

**System Improvement Plan Priorities for Fiscal Year 2009-10 through 2011-12
May 2010 Update
9/20/10/10 Status Up date (For Month of August 2010)**

Accountability – Systemic Reorganization – Consolidate Investigations

Outcome: All ER referrals will be investigated by the ER program		Strategy Rationale: Abuse/neglect investigations should be completed by staff who are trained and supervised for this task.		
Strategy: Consolidate abuse/neglect investigations for open cases into the emergency response program				
Milestones		Timeline	Method of Measurement	Assigned
1	Meet and confer with labor 1.1 SEIU – approved in concept 10/22. Subgroup to work on issues and present a draft 11/16; UPE-completed 12/1/09	September 30, 2009 Completed 12/1/2009	Meeting held	Melinda Lake Kim Pearson
2	Implement in Family Reunification 2.1 Immediate response referrals 2/2/09-1/02/10 training for IR in working with dependents & SDM Substitute Caretaker tool; 1/4/10 FR testing to begin 2.2 Ten day referrals 3/1/10 ER will start doing FR's 10 day referrals			Melinda Lake Kim Pearson
3	Implement in Permanency Services 3.1 Train ER & permanency staff on new procedures 3.2 Pilot new procedures 3.3 Final implementation	March 31, 2010 Completed March 4, 2010 & ongoing May 31, 2010 June 15, 2010 June 30, 2010 & ongoing Completed 7/6/10	SafeMeasures SafeMeasures	Luis Villa Kim Pearson
4	Implement in Adoptions 4.1 Train ER & adoption staff on new procedures 4.2 Pilot new procedures 4.3 Final implementation	July 31, 2010 August 15, 2010 September 30, 2010 & ongoing	99% of all Emergency Response referrals will be handle by ER SafeMeasures	
Discuss changes in identified systemic factors needed to further support the improvement goals. Revision of Policy/Process/Procedure to have Emergency Response conduct all investigations. Implementation of PEP				
Describe educational/training needs. Training session on common risk assessment areas designed and delivered. Advanced SDM risk assessment training. Design and deliver training session on Placement Unit.				
Identify roles of the other partners in achieving the improvement goals. Training: The University of California Davis Extension Northern Academy and Children's Research Center. Labor unions regarding consolidation of emergency response investigations in the ER program.				
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.				

The first phase of the reorganization involved moving the Dependent Intake duties to the Emergency Response units and extending the role of the Emergency Response worker through the Detention hearing. This initial phase was implemented on March 24, 2010.

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Accountability – Systemic Reorganization – Consolidate Investigations

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Accountability – Systemic Reorganization – Centralized Placement Unit

<p>Outcome: Placement stability measures will improve due to increased placement with kin and early placement TDMs.</p> <p>Strategy : Design, test, and implement a centralized Placement Unit.</p>	<p>Strategy Rationale: Research supports that relative placements and TDMs increase stability and reduce reentry. A centralized placement unit will increase the opportunity to place with kin within 23 hours of removal, thus avoid a shelter placement.</p>
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Milestones	Timeline	Method of Measurement	Assigned
1. Implement a Centralized Placement Services Unit <i>As of March 2009, CPSU is making placements for all new placement episodes of children becoming dependents.</i>	10/30/10 & ongoing		Luis Villa
1.1 Make all placements and replacements for FR	7/30/10		
1.2 Make all placements and replacements for long term placement	10/30/10		

Discuss changes in identified systemic factors needed to further support the improvement goals.
 Reallocate staff to support the centralized placement process and capacity for kinship assessments.

Describe educational/training needs.
 Initial and on-going training on TDMs and how to use the centralized placement process.

Identify roles of the other partners in achieving the improvement goals.
 Partners will continue to support and participate in TDMs.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
 Regulatory and statutory changes are needed relating to waivers in order to expand the ability to increase relative placements.

Associated Measurable Outcomes		1/1/08-12/31/08	1/1/09-12/31/09	1/1/10-12/31/10	1/1/011-12/31/11	1/1/12-12/31/12	1/1/13-12/31/13
C4.1 Placement Stability for those in care less than 12 months (SafeMeasures) Berkeley Report: 10/1/08-9/30/09: 78.6%	Actual	78.0%					
	Goal		80%	85%	90%	90%	90%
C4.2 Placement Stability for those in care 12 to 23 months. (SafeMeasures) Berkeley Report: 10/1/08-9/30-09: 65.4%		10/1/07-9/30/08	10/1/08-9/30/09	10/1/09-9/30/10	10/1/10-9/30/11	10/1/11-9/30/12	
	Actual	54.3%	54.5%				
	Goal		54.5%	54.7%	54.9%	55.1%	

As of 11/30 BOS report: 7.7 CPS is formalizing a new, enhanced model for the Placement Support Unit to assist case carrying social workers with placements and placement related activities such as documentation and face to face visits.

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Accountability – Systemic Reorganization – Centralized Placement Unit

During the reporting period, the team met weekly to discuss implementation issues. The team analyzed the specific roles of the social workers in the unit and developed a proposal to increase efficiency by merging roles. The proposal also aims at providing a child worker to every child that comes into the system. We are working with labor to move this proposal forward. The CPSU continues to provide services 7 days a week. In addition, testing in the Family Reunification program begins in late October with full implementation anticipated in the program by Mid-December.

Data: the tables below provide CPSU data for the period starting August 17th and ending September 25th.

