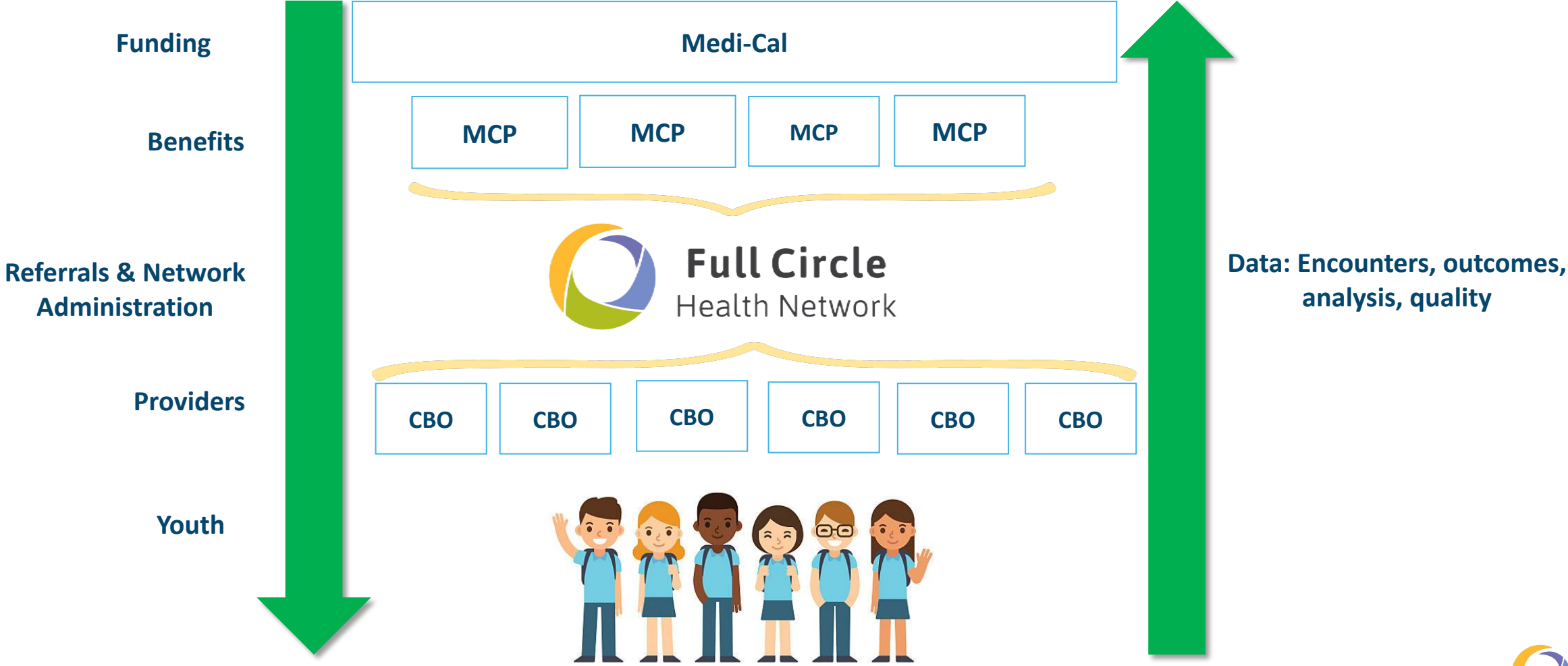
Full Circle exists so more Californians can access **equitable, culturally congruent**, and **trauma-informed care** that addresses their whole-person and whole-family needs.



Full Circle is affiliated with the California Alliance, a public benefits corporation.



# Full Circle connects a high performing network of CBOs to Managed Care Plans



# Community-based organizations are critical to CalAIM's success

“As trusted community providers, **CBOs are critical partners in achieving health equity** by **elevating the voices of marginalized communities** and vulnerable community members, and **providing culturally relevant**, equitable, and strategic solutions to community challenges,”



