KERN COUNTY HUMAN SERVICES

Lito Morillo
Director

July 28, 2026

Board of Supervisors
Kern County Administrative Center
1115 Truxtun Avenue
Bakersfield, CA 93301

FINDINGS & RECOMMENDATIONS CHILD WELFARE SERVICES (CWS) EXTERNAL REVIEW
Fiscal Impact: None

The Department of Human Services (DHS) is committed to continuous improvement and maintaining accountability in all its operations. To further these goals, DHS contracted with the Social Policy Institute (SPI) to perform an extensive comprehensive review of Kern's Child Welfare System. SPI has concluded its review, and we respectfully request that your Board receive and file the Child Welfare Services External Review presentation.

On August 19, 2025, your Board approved an external review of Child Welfare Services to identify best practices and opportunities for improvement. Subsequently, on November 4, 2025, your Board approved a sole-source agreement with the San Diego State University Research Foundation, on behalf of SPI, to conduct this independent review. SPI has since completed its evaluation and developed findings and recommendations. On July 14, 2026, your Board approved an amendment to extend the SPI agreement through June 30, 2027, and increase the compensation by $200,000. The amendment also expanded the scope of work to include support for implementation of the recommendations.

Therefore, IT IS RECOMMENDED that your Board receive and file the report and hear the presentation of the CWS External Review Findings & Recommendations.

Sincerely,

L. Morillo

Lito Morillo
Director

cc: CAO

San Diego State University
Social Policy Institute
School of Social Work

County of Kern
Child Welfare System Assessment:
Investing in Well-being for Children, Youth, and Families

July 28, 2026

Conducted by the Social Policy Institute
at San Diego State University

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Executive Summary

Consistent with its longstanding commitment to excellence and innovation, Kern County's Department of Human Services (DHS) recently took another important step in advancing system improvement by engaging the Social Policy Institute (SPI) at San Diego State University—an established leader in Child Welfare Redesign—to conduct an independent assessment of the county's child welfare system. Knowing that Kern County is significantly impacted by its demographics and socio-economic challenges, SPI designed an assessment that integrated Casey Family Program's Safety Science Framework to perform a rigorous review of the child welfare system, building on prior system improvement efforts.

The Kern County CWS Assessment involved extensive data gathering (from people, policy, and reports), rigorous analysis of the data, and organization of the findings so as to:

1. Accurately reflect system strengths to continue to build on and leverage, and
2. Highlight areas for short, medium, and long-term improvement.

The assessment revealed that Kern County's CWS outcomes and performance are on par with statewide and national average performance indicators. There were no substantial systemic failures in DHS's execution of its child welfare mandate.

Additional top-level findings are presented below:

Findings At-A Glance

1. Recent investments in **Workforce Process Improvements** were made by DHS and the County Board of Supervisors. Additional investment is needed to meet the unexpected increased need.
2. **Quality practice** is evident, but must be deepened in front-end operations, placement, and permanency.
3. CWS staff are committed to **family engagement and well-being;** however, many cite additional time, resources, and support are needed to engage more deeply.
4. A **Continuous Quality Improvement System** is in place but could be better aligned and consistently utilized.
5. **Wellness System of Care** key components are in place but are not fully activated.

These insights are the basis of the recommendations that follow, supported by the County's strengths, assets, and best practices, which are well-suited to advance system and practice improvement.

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System Advancement Overarching Recommendation: Transform Kern County's Child Welfare System into an aligned and integrated Wellness System of Care.

California's System of Care (SOC)[1] model brings together mental health, child welfare, juvenile probation, education, and others to better support children, youth, and families. Required under Assembly Bill 2083, the model helps local agencies work as one system instead of operating in separate silos. By sharing resources, funding responsibilities, and accountability, agencies can provide coordinated, trauma-informed care that not only meets the needs of children and youth with the most complex challenges but also supports the full continuum of wellness and prevention.

Key components of a System of Care are in place; however, they need to be better aligned and integrated to focus on the full continuum of Wellness. When systems are properly aligned to AB 2083 and consistently informed by participant voice and choice, practice is more efficient, effective, and equitable, thereby reducing current disparities and reaching better outcomes.