	<i>Children</i>	<i>Families</i>
<i>Total Participants</i>	66	44
<i>Relatives Assessed</i>	35	33

<i>Placements as a result of involvement by the Child Worker</i>		
	<i>Children</i>	<i>Percent</i>
<i>Parent (non-detaining petition)</i>	0	0%
<i>Initially with Relative</i>	28	42.4%
<i>County Foster Home</i>	8	12.1%
<i>Foster Family Agency</i>	9	13.7%
<i>Children’s Receiving Home</i>	16	24.2%
<i>Other (i.e. Hospital, Crisis Nursery)</i>	5	7.6%

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Accountability – Systemic Reorganization – Policies and Procedures

Outcome: Reformat, revise, and consolidate existing policies, processes, and procedures.		Strategy Rationale: Staff need accessible, simple, up to date, and cross-linked written direction on how to perform their job. Revised policy/process/ procedures will standardize the work so the impact of new strategies can be better judged.		
Strategy: Produce policies/process/procedures concurrently with the redesign of processes.				
Milestones		Timeline	Method of Measurement	Assigned
1. Train project staff in information mapping		October 2010 Completed October 2010 but remains an ongoing task	Training Attended	Laura Williams
2. Rewrite policy/process/procedure		June 2012 & ongoing	Posted electronically on common drive	Laura Williams
Primary P/P/P	Related P/P/P			
ER Intake		3/31/10		
ER Investigation	<ul style="list-style-type: none"> ○ Protective Custody ○ How to obtain a protective custody order & How to execute a protective custody warrant ○ Establishing Dependency ○ Secondary Referral ○ TDMs ○ Court Intervention Staffing ○ How to check a child in protective custody into the Children's Receiving Home ○ How to obtain a non-detaining order ○ Update Component 3, task 1 of existing policy 	4/30/10		
Medical Exams update		5/30/10		
Placement	Bed Holds	12/31/10		
Assessment & Case Planning	Client Engagement	12/31/10		

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Accountability – Systemic Reorganization – Policies and Procedures

Permanency	Paternity Testing Adoption	6/1/11		
Case Transfer		12/31/10		
Court Reports		12/31/10		
Case Management	Referrals <ul style="list-style-type: none"> ○ AOD Services ○ Mental Health Services ○ Housing Transportation Social worker visits with child, caretaker, parents Family visitation	12/31/10		
3. Design and implement a process to ensure policies and procedures are continuously reviewed and updated		8/31/09 Completed on 8/8/09	Posted electronically on common drive	Laura Williams
4. Design and implement a shortened policy/process/procedure approval process		12/31/10 Completed on 8/8/09	Adopted by Executive Management Team	Laura Williams
Discuss changes in identified systemic factors needed to further support the improvement goals. Supervisors and managers should use these when answering questions and/or training staff.				
Describe educational/training needs. New policy/process/procedure will need to be incorporated into training.				
Identify roles of the other partners in achieving the improvement goals. UCD Training Center				
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None				

Two policies/process documents have been posted in July: Courtesy Supervision and Program Dashboards. One procedure was posted in July: How to Mark a Case or Referral As sensitive or Sealed in CWS/CMS. Nine additional policy/process/procedures are in progress:

1. Critical Incidents
2. Social worker visits, including FFA visits
3. PSU
4. Advance Petty Cash
5. Case Management Referrals – AOD
6. How to complete a CS 840 for Referrals

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Accountability – Systemic Reorganization – Policies and Procedures

- 7. Foster Home and FFA Complaints
- 8. Progressive Complaint Resolution
- 9. CACI

Submitted as of 8/19/10

For Pay periods 10 -17, only 42% (43 of a possible 103) time sheets have been submitted. Of those reporting, they only spent 95 of their available time on the project.

On 9/8/10, Division Managers assumed responsibility for production of p/p/p documents by their trained staff. DMs will review documents from their staff. Laura Williams will edit documents and brainstorm topics to include.

11/2010 BOS report: . *To hasten progress, the project was reorganized so that staff writing the policies and procedures are accountable to their respective division managers. Laura Williams will continue to edit the documents and provide technical assistance to the writers. During this reporting period, two previously posted policies and procedures were revised and thirteen new ones are under development.*

Staff Responsible: Melinda Lake, Division Manager
Kim Pearson, Division Manager
Luis Villa, Division Manager

Status: In Progress

Completion Date: December 31, 2011

		Romeal	Margaret	Martha	Alicia	Janet	Judy	Paula	Karen Parker	Karen Habben	Luz	Tammie	Karen Hamamura	Edith	Total	
	% Project Hours															
25	11/22/09-12/05/09	13%		33%	0%	27%	7%								14%	14%
26	12/6/09-12/19/09	13%		10%	2%	51%	7%								16%	16%
1	12/20/09-1/2/10	14%		16%	23%	50%	8%								24%	18%
2	1/3/10-1/15/10	18%		0%	9%	50%	3%								17%	17%
3	1/17/10-1/30/10	3%		0%	0%	18%	3%								5%	15%
4	1/31/10-2/12/10	0%		0%	0%	19%	0%								4%	13%

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Accountability – Systemic Reorganization – Policies and Procedures