**Quick Fact: 94% of FCHN's contracted providers have experience working with the child welfare population\***

\*not all providers are represented on this slide



# A bridge between MCPs and CBOs is needed to realize the CalAIM vision for vulnerable children, youth and families



# CalAIM and the Child Welfare System



# CaAIM & the Prevention Continuum

	Primary Prevention	Secondary Prevention	Tertiary Prevention
Definition	Focus on strengthening communities and improving child wellbeing for entire population; address social determinants of health.	Target at families with risk factors, such as poverty, SUD, MH issues, or violence exposures. Goal is to strengthen protective factors.	For families where child maltreatment has occurred; aim is to mitigate trauma caused by maltreatment and reduce negative consequences
Examples	<p><b>Universal screening</b> and integrated services through <b>Healthy Steps/Dyadic Benefits</b> within primary care.</p> <p>Public health <b>home visiting programs</b> for early identification and referral.</p> <p><b>Family Resource Centers</b> co-located at <b>Community Schools</b> with <b>onsite supports and services via CHWs and Wellness Coaches.</b></p>	<p><b>Enhanced Care Management</b> (a form of home visiting) to connect a family to <b>Community Supports</b>, such as transitional housing, security deposits, asthma remediation, for food supports.</p> <p><b>Community Health Worker (CHW)</b> services to support individuals with navigating health and social issues, and mitigating impacts of interpersonal or community violence.</p>	<p><b>Combine ECM or CHW services with intensive care coordination (ICC) or Wraparound</b> to implement aspects of the case plan.</p> <p>ECM or CHW services should support strengths and needs in deference to Child and Family Team to support family preservation, maintenance and/or reunification.</p>





# Our Approach



# Strategies to Engage Child Welfare Population



## Foster Youth Mapping Project

Identify and match eligible foster youth with their existing providers.



## Child Welfare Dept Engagement

Developing partnerships with county social workers and offering collaborative presentations to county workers and other key stakeholders in partnership with our MCPs



## Community Trust and Awareness

Developing partnerships with county social workers to educate and refer families to services

FCHN is committed to measuring the success of these strategies while continuing to develop others in partnership with our providers and MCPs

# Child Welfare Population Case Example

## Three African American siblings w/ housing instability due to death of a family member

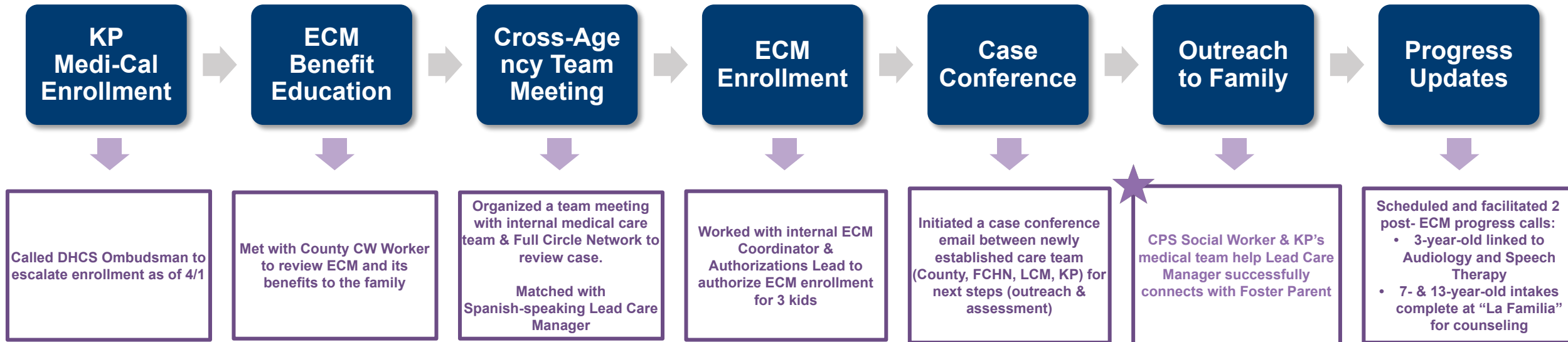
- **13 yr. old:** Suicidal ideation, Untreated ADHD, Poor dental health, Uncontrolled Asthma, Adapted parental role
- **7 yr. old:** Unaddressed swallowing dysfunction
- **3 yr. old:** Suspected developmental delays, suspected hearing loss due to trauma

### Foster Family:

- Foster mom speaks only Spanish
- Foster father speaks some English but works daily until 5 pm