Recommendations At-A-Glance:

1: Build Workforce Capacity and Organizational Readiness
Focus on Workforce Process Improvements, including Caseloads, Turnover, Role Clarity, After-hours Screening, and Emergency Response Assignments

2: Strengthen Social Work Practice (Front-End)
Focus on Assessment, Safety, and Decision-Making

3: Strengthen Social Work Practice (Placement & Permanency)
Focus on Placement Stability and Permanency Outcomes

4: Strengthen Family Engagement and Stabilization
Focus on Child and Family Team Meetings (CFTMs), Multi-Disciplinary Teams (MDTs), Family Finding, Visitation, and Engaging Lived Experts

5: Become a Wellness-Centered Learning Organization
Focus on Continuous Quality Improvement, Court Reports, Disproportionality, Leadership Oversight, and Policy

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Each recommendation is supported by a variety of interlocking implementation options – relevant and actionable strategies that DHS is encouraged to prioritize, evaluate as to fit and capacity, and plan implementation responsibilities and timeline. The selected strategies are intended to be implemented by teams (some internal to DHS, and some inclusive of public system and community partners, and also with the community, particularly persons who have been impacted by the child welfare system).

Strengths, assets, and best practices uncovered during the assessment are detailed in the report, and are in place to leverage system and practice change:

Strengths/Best Practices

Workforce Investments

- **Leadership:** Stable, respected, committed
- **Workforce Development** efforts underway
- **Staffing flexibility,** "extra mile mentality"

Recent Practice Improvements Made

- Trauma-informed practice
- IP CANS implementation
- Standardized assessment and supervision

Service Accessibility/System Efficiency

- Expanded after-hours coverage
- Electronic court filing
- Process improvements

Collaborative Partnerships

- Behavioral Health collaboration
- Tribal partnerships
- Education

Permanency and Family Support

- Kinship Accelerator Pilot
- Improved services for children and families

When implementation has been successful and the system and practice changes are sustainable, the following is likely to occur:

Anticipated Outcomes:

★ Increased workforce capacity, improved workflow process and ultimately increased satisfaction from clients, including reunification and placement stability.

★ Measurable improvements across key child welfare outcomes, including fewer entries/re-entries into care, reduced recurrence of maltreatment.

★ Increased placement stability and overall improved outcomes for youth and families impacted by the system.

★ Strengthened trust and transparency with the community, increased youth/family leadership, ongoing Tribal consultation, and community partnership.

★ Generational cycles of wellness for children, youth, families, and communities.

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Child Welfare System Assessment: Investing in Well-being for Children, Youth, and Families

Kern County's Department of Human Services (DHS) has advanced the next critical step in its longstanding commitment to system improvement by engaging the Social Policy Institute at San Diego State University to conduct an outside assessment of their entire Child Welfare System. Unprecedented access was granted to the team of reviewers. DHS leadership requested the system-wide assessment to confirm areas of practice and operations where the county is meeting and/or exceeding well-established performance standards, and where there is room for improvement to better and more effectively serve and support the children, youth, and families of Kern County.

San Diego State University's Social Policy Institute (SPI) brought a deep bench of subject matter experts in child welfare, public system reform, child and family policy, evidence-based practice, and lived experience with child welfare (and other public systems) to the assessment task. A non-profit affiliate of the School of Social Work at San Diego State University, SPI is a dynamic catalyst for improving well-being by bridging academia with government, business, and local communities through training, technical assistance, program design, research, advocacy, and collaboration. SPI's Director, developer of the California Evidence-based Clearinghouse for Child Welfare, brought the rigor of SDSU as an academic institution, as well as input from national and statewide leaders to the design of a customized assessment approach and methodology suitable for Kern County.