5	2/14/10-2/27/10	0%		0%	0%	0%	0%								0%	11%
6	3/1/10-3/13/10	0%		0%	0%	0%	0%								0%	9%
7	3/14/10-3/27/10	0%		0%	0%	0%	0%								0%	8%
8	3/28/10-4/10/10	0%		0%	0%	0%	0%								0%	7%
9	4/11/10-4/24/10	0%	30%	0%	0%	0%	0%								5%	7%
10	4/25/10-5/8/10	4%	14%	5%	0%	0%	3%	####	#####	#DIV/0!	4%	3%	#DIV/0!	####		7%
11	5/9/10-5/22/10	10%	27%	#####	1%	####	5%	####	#####	#DIV/0!	0%	0%	#DIV/0!	17%		8%
12	5/23/10-6/5/10	65%	#DIV/0!	#####	12%	####	6%	####	#####		26%	0%	#DIV/0!	23%		9%
13	6/6/10-6/19/10	39%	#DIV/0!	#####	0%	####	4%	####	#####		0%	23%	#DIV/0!	16%		9%
14	6/20/10-7/3/10	21%	#DIV/0!	#####	0%	####	2%	####	#####	#DIV/0!	0%	45%	#DIV/0!	0%		9%
15	7/4/10-7/17/10						6%	####	#####	3%	0%	0%	#DIV/0!	3%		9%
16	7/18/10-7/31/10						#####	####	#####	25%	####	5%	#DIV/0!	3%		9%
17	8/1/10-8/14/10						#####	####	#####	34%	####	12%	#DIV/0!	2%		
18	8/15/10-8/28/10						#####	####	#####	#DIV/0!	####	#####	#DIV/0!	####		
19	8/29/10-9/11/10						#####	####	#####	#DIV/0!	####	#####	#DIV/0!	####		
20	9/12/10-9/25/10										####	#####	#DIV/0!	####		
			#DIV/0!	#####	####	####	#####	####	#####		####	#####	#DIV/0!	####		9%
	Total	10%	23%	4%	2%	17%		####	#####		####	#####	#DIV/0!	####	8%	

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Accountability – Systemic Reorganization – Increase worker retention

Outcome: Increase worker retention Strategy: Improve training and staff support		Strategy Rationale: An experienced workforce can perform better. A stable workforce reduces case transfers due to staff vacancies which conserves worker time and client engagement. Note that the large number of layoffs in the last half of 2009 will artificially increase worker retention data.	
Milestones	Timeline	Method of Measurement	Assigned
Develop Workforce Committee that will address retention, recognition, improving hiring practices and redesigning the social worker peer mentor program.	March 31, 2010 completed	Existence of committee	Karen Parker
1 Each program will have a Peer Mentor program with standardized criteria, expectations, roles, and responsibilities for social workers and supervisors	October 2009 Completed	80% of new employees will have a peer mentor assigned for at least 3 months.	Karen Parker
1.1 Review focus group feedback <i>Peer Mentor sub-committee meeting 7/28/09, 8/7/09. Feedback from focus groups on retention and peer mentoring were collated and reviewed. Suspended in September and October.</i>	July 2009 Completed		
1.2 Review existing Peer Mentor process	August 2009 completed		
1.3 Establish criteria, expectation, roles and responsibilities.	October 2009 completed		
1.4 Meet and confer with labor	1/1/2010 completed		
1.5 Full Implementation 1/5/10: <i>Proposed model adopted by implementation will await resumed hiring (versus re-employment of laid off workers)</i>	1/1/2010 completed		
2 Each program will have a standardized program specific training plan for all new staff/supervisors coming into the program.	1/1/2011 completed	Retention Rate (see below)	Karen Parker
2.1 Review focus group feedback	7/31/09 completed		
2.2 Review each program's existing training	1/1/2011 completed		
2.3 Work with program staff to standardize training within/among programs	1/1/2011 completed		
3 Establish an effective secondary trauma plan for staff. <i>2/17/10 Proposal submitted to Management for approval. 5/3/10: Plan will be 3.1 below</i>	December 2010	Plan Adopted	Karen Parker
3.1 Insure line staff and supervisors attend a secondary trauma workshop once every three years.	12/31/13	90% of line workers and supervisors will have attended within 3 years.	Luis Villa Melinda Lake Kim Pearson
4 The hiring process will address the entire process from pre-hiring activities through retention. <i>2/17/10 Proposal submitted to management for approval</i>	12/31/2010	Process Revisions adopted	Lorna Carriveau Jennifer Jeffrey

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Accountability – Systemic Reorganization – Increase worker retention

5	Develop a systemic process for regularly receiving job satisfaction feedback.	12/31/2010	Issue Report	Karen Parker				
Discuss changes in identified systemic factors needed to further support the improvement goals.								
NA								
Describe educational/training needs.								
NA								
Identify roles of the other partners in achieving the improvement goals.								
NA								
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.								
NA								
Associated Measurable Outcomes								
Increase worker retention¹	2008	May-June 2009	July – December 2009	January – June 2010	July – December 2010	January – June 2011	July – December 2011	January – June 2012
Baseline Data/Actual	13%	3%	1%					
Target		≤6%	≤6%	≤6%	≤6%	≤8%	≤8%	≤10%

¹ Chapter 13 of the Monthly Data Book.