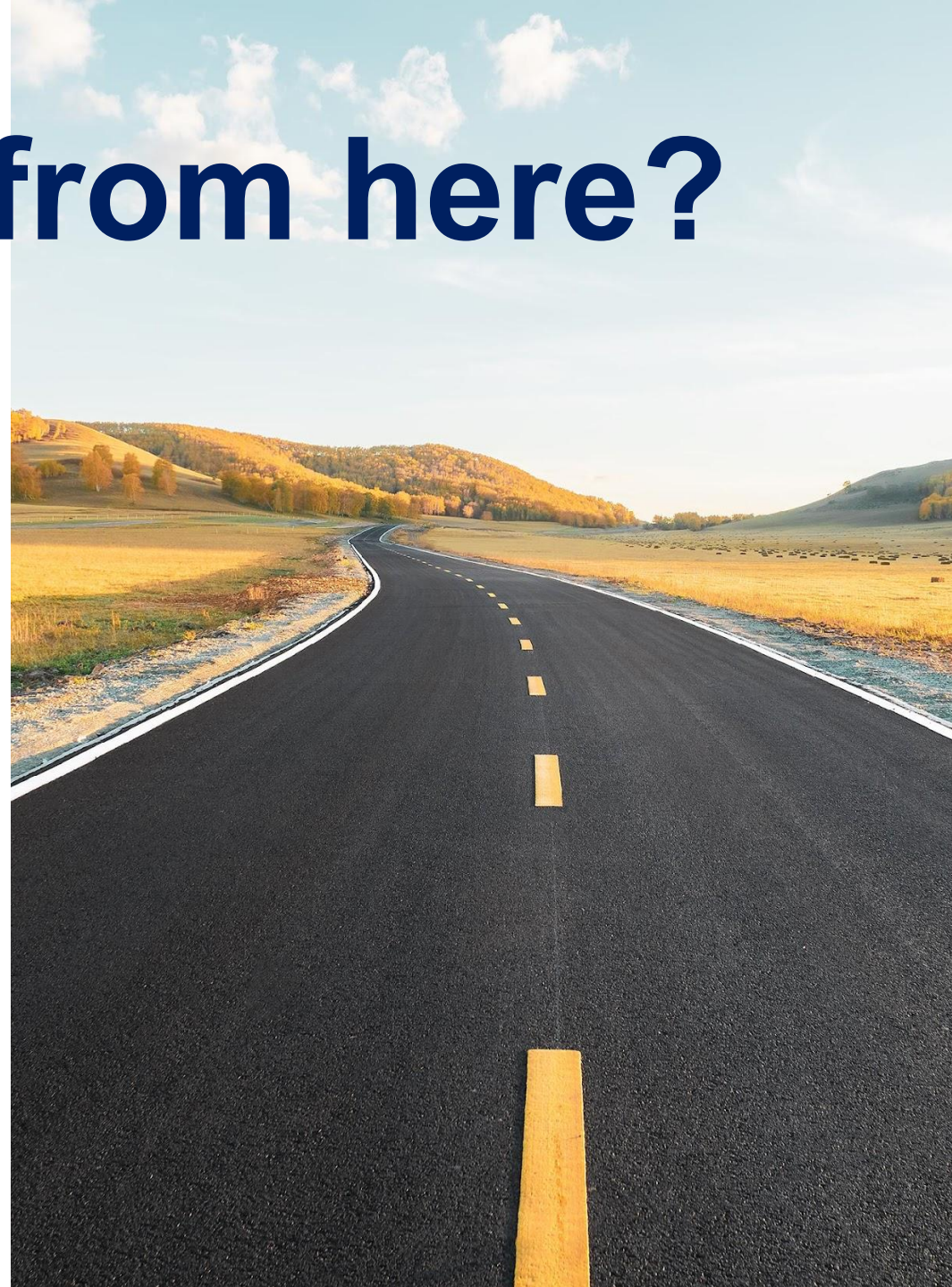


# Child Welfare Population Case Example



# Where do we go from here?

1. **Deepen the collaboration** between pediatricians, CBOs, child welfare agencies and Medi-Cal managed care plans.
2. **Create frictionless pathways** to link foster care involved and at-risk families to supportive services.
3. **Align provider networks** across child welfare and Medi-Cal managed care CalAIM.





# Questions

