



Linkages 2.0 Outcome Evaluation



Linkages 2.0 Outcomes Evaluation

RDA would like to acknowledge the many contributors that made this evaluation and report possible; an evaluation that was truly a joint endeavor.

To the participating counties, thank you for your invaluable time and expertise throughout the evaluation. Your active participation and contributions helped us design the evaluation and informed critical findings. To our CDSS RADD partners, we thank you for providing administrative data for the outcome evaluation and important feedback on our methodology. To CFPIC, thank you for your deep partnership, patience, levity, and insightful contributions in shaping and steering the Linkages 2.0 evaluation.

Finally, we would also like to thank all of the county administrative staff and mutually involved families who supported survey administration and case review data collection, providing essential insight for both the process and outcomes evaluation.

This report was developed by RDA Consulting under contract with the Child and Family Policy Institute of California (CFPIC)

RDA Consulting, 2025



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Executive Summary

The Linkages 2.0 approach strengthens collaboration between California Work Opportunity and Responsibility to Kids (CalWORKs) and Child Welfare Services (CWS) to improve child and family well-being. This evaluation (2022–2025) assessed how counties implement Linkages and the outcomes for families engaged in both systems. The evaluation adopted a developmental, case study-based design focused on adaptation through close collaboration with participating counties across three phases: a) Evaluation planning, b) Process evaluation, and c) Outcome evaluation.

The key findings from the outcome evaluation are:

- 1. Child maltreatment:** Once families started coordinated case planning through the Linkages approach, they had lower rates of maltreatment re-referrals and substantiated allegations than before.
- 2. Sharing family needs and recommending services:** Across both counties, the most common and consistent parts of coordinated case planning are sharing family needs and recommending CalWORKs and CWS services, despite variations in implementation between counties.
- 3. CalWORKs participation and reunification:** For the Linkages approach, sharing family needs quickly may be most supportive for families' CalWORKs participation, and collaboration between CalWORKs and CWS may be most helpful for reunifying families.
- 4. Meeting program requirements:** Mutually involved families perceive that coordinated case planning facilitates their completion of CalWORKs and CWS requirements.
- 5. Access to resources:** Through coordinated case planning, workers consistently provide referrals and promote access to resources to address clients' needs.

In conclusion, Linkages 2.0 is a promising model for preventing maltreatment and promoting family stability for mutually involved families. Families appreciate the improved access to a wider array of services and coordinated support. However, uneven implementation and documentation limit the ability to measure the full impact of Linkages. By addressing implementation gaps, embedding continuous quality improvement (CQI) and advancing further research, counties can maximize the benefits of coordinated case planning.

Introduction

Linkages is an approach to collaboration between California Work Opportunity and Responsibility to Kids (CalWORKs) and Child Welfare Services (CWS) to create a continuum of services, supports, and resources to promote child and family wellbeing. Over the past two decades, the Child and Family Policy Institute of California (CFPIC) has worked with both the California Department of Social Services (CDSS) and counties to support the implementation of Linkages across California ([visit this link to learn more](#)). The current phase of Linkages officially began in 2022 by building on past efforts and instituting a new Linkages 2.0 framework. This new phase aligns with the Office of Child Abuse Prevention's (OCAP) Framework for Preventing Child Abuse by the Promotion of Healthy Families and Communities, characterized as Primary, Secondary, and Tertiary interventions and represents a continuum of approaches to coordination embraced by counties across California ([visit this link to learn more](#)).

Understanding variances in implementation and gauging the effectiveness of the Linkages approach to collaboration spurred a need for an evaluation to support Linkages 2.0. Understanding the nuances of what facilitates effective collaboration between CalWORKs and CWS and contributes to improved family outcomes within counties is critical to securing funding and promoting sustainability. Toward this end, CPIC partnered with RDA Consulting, SPC (RDA) to evaluate the Linkages approach to service coordination over a three-year period.

Linkages Theory of Change

Overall, Linkages 2.0 is an approach that focuses on families dually engaged by CalWORKs and CWS ("mutual family") and is implemented between CalWORKs and CWS workers¹ to ensure communication about family needs and available resources as well as coordinate and jointly monitor families' case plans.

¹The titles and roles of the employees that engage mutually involved families in coordinated case planning vary across counties (e.g., "Linkages Liaisons," CWS Social Workers, Employment Services Counselors). In this report, "workers" is used for any employee that supports the Linkages 2.0 approach.

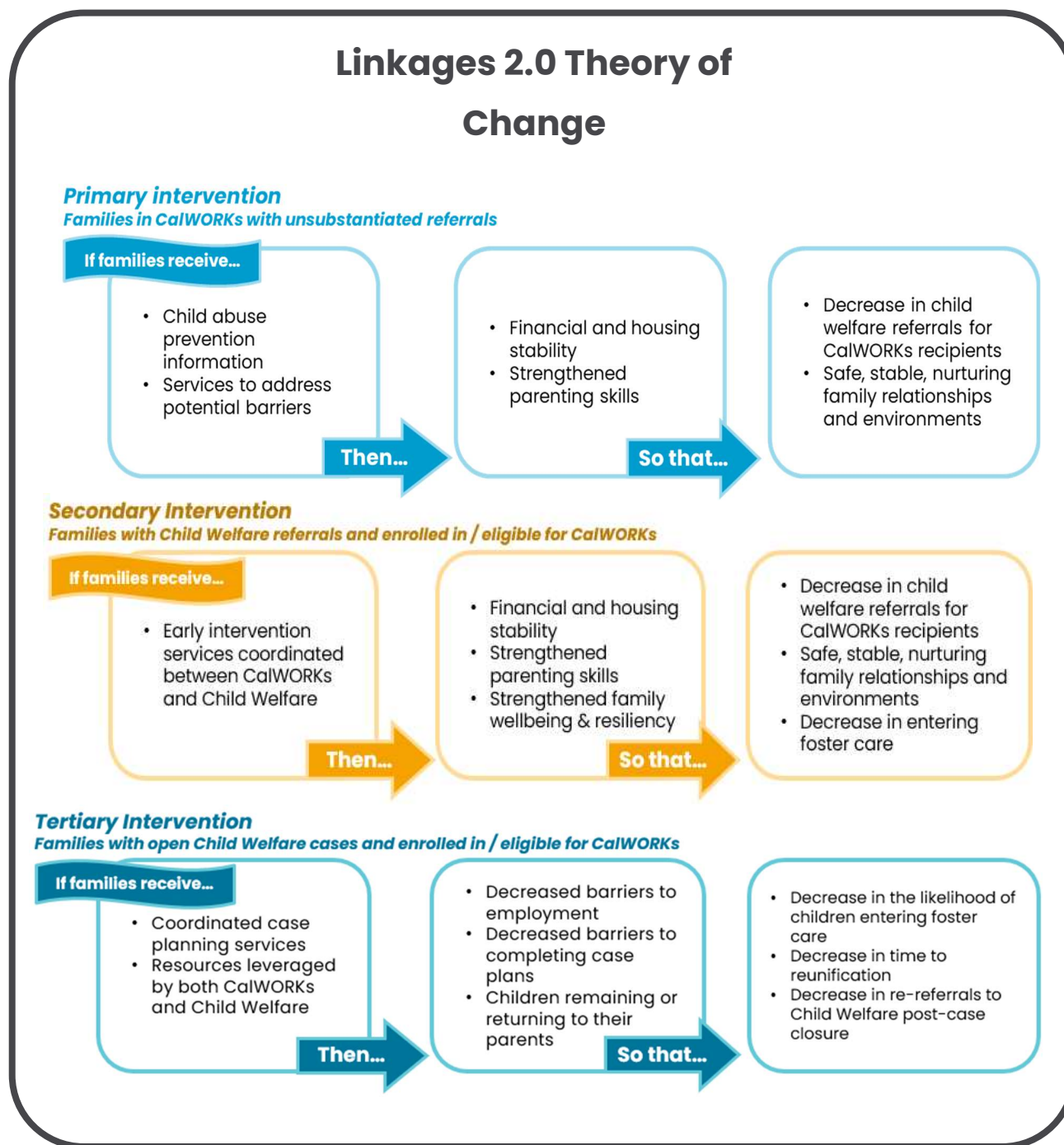
Through such collaboration, families in CalWORKs receive information and services to prevent the occurrence and recurrence of child maltreatment, and families in CWS receive information and services to help them achieve child and family well-being and meet financial and employment goals.

The OCAP Framework is centered on building families' protective factors and mitigating families' risk factors and employs the following definitions for the levels of prevention:

1. **Primary prevention:** Activities directed "to the general population to strengthen communities and improve child well-being by focusing on the social determinants of health." *In Linkages*, primary prevention activities are directed to families in CalWORKs who have not been referred to CWS or who have been referred to CWS and evaluated out with no referral for additional services.
2. **Secondary prevention:** Activities offered "to populations that have one or more risk factors associated with compromised well-being or child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, exposure to violence, and parental or child disabilities" and seeks to "build protective factors and mitigate the risk factors." *In Linkages*, secondary prevention activities are directed to CalWORKs-eligible or -enrolled families who have been referred to CWS but who do not have active CWS cases.
3. **Tertiary prevention:** Activities focused "on families where child maltreatment has occurred, seeking to mitigate its trauma and reduce the negative consequences of the maltreatment and to prevent its recurrence." *In Linkages*, tertiary prevention activities are directed to families with open CWS cases who are receiving, or eligible for, CalWORKs.

The Linkages 2.0 Theory of Change (Figure 1) leverages coordinated case planning between CalWORKs and CWS workers to address families' needs and promote well-being at all three levels of prevention.

Figure 1: Linkages 2.0 Theory of Change across Three Levels of Prevention



Evaluation Overview

CFPIC identified a need to evaluate Linkages 2.0 to understand the variances in implementation and gauge overall effectiveness of coordinated case planning. Understanding the effectiveness of various processes and strategies is essential to improve implementation, guide technical assistance, and promote sustainability and funding. Based on the Linkages Logic Model and Theory of Change, the 2022–2025 Linkages Evaluation assesses the implementation and impact of Linkages at the secondary and tertiary levels of prevention.