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Accountability – Systemic Reorganization – Adopt vertical case management

Outcome: Increased placement stability		Strategy Rationale: Worker continuity during dependency will improve permanency outcomes and placement stability		
Strategy : Adopt Vertical Case Management				
Milestones		Timeline	Method of Measurement	Assigned
1	Use Compression Planning to create work plan and timelines.	June 2010	Plan exists	Laura Coulthard
2	Revise SIP to incorporate milestones developed at Compression Planning	June 2010	SIP Submission	Laura Williams
3	Adopt case reassignment method	July 2010		
4	Train staff	September 2010	# staff trained	Terry Clauser & Karen Parker
5	Test model	October –December 2010	At least 1 unit adopting	Terry Clauser & Karen Parker
6	Train staff	January 2011	% staff trained	Terry Clauser & Karen Parker
7	Implement	March 2011	% applicable units adopting	Melinda Lake Luis Villa
Discuss changes in identified systemic factors needed to further support the improvement goals. .Emergency Response assume investigation for all secondary referrals. Centralized Placement Unit able to make all placements.				
Describe educational/training needs. Staff will be trained on new process and roles.				
Identify roles of the other partners in achieving the improvement goals. Attorneys				
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. N/A				

11/2010 BOS report: *CPS is now actively planning for and rolling out Phase II, which includes one worker per child/family, regionalization and combined teams. The roll out is taking place in steps. On October 4, 2010, Family Reunification workers started to be assigned to cases at the Detention hearing in order to engage families sooner - the beginning of one worker per child/family. At the end of October 2010, 18 Family Reunification workers and six Permanency Services workers are moving to the office in the North area to be closer to the families and the community that they will serve – the beginning of regionalization and combined teams.*

The next steps will be combining Family Reunification with Permanency Services duties and moving workers to CPS’s East and Central/South offices. CPS is planning to fully implement phase II by March 2011.

The final phase of the reorganization entails adding the support of a secondary worker that will focus on achieving permanency for children via reunification, guardianship or adoption. This phase is still in the planning stages and is targeted for implementation in June 2011.

7.6.1 In an effort to eliminate excessive handoffs, reduce duplication and respond more efficiently to the needs of families, the CPS Division has embarked on a reorganization effort that includes the following components: Emergency Response workers carrying cases through the Detention hearing; one worker per child; four regions serving the four major school districts; and combined teams of social workers. The first phase of the reorganization involved combining Dependent Intake with Emergency Response and extending the role of the Emergency Response worker to the Detention hearing. This initial phase was completed on March 24, 2010. *The second phase of the reorganization will occur in stages to facilitate implementation. The first stage is the assignment of the Family Reunification social worker at the*

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Accountability – Systemic Reorganization – Adopt vertical case management

Detention Hearing. This change became effective on October 4 and will facilitate early engagement of families in services. The social worker assigned at the Detention Hearing will be the social worker for the family during the length of their stay in the child welfare system.

Staff Responsible: Karen Parker, Program Planner
Terry Clauser, Program Planner
Status: In Progress
Completion Date: March 31, 2011

Next Step: Finalize roles and activities of the ongoing social worker and the secondary social workers. Meet with labor organizations to implement a test region to combine Family Reunification and Permanency Services.

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Accountability – Systemic Reorganization – Adopt a regional organization structure

Outcome: Division reorganization		Strategy Rationale: Workers will become familiar with resources within their assigned geographic area. Building relationships with partners will result in better services to the child and family.		
Strategy : An identified group of workers will be assigned cases according to geographic region.				
Milestones		Timeline	Method of Measurement	Assigned
1	Use Compression Planning to create work plan and timelines.	June 2010	Plan exists	Terry Clauser & Karen Parker
8	Revise SIP to incorporate milestones developed at Compression Planning	June 2010	SIP Submitted	Laura Williams
2	Determine processes to be regionalized	August 2010	Plan approval	Laura Coulthard
3	Determine region boundaries	August 2010	Plan approval	Laura Coulthard
4	Train pilot staff	September 2010	% of staff trained	Terry Clauser & Karen Parker
5	Pilot the model	October – December 2010	Pilot cases assigned	Terry Clauser & Karen Parker
6	Create method for staff reassignment	January 2011	Approve method	Laura Coulthard
7	Reassign staff	March 2011	Reassignment of worker codes	Kim Pearson Melinda Lake Luis Villa
Discuss changes in identified systemic factors needed to further support the improvement goals. Vertical case management will need to be implemented.				
Describe educational/training needs. Processes will be redefined and staff trained on them.				
Identify roles of the other partners in achieving the improvement goals. Public education districts are important in successful reorganization				
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. NA				

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Accountability – Regular Use of Data -- Embed Data Analysis in Management Decisions

Outcome: Meet or exceed SIP outcomes		Strategy Rationale: Use of data in decision making will strengthen the organizational capacity to make lasting, effective program changes.		
Strategy : Embed data analysis in management decisions				
Milestones		Timeline	Method of Measurement	Assigned
1	Review SIP progress monthly at Division Managers meeting.	ongoing		
2	Review the progress of at least one SIP strategy at Executive Management Team Meetings	ongoing		
3	Utilize data analysis skills by			
	3.1 Reporting outcomes Friday morning all managers call	ongoing		
	3.2 Reviewing outcome dashboards	ongoing		
4	Improve staff skills in data analysis			
	4.1 SafeMeasures for data monitoring via Safe Measures training: 5 sessions, each for a different program grouping.	March & April 2009	104 staff attended	Terry Clauser
	4.2 Data analysis and use of Berkeley web site for data monitoring via Chapin Hall Training	6/30/09-7/2/09	41 Attended	Terry Clauser
Discuss changes in identified systemic factors needed to further support the improvement goals. Not applicable.				
Describe educational/training needs. The Division has in-house resources to conduct logic model training.				
Identify roles of the other partners in achieving the improvement goals. None other than identified on specific work plans.				
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None				

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Accountability – Performance Evaluation – Performance Evaluations

Outcome: Conduct annual performance evaluations	Strategy Rationale: Performance feedback is essential to develop a skilled work force.		
Strategy: Adopt and implement PEP			
Milestones	Timeline	Method of Measurement	Assigned
1. Train line staff on how to complete their part of the PEP. Note: Staff are trained the month prior to the PEP due date.	June 2011	Offer staff on-line training, training by the Training unit, or training by their supervisor	Melinda Lake Kim Pearson Luis Villa
2. Conduct annual performance evaluations	June 2011 & ongoing	95% of all Staff will have a PEP evaluation within 2 months of its due date	
Discuss changes in identified systemic factors needed to further support the improvement goals. None			
Describe educational/training needs. None			
Identify roles of the other partners in achieving the improvement goals. None			
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.			

