



Enhanced Care Management Theory of Change

What Does Success Look Like
for Children, Youth and Families?

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Full Circle
Health Network

Enhanced Care Management: A Theory of Change

What Does Success Look Like for Children, Youth and Families?

Enhanced Care Management (ECM) is a relatively new benefit available through California's Medi-Cal managed care plans that presents an opportunity to fill an important gap in the Medi-Cal delivery system — a coordinated care model specifically designed for vulnerable children and youth.

California's ECM program evolved from [Whole Person Care pilots](#) and [health home program models](#) that focused on coordinating care for high-cost adult populations. These models led to improved cross-sector coordination for high-risk patients.ⁱ

These programs, however, never focused on children, youth and families. ECM was not intentionally designed to address the unique development needs of a pediatric population. There is no Theory of Change framework behind ECM for kids.

Unsurprisingly, ECM performance metrics tend to be adult-oriented metrics – such as reductions in inpatient hospital care, monitoring chronic disease and promoting medication adherence.

There is no consistent definition of what high quality ECM looks like for children, youth and families that acknowledges children's health and development occur within complex family dynamics and interconnected community systems.

[Full Circle Health Network](#) is a statewide Community Care Hub of more than 120 community-based organizations (CBOs). Born out of the [California Alliance of Child and Family Services](#), Full Circle was created to bring CBO depth and experience into the Medi-Cal managed care networks. Full Circle works with 80% of California's Medi-Cal managed care plans. Its network has delivered ECM to thousands of individuals.

We are committed to driving high quality service delivery. As such, Full Circle developed a Theory of Change framework to create a shared understanding of what high quality ECM for children and families looks like and how to measure success using a child development principles and trauma-informed practice.

This Theory of Change framework is designed for the multiple stakeholders involved in California's ECM implementation: Medi-Cal managed care plans, community-based organizations, community hubs like Full Circle, child welfare agencies, and state and county policymakers.

We invite like-minded innovators to join us in creating a definition of success for ECM that also includes youth and family empowerment, increased system trust and community integration.

Theory of Change: Why Have It and How to Use It

1. **Communication and planning tool:** Creates a map of the logical sequence of steps leading to the desired outcomes and impact to use as a communicate tool to align internal and external stakeholders.
2. **Clarify goals and assumptions:** Make explicit the desired outcomes and underlying assumptions about how change occurs to achieve them.
3. **A blueprint for action:** Help teams stay on course and make informed decisions about program activities.
4. **Facilitate evaluation:** A framework for evaluation that identifies measurable indicators of success.
5. **Drive systems change:** Identify opportunities for collaboration and leverage efforts for systemic change by clearly articulating how change is expected to occur.
6. **Improve decision-making:** A framework for making strategic decisions and prioritizing actions most likely to lead to desired outcomes.

How to read the diagrams

A theory of change framework is often represented visually through a logic model. Start at the right side with the long-term outcomes or ultimate impact the program aims to achieve. This column aims to answer the core question: What does successful ECM for children and families look like?

Then move left to intermediate and short-term goals. This groups outcomes into three categories:

- 1) access, utilization and engagement;
- 2) child and family experience; and
- 3) provider experience.

Next, review the activities and inputs necessary to achieve the desired outcomes.



THE THEORY OF CHANGE

Core Principles

The Full Circle Theory of Change is grounded in the following principles – some of which distinct from adult-focused models. These do not necessarily lead to *short-term* cost savings for children and youth.

- 1. Family-Centered Approach:** Recognizing that children's health and well-being are inextricably linked to family functioning and stability.
- 2. Trauma-Informed Care:** Understanding that many families accessing ECM have experienced inter-generational trauma that affects their engagement with systems.
- 3. Prevention Focus:** Emphasizing early intervention to prevent escalation of health, behavioral, and social challenges.
- 4. Cultural Responsiveness:** Ensuring services reflect the language and cultural backgrounds and preferences of the families served.
- 5. Systems Integration:** Coordinating across child welfare, healthcare, education, and community support systems.