RDA adopted a developmental evaluation approach, an approach “grounded in systems thinking [which] supports innovation by collecting and analyzing real-time data in ways that lead to informed and ongoing decision making as a part of the design, development, and implementation process”². The developmental evaluation design allowed for a dynamic process in which counties responded to data and feedback about coordinated case planning to support their continuous learning and adaptation³.

With the objective of learning and understanding how Linkages is being adopted and implemented across counties, RDA and CFPIC recruited counties to participate in this multiyear evaluation. Throughout the evaluation, RDA and CFPIC also worked closely with key members of CDSS.

County Selection Process

CFPIC and RDA shared with counties the opportunity of the upcoming evaluation at the Linkages Convening in November 2022 and provided selection criteria and sample evaluations questions. CFPIC and RDA requested the six interested counties complete an Evaluation Capacity Diagnostic Tool. This tool helps organizations assess their readiness to take on many types of evaluation activities. It captures information on a)

²<https://www.fsg.org/blog/case-developmental-evaluation/>

³<https://www.guilford.com/books/Developmental-Evaluation/Michael-Quinn-Patton/9781606238721>

organizational context, such as the organizational culture and practice around evaluation and use of data to inform ongoing work, and b) evaluation skills of staff, such as existing evaluation experience and familiarity with defining benchmarks and indicators. Using the Evaluation Capacity Diagnostic Tool, CFPIC and RDA scheduled meetings with counties to provide more detailed information around expectations for county participation in the evaluation, including staff involvement, timeline, reporting, and technical assistance opportunities. Three counties from different regions were selected to participate in the evaluation (Table 1).

Table 1: Characteristics of Three Participating Evaluation Counties

County	Region	Linkages Continuum
County A	Southern California	Secondary & Tertiary Prevention
County B	Southern California	Secondary & Tertiary Prevention
County C	Bay Area	Secondary & Tertiary Prevention

Evaluation Timeline

The evaluation was conducted over three phases between 2022–2025

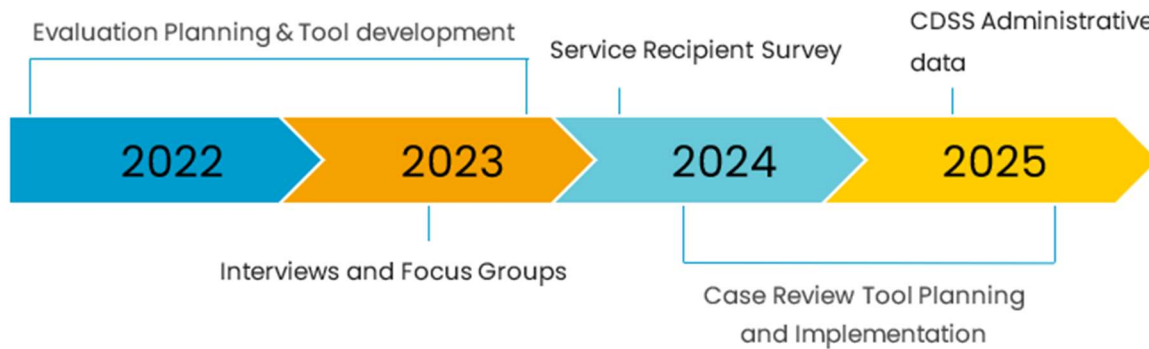
- **Phase 1 (November 2022 to August 2023):** The evaluation planning phase that generated the evaluation design and process.
- **Phase 2 (September 2023 to September 2024):** The process evaluation phase that focused on understanding Linkages implementation as well as strengths and challenges in all stages of the Linkages 2.0 approach: *referral, assessment, case plan development, and service delivery*.
- **Phase 3 (October 2024 to September 2025):** The outcomes evaluation phase that focused on assessing outcomes and impacts by analyzing primary and secondary data.

Evaluation Methodology

RDA conducted a mixed method process and outcome evaluation to assess program implementation and effects. The process evaluation (Phases 1 and 2) led to key insights and a nuanced understanding of Linkages implementation across counties, which led to the design of a novel standardized case review tool to measure “dosage” (i.e., the quantity, frequency, and timing) of coordinated case planning services. Data collection activities throughout Phases 1 and 2, and in particular the case review tool development, were done in close partnership with counties through recurring monthly meetings and active co-design and feedback on data collection instruments (e.g., service recipient survey questions, case review tool domains). The case review tool became a critical component of the outcome evaluation (Phase 3) and was analyzed alongside referral data for CWS cases, CalWORKs participation and salary data, and other sources of qualitative data. Quantitative analysis allowed RDA to assess the ways case outcomes are related to different aspects of Linkages implementation. Overall, the developmental evaluation design allowed RDA to maximize validity while adapting the methodology over the three evaluation phases based on emergent data and perspectives on complex, multi-dimensional factors.

Qualitative data collection methods included three sources of primary data: interviews and focus groups with staff from CalWORKs and CWS, surveys administered to current mutually involved families, and the case review tool. These data sources supported qualitative data analysis that contributed essential nuance for the quantitative analyses, especially in interpreting unexpected or divergent relationships. Program data collection included three secondary sources of data from CDSS: Child Welfare Services/Case Management System (CWS/CMS), Employment Development Department (EDD), and Medi-Cal Eligibility Data Systems (MEDS) administrative data.

Figure 2: Linkages Evaluation and Data Collection Timeline



It is important to note that counties A and B participated in all phases of the evaluation whereas County C primarily participated in the first and second phases of the evaluation and did not complete the third evaluation phase due to capacity and resource challenges. Given that the process evaluation findings pointed to significant variance in the implementation of Linkages across counties and that only two counties were participating in the outcomes evaluation, RDA presents findings from each county individually rather than in the aggregate.

Table 2: Evaluation Data Collection Methods and Timeline

Data Sources for Evaluation Planning		
Data Source	Timeline	Number of Participants
Theory of Change and Logic Model (county discussions)	January - June 2023	3 counties
Review of relevant materials from counties	January - June 2023	N/A
Data Sources for Process Evaluation		
Data Source	Timeline	Number of Participants
Interviews and focus groups with CalWORKs and CWS leadership and staff	October - November 2023	29
Service recipient survey	March - May 2024	48

Case Review Tool design	March – June 2024	3 counties
Data Sources for Outcomes Evaluation		
Data Source	Timeline	Number of Participants
Case Review Tool	September – December 2024	County A: 56 cases County B: 58 cases
CWS/CMS	June – September 2025	
EDD & MEDS	June – September 2025	

Process Evaluation Data Sources and Data Limitations

Interviews and focus groups

Interviews and focus group were intended to identify key details of program design and administration as well as explore successes and challenges to help evaluators understand effective strategies for service delivery, coordination, and collaboration. Participants also had the opportunity to share recommendations. Participants were asked questions related to the following topics: *staff roles; staff training; and system-level gaps, impacts and outcomes for Linkages participants and their families; and family needs, barriers, and outcomes.*

Participant Type

- Direct service staff who conduct coordinated case planning
- Division leadership who support CWS, CalWORKs, and/or Linkages programs and services

Participation Rate / Sample Size

- County A: 8 frontline staff and 3 leadership participants; both agencies represented
- County B: 5 direct service staff and 2 leadership participants; both agencies represented
- County C: 7 direct service staff and 4 leadership participants; both agencies represented

Data Limitations

- Participants were selected based on familiarity with Linkages and are not necessarily a representative sample of all workers who provide coordinated case planning services.
- Staff and leadership turnover within counties limited historical context of adopting and implementing Linkages.

Service Recipient Survey⁴

The service recipient survey was designed for mutually involved families who received coordinated case planning to provide their perspectives about the services they received. The survey was intended to provide insight about how coordinated case planning supports or poses challenges for mutual families as well as gaps in the resources they received. Respondents were asked questions related to: *needs when they started working with Linkages, services and resources provided, experiences with coordinated case planning and working with workers from across agencies, and demographic information.*

Participant Type

- Mutually involved families who received coordinated case planning in the evaluation counties

Outreach & Sample Size

- County A: Administered the survey on behalf of RDA and conducted outreach to encourage all families to participate; County A provided frequent reminders to families to complete the survey.
- County B and County C collected Release of Information (ROI) forms from those interested in participating in the survey and provided RDA with a list of families to contact; Counties B & C provided frequent reminders to families to complete the survey.

⁴In collaboration with counties, the language in the surveys was modified slightly to align with the terminology specific to each county to ensure respondents knew what was being asked and referred to. However, the meaning and content of all questions and answer choices remained the same across all three counties so aggregate data could be reported.

- The survey had 48 partial and/or complete responses⁵ with 35 responses from County A, six from County B, and seven from County C.

Data Limitations

- Due to the small sample size of survey respondents, results should be interpreted with caution as they may not be representative or generalizable to all mutually involved families.
- The survey data is skewed toward the experiences for County A respondents due to the uneven and particularly low survey response rates for Counties B and C.
- Participants' responses may have been influenced by social desirability bias,⁶ especially for questions about their individual workers, completion of program requirements or completing other milestones, perspectives on family stability, and opinions about program impact.

Outcome evaluation data sources and data limitations

Case review tool

The case review tool was designed to collect standardized measures of the frequency of and levels of collaboration for coordinated case planning services received by mutually involved families which are variables not currently collected in CDSS administrative datasets.

Data variables

- Likert Scale Collaboration Rating across six domains: Eligibility determination; Sharing of family needs; Coordinating objectives and services in case plan(s); Joint monitoring of case plan services, activities, and participation; Child and Family Team meetings; and Recommended services.

⁵ For partial responses, respondents did not answer all survey questions, so we provide the sample size (n) for each individual question. Responses, such as "N/A" or "I don't know", are not reported as part of the results of the survey because these responses indicate the question or content does not apply to them or their experience.

⁶ Social desirability bias is a type of response bias in which people provide responses that are "socially desirable" rather than their true beliefs, opinions, assumptions, behaviors, etc.

- Indicators and Likert scale ratings were developed over a six-month period of collaboration between CFPIC, RDA, and Counties A, B, and C.