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Safety – Timeliness – SDM Safety Assessments

Outcome: Timely completion of SDM Safety Assessments.		Strategy Rationale: SDM tools guide workers to assess child safety and risk.		
Strategy: Regularly monitor timeliness				
Milestones		Timeline	Method of Measurement	Assigned
1. Regularly review safety assessment timeliness at Friday morning all management phone calls, Executive Management SIP review meetings.		Ongoing	Every ER office will have a monthly compliance rate of 95% or higher for rate for timely completion of Safety Assessments ² .	Laura Williams
6.1 Communicate performance expectations ³ to staff: 6.1.1 Revise ER Investigation Policy, Process, and Procedure to include these expectations.		6/30/09 completed	Revised policy is posted on accessible drive	Laura Williams
6.1.2 Supervisors, Program Managers, and Division Managers will routinely monitor staff compliance ⁴ .		Ongoing completed	Announcement made	Laura Coulthard
6.2 Provide mechanism for staff to complete Safety Assessment while in the field. 6.2.1 Establish technology standards		June 15, 2009 completed	Publication of standards to vendors	Joni Edison
6.2.2 Obtain remote access for field staff 8/3/09 24 Staff still need VPN 8/17/09 Telephone call to those still needing VPN		September 30, 2009 completed	95% of staff scheduled to receive NetBooks will have established remote computer access	Laura Williams
6.2.3 Select technology		July 31, 2009 completed	Issue purchase order	Bambi Rethford
6.2.4 Determine amount needed		July 31, 2009 completed	Issue purchase order	Laura Coulthard
6.2.5 Secure funding		June 30, 2009 completed	Budget item approved by Board of Supervisors	Laura Coulthard
6.2.6 Receive technology. OCIT exception approval for purchase received 7/22/09. NetBooks ordered 8/12/09 8/26/09 NetBooks received		9/30/09 completed	Invoice	Amir Vaezinia
6.3 Modify technology 6.3.1 Reimage 6.3.2 Initialize technology		10/30/09 completed	Successful test	Amir Vaezinia

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Safety – Timeliness – SDM Safety Assessments

6.3.3 Deploy technology (done on flow basis since hardware needs 12 hour on line time to initialize)	11/30/09 completed	90% of allocated hardware ⁵ is deployed	Bambi Rethford Karen Habben		
6.3.3.1 Add to inventory					
6.3.3.2 Train staff	11/30/09 completed	90% of staff receiving hardware are trained	Karen Habben		
6.3.3.3 Monitor that staff are using the NetBooks and reallocate NetBooks as needed.	12/31/09 ongoing	Monthly report of air time usage	Bambi Rethford Laura Williams		
6.4 Monitor					
6.4.1 Emergency Response Program managers and supervisors will attend program specific Safe Measures Training to learn how to create compliance reports. 104 out of 126 targeted staff ⁶ received training which is 82%	March and April 2009	80% of targeted staff will be trained.	Terry Clauser		
6.4.2 Emergency Response Program managers and supervisors will routinely produce monitoring reports.	12/31/10	By report of Division Manager	Kim Pearson		
6.4.3 Emergency Response Program managers and supervisors will use the monitoring reports to improve staff compliance.	12/31/10	SafeMeasures usage report will show 85% of supervisors use SafeMeasures at least 4 times a month.	Kim Pearson		
Discuss changes in identified systemic factors needed to further support the improvement goals. Revision of Policy/Process/Procedure to have Emergency Response conduct all investigations. Implementation of PEP					
Describe educational/training needs. Training session on common risk assessment areas designed and delivered. Advanced SDM risk assessment training. Design and deliver training session on Placement Unit.					
Identify roles of the other partners in achieving the improvement goals. Training: The University of California Davis Extension Northern Academy and Children's Research Center. Labor unions regarding consolidation of emergency response investigations in the ER program.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.					
Associated Measurable Outcomes					
		7/1/09	12/31/09	6/30/10	12/31/10
SDM Timely Completion Rate (SafeMeasures)	Actual	69.4%	75.9%		
	Goal		90%	95%	95%

⁵ Use the lists to be submitted 7/27 for the count of allocated machines.

⁶ Using the staff counts for the PEP strategy, there are 151 targeted staff minus 25 clerical supervisors and family service supervisors = 126 staff.

