

FCHN Theory of Change **ECM For Children and Youth**

Inputs	Activities	Short-term Outcomes (1-2 years)	Intermediate Outcomes (2-3 years)	Long-Term Outcomes (3-5 years)
<p>MCPs</p> <ul style="list-style-type: none"> Contracts with Full Circle Broad communication to parents, caregivers and youth about ECM as a new service Defined referral pathways Population health data <p>Full Circle Health Network</p> <ul style="list-style-type: none"> Medi-Cal Managed Care Plan (MCP) contracts Contracted providers w/ CW experience Defined referral pathways Tech for documentation, reporting <p>Community-based Providers</p> <ul style="list-style-type: none"> Culturally concordant, knowledgeable staff Successful engagement strategies Effective ECM service delivery Accurate documentation in HER Community pathway referrals to link existing clients to ECM services <p>Children & families</p> <ul style="list-style-type: none"> Consent to participate Self-referrals to services Engagement <p>Community Partners</p> <ul style="list-style-type: none"> Knowledge on how to make a referral for services for supporting instead of reporting 	<p>Infrastructure between MCPs, County agencies and FCHN</p> <ul style="list-style-type: none"> Data sharing/use agreements between partners Develop processes to identify children/families and implement referrals (including consent process) Agreement on streamlined, bidirectional referral pathways Build awareness among staff <p>Full Circle Health Network</p> <ul style="list-style-type: none"> Engage providers & resources Train providers on all aspects of ECM Quickly assign referrals to best fit provider and ensure linkage; close the loop with referring entity, support case step-up/down Continuous quality monitoring & improvement of service delivery Meet all MCP compliance requirements Train community partners to build awareness Support data integration across domains (medical, BH, dental, social services, etc) Troubleshoot gaps between CBOs & MCPs 	<p>Access, utilization, engagement</p> <ul style="list-style-type: none"> Increase community awareness of the benefits Increased referrals to ECM Increased engagement & enrollment in ECM Families engaged early in services <p>Child & Family Experience</p> <ul style="list-style-type: none"> Receive services from providers who reflect them, know their community, are trauma-informed Trust ECM providers and feel comfortable seeking/consenting to services Satisfied with ease of connecting Feel respected and supported by care providers 	<p>Access, utilization, engagement</p> <ul style="list-style-type: none"> Adequate child/family engagement in care plans ECM increases child/family access to timely services (medical, BH, dental, social) <ul style="list-style-type: none"> >75% follow-up after hospitalization (FUH) for MHSUD inpatient/residential discharges <20% readmission rates <p>Child & Family Experience</p> <ul style="list-style-type: none"> Have positive experience w/ services and recommend to others Successfully get linked to achieve medical, BH, dental, social service needs and ECM goals 	<p>Access, utilization, engagement</p> <ul style="list-style-type: none"> Improvements in health quality: <ul style="list-style-type: none"> Child/adolescent well child visits rates Immunization rates Developmental screening rates Adolescent depression screening Improvements in health equity: reduced disparities by race or ethnicity across all domains above <p>Child & Family Experience</p> <ul style="list-style-type: none"> Greater trust in Medi-Cal system Regular school attendance; increased involvement in pro-social activities Improve communication and collaboration between systems
	<p>Direct Services</p> <ul style="list-style-type: none"> Outreach to raise awareness about ECM & promote engagement Engage child/family and develop trust and reduce barriers to services Obtain consent to participate & communicate with care team based on child/family preferences Complete 360-degree assessment & child/family centered plan Support care plan goal achievement Link child/families to medical, dental, behavioral and social services Support transitions to ensure timely follow up and prevent readmissions 	<p>Provider Experience</p> <ul style="list-style-type: none"> Smooth onboarding & support building ECM capacity Understand program expectations & have tools to execute 	<p>Provider Experience</p> <ul style="list-style-type: none"> MCPs have increased "network inclusivity" of diverse providers from existing child serving systems Improved job satisfaction due to ease of operations & families have more support 	<p>Provider Experience</p> <ul style="list-style-type: none"> Increased connections and ease of connection between PCP offices and CBOs to support families Expanded workforce due to inclusion of non-clinical staff