Underpinning Full Circle's theory of change is that local, community-based providers with culturally concordant staff are best equipped to engage children, youth and families to achieve the desired outcomes. But these providers need support to adapt their capacities to the new ECM service model. Full Circle offers its network providers this administrative, coaching and quality support.

EVIDENCE FOR THE MODEL

The Full Circle Theory of Change incorporates evidence from multiple research domains that support its theoretical foundations.

Family Systems, Parent Empowerment & Behavior Change

The American Academy of Pediatrics [states](#) care coordination that bridges medical and social systems is an essential component of serving children and families with high needs.ⁱⁱ

Research on family health development emphasizes that parents' health behaviors, especially those related to parenting practices, significantly influence children's health outcomes across generations, highlighting the need for family-centered interventions.ⁱⁱⁱ

[Research on parent empowerment programs](#) demonstrates that empowering parents can effectively address barriers families face in mental health and other service utilization, including stigma and perceptions of providers. This theory acknowledges that sustainable change requires addressing individual and environmental factors that influence how families engage with systems and services.^{iv}



Health Care Delivery Innovation

The Medi-Cal program has adopted benefits and programs that reflect the importance of identifying and addressing trauma (coverage of [ACES screening and referrals](#)) and of supporting parents of young children in pediatric primary care settings ([dyadic behavioral health care](#) services). These policies are rooted in decades of research evidence.^{vi, vii}

Further, the American Academy of Pediatrics [recommends broader adoption](#) in pediatric health care settings of the relational health framework that emphasizes the positive impact of safe, stable, and nurturing relationships (SSNRs).^{ix}

Yet, an evaluation of ACES screening programs in California found that health care providers often cited concerns about referral resource availability as reasons for less screening.^{viii}

ECM represents a critical infrastructure to make these evidence-based approaches operational at scale. Through ECM, pediatric providers can deepen connections with community partners. ECM is a tool to support child development through family strengthening.^v

Full Circle's experience shows that increasing ECM uptake, however, requires simpler referral pathways to a network of culturally concordant, trauma-informed CBOs.

ECM Eligibility Definition for Child Welfare Involved

One or more of the following conditions:

- Age 21 and younger and currently receiving foster care in California;
- Age 21 and younger and previously received foster care in California or another state within the last 12 months;
- Aged out of foster care up to age 26 (having been in foster care on their 18th birthday or later) in California or another state;
- Age 18 and younger and eligible for and/or in California's Adoption Assistance Program;
- Age 18 and younger and currently receiving or have received services from California's Family Maintenance program within the last 12 months.



Theory of Change In Practice

The Logic Model Diagrams are intended to support discussion among key partners. Here are some suggestions.

Managed Care Plans (MCPs)

Strategic Planning and Network Development. Review the logic model and adopt your own to guide strategic decisions about provider network development, ensuring inclusion of culturally concordant providers with expertise in child development, child welfare and trauma-informed care. Consider measuring network adequacy not only quantitatively but qualitatively, considering whether providers can effectively serve the cultural and linguistic needs of enrolled families.

Performance Monitoring and Quality Improvement. Consider some non-traditional utilization metrics when developing performance metrics, such as:

- Engagement & retention rates
- Provider diversity and cultural concordance
- Member satisfaction and experience measures
- Health equity outcomes across racial and ethnic groups

MCAS Alignment. The logic model aims to align with California's Managed Care Accountability Set (MCAS) measures, but it also goes beyond to include meaningful family-centered outcomes.

Community Care Hubs & CBOs

Technical Assistance Guides. Hubs like Full Circle can use the framework to prioritize technical assistance, tools and data collection efforts required to support network CBOs and providers in launching a new service line and re-engineering their operations and clinical workflows to achieve the desired outcomes.

Service Delivery Transformation. Providers can use the logic model to guide ongoing adaptation of their service delivery approaches to family-driven and outcome-oriented supports. This includes implementing comprehensive assessment processes, developing culturally responsive engagement strategies, and establishing mechanisms for ongoing family feedback.

Quality Improvement and Outcome Measurement Hubs and CBOs alike can use the theory's outcome framework to develop internal quality improvement processes that track not only service delivery metrics but also family experience and empowerment indicators.