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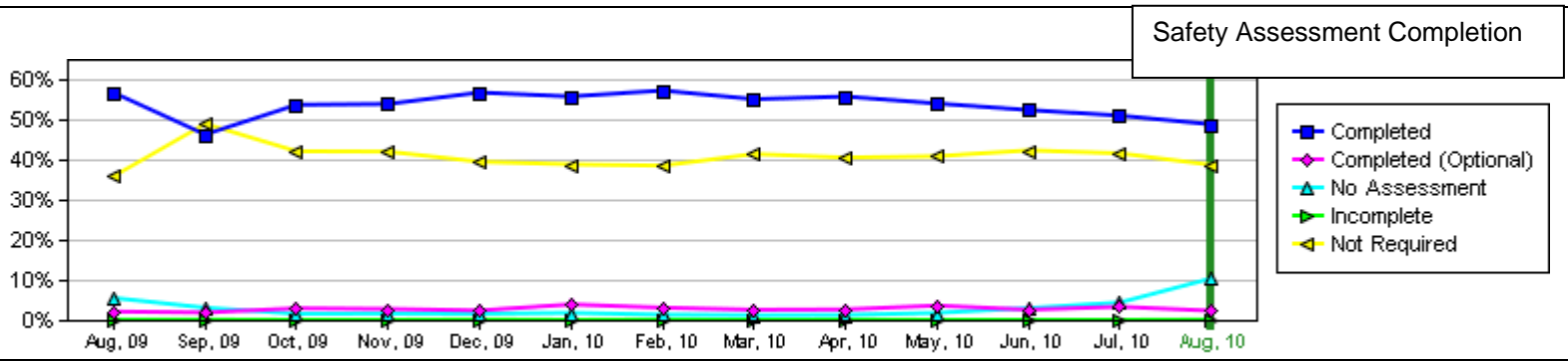
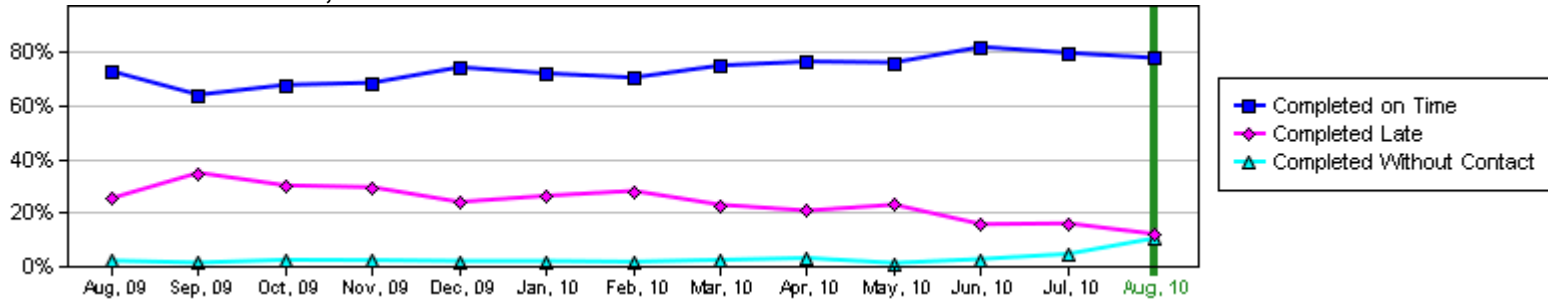
Safety – Timeliness – SDM Safety Assessments

81.8% high in June but has been slightly decreasing since then

Goal 6/30/10 = 95%

Note however fewer safety assessments are being completed. In August, there were 141 children (10.3%) who did not have a required safety assessment completed.

By policy, all safety assessments must be completed within two working days of the first contact. Please note that the completion date for the assessment is entered, not the assessment date indicated on the form



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Safety – Quality Oversight – Timely Response to Immediate Referrals

Outcome: Timely response to Immediate Response Referrals		Strategy Rationale:					
Strategy : Regularly monitor timeliness		Close monitoring of compliance will improve performance.					
Milestones			Timeline		Method of Measurement		Assigned
1. Supervisors and Managers will routinely review SafeMeasures outcome data for response to immediate referrals.			Ongoing		See Below		Luis Villa Kim Pearson Melinda Lake
Discuss changes in identified systemic factors needed to further support the improvement goals. Routine performance evaluations (see strategy 1) will provide concrete feedback to staff.							
Describe educational/training needs. None							
Identify roles of the other partners in achieving the improvement goals. None							
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.							
Associated Measurable Outcomes							
		10/1/08-12/31/08	July 2009 ⁷	1/1/10 – 3/30/10	4/1/10-6/30/10	7/1/10 -9/30/10	July 2011
2B Timely Response to Referrals ⁸	Actual	79.5%	89.2%	95.1%	95.8%		
	Goal				95%	95%	95%

⁷ Children’s Research Center SafeMeasures Data. Sacramento County, AB 636 Measure 2C: Timely Social Worker Contacts, Retrieved 9/17/09 from Children’s Research Center website. URL: <https://www.safemeasures.org/ca/safemeasures.aspx>

⁸ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmermann, K., Lou, C., & Peng, C. (2009) Child Welfare Report for California. Retrieved 8/20/09 from University of California at Berkeley Center for Social Services website http://csr.berkeley.edu/ucb_childwelfare/CDSS_2B.aspx for the period 10/1/08-12/31/08.

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Safety – Quality Oversight – Timely Response to 10 Day Referrals

Outcome: Timely response to 10 Day Referrals		Strategy Rationale: Close monitoring of compliance will improve performance.			
Strategy : Monitor outcomes using SafeMeasures					
Milestones		Timeline	Method of Measurement	Assigned	
1. Supervisors and Managers will routinely review SafeMeasures outcome data for response to 10 day referrals		Ongoing	See Below	Kim Pearson	
Discuss changes in identified systemic factors needed to further support the improvement goals. Routine performance evaluations (see strategy 1) will provide concrete feedback to staff.					
Describe educational/training needs. None					
Identify roles of the other partners in achieving the improvement goals. None					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.					
Associated Measurable Outcomes					
		10/1/08-12/31/08	July 2009 ⁹	July 2010	July 2011
2B Timely Response to Referrals- 10 Day ¹⁰	Actual	79.5%	89.2%		
	Goal			91.0%	93%

January 2010 = 88.3%; Feb 2010 = 89.7%

⁹ Children’s Research Center SafeMeasures Data. Sacramento County, AB 636 Measure 2C: Timely Social Worker Contacts, Retrieved 9/17/09 from Children’s Research Center website. URL: <https://www.safemeasures.org/ca/safemeasures.aspx>

¹⁰ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmermann, K., Lou, C., & Peng, C. (2009) Child Welfare Report for California. Retrieved 8/20/09 from University of California at Berkeley Center for Social Services website http://csr.berkeley.edu/ucb_childwelfare/CDSS_2B.aspx for the period 10/1/08-12/31/08.