Data Collection

- RDA facilitated a meeting with workers from County A and County B who would be utilizing the case review tool to review the indicators, scales, and features like the dropdown menus. Workers independently reviewed a couple of cases each and reconvened to share feedback, allowing RDA to conduct an interrater reliability process.
- Counties proceeded with case reviews independently, with CFPIC offering 'office hours' for optional check-ins.
- Workers referenced journals, case notes, and other flags within their data systems to complete the case reviews.
- Each county uploaded their completed case review tools to a secure File Transfer Protocol shared with CCDSS.
- Each case was provided a unique identifier and matched to administrative data to allow for measuring associations between 'dosage' data collected in the case review tool and outcomes measures in CDSS datasets.

Sample Size

- County A: 56 cases
- County B: 58 cases

Sampling Method

- County A: Generated a sample of families identified for the Linkages approach between January 2023 – October 2024
- County B: Generated a sample of families from an internal list who were identified for the Linkages approach between January 2023 – February 2024

Data Limitations

- Workers may not have been reviewing cases from their own caseload and, therefore, may have been less familiar with the case and where to find data to complete the case review tool. This inconsistency may have contributed to

misinterpretations of case notes and/or high rates of blank cells or “I do not know” responses.

- County A did not use prescribed fields for some implementation indicators, resulting in inconsistent data collection and preventing analyzing results for some indicators.⁷
- Patterns in how levels of an event, such as “some collaboration” and “full collaboration,” were recorded indicate there may not have been standardized definitions across or within counties and, as a result, limit the ability to compare levels of collaboration across all indicators.
- Inconsistency in case review data collection across counties limits comparison between the counties. Instead, this report identifies themes based on each county and poses hypotheses that could explain the different patterns.

CWS/CMS Data

This statewide data system for CWS provides a standardized system for case management documentation and data sharing for counties. The CWS/CMS system captures data from intake through service delivery, including outcomes like reunification or adoption.

Data Variables⁸

- Allegations by Disposition Code
- Allegation Type
- Referral Date
- Episode Termination Reason(s)
- Placement Facility Type(s)
- Case ID
- Person ID

⁷For example, when rating the frequency of a particular indicator, some case reviewers recorded rates (e.g., twice per month) and others recorded absolute units (e.g., two to four times per month). These cannot be compared.

⁸ These 10 variables were those with outcomes shared in this report. Additional CWS/CMS data variables provided to RDA not presented in this report include: *UID, Primary race/ethnicity, Secondary race/ethnicity, Episode ID, Episode Start Date, Episode End date, out of home placement ID, out of home placement Start Date, Out of home placement End Date, Gender.*

- Date of Birth
- Case Start Date
- Case End Date

Sample Size

- County A: 56 cases
- County B: 58 cases

Sampling Method

- The sample between County A and County B include cases from different periods of time which could result in other factors influencing the variables assessed.
- The sample of cases from the CWS/CMS dataset are the same as from the case review tool, matched through case identification numbers.

Data Collection

- RDA and CDSS executed a data sharing agreement MOU. CDSS extracted data from CWS/CMS and provided it to RDA through a secure File Transfer Protocol.

Data Limitations

- Counties generated their own list of samples due to limitations accessing historical cases.
- Placement types were not provided for approximately one-third of cases.
- Data entry practices may have changed over time, creating challenges for data consistency and accuracy.

MEDS & EDD Data

MEDS is a statewide data system that supports eligibility, enrollment, and reporting functions for human service agencies and EDD data provides wage data. Together, these data can be used to view Medi-Cal or CalWORKs eligibility; these systems have interfaces and exchanges with other state and federal data systems.

Data Variables

- Wages for two quarters prior and nine quarters after the date of being identified for Linkages ⁹
- Months during which the longest continuous CalWORKs participation took place
- Case ID
- Person ID
- CalWORKs Participation by Month
- Date of Birth

Sample

- The sample of cases from the EDD & MEDS datasets are the same as from the case review tool, matched through case identification numbers.

Data Collection

- RDA and CDSS executed a data sharing agreement MOU. CDSS extracted data from CWS/CMS and provided it to RDA through a secure File Transfer Protocol.

Data Limitations

- Counties generated their own list of samples due to limitations on accessing historical cases.
- Employment status data was not provided, making it challenging to meaningfully interpret wage data and hence was not included in the analysis.

⁹ Wage data was provided for the person associated with each case. RDA conducted analysis on quarterly wages before and after Linkages engagement, but the data was inconclusive and lacked sufficient context to draw meaningful conclusions and, therefore, is not represented in this report.

Findings: Process Evaluation

The Linkages approach is focused on addressing underlying causes of system involvement and promoting family wellbeing and togetherness. **At the core of the Linkages approach is coordinated case planning**, comprised of four primary activities: a) identification of mutual families, b) regular case planning meetings and communication, c) understanding and meeting families' emergent needs, d) leveraging resources & making service connections.

A few key processes and structures support the implementation of these primary components of coordinated case planning:

- ❖ **Centralized data access** – or the ability for workers to view family enrollment details across CalWORKs and CWS – facilitates easier identification of mutual families, thereby increasing the timeliness of identification, as well as allowing workers to identify any family status changes throughout the month to provide responsive services.
- ❖ Having **a designated role for mutual family identification** promotes the consistency and timeliness of mutual family identification and addresses common barriers, such as not relying on all workers to individually know how to identify mutual families for Linkages or by relying on families to self-disclose.
- ❖ **Co-location** is an integrated and embedded structure that expands the robustness of services for mutual families; when CalWORKs and CWS workers are co-located, they are more likely to be aware of Linkages, quickly resolve questions or issues, and readily share information about agency resources or family needs
- ❖ Having **integrated structures**, or venues, **for coordinating case planning** allows for more efficient and consistent services to mutual families by providing dedicated space and time for workers to hold Child and Family Team Meetings (CFTMs) and share essential information about families' needs and progress towards goals.

Linkages is most effective when sustained through structural supports, rather than through individual workers. Throughout qualitative data collection, participants

expressed that **leadership investment and dedication** to the Linkages model promotes *implementation* and *integration* of the approach. Additionally, intentional and periodic **trainings and information-sharing efforts** to promote awareness about Linkages across leadership and staff increase Linkages uptake for workers and families. Finally, **focusing on staff retention efforts** and robust training will lower common challenges that arise resulting from high turnover and unfilled vacancies.

Despite the commonalities of the Linkages approach, the implementation processes and structures varied significantly between counties. Each county not only had different methods for identifying mutual families and sharing information between agencies but also had different staff roles responsible for leading coordinated case planning and serving mutual families.

Comprehensive program descriptions of how the Linkages approach is implemented in County A and County B are provided in Appendix A and cover:

- Overview of counties' participation in the evaluation
- Key terminology
- Implementation structures and processes (including program history, agency structure, staffing model and roles, Linkages eligibility, mutual family identification, enrollment, coordinated case planning, and services)
- Lessons learned (including family needs and barriers, implementation successes and positive family outcomes, implementation challenges and barriers to success)

The process evaluation and variations of structures and processes described across the three counties necessitated a deeper understanding of the types of services that are provided through cross-coordination between CalWORKs and CWS. **As a result of these process evaluation findings, RDA worked with the counties and CFPIC to devise the case review tool to allow for measuring specific aspects of service delivery** when assessing the potential relationship of those coordinated case planning activities with family outcomes.

Findings: Outcome Evaluation

Data from the case review tool and from the CWS/CMS, EDS, and MEDS databases – when viewed together – help explain the degree to which different aspects of coordinated case planning activities may be associated with specific outcomes for mutually involved families. Findings from the service recipient survey also provide context to the likely contributions of coordinated case planning to family outcomes.

While these findings are not causal, they do illuminate key differences in implementation across counties, areas where coordinated case planning services are most likely to have the greatest benefits for families, and opportunities to utilize the case review tool to support continuous quality improvement (CQI) efforts for counties.

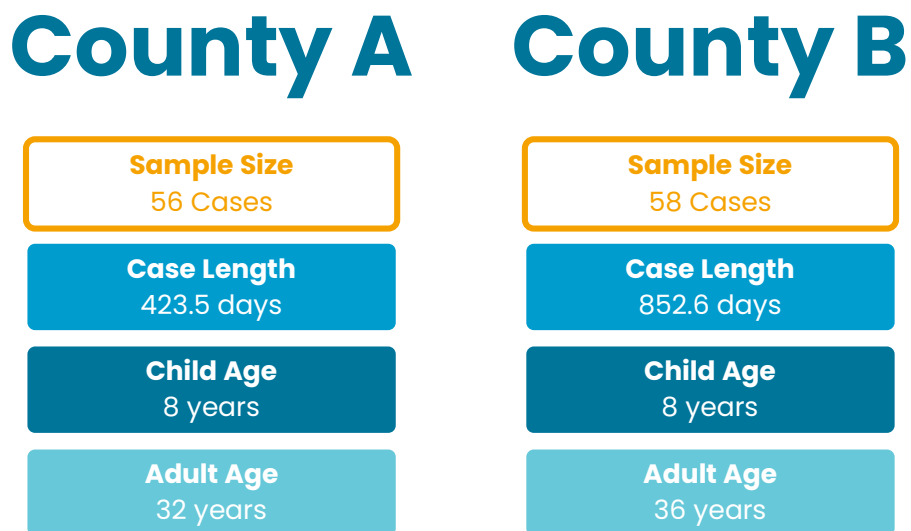
The key findings from the outcome evaluation are:

- 1. Child maltreatment:** Once families started coordinated case planning through the Linkages approach, they had fewer unfounded and fewer substantiated child maltreatment referrals than before.
- 2. Sharing family needs and recommending services:** Across both counties, the most common and consistent parts of coordinated case planning are sharing family needs and recommending CalWORKs and CWS services, despite variations in implementation between counties.
- 3. CalWORKs participation and reunification:** For the Linkages approach, sharing family needs quickly may be most supportive for families' CalWORKs participation, and collaboration between CalWORKs and CWS may be most helpful for reunifying families.
- 4. Meeting program requirements:** Mutually involved families perceive that coordinated case planning facilitates their completion of CalWORKs and CWS requirements.
- 5. Access to resources:** Through coordinated case planning, workers consistently provide referrals and promote access to resources to address clients' needs.

Profile of Sample Families & Cases

County A reviewed 56 cases and **County B reviewed 58 cases**. These cases make up the sample used for both assessing implementation indicators (via the case review tool) and the administrative outcomes (via administrative data). The information below identifies a few characteristics¹⁰ of the families included in the sample.