ECM Case Studies

Full Circle developed a series of case studies to show ECM in action for the Child Welfare Population.

View and download them at www.fullcirclehn.org/resources

Child Welfare Agencies

Prevention and Early Intervention.

The theory supports counties in shifting from reactive to preventive approaches by identifying families who could benefit from ECM before child welfare involvement escalates. This aligns with implementation of the [Comprehensive Prevention Plans](#) (CPP) counties created as required by the [Federal Families First Prevention Services Act](#) (FFPSA).

Cross-System Coordination. Counties can use the theory to guide negotiations in data-sharing agreements and streamlined referral pathways between child welfare, mental health, public health, and other county departments. The framework highlights the importance for a "no wrong door" approach to family support, which is particularly relevant for [Community Pathway development](#) as part of FFPSA.

State Policymakers

Policy Design and Implementation State policymakers can use the theory to design policies that incentivize ECM approaches aligned with child and family development principles. This includes developing financing mechanisms that support prevention activities and long-term relationship building with families.

Measurement and Accountability Systems The framework provides guidance for developing state-level accountability measures that capture the full spectrum of ECM impacts. This includes establishing requirements for longitudinal tracking of family outcomes and cross-system data sharing.

System Integration and Reform Policymakers can use the theory to identify opportunities for broader system reforms that support ECM implementation, such as technology and data integrations, reducing duplicate assessment requirements, and modifying confidentiality requirements to enable appropriate information sharing between child-serving systems.

Conclusion

Enhanced Care Management is an important service that can enable comprehensive linkage to services that support the developmental needs of children, youth, and families while achieving better health outcomes and promoting equity across all communities. The success of this transformation depends on committed action from managed care plans, counties, providers, and policy-makers working together. This theory of change can be a starting point for deeper conversation about what is required to scale family-centered, trauma-informed and culturally-responsive care coordination, and critically, how we will know if it is successful.

Measuring Success: Key Performance Indicators

Full Circle's ECM Logic Model aims to align with existing measures in California's [Medi-Cal Managed Care Accountability Sets \(MCAS\)](#) and the [Bold Goals 50X2025](#) described in the Medi-Cal program's [Comprehensive Quality Strategy](#).

Health care outcomes

CHILDREN'S HEALTH IMPROVEMENTS

- Increasing well-child visit rates through enhanced care coordination
- Improving immunization coverage through systematic tracking and outreach
- Enhancing developmental screening and early intervention linkages

BEHAVIORAL HEALTH INTEGRATION

- Reducing stigma and barriers to behavioral health services
- Improving follow-up care after mental health crises

HEALTH EQUITY ADVANCEMENT

- Addressing social determinants of health through comprehensive care coordination
- Ensuring culturally responsive service delivery
- Reducing disparities in health outcomes across racial and ethnic groups

Example Metrics Relevant to Children, Youth and Families

ACCESS AND ENGAGEMENT METRICS

- Percentage of eligible families referred to and enrolled in ECM
- Time from referral to first contact and service initiation
- Youth/Family engagement and retention rates over time
- Cultural concordance between families and assigned providers

SERVICE QUALITY AND EXPERIENCE

- Family satisfaction and experience scores
- Older youth/young adult satisfaction and experience score
- Care plan completion and goal achievement rates

HEALTH AND DEVELOPMENT OUTCOMES

- Well-child visit compliance rates
- Immunization and developmental screening completion
- Emergency department utilization and hospital readmission rates
- School attendance and engagement indicators

SYSTEM-LEVEL IMPACT INDICATORS

- Improved coordination between healthcare and social service systems
- Cost-effectiveness and return on investment measures
- Health equity improvements across demographic groups
- Support child welfare family reunification
- Prevent juvenile justice involvement and/or recidivism

About Full Circle Health Network

Full Circle Health Network empowers community-based organizations with the tools and knowledge to connect with health plans and public systems working to positively impact the health and wellbeing of vulnerable children, youth adults and families across California. Full Circle is a nonprofit organization built for and by community-based organizations that are the backbone of California's family serving social safety net. Learn more at www.fullcirclehn.org.

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