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Safety – Quality Oversight – Timely Child Visits

Outcome: Timely social worker visits with child		Strategy Rationale: Close monitoring of compliance will improve performance.			
Strategy : Monitor outcomes using SafeMeasures					
Milestones		Timeline	Method of Measurement	Assigned	
1. Supervisors and Managers will routinely review SafeMeasures outcome data for timely social worker visits with child		Ongoing	Routine performance evaluations will provide concrete feedback to staff.	Melinda Lake Luis Villa	
2. Implement reporting of FFA social worker visits to CWS/CMS		September 2010	Submission of visit information from FFAs	Melinda Lake Luis Villa	
3. Ask Family Reunification staff with under 25 cases to make courtesy visits for Placement Services and Adoption cases. Courtesy visits will only be done for children 6 and older.		July 2010	Placement Services timely social worker visit to child will improve to 90%	Luis Villa	
Discuss changes in identified systemic factors needed to further support the improvement goals. Routine performance evaluations (see strategy 1) will provide concrete feedback to staff.					
Describe educational/training needs. None					
Identify roles of the other partners in achieving the improvement goals. None					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.					
Associated Measurable Outcomes					
		12/08	Q2 2009	Q2 2010	July 2011
Timely Social Worker visits with Child	Goal			94%	95%
	Actual			73.8	
Timely Social Worker visits with Children 5 and under	Goal			94%	95%
	Actual			73.5	

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Safety – Quality Oversight – Quality of Assessments

Outcome: SDM Safety Assessments are completed timely. Strategy : QA system		Strategy Rationale: The quality of SDM Safety Assessments cannot be compromised to meet timeliness standards.		
Milestones		Timeline	Method of Measurement	Assigned
1	Conduct a quality assurance review at least quarterly on a sample of Emergency Response's SDM Safety assessments.	Ongoing	Report issues	Laura Williams
2	Work with SDM coordinator to retrain staff on common errors.	Ongoing	Training held	Laura Williams
Discuss changes in identified systemic factors needed to further support the improvement goals.				
Describe educational/training needs.				
Identify roles of the other partners in achieving the improvement goals.				
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.				

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Permanency – Creating Stability – TDMs

Outcome: Increase placement stability at 12 and 24 months and reduce reentry		Strategy Rationale: Research supports that relative placements and TDMs increase stability and reduce reentry.		
Strategy : Hold TDMs at strategic points in the referral/case to improve stability in foster care and increase first time placements with kin.				
Milestones		Timeline	Method of Measurement	Assigned
1	Hold TDMs at the following points in the referral/case: 1.1 Before or shortly after a child is put in protective custody, especially for children reentering foster care;	11/1/09 & ongoing	Placement Stability at 12 and 24 months	Kim Pearson, Melinda Lake, Luis Villa
	1.2 Before reunification;	6/1/10 & ongoing	Decreased reentry following reunification	
	1.3 When the current placement is threatened.	10/1/10 & ongoing	Placement stability at 12 and 24 months.	
2	When relatives are available, appropriate, and can receive a 309 approval, place children with relatives as their first placement.	11/1/09 & ongoing	Increase kin placements	Kim Pearson, Melinda Lake, Luis Villa
Discuss changes in identified systemic factors needed to further support the improvement goals. Establishment of the Centralized Placement Services Unit.				
Describe educational/training needs. None				
Identify roles of the other partners in achieving the improvement goals. Partners will continue to support and participate in TDMs				
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.				

August 2010 update: Emergency TDM implementation pending meet and confer.

All initial placements and placement changes occurring in ER and Court must go through CPSU. A placement change request immediately triggers a TDM. Several tools are used to enable managers to monitor utilization of TDM within program. These tools include: 1) program managers are provided weekly updates on how many TDMs have occurred and a monthly report identifies the TDMs completed by workers within each program; 2) program managers also receive a monthly report listing placement changes within their programs with corresponding information on how many TDMs were completed. These tools enable managers to monitor the utilization of TDM within program. This data is being reviewed regularly with social workers and included in the performance evaluation. As TDMs continue to increase, the Division is faced with diminished capacity to schedule and facilitate TDMs meetings. This is due to the unit's loss of staff and a result of recent budget cuts. The

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TDM unit has been reduced from nine facilitators to five and the number of schedulers as decreased from three to two. In light of this diminished capacity, CPS has prioritized TDM meetings for children who are at imminent risk of removal from their homes.