Figure 3: Summary of Characteristics of Study Sample



In a child welfare case, data is collected on placement types where children stay when they are removed from the family. **Each case had an average of 3.3 placements in County A and 2.6 placements in County B.**

The two most common placement types for this sample included Foster Family or Foster Family Agency (32% of County A placements and 48% of County B placements)

¹⁰Each case has a case start date and case end date which was used to calculate the case length, however, each county has different definitions and ways of documenting the case start date. The case lengths, child ages, and adult ages are all average measures across each county's sample. The child age is calculated as of January 1, 2025 based on CWS/CMS data. The adult age is calculated as of January 1, 2025 based on EDD & MEDS data.

and Relative or Non-related extended family member (45% of County A and 26% of County B placements), which suggest slightly different patterns of placement types between counties.

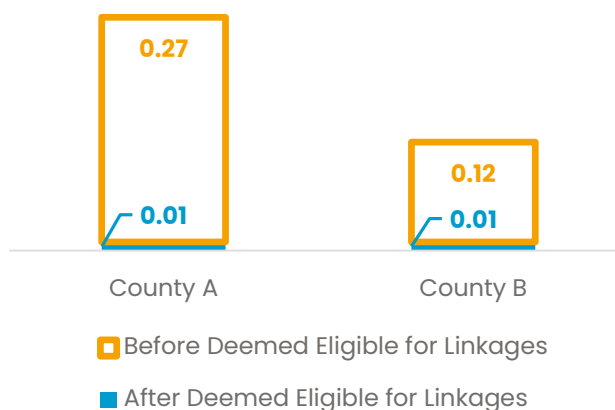
Key Findings

(1) Child maltreatment | *Once families started coordinated case planning through the Linkages approach, they had lower rates of maltreatment re-referrals and substantiated allegations than before*

Families identified as eligible for coordinated case planning already have a child welfare case, by definition. Referrals can and do happen while existing child welfare cases are open, which we refer to as “re-referrals;” referrals can be unfounded or substantiated. RDA calculated the average monthly rate of a referral taking place before and after the case was identified for Linkages and found that **referrals, especially substantiated referrals, happen at lower rates after families are identified as eligible for the Linkages approach** compared to referrals taking place prior to identification.¹¹ **However, there are many factors that may contribute to this pattern and, therefore, this data is not causal.**

Figure 5 highlights the rate of substantiated referrals in months prior and after being identified for Linkages. Prior to being identified, on average, families had a referral once every 4 months in County A and once every 9 months in County B. In contrast, we see a significant decline in re-referrals after being identified for Linkages.

Figure 4: Rate of Substantiated Referrals in the Months Before and After Being Identified for Linkages for Cases with More than One Referral



¹¹ This is limited to cases with re-referrals as not all cases had re-referrals.

In a subsequent analysis, when removing any re-referrals that happen within the same calendar month of a case start, we see pre-Linkages re-referrals decrease by nearly two-thirds for County A and by five times for County B (from what is shown in Figure 5), which indicates that **re-referrals frequently happen close to the time of the case start date**. Still, substantiated referrals happen at a higher rate prior to being identified for Linkages, even when controlling for re-referrals that happen within the same month as the case start date.

It is important to note that in the timeline of the overall sample period there is a) case start date, b) the date the case was identified and deemed eligible for Linkages, and c) case end date *or* the end of our sample period (whichever came first). County A typically had many months between the case start date and the case being identified as eligible for Linkages approach but very few months between being identified as eligible and the case end date, while cases in County B had the opposite pattern¹². We see more re-referrals happening prior to a case being identified for Linkages in County A compared to County B, which could be, in part, explained by the longer window of time in which a re-referral could take place for those County A cases. Moreover, it is possible that County A cases had more months that fell outside of the study period (because they were identified late in the sample window) and were therefore unobservable (i.e., re-referrals may happen but not be captured in our analysis). **Still, despite cases in both counties having different lengths of time after being identified and deemed eligible for Linkages included in our study period, we see substantially lower re-referrals in this period.**

This data appears promising that being identified as eligible for Linkages approach and receiving coordinated case planning contributes to reduced frequency of future re-referrals. However, it is also possible that this effect is not specific to Linkages and coordinated case planning but is relevant to any form of contact with CalWORKs or CWS.

¹² For County A, 31 cases had re-referrals after case start and 25 cases did not have any. For County B, 31 cases had re-referrals after case start and 27 cases did not have any.

(2) Sharing family needs and recommending services | Across both counties, the most common and consistent parts of coordinated case planning are sharing family needs and recommending CalWORKs and CWS services, despite variations in implementation between counties

The case review tool data indicates differences between County A and B. These differences may be due to county-level challenges with documentation, data collection processes, staff turnover, as well as the limitations of the case review tool itself. Additionally, the differences could also indicate differing practices around coordinated case planning and service delivery.

Table 3, below, presents relevant data from selected indicators included in the case review tool, as well possible data interpretations. In general, County B reported timelines of activities (e.g., quickness of sharing family needs, frequency of joint monitoring) for a higher proportion of cases than County A. County B generally included data for nearly all indicators while County A left indicators blank more often, which may indicate differences in documentation that made it more challenging for County A to complete the case review tool.

Overall, both counties had very high rates of sharing of family needs, recommending CalWORKs services, and recommending Child Welfare services.

Each county also had fairly high rates of conducting Child and Family Team Meetings (CFTMs), though who participated in the CFTMs varied across counties. Coordinating objectives and joint monitoring of case plans were recorded as ‘not occurring’ more often than other indicators, which may indicate an opportunity to improve coordinated case planning. Still, “some” or “full” collaboration was recorded for approximately three-quarters of families for sharing of family needs, coordinating objectives, and joint monitoring.

Note: In the following table, data is only presented for cases with recorded data; indicators left blank or reported “I do not know” for individual cases are not included. For this reason, each metric has the specific number of relevant cases included as n=#.

Table 3: Case Review Tool Data: Indicators of Coordinated Case Planning by County

Implementation Indicator	County A	County B
Length of time between case start date and the date identified for Linkages ¹³	On average, cases were identified for Linkages 231.6 days after the case start date.	On average, cases were identified for Linkages 461.7 days after the case start date.
	<p>Interpretations</p> <p>Differences for the average length of time between a case start date and being identified for Linkages likely has to do, in part, with how each county defines the case start date and variances in investigation periods for child welfare referrals.</p> <p>However, in both counties, there are typically several months between case start and being identified as eligible for Linkages, which may indicate slow identification and delayed engagement of eligible families.</p>	

¹³ The average case length presented here in Table 3 is for all cases in the sample. The data in the previous finding (accompanying Figure 5) describes that County B cases typically have fewer months compared to County A cases between case start date and being identified and deemed eligible for Linkages.

Implementation Indicator	County A	County B
Sharing of family needs <i>between CalWORKs and Child Welfare workers after being identified as eligible for Linkages</i>	<p>Nearly all workers shared family needs (87.5%, n=49).</p> <p>The timeliness of sharing family needs is only available for 18 of 47 families (38%) and should be interpreted with caution. In 10 of 18 reported cases, needs were shared within 10 days and an additional 7 were shared within 1 month of a family being identified for Linkages</p>	<p>Nearly all workers shared family needs (90%, n=50).</p> <p>Nearly half of caseworkers shared family needs within 5 days of a family being identified as eligible for Linkages (n=25, 47%) and within 10 days for two-thirds of families (n=36).</p>
	<p>Interpretations</p> <p>County A may have different data collection practices that limited their ability to report on this indicator for the majority of reviewed cases.</p> <p>County B has an official practice of expediting the CalWORKs eligibility review for (potential) mutual families which may contribute to the timeliness of sharing family needs.</p> <p>The sharing of family needs was the indicator most reported, indicating it may either be the easiest data point to report or that it may be a cornerstone of coordinated case planning.</p>	

Implementation Indicator	County A	County B
Coordinating objectives & services	Objectives were only included in 39% of case plans (n=15), however at least some degree of collaboration was reported in 73% of cases (n=40)	Objectives were included in 63% of case plans (n=32) and at least some collaboration was recorded for nearly three-quarters of cases (72%, n=39)
	<p>Interpretations</p> <p>There is inconsistent use of objectives in case plans despite more consistent collaboration around case plans. There is substantially less coordination of case plan objectives compared to sharing of family needs which could be indicate workers prioritize understanding and addressing family needs compared to coordinating objectives or experience barriers to coordinating objectives.</p>	

Implementation Indicator	County A	County B
Joint monitoring <i>of case plan services, activities, and participation:</i>	Both agencies monitored the case plan for only 28% of families (n=15) ¹⁴ , however some degree of collaboration was recorded for more than three-quarters of cases (78%, n=31)	<p>Joint monitoring was reported in two thirds of reviewed cases (n=34, 67%) at a frequency of at least once per month for half of those familie(n=24, 52%).</p> <p>Some degree of collaboration happened for three-quarters of cases (76%, n=29)</p>
	<p>Interpretations</p> <p>The differences across counties may indicate different definitions/understanding of “joint monitoring” roles, especially in County A where joint monitoring was less commonly reported in cases even when collaboration was rated.</p> <p>There is substantially less joint monitoring compared to sharing of family needs which could be indicate workers prioritize understanding and addressing family needs compared to joint monitoring or experience barriers to jointly monitoring case plans.</p>	

¹⁴ County A slightly modified their case review tool to ask the question “Did FSS and CFS both monitor the case plan?” whereas County B asked the question “Did this happen?”