Assessment Approach

SPI tailored its approach to the assessment of Kern County's child welfare system in consideration of the following factors:

1. County Demographics and Socio-Economic Challenges
2. Recent Child Welfare Outcomes and Trends Post-COVID
3. Well-Established Safety Science Framework
4. Demonstrated Commitment over time to System Improvement

County Demographics and Socio-Economic Challenges[2] As one of California's largest and most geographically and ethnically diverse counties, Kern County faces a range of logistical, social, and economic challenges that affect the well-being of children and families. Kern's 929,500 residents (28% under 18) are spread over 8,161 square miles with approximately 44% living in the county's largest metropolitan area, Bakersfield, followed by Delano (5.7%), Ridgecrest (3%), and other Eastern Kern communities (totaling about 10% of the Kern County population). Located between 34 and 114 miles (one way) on average from the city center, 16% of referrals to the Child Protection System (CPS) hotline and a high percentage of entries into care are from Eastern Kern County. Distance matters, and it can significantly impact response time for child safety and workload in Kern County (travel time).

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It is well established that poverty, substance use, mental health concerns, and domestic violence are among the factors most often associated with high rates of child maltreatment.[3] With a poverty rate nearly double the state average the pattern applies.

The zip codes that comprise Eastern Kern are challenged with a higher rate of poverty, larger numbers of teen mothers with young children, more adult deaths per year due to substance use, lower household incomes, and greater housing insecurity compared to Kern County overall and the California statewide average.

At the same time, Eastern Kern in particular lacks many of the resources and social supports that are known to buffer these risk factors.[4]

Recent Child Welfare Outcomes and Trends Post-COVID

While poverty in and of itself is not causal, it is often conflated with neglect, as evidenced by the fact that 66% of Kern County child maltreatment allegations in 2025 were reported for General Neglect and 3.9% for Severe Neglect.[20] Additionally, recurrence of maltreatment in Kern County was at 11.3% in 2024-2025, trending higher than the national average of 9.7%.

	Eastern Kern	Kern County	California
% At/Below Poverty Level	13% of families 22% of children under 18 years old[5]	15% of families 25% of children under 18 years old[6]	8.5% of families 15% of children[7]
Average Household Size	2.75[8]	3.06[9]	2.79[10]
% of Children Under 18	28%[11]	28%[12]	21%[13]
# of Drug Overdose Deaths/100,000 residents (2021-2023)	65/100k[14] *Some rates fluctuate frequently, interpret with caution	54/100k[15]	28/100k (average across all counties)[16]
# of Unsheltered	44[17]	2,478 (131 are children) 2026[18]	181,934 (8,086 homeless youth)[19] 2026

As depicted in the Referral Pathway Outcomes chart below, recent, post-COVID trends show that the average number of referrals per year is only slightly decreasing. About the same number of investigations are taking place yearly (34% of all referrals), with nearly one in five (19%) of child maltreatment allegations being substantiated in Kern County (which is higher compared to the statewide average (12%), and surrounding counties such as Fresno (9.6%)). This likely indicates a more complex set of family factors is involved. 60% of all referrals were re-referrals and 37% of all investigations completed in 2025 had a prior investigation completed, reflecting a need for recurring involvement from child welfare services for some families. Kern County also had a higher number of placement days of children in care (577,031 in 2025) compared to surrounding counties such as Fresno (487,779 in 2025).[21] These are several of the factors contributing to higher-than-average caseloads/workloads.