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Permanency – Creating Stability – TDMs

Associated Measurable Outcomes								
		1/1/07-12/31/07	1/1/08-12/31/08	1/1/09-12/31/09	1/1/10-12/31/10	1/1/011-12/31/11	1/1/12-12/31/12	1/1/13-12/31/13
C 1.4 No Reentry following reunification (SafeMeasures)	Actual	13.7%	16.3% (SM)					
	Goal			13.2%	12.3%	11.5%	10.7%	9.9% ¹¹
C4.1 Placement Stability for those in care less than 12 month (Safe Measures)	Actual	72%	78.0%	78.2%				
	Goal		80%	85%	90%	90%	90%	
C4.2 Placement Stability for those in care 12 to 23 months (SafeMeasures)	Actual	45.3%	47.4%	56.8%				
	Goal		54.5%	54.7%	54.9%	55.1%		
4B. Placement with Kin at first entry		Q12009	Q2 2009	Q3 2009	Q2 2010	Q3 2010	Q4 2010	Q1 2011
	Actual	9.8%	12.0%	15.5%				
	Goal			9.8%	10.0%	10.5%	11.0%	11.5%

¹¹ National Standard. = 9.9 %. California average for 1/1/07-12/31/07 =11.6%

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Permanency – Creating Stability – Youth Transition

Improvement Goal 1.0 Improve outcomes for youth as it relates to transition.					
Strategy 1: Ensure minors receive the necessary services for a successful transition out of Foster Care.		Strategy Rationale: Outcomes will improve by ensuring proper service. It prepares the minor for adulthood and reduces recidivism.			
Milestones	Timeframes	Method of Measurement	Assigned		
1.1: Enhance collaboration with providers and the minors to create a transition plan.	Ongoing	For Milestones 1.1 – 1.8 Review each Permanency Planning Hearing report and case plans which will document minor's transition services, document procurement, and participation.	Al Mateer, Harold Rowe, Jeff McClaughry		
1.2: Enhance collaboration with Independent Living Program (ILP).	Ongoing				
1.3: Develop and Implement ILP services at Sacramento Assessment & Treatment Center (SATC).	March, 2010				
1.4: Standardize referral procedure for transitional services.	Ongoing				
1.5: Identify and utilize programs willing to provide quality transitional services.	Ongoing				
1.6: Training placement staff to access transitional services for probation youth	March 2010				
1.7: Assist probation minors with procurement of necessary documents. i.e.: birth certificates, Social Security cards, health passports, etc....	Ongoing			Alex Kwan, Consuelo Palafox- Chavez	
1.8: Increase engagement of minors and care providers in transitional activities.	Ongoing			Review each case to ensure proper documentation has been entered.	Al Mateer, Harold Rowe, Jeff McClaughry
1.9: Provide Placement Probation Officers access to the CMS/CWS system and train them to enter data on each youth committed to placement	October 2010				

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Permanency – Creating Stability – Family Engagement

Strategy 2: Increase family engagement through increased face to face family contact.	Strategy Rationale: Outcomes will improve for minors with consistent and frequent family contact.		
Milestones	Timeframes	Method of Measurement	Assigned
2.1: Determine an appropriate placement program through a comprehensive Assessment.	Ongoing		Jeff McCloughry
2.2 Sustain support plans using the case plan and the PACT as a tool to address the needs of the minors and their families.	Ongoing		
2.3: Review family finding computer software applications, within budgetary constraints.	March – August 2010		Al Mateer, Harold Rowe, Jeff McCloughry
2.4: Develop protocol for family finding (locate potential family members or long term care-giver for permanency) Pursuant to Assembly Bill (AB) 938	Ongoing	Review each officers chronos to ensure proper documentation and family contact, through PIP (Probation Information Program) which will measure the officers and family success in improving family engagement	

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Permanency – Creating Stability – Skill Development

Strategy 3: The use of Training, Skill Building, and Evidence Based Practices. Provide Placement staff with professional skills in order to provide a greater level of stability, safety, and permanency or placement.	Strategy Rationale: Outcomes will improve for minors with professionally trained Placement officers who are trained in services that respond to the unique needs of minors and their families.		
Milestones	Timeframes	Method of Measurement	Assigned
3.1: Identify training that is placement specific	Ongoing	Insure Placement officers attend placement specific training. Review training records quarterly. Maintaining current updated literature and resources for placement officers	For milestones 3.1, 3.2, 3.3, and 3.4 Al Mateer, Harold Rowe, Jeff McCloughry
3.2: Assign staff for training that meets or exceeds STC requirements, including local, state, and national conferences as related to placement services.	Ongoing		
3.3: Train Placement officers to handle the technical complexity of managing Placement cases.	Ongoing		
3.4: Legal updates and Literature review for Placement officers. Create and maintain a placement specific resource library.	Ongoing		
3.5: Facilitate training for new Placement officers, by the Division's training officer, as new staff are assigned, and cross train other Probation Divisions regarding placement.	June – August 2010 / As needed		
Describe any additional systemic factors needing to be addressed that support the improvement plan goals.			
Funding is needed for additional support staff relevant to Placement-Youth to include Training, Family Finding, State and Federal Grant Finding. Additional support staff would include IT Support, Database Research, and Project Manager to identify unique placement needs and assist in managing large and time sensitive projects.			

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Permanency – Creating Stability – Skill Development

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Need funding to attend placement specific training, conferences, and fairs. Develop training and incentives to engage families; provide social life skills parenting classes.

Identify roles of the other partners in achieving the improvement goals.

Collaborate with CPS and ILP Services for Probation Placement youth. Collaborate with UC Berkley for statistic outcomes for Placement. Enhance relationship with UC Davis Northern Training Academy for mandated training, technical assistance, resource development and networking. Identify, review and seek approval of Out-of-State programs.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Need State liaison to communicate pending legislation regarding foster care. The liaison would ensure officers were updated on current and pending state regulations that impact placement. Need access to different databases regulated by State, i.e. Medi-Cal, CWS and SSI.