Implementation Indicator	County A	County B
Child & Family Team Meetings	CFTMs took place for the large majority of cases (89%, n=48) and were attended by staff from both agencies for 60% of cases	CFTMs were held for slightly more than three-quarters of cases (78%, n=40), but both CWS/CalWORKs attended CFTMs for only 8.5% of these CFTMs. Support network was commonly present
	<p>Interpretations</p> <p>Each county seems to have different practices around which workers attend CFTMs, which could influence other coordinated case planning activities.</p> <p>County B, in particular, described qualitatively that both CWS and CalWORKs attended CFTMs, whereas the data from the case review tool indicates this a rare occurrence. Such data warrants closer assessment of current practices, efficacy of CFT engagement, and potential areas for improvement.</p>	
Recommended Services	<p>When known, CalWORKs services were recommended for nearly all families (98%, n=45) as were CFS services (100%, n=49).</p> <p>Case reviewers also reported that nearly all families accessed recommended services (96%, n=53)</p>	<p>When known, CalWORKs services were recommended for nearly all families (91%, n=53) as were CFS services (90%, n=52).</p> <p>Case reviewers also reported that three-quarters of families accessed recommended services (76%, n=42)</p>

Interpretations

Throughout qualitative data collection, workers routinely expressed that a major advantage of the Linkages approach is leveraging a wider array of services than are available through a single department, demonstrated by how common a practice recommending services is across counties.

Similarly, respondents to the service recipient survey also reported high rates of receiving recommendations and accessing resources and services signifying the importance of leveraging collaboration across both departments to promote service access.

(3) CalWORKs participation and reunification | *For the Linkages approach, sharing family needs quickly may be most supportive for families' CalWORKs participation, and collaboration between CalWORKs and CWS may be most helpful for reunifying families.*

Based on the case review tool's data, sharing of family needs; joint monitoring of case plan services, activities, and participation; and Child and Family Team Meetings were domains that could be most useful to assessing relationships between implementation and outcomes. The data also reveal two key outcome variables: a) continuous CalWORKs participation and b) family reunification. Based on these analyses, the timeliness with which family needs were shared and the level of collaboration in joint monitoring of activities yielded substantive results, presented below, for the two outcome variables assessed.

Upon revisiting the Linkages Theory of Change, there should be an association between high rates of coordinated case planning activities, such as sharing of family needs and joint monitoring, and families being more continually engaged with CalWORKs and being reunified with their children. This 'expected' relationship exists for three of the four following data points for County A but there is an unexpected (inverse) relationship for all four data points for County B. **These associations are not causal and there is no evidence that implementation in County B is contributing to adverse outcomes for families.** For this reason, relevant data below is followed by hypotheses for how to interpret the data.

Continuous CalWORKs Participation

After cases were identified for the Linkages approach, County A cases had an average of 8 months of continuous CalWORKs participation and County B cases had an average of 12 months of continuous CalWORKs participation. **In County A, sharing family needs within 10 days of being identified as eligible for the Linkages approach is associated with 2.2 months longer continuous engagement in CalWORKs** (Figure 6) compared to sharing family needs more slowly. **There is also slightly longer continuous CalWORKs participation (1.1 months) for County A associated with some level of collaboration in joint monitoring activities** (Figure 7). For County B, there is an inverse correlation between the timeliness of sharing family needs on continuous

CalWORKs participation (Figure 6) and no correlation between joint monitoring and continuous CalWORKs participation (Figure 7).

Figure 5: Association of the Timeliness of Sharing Family Needs on Continuous CalWORKs Participation

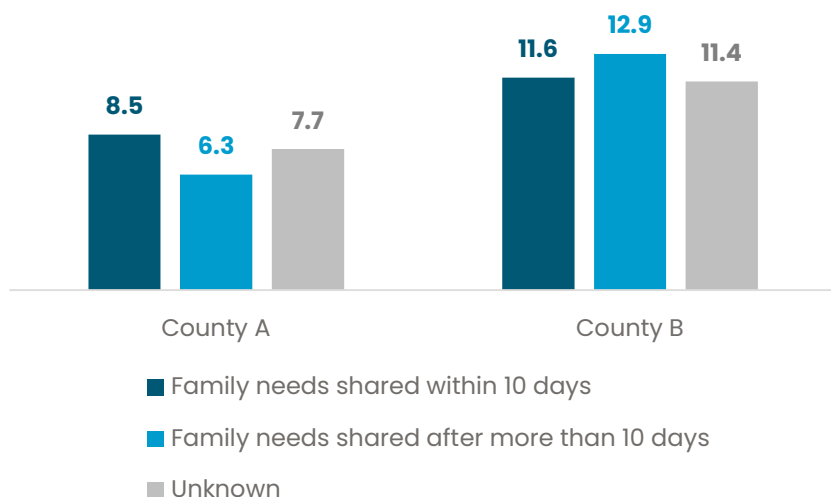
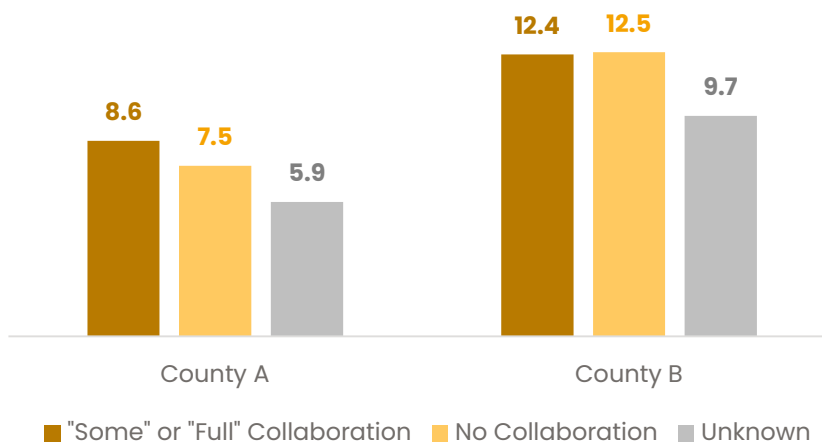


Figure 6: Association of Level of Collaboration in Joint Monitoring on Months of Continuous CalWORKs Participation



Family Reunification

Among this sample, 62% of County A and 56% of County B cases had a termination reason of "Reunification." For both counties, **cases where the sharing of family needs happened more than 10 days after being identified for the Linkages approach had higher rates of reunification** (Figure 8). However, **some level of collaboration in joint**

monitoring activities is associated with rates of reunification 22 percentage points higher than no collaboration in County A (Figure 9).

Figure 7: Association of the Timeliness of Sharing Family Needs on Family Reunification

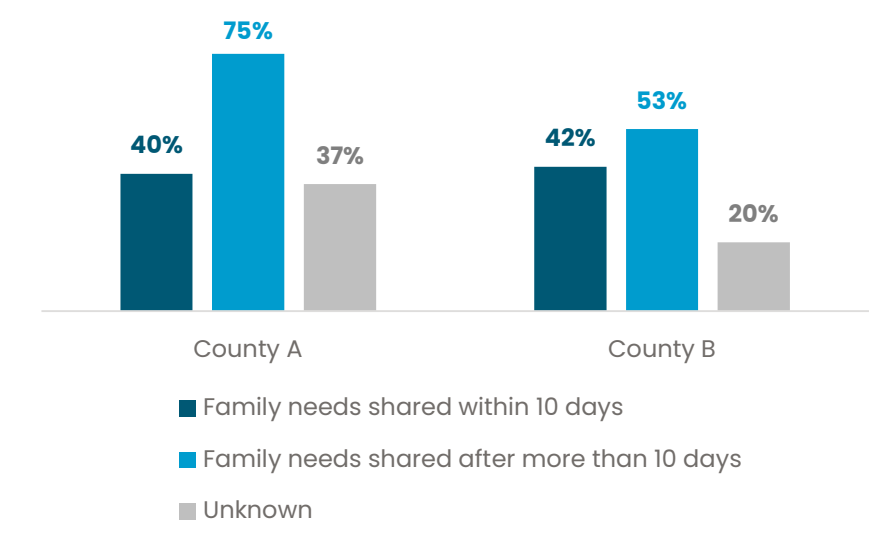
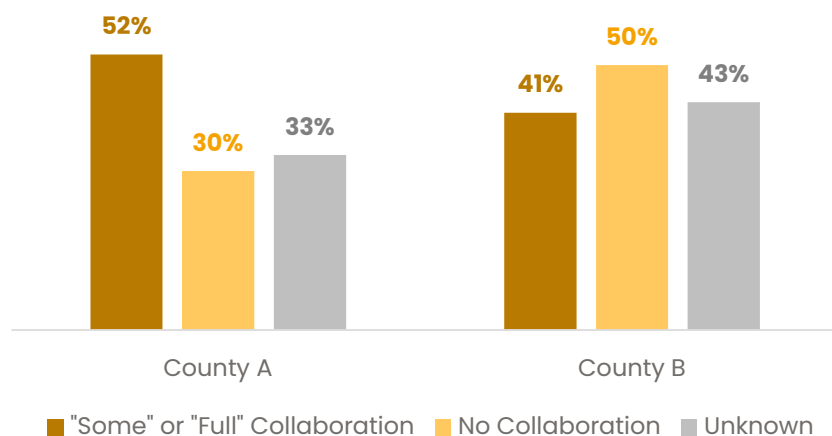


Figure 8: Association of Level of Collaboration in Joint Monitoring on Family Reunification



Despite data collection limitations, for County A, both the timeliness of sharing of family needs and joint monitoring of case plan services, activities, and participation

both potentially positively impact continuous CalWORKs participation and reunification for Child Welfare cases, a promising finding.

Three hypotheses help understand the divergent patterns between the two counties: data collection practices, service implementation, or family context that could explain the variances.

Hypothesis 1: Acuity of family needs could influence coordinated case planning activities, such that workers more rapidly share information for or more closely jointly monitor families with greater need. But these same families may also face barriers that make it harder to continuously engage in CalWORKs or reunify. On the other hand, workers may collaborate less closely with families seen as more able to progress on their own and ultimately have higher reunification rates. Each scenario could produce inverse relationships between levels of collaboration and rates of CalWORKs participation or reunification.

Hypothesis 2: There are other positive employment or wage outcomes that promote family stability not captured in these data. For instance, if needs are shared more quickly and families in Linkages then earn enough to leave CalWORKs, their time in the program may be shorter. Families may have positive outcomes, like stable jobs or higher wages, that are not shown in this data. In general, shorter CalWORKs participation is not always a negative outcome.