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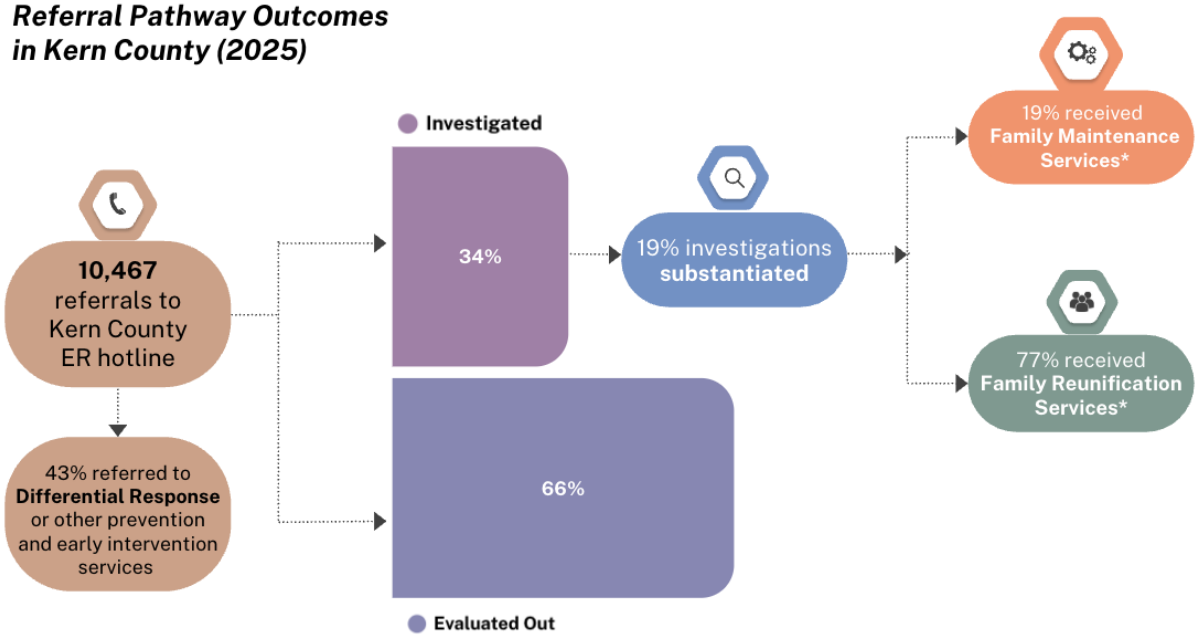
Referral Pathway Outcomes in Kern County (2025)



*Remaining 4% of substantiations include Emergency Response (2%) and Permanent Placement (2%)

Safety Science Framework The Safety Science Framework, developed by Casey Family Programs,[22] assists human services organizations to apply a rigorous, data-informed set of criteria to the review and follow up of critical incidents, but also is applicable to the type of full-scale review conducted by SPI. This approach was selected and adapted by SPI because Safety Science allows for the assessment and accountability of an entire child welfare system rather than focusing on fragmented, individual responsibility–consistent with the organizational culture of Kern County DHS. By applying this lens to its assessment, SPI primarily made observations from the whole-system perspective, allowing for space and opportunities to leverage improvements systemwide, rather than looking to place blame on any individual leader or worker.

Demonstrated Commitment to System Improvement As part of this assessment, SPI reviewed and considered the Department's responses to prior CWS assessments conducted between 1998 and 2025. This review provided important historical context and informed the development of the recommendations contained in this report.

While some recommendations may be consistent with those identified in previous assessments, this should not be interpreted that prior recommendations were not implemented or addressed. Rather, child welfare systems are dynamic, and many improvement priorities can shift, based on federal and state policy changes and new requirements, workforce conditions and community needs. This assessment was intended to build upon the Department's demonstrated commitment to continuous quality improvement

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while recognizing prior accomplishments, and also while identifying opportunities that are responsive to those conditions identified here.

CWS Assessment Methodology

A mixed-methods, customized approach to Kern County's CWS Assessment was designed, developed and implemented by SPI. The methodology involved extensive gathering of data, rigorous, structured analysis of the data, and organization of the findings so as to:

1. Accurately reflect strengths to continue to build on and leverage, and
2. Highlight areas for short, medium, and long-term improvement.

Specific core elements of the methodology are described below.

Data Gathering

Data sources included key informant interviews, focus groups, community listening sessions, extensive case and document reviews, as well as an updated meta-analysis of current and historical trends in child welfare to inform the resulting analysis. This allowed for a comprehensive review across diverse perspectives, a composite picture of CWS policy and performance expectations, and the ability to compare and consolidate input across multiple platforms.

Key Informant Interviews	55
Focus Groups	16
Focus Group Participants	100+
Community Listening Sessions	8
Community Listening Session Participants	60+
Community Inbox/ Exchange	14
Community Survey Respondents	58
County Survey Respondents	214
Document Review	350+
Case Review	48
Referral Review	63

- **Key Informant Interviews** were conducted mostly in person with 55 individuals. Staff from across CWS departments including Screening, Emergency Response, Family Services, and Court Intake, as well as Community-based providers (Differential Response, Court Appointed Special Advocates [CASA]), and other public system partners (County Office of Education, law enforcement, tribal and judicial) from all levels of leadership (managers, supervisors, and frontline staff) were identified. Generally, interviewees were asked what was effective ("going well") in their work and for CPS overall, what concerns they experienced or had, and if they had any suggested changes for the agency moving forward. Discussion highlights and findings from these interviews were analyzed for content and frequency, cross-tabbed, and incorporated into the overall systematic review.