FCHN Theory of Change **ECM For Child Welfare & Justice Involved Youth**

Inputs	Activities	Short-term Outcomes (1-2 years)	Intermediate Outcomes (2-3 years)	Long-Term Outcomes (3-5 years)
<p>Child Welfare Placing Agencies (Including Probation)</p> <ul style="list-style-type: none"> Defined referral pathways with MCPs Broad communication to parents, caregivers and youth about ECM as a new service Staff education/direction on ECM referrals Data on child welfare/justice cases/status <p>MCPs</p> <ul style="list-style-type: none"> Contracts with Full Circle Broad communication to parents, caregivers and youth about ECM as a new service Defined referral pathways Population health data <p>Full Circle Health Network</p> <ul style="list-style-type: none"> Medi-Cal Managed Care Plan (MCP) contracts Contracted providers w/ CW experience Defined referral pathways Tech for documentation, reporting <p>Community-based Providers</p> <ul style="list-style-type: none"> Culturally concordant, knowledgeable staff Successful engagement strategies Effective ECM service delivery Accurate documentation in HER Community pathway referrals to link existing clients to ECM services <p>Children & families</p> <ul style="list-style-type: none"> Consent to participate Self-referrals to services Engagement <p>Community Partners</p> <ul style="list-style-type: none"> Knowledge on how to make a referral for services for supporting instead of reporting 	<p>Infrastructure between MCPs and CWAs</p> <ul style="list-style-type: none"> Data sharing/use agreements between partners Develop processes to identify children/families and implement referrals (including consent process) Agree on streamlined referral pathways Build awareness among staff Provide training & support to referrers <p>Full Circle Health Network</p> <ul style="list-style-type: none"> Engage providers & resources Train providers on all aspects of ECM Quickly assign referrals to best fit provider and ensure linkage; close the loop with referring entity, support case step-up/down Continuous quality monitoring & improvement of service delivery Meet all MCP compliance requirements Training to community partners to build awareness Troubleshoot gaps between CBOs & MCPs <p>Direct Service Providers</p> <ul style="list-style-type: none"> Outreach to raise awareness about ECM & promote engagement Engage child/family and develop trust and reduce barriers to services Obtain consent to participate & communicate with care team based on child/family preference Complete 360-degree assessment & child/family centered plan Support care plan goal achievement Link child/families to medical, behavioral and social services 	<p>Access, utilization, engagement</p> <ul style="list-style-type: none"> Increased referrals to ECM Increased engagement & enrollment in ECM Families engaged early in services <p>Child & Family Experience</p> <ul style="list-style-type: none"> Receive services from providers who reflect them, know their community, are trauma-informed Trust ECM providers and comfortable seeking/consenting to services Satisfied with ease of connecting Feel respected and supported by providers delivering care <p>Provider Experience</p> <ul style="list-style-type: none"> Smooth onboarding & support building ECM capacity Understand program expectations & have tools to execute <p>Partnerships & sustainability</p> <ul style="list-style-type: none"> Effective & mutually beneficial collaboration between CWA, MCPs, providers, community resources 	<p>Access, utilization, engagement</p> <ul style="list-style-type: none"> ECM becomes a tool in CWA prevention plans ECM increases child/family access to timely services (medical, BH, dental, social, etc) Adequate child/family engagement in care plans <p>Child & Family Experience</p> <ul style="list-style-type: none"> Positive experience w/ services and would recommend to others Successfully get linked to achieve medical, BH, dental, social service needs and goals Achieves CW case goals Educate & empower TAY/NMD to navigate their health plan Feel supported after CW case ends and prevent re-entry <p>Provider Experience</p> <ul style="list-style-type: none"> More diverse ECM providers Improved job satisfaction due to ease of operations & families have more support <p>Partnerships & sustainability</p> <ul style="list-style-type: none"> SWs feel they have extra support for families and recommend ECM to each other as a helpful tool 	<p>Access, utilization, engagement</p> <ul style="list-style-type: none"> Prevent system involvement; increase success of FM, speed up FR, support NMD transition to independence Improvements in health quality: well child visits & immunizations Improvements in health equity: reduced access and outcome disparities by race or ethnicity <p>Child & Family Experience</p> <ul style="list-style-type: none"> Greater trust in Medi-Cal system Reduced trauma impact of system involvement Improved connections to support systems that support long-term <p>Provider Experience</p> <ul style="list-style-type: none"> Greater diversity in MCP networks due to increased CBO participation Expanded workforce due to inclusion of non-clinical staff <p>Partnerships & sustainability</p> <ul style="list-style-type: none"> CWA leverage all available Medi-Cal services for children/families and MCPs provide priority pathways for system-involved families