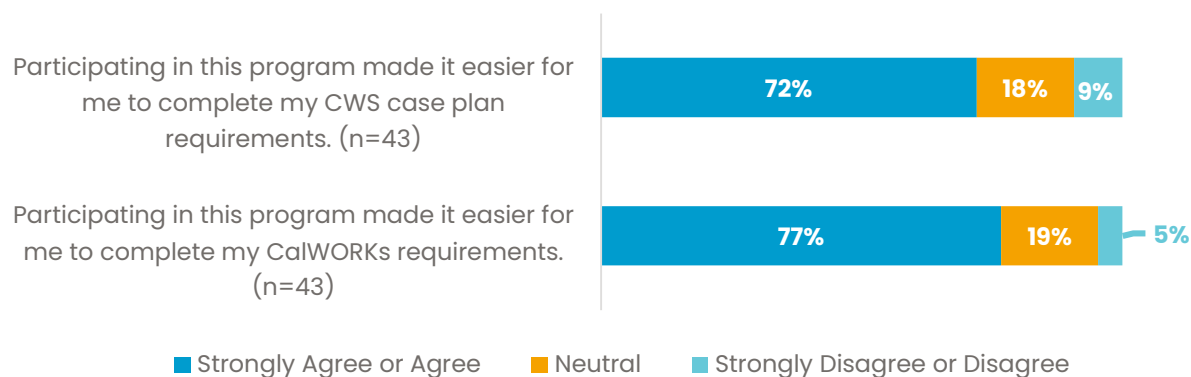
Hypothesis 3: The small sample size for timeliness of sharing family needs for County A could be skewing the data in Figures 6 and 8. It is important to consider that the observed patterns between counties could be a result of the different sample sizes in both counties (n=18 for County A and n=53 for County B). If the sample size for County A was higher, the data could become farther apart or closer.

(4) Meeting program requirements | *Mutually involved families perceive that coordinated case planning facilitates their completion of CalWORKs and Child Welfare requirements*

In the survey administered to recipients of coordinated case planning, approximately three-quarters of respondents agreed that participating in the program made it

easier for them to complete their CalWORKs (33 of 43) and Child Welfare (31 of 43) requirements (Figure 10). However, for both indicators, about one-quarter of respondents had a neutral reading or below (10 and 12, respectively), which indicates that some respondents did not feel with certainty that the program helped them in this way.

Figure 9: Survey Respondent Perspectives on Completing Requirements during Linkages Participation

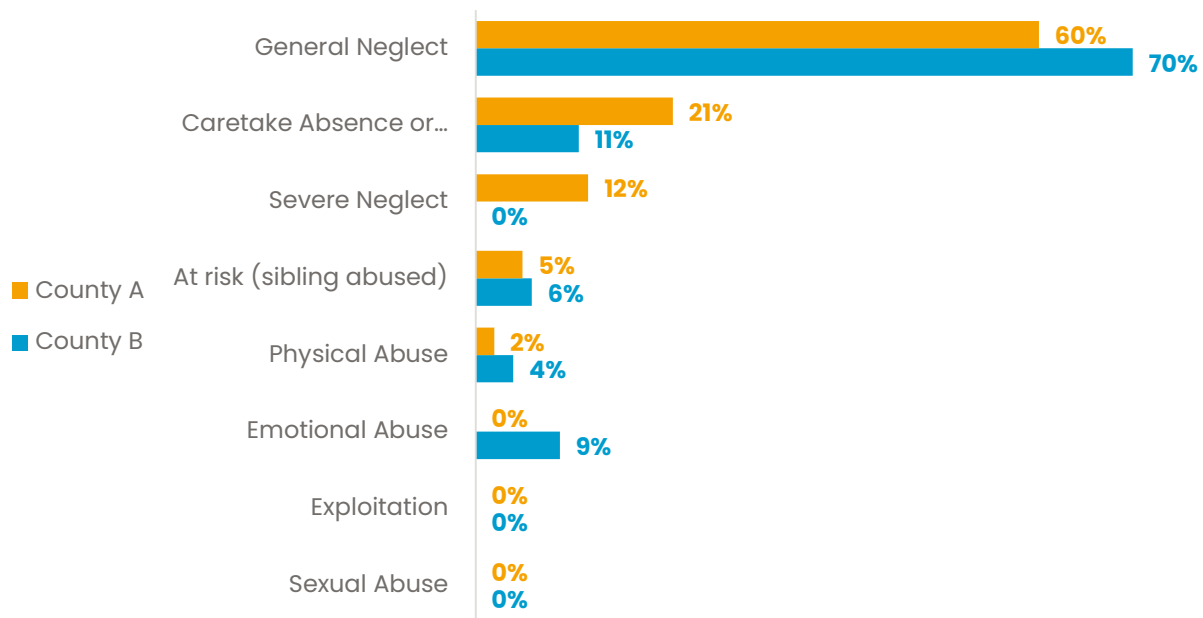


Notably, of the 33 respondents who indicated that participation in Linkages made it easier for them to meet their CalWORKs requirements, more than three-quarters (n=26) reported completing their CalWORKs requirements. Similarly, of the 31 respondents who indicated that Linkages participation made it easier for them to meet their Child Welfare requirements, three-quarters (n=23) reported completing their Child Welfare case plans.

(5) Access to resources | Through coordinated case planning, workers consistently provide referrals and promote access to resources to address family needs

Promoting access to CalWORKs, Child Welfare, and other public resources is a critical component of both secondary and tertiary prevention and therefore, essential to coordinated case planning. Notably, the most common type of substantiated child maltreatment allegations, by far, is “general neglect” for both Counties A and B (Figure 11).

Figure 10: Types of Substantiated Child Maltreatment Allegations by County



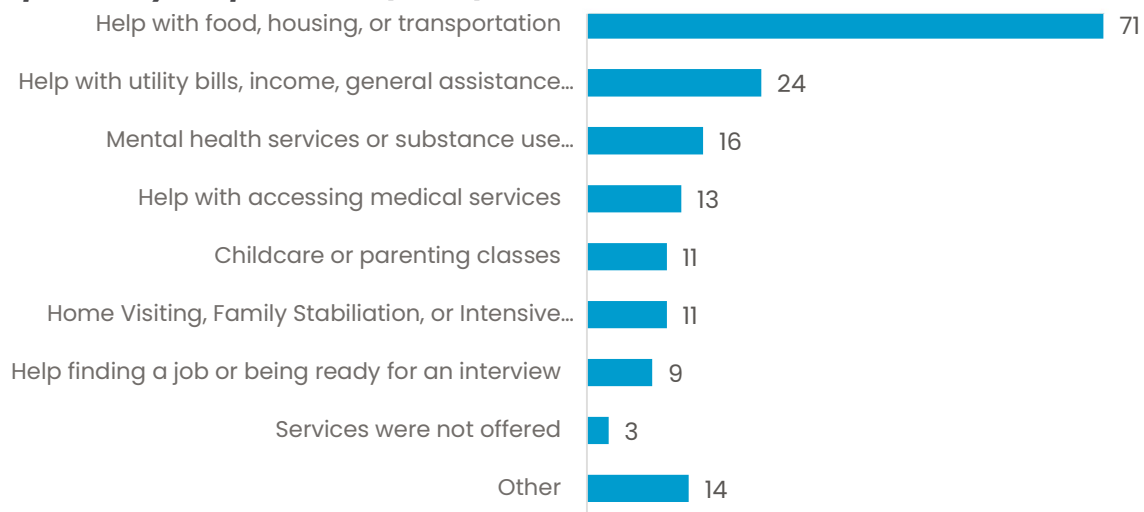
During the case review, workers consistently reported recommending one to five services to families, though County A reported slightly higher rates of families accessing services compared to County B.

Although county responses in the case review tool indicate the vast majority of cases received between one and five services, the service recipient survey indicates that survey respondents received and accessed numerous resources related to basic needs such as income, housing, food, and transportation – the types of needs that may be associated with increased risk for allegations of *general neglect*.

Three-quarters of survey respondents reported having more than one unmet need when starting Linkages 2.0 (36 of 48), particularly needs around financial support (n=31), food and housing (n=26), and behavioral health services (n=21). **Survey respondents reported that they were offered more than one resource while in the program and almost all (40 of 44) reported using the services and resources offered.** Among the 44 respondents, the most common resources offered were: Cal Fresh (36), help with income (utility bills, general assistance) (24), help with transportation (21), mental health or substance use services (16), and housing resources (14) (Figure 12).

Recommending and supporting access to services is a critical component of coordinated case planning that seems to be implemented consistently across Counties A and B, thereby presenting an opportunity for counties to address risk factors associated with *general neglect* allegations and prevent re-referrals.

Figure 11: Services and Resources Offered While Participating in Linkages, reported by Respondents (n=44)



Coordinated case planning may be an effective tool for connecting families engaged by the Child Welfare system to the basic needs services provided through CalWORKs and Welfare-to-Work programs, ultimately providing more resources than would be available through a single department. Providing referrals for services should seek to enhance program responsiveness as families work towards meeting their requirements and completing case plans.

Discussion and Recommendations

The Linkages 2.0 evaluation demonstrates that coordinating case planning between CalWORKs and CWS is a promising model for supporting families with complex needs. Families identified as eligible for Linkages showed substantially lower rates of maltreatment re-referrals and substantiated allegations compared to the months prior to identification. Families and staff alike reported that Linkages made it easier to meet CalWORKs and CWS requirements and improved access to critical resources such as CalFresh, housing, transportation, and behavioral health supports. Families consistently valued having a single point of contact and smoother navigation across agencies. Such findings help illuminate how the provision of services and leveraged resources across agencies contribute to the short- and long-term outcomes as described in the Theory of Change (Figure 1). The evaluation further demonstrates three key long-term outcomes from the Theory of Change that are likely associated with coordinated case planning: 1) the timeliness of sharing family needs may contribute to more continuous CalWORKs participation while other long-term outcomes still need further exploration; 2) the joint monitoring of case plans may contribute to family reunification; and 3) families identified for coordinated case planning showed lower rates of maltreatment re-referrals and substantiated allegations after participation. Overall, increasing timely client identification and robust collaboration around coordinated case planning will likely help counties realize the full potential of Linkages.