- **Focus Groups** SPI held 16 focus groups with over 100 county staff and community partners, representing several departments and services across the child welfare system. Focus group participants were asked questions specific to their respective role, how their services and work supported families involved with CWS, and what they believed could

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change to better help the families and children being served.

- **Community Listening Sessions** SPI hosted eight opportunities for community members to provide feedback on their experiences with the Kern County Department of Human Services, with a particular focus on CPS. These sessions were closed to Kern County staff to create a safe space for individuals and families to share openly and honestly without fear (real or perceived) of retaliation or having their identities tied to their responses. The format for six of the listening sessions was in-person, taking place in Bakersfield (3), Delano (1), Mojave (1), and Ridgecrest (1), and two listening sessions were hosted online via Zoom. Participants were asked about their experiences interacting with CPS, either as an involved caregiver or family member, or a service provider. NOTE: Despite early, frequent and widespread promotion through posted notices, social and print media, and trusted community members, the in-person sessions outside of Bakersfield had fewer than 10 participants combined. However, there were approximately 60 participants across the Bakersfield in-person and online listening sessions combined. Some overlap in attendance occurred over the sessions, however all input was aggregated and the frequency of the themes were consistent across sessions and interactions with community members.

- **Input via Email** Community members and service providers were invited to email the SPI inbox with any CPS-specific information or perspectives they wished to share. Some of the email senders received a follow up interview in order to gather more specific information, while others remained only an email chain between SPI and the community member. The email portal was available to the public from 01/12/26 to 6/15/26 and input from 14 persons was documented and incorporated into the findings/recommendations.

- **Surveys** To secure the broadest possible input to the assessment, county workers and community members were engaged via two online surveys, allowing SPI to connect with those who were not able to participate in other data-gathering methods. SPI received a notable response to both surveys, with 214 participants responding to the internal county survey, and 58 participants to the external community survey.
    - The County Survey focused on DHS county worker's understanding of what was expected of them, training and support they received to perform their duties, level of satisfaction with their work, and thoughts about changes needed within the department. The county survey was only available in English.
        - County Survey responses ranged across all CPS programs, from social service workers and supervisors to administration and legal staff. According to those who reported their classification (n=158, 74%), over half identified as a social service worker (n=84, 53%).
    - The Community Survey focused on understanding perspectives of persons directly impacted by their involvement with CPS. Community service providers could also provide input via the survey in either English or Spanish.

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- The Community Survey was overwhelmingly completed by system partners and community-based organizations (n=41, 71%). The remainder of the responses were from youth, parents, or caregivers with lived experience, including resource/foster families. While there were not a lot of responses to the survey from persons directly impacted by CWS, their perspectives were thoroughly shared at the community listening sessions and integrated into findings, which is detailed above.

- **Document, Case, Referral Review** SPI requested and reviewed hundreds of documents spanning the full range of county policies, referrals, CWS case reviews, and procedural guides, which cumulatively began to provide an understanding of county operations at the system and individual staff level. This allowed SPI to better understand the structure of the department, its policies (expectations of staff), and practices (actions and behaviors that are trained to mastery, reinforced in reflective supervision, and enforced).

  During this portion of the review, SPI examined a random sample of 63 completed investigations that were open in the last five years, a random sample of 15 reports by the screening team that were evaluated out and not assigned for investigation, and a random sample of 37 additional cases over the past several years. Furthermore, SPI reviewed current governing policies, both administrative and practice-related, organizational charts, staffing patterns, training reports, an overview of the most recent improvements made as reported by senior staff, and previous system reports.[i]

- **Review of CPS Assessment History** All available previously published external system assessments were examined:

  - The California State Auditor Report (1998)[23] identified that the department did not always complete investigations timely, visit parents/children as required or hold staff/supervisor staffings as needed.
  - *The Child Welfare League of America System Review (2006) focused on practices involving children in care and caregiver recruitment, training, staff engagement and role clarity, and addressing retention and marketing of the department.*
  - *Intelegy's (2018) report focused on data and policy recommendations, using real time data and focusing on data in management meetings, and standardizing policies for strengthening the Emergency Response and Family Services units.*
  - The Grand Jury (2025)[24] report recommendations included focusing on the hiring and retention of social workers, training, funding, and analyzing causes of case delays.