At the same time, the evaluation identified important variation in implementation and documentation. County A data suggested that prompt sharing of family needs and joint monitoring of case plans were linked to more continuous CalWORKs participation and higher reunification rates. County B, however, showed inverse associations, highlighting the influence of county context, program structures, and data quality on outcomes. Common implementation challenges included delays in identifying eligible families, inconsistent use of case plan objectives, uneven cross-agency participation in Child and Family Team Meetings, and gaps in documentation. On one hand, these variations suggest that coordinated case planning may be successfully adapted to best align to county structures and processes, such as existing structures and processes for how CFTMs are conducted. At the same time, there may be opportunities

for counties to improve the implementation of core components the Linkages approach. Moreover, there may be additional components of coordinated case planning not yet measured.

While there are limitations of the study that prevent us from drawing definitive conclusions, such as the lack of a sample control group of cases, preliminary findings suggest that the timeliness of sharing family needs and collaborative monitoring of case plans are likely key drivers of positive outcomes. The evaluation highlighted that unmet basic needs, closely tied to allegations of general neglect, remain the most common risk factor for families—pointing to the importance of leveraging CalWORKs resources as early as possible to prevent child maltreatment.

Recommendations

The evaluation has demonstrated promising outcomes for adopting Linkages to serve mutually involved families. These outcomes have also raised new areas of inquiry that could foster a deeper understanding of the aspects of coordinated case planning that most contribute to family outcomes as well as how counties can adapt their implementation practices without losing the critical components core to coordinated case planning.

The novel case review tool has proved a useful mechanism for assessing the implementation of coordinated case planning across both CalWORKs and Child Welfare agencies. While there is an opportunity for counties to seek to improve documentation of coordinated case planning activities to enhance workers' collaboration and communication, there is also a need to further standardize the case review process to ensure consistency. Ultimately, this tool can support counties in quality improvement or in conducting their own evaluations.

Based on the process and outcome evaluation findings, we propose a series of recommendations for each of the following three areas:

- ❖ Strengthen Implementation of Coordinated Case Planning
- ❖ Embed Continuous Quality Improvement (CQI) Exercises
- ❖ Advance Research and Evaluation

Strengthen Implementation of Coordinated Case Planning

- | | | |
|----------|---|--|
| 1 | Improve Early Identification of Families | <ul style="list-style-type: none">• Decrease the length of time between case start and identifying families as eligible for Linkages• Strengthen and clarify protocols and data sharing practices between agencies for mutually involved families• Standardize and document which families receive coordinated case planning |
| 2 | Strengthen Coordinated Case Planning | <ul style="list-style-type: none">• Define and enforce consistent practices for including objectives and joint monitoring of case plans• Increase participation of both CalWORKs and CWS in CFTMs• Develop a deeper understanding of specific aspects of coordinated case planning that help families meet program requirements |
| 3 | Enhance Documentation & Data Quality | <ul style="list-style-type: none">• Track which services are recommended, accessed, and completed (not just whether referrals were made) to improve communication around family needs and case plans• Document whether families completed their Welfare-to-Work and/or their Child Welfare case plan(s) to increase communication across agencies and workers |

Embed CQI Exercises

4

Adapt & Leverage the Case Review Tool for CQI

- Adapt the case review tool to match county processes while retaining standardized indicators
- Clarify definitions of indicators before reviews begin (e.g., what counts as “joint monitoring”)
- Modify the tool so collaboration levels can only be recorded if activities occurred
- Provide staff training and check interrater reliability during reviews such as the consistent use of prescribed fields
- Utilize review findings to identify barriers, share learnings, and plan process improvements

Continuing research and evaluation on the Linkages approach

5

Modify the Study Design

- Compare Linkages families to non-Linkages control groups to isolate program effects.
- Expand sample sizes and standardize observation periods
- Analyze contextual and structural factors that may influence outcomes at the individual level (e.g., racism, geography)

6

Define Additional Measures

- Identify additional outcome measures such as family risk and/or protective factors and employment milestones that could shape positive family well-being

Appendix A: County A Program Description

Overview

- Joined the evaluation in 2023
- Southern Region
- Linkages Continuum Focus: Secondary & Tertiary Prevention

Key Terminology

- **Mutual Client:** An individual who is simultaneously engaged in CFS and has an open or pending CalWORKs case.
- **Family Self Sufficiency (FSS):** The FSS Division is part of the Social Services Agency and administers programs such as CalWORKs, Cal Fresh, Medi-Cal and Welfare-to-Work. CalWORKs is the entity that administers the Mutual Client Program.
- **Children and Family Services (CFS):** The CFS Division is part of the Social Services Agency and provides child welfare services.
- **CalWORKs Dual Intake/Continuing Employment and Eligibility Specialist (EES):** A position within FSS that provides CalWORKs, Cal Fresh and Medi-Cal eligibility determination, as well as supportive services once approved by the Welfare-to-Work Case Manager. Mutual Client Continuing EESs are one of the roles that make up the Mutual Client Team.
- **Welfare-to-Work Case Managers (CM):** A position within FSS that provides Welfare-to-Work case management and support for the CalWORKs recipients meeting their Welfare-to-Work requirements. Welfare-to-Work Case Managers are one of the roles that make up the Mutual Client Team and are also referred to as “Mutual Client Case Managers.”
- **CFS Senior Social Workers (SSW):** A position within CFS that provides case management and supports the families meeting their CFS case plans. SSW carries a caseload of families who are engaged in CFS (investigation of referrals, monitoring of case plans, case management services).
- **Mutual Client Team:** A specialized team within FSS that administers the Mutual Client program. The team is composed of CalWORKs Employment Eligibility

Specialists and Welfare-to-Work Case Managers and is co-located with Children and Family Services (CFS).

- **Child and Family Team (CFT):** Child and Family Team (CFT) Program is a program within CFS. CFT meetings are a team-based process focused meeting to identify the strengths and needs of the family. CFTs are facilitated by a trained CFS supervisor, with parents and their support system, CFS staff, community representatives, service providers and caregivers to discuss various subjects related to the child welfare case. The Mutual Client Team (e.g., Welfare-to-Work case managers) attend CFT meetings as an additional resource for the families.
- **Linkages Coordinators:**
 - CalWORKs Linkages Coordinator: A CalWORKs manager oversees the Mutual Client Team and supports the Linkages approach by collaborating with the CalWORKs supervisors and CFS managers and supervisors.
 - CFS Linkages Coordinator: A CFS manager/supervisor supports CFS Social Workers with mutual clients and collaborates with the Mutual Client Supervisors and CalWORKs Linkages Coordinator.
- **CRISP (Conditional Release to Intensive Supervision Program):** A service offered to help qualifying families involved in juvenile dependency cases reunite safely and quickly. CRISP provides intensive supervision and support to help families meet the requirements of their reunification plan and ensure the child's safety.

Implementation Structure & Processes

Program History & Agency Structure

In County A, Children & Family Services (CFS) and Family Self Sufficiency (FSS) are **different divisions within the same agency (Social Services Agency)**. The Mutual Client Team was centralized in Family Self Sufficiency (FSS) and co-located with CFS **beginning in 2016** and is **funded by CalWORKs and Family Stabilization allocations**.

Families who are simultaneously engaged in CFS and CalWORKs are considered “Mutual Clients.”

Staffing Model & Roles

CalWORKs

The Mutual Client Team is housed at Foster Care Regional Center within the Family Self Sufficiency (FSS) Division and is composed of eight CalWORKs EES and five Welfare-to-Work CMs, with two first-level supervisors, one second-level supervisor, and managers. One of the managers serves as the CalWORKs Linkages Coordinator. The FSS Operations and Policy Team Human Services Manager assigned to the Mutual Client Team oversees policy and quality assurance, develops and updates policies and operational guides, and analyzes data.

The Mutual Client Team **carries a caseload of only mutual clients**; they do not have caseloads of non-mutual clients.

Child Welfare

On the CFS side, **any social worker can have a mutual client on their caseload**. There is a **Linkages Coordinator** on the CFS side who supports social workers with mutual clients and collaborates with the Mutual Client Supervisors and CalWORKs Linkages Coordinator.

Of note, **the Mutual Client Teams are co-located with CFS staff** to support effective coordinated case planning.

Mutual Client Eligibility

Families with **an open CFS referral or case, who are also eligible/receiving CalWORKs**, are eligible for Linkages (including those under Family Maintenance and CRISP).

Mutual Client Identification

Clerical teams in both CFS and CalWORKs cross-reference data systems to identify mutual clients at a few key points in time:

- When there is a new application for CalWORKs, the CalWORKs clerical team checks CWS/CMS to see if the family has open cases with CFS

- When there is a new referral for child abuse or neglect, the CFS clerical team checks CalSAWS to see if the family has an active CalWORKs case or a pending CalWORKs application
- When a referral is promoted to a case in CFS, the CFS clerical team checks CalSAWS to confirm if the family has an active CalWORKs case or a pending CalWORKs application
- County A also generates a **monthly Mutual Client Report that identifies mutual clients** (i.e., families have an active CFS case(s) and active CalWORKs case or a pending CalWORKs application).

Once a Mutual Client is identified, the CFS clerical team notifies the Mutual Client Inbox and any assigned case workers.

There are a few other opportunities that can be used to identify mutual clients:

- When a family discloses to any worker their enrollment or engagement with either division/agency, workers can email the Mutual Client Inbox to inform or confirm mutual client status

Once identified, the CalWORKs case is transferred to Mutual Client Team and assigned to Mutual Client CEES and CM. Senior Social Workers (CFS) will collaborate with the Mutual Client Team to engage family in coordinated case planning as a Linkages client.

Once enrolled, coordinated case planning continues as long as the case is open and the family is being served by both divisions; therefore, the duration of participation in the Linkages 2.0 approach varies across mutual clients.

Coordinated Case Planning & Services

Coordinated case planning allows for drawing down funds from CalWORKs while supporting collaboration between FSS and CFS to provide access to services and resources that help families meet case plan and program requirements.

Secondary Prevention

Secondary prevention services are for mutual clients with an open referral for a CFS case. CFS social workers work with families to understand and identify their needs and support families to access services through CalWORKs; social workers may also

discuss families' needs during CFTMs. Once the CFS referral closes, CFS SSW can email the Mutual Client Inbox to refer the family to the Mutual Client Team to apply for CalWORKs. The Mutual Client Team would then process the application and the family would be assisted by an EES in the closest office to the client.

Examples of secondary prevention services include supporting enrollment in CalWORKs assisting the family by providing access to other supportive services, such as childcare, and providing warm hand-offs to other programs.

Tertiary Prevention

Tertiary prevention activities are for mutual families with an open CFS case. The CFS social worker and CalWORKs Mutual Client Team work closely to coordinate case planning. Oftentimes, CalWORKs reaches out to get the CFS case plan to review it prior to any meeting(s) with CFS social workers. Then, both entities would identify needs and services to address the CFS case plan and the Welfare-to-Work plan, identify "barrier removal" activities, communicate with the family, and attend CFT meetings. Additionally, Mutual Client Team EESs attend CFTs when a child is being returned to parents for a 60-day trial. This provides an opportunity for an eligible family to apply for CalWORKs.

Lessons Learned

Family Needs and Barriers

Workers identified primary family needs as: basic needs support (like CalWORKs, Cal Fresh and Medi-Cal), mental and behavioral health, housing, childcare, and transportation.

Families with low credit scores and limited work history often face barriers to finding housing or employment.

Implementation Successes & Positive Client Outcomes

The Mutual Client Inbox makes it easy **to screen for and identify potential mutual clients.** CFS and FSS staff can use the inbox to communicate, identify/confirm mutual clients, and confirm services the family is receiving or in which programs they are enrolled.

The program structure and staffing model have broken down silos between FSS and CFS, supporting more collaboration and coordination than in previous years. Effective collaboration across FSS and CFS enhances **staff's ability to share information and leverage resources** with each other (particularly "in-house" county services), which **helps to reduce barriers for families.**

Coordinated case planning **integrates the Welfare-to-Work and CFS case plans to address duplicative requirements** for mutual families that can otherwise increase burden and pose barriers to success.

Co-locating the Mutual Client Team and CFS staff in the same building **improves collaboration**, allowing for in-person check-ins in addition to electronic communication.

Having a Mutual Client Team made up of CalWORKs staff **provides families with a single point of contact** who is available to assist and link them to services and resources. Also, by having a single point of contact, mutual families can **more easily contact their support system** and experience more responsiveness from their Mutual Client Team, which can help them **access services quicker.**

Consistent communication with mutual families keeps families informed and empowers them to meet their goals. Additionally, Mutual Client Teams have cell phones which allow families to access them directly.

Implementation Challenges & Barriers to Success

Generally, the **more staff involved in supporting a family, the more challenging it can be to effectively coordinate and communicate** for mutual families. This is especially true when identifying eligible families who may not tell their CalWORKs worker that they have an open child welfare case. This challenge may be addressed by having the Mutual Client Team as the primary point of contact.

Families have trouble balancing **duplicative requirements and meetings with multiple types of case workers**, which can inadvertently limit their ability to meet program requirements, such as going to school or working.

Adapting to program changes throughout the **COVID pandemic** has proved challenging for families and providers. Some families and providers are more inclined

to stay at home and engage electronically, which can limit effective case coordination. Also, new funding opportunities were made available early on in the pandemic, such as funding for utilities and rent, but have since been discontinued, which can be a point of frustration and pose economic burdens on families.

Not all staff know about Linkages for mutual families. **Staff turnover** continues to be a barrier to having a shared understanding across divisions.

There is **no current documentation of mutual families** who received coordinated case planning, which has posed **challenges to evaluation** and will continue to pose challenges for future county-level evaluations or continuous quality improvement efforts.

Counties **anticipate the CalWORKs allocation will be reduced**, which may affect the availability of services or the county's ability to expand the Linkages program for Mutual Clients.

Appendix B: County B Program Description

Overview

- Joined the evaluation in 2023
- Southern Region
- Linkages Continuum Focus: Secondary & Tertiary Prevention

Key Terminology

- **Child and Family Team Meeting (CFTM):** CFTMs facilitate family centered decision-making from the earliest stages of CSD involvement by eliciting participation directly from the child, family, and other supportive team members in assessing and monitoring services, as well as planning for the child's safety, permanence, and well-being. For Linkages clients, Employment Service Counselors (ESCs) are invited to attend CFTMs to support the coordinated case plan, provide resources, and update the team.
- **Child Services Division (CSD):** The division that provides child welfare services.
- **Linkages Liaisons:** Designated Liaisons within both Welfare-to-Work and CSD who focus on coordinated case planning and oversight for Mutual Clients (e.g., processing referrals, meeting with families, providing status updates etc.).
- **Mutual Client:** A client who is simultaneously engaged in CSD and CalWORKs.
- **Self Sufficiency Division ("Self Sufficiency"):** The division within the Department of Public Social Services that administers/oversees social service programs, including Cal Fresh, CalWORKs, Child Care, Employment Services, Homeless Programs, etc.
- **Self Sufficiency Eligibility Technician (ET):** Self Sufficiency ETs provide eligibility determination for CalWORKs and other social services through a CalWORKs eligibility review.
- **Social Services Practitioner (SSP):** SSPs are Social Workers in CSD who carry a caseload of families who are engaged in CSD.
- **Welfare-to-Work Employment Services Counselor (ESC):** ESCs are within welfare-to-Work (within Self Sufficiency) and carry a caseload of Mutual Clients. ESCs regularly interact with CSD Linkages Liaisons.

Implementation Structure & Processes

Program History & Agency Structure

Linkages, **implemented in May 2021**, is funded through CalWORKs allocation funds.

Within County B, the Children Services Division (CSD) and Self Sufficiency Division (“Self Sufficiency”) are separate agencies. Because leadership for the program resides in both divisions serving mutual families, there must be an intentional effort to reduce siloes and enhance collaboration and communication among leadership and staff within both CSD and Self Sufficiency.

A family who is simultaneously engaged in CSD and CalWORKs are considered “*Mutual Clients*.”

Staffing Model

Linkages has designated Liaisons in CSD and Welfare-to-Work. These Liaisons carry a caseload of only mutual families. Liaisons work with the families’ assigned Social Services Practitioner (SSP), as well as the assigned ETs. The Liaisons from each agency are co-located once per week.

Mutual Client Eligibility

Parents engaged with CSD – whether in an evaluated-out referral, open investigation, or open case (including those under family maintenance) – and eligible for CalWORKs are eligible for Linkages.

Families are no longer eligible for coordinated case planning once their child welfare referral/case closes or they are disenrolled from Welfare-to-Work.

Ineligibility for CalWORKs or barriers to engage in Welfare-to-Work affect CSD families’ eligibility for Linkages. For example, families who are hesitant to enroll in CalWORKs, families who live out of the county or move frequently, and families whose immigration status makes them ineligible for CalWORKs may not receive essential services and do not receive coordinated case planning.

Mutual Client Identification

There are two primary ways that mutual families are identified:

- The Self Sufficiency data unit **runs a mutual family report in CalSaws every month** that flags CSD families already enrolled in CalWORKs. The report is emailed to CSD and dispersed to the designated CSD Linkages Liaisons who connect to the assigned SSPs to begin outreach. The report is also emailed to the ESCs for follow up with the CSD Linkages Liaisons and coordination of referral to Linkages.
- CSD SSPs may also identify families who would benefit from CalWORKs by **reviewing families transitioning from FR to FM**. They then reach out to the CSD Linkages Liaisons to process the referral to Linkages.

A lesser common, though possible, way for families to be identified as a mutual family happens when a family discloses to any worker their enrollment or engagement with either agency. In this scenario, workers can contact Linkages Liaisons to initiate the process for confirming eligibility with the relevant workers.

Enrollment

When SSPs identify potential families and submit a Linkages referral, the **CalWORKs eligibility review is expedited** (5–10 days instead of 30 days); eligibility reviews are completed by an ET.

Coordinated Case Planning & Services

Secondary Prevention

Mutual families are identified at the point of secondary prevention (i.e., when there is a CSD referral or investigation)

Tertiary activities

Tertiary prevention activities are for CSD families with open referrals and cases with active case plans. These activities focus on providing services to help families meet case plan requirements, such as providing resources and following up with families on case plan activities. For example, the **CSD Liaison shares the case plan with the Welfare-to-Work ESCs** so they are aware of what is required and provide services accordingly. The **ESCs and SSPs attend CFTMs** to monitor the family's requirements across agencies and support their progress and success.

Lessons Learned

Family Needs & Barriers

Interviewed workers identified primary family needs as: **housing, food security, transportation, employment, and childcare**. They also identified that families need support **accessing services**.

Families face barriers to addressing these needs due to **long waitlists for services** or having a **history of eviction(s)**. Additionally, families experience **economic hardship when they lose cash aid upon child removal** from the home.

Implementation Successes & Positive Client Outcomes

CSD SSPs conduct outreach to eligible families who are able to opt in to receiving coordinated case planning. For families who opt in, County B **maintains this historical list of mutual families** which has been important for evaluation and continuous quality improvement efforts.

Through Linkages, **workers support families to navigate both agencies** (CSD and Self Sufficiency) to receive secondary and tertiary prevention services. Workers described **families' increased knowledge of services and increased confidence** as a result of receiving coordinated case planning.

Frequent communication and engagement with families positively influence their active participation in coordinated case planning and meeting program and case plan requirements.

As a result of their positive experiences, families are sharing about Linkages with their social networks.

Because CSD Linkages Liaisons carry mutual-client-only caseloads, they are more familiar with Self Sufficiency services and how to better navigate the agency, enabling them to make referrals to meet clients' needs.

Having **Linkages Liaisons** provide leadership to SSPs, ETs, and ESCs **allows for effective problem solving and guidance**. They are responsive to feedback given their familiarity with the program and close engagement with SSPs and ESCs.

Co-location increases collaboration and sharing information across agencies.

Collaboration is also supported by having a shared SharePoint, regular meetings, and frequent use of email and chats.

Implementation Challenges & Barriers to Success

Some families are hesitant to talk about their CSD involvement, which can make it **challenging to identify families** and share available Self Sufficiency resources.

Some families may de-prioritize their CSD case plan while they focus on other goals, such as finding a job or getting housing.

Regional Managers have had limited understanding/awareness of Linkages in the past, which otherwise could contribute to more structural support for the staffing model or collaboration across agencies.

Staff turnover or chronic understaffing poses a challenge to effective collaboration and knowledge sharing. As a result, some staff may not feel familiar with Linkages eligibility, program details, or the benefits of cross-agency collaboration, despite receiving information during Induction.