[i] County System Improvement Plan [2017-2022, 2022-2027], Child Abuse Prevention Plan [2023-2026] and 24 Federal case reviews

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- **CWS Outcomes, Indicators, and Trends**[25] In tandem with the document and assessment history review, SPI completed additional research to confirm and support findings using Kern County's internal data tracking systems, as well as external data sources. External sources included publicly available sites such as University of California at Berkeley California Child Welfare Indicators Project, Child Trends, Urban Institute Upward Mobility Dashboard, and the County Health Rankings & Roadmaps, United States Census Bureau. The primary purpose of this additional level of review was to validate and contextualize emerging themes and findings with statewide and national trends.

Data Analysis

Well-established quantitative and qualitative data analysis techniques were utilized to aggregate, cluster, and validate themes that emerged from the comprehensive review. It is the sincere hope of SPI that the combination of technical methodology, coupled with on the ground engagement will yield actionable next steps for Kern County DHS and partners.

- **Content analysis of Quantitative Data** obtained from surveys/questionnaires was described in the results in terms of frequencies and percentages. Where indicated, SPI examined relationships, differences, or associations among the emerging data.

- **Content analysis of Qualitative Data,** collected through interviews, open-ended survey responses, or documented observations were examined thoroughly. SPI's systematic process involved cleaning and organizing responses, grouping the data by recurring concepts, and developing representative themes and patterns. The identified themes were considered in the context of the established assessment approach and supported with representative quotes from participants where appropriate. This process allowed SPI to manage large volumes of data into meaningful themes while preserving the accuracy and richness of participants' perspectives.

- **Shared Meaning Making** SPI engaged in shared meaning making, a collaborative process of interpreting raw data, in order to address any gaps or inconsistencies in the findings, and to gain a collective understanding of equitable and actionable solutions. While data can indicate the "what" or "how many", shared meaning-making ("talking it over,"[26] filling gaps in available data, and providing context), often sheds light on the "why". This process can also begin to validate or point to root causes that traditional data analysis might exclude.

  SPI was intent on combining objective data with subjective lived experiences, knowing that in doing so we would be less likely to miss root causes or draw false conclusions. Also, it has been SPI's experience that when people co-create meaning, they develop a shared sense of ownership, which dramatically increases buy-in for the resulting policies or interventions.

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Findings At-A-Glance

Across the board, Kern County's CWS outcomes and performance are on par with statewide and national average performance indicators. The Social Policy Institute (SPI) determined that there were no substantial systemic failures in DHS's execution of its child welfare mandate.[27] Also there were no lapses or deficiencies found that: (1) indicate inattention, lack of capability or leadership capacity, or willful negligence at a scope or magnitude seen in jurisdictions that required state or federal oversight for remediation, or (2) represented critical weaknesses in DHS's ability to safeguard Kern County's most vulnerable children.[28, ii]

As a result of the comprehensive assessment, SPI discovered that, although important system and practice improvements are needed, it is also clear that strengths within the system, workforce, and external partnerships have been cultivated over time. The strengths can leverage needed change in order to capitalize on Kern County's opportunities for system advancement, which are analogous to issues for attention by Child Welfare Systems across the state.

1. **More investment in Workforce Development is Needed**
   While consistent attention has been given, ongoing investment in adaptive strategies is needed to address the emerging needs of families and to respond to the shifting policy and fiscal landscape. The primary focus is workforce process improvements.

2. **Social Work Practice must be Strengthened**
   Quality practice is evident, but needs deepening, particularly in the areas of (1) Assessment, Safety, and Decision-making, and (2) Placement and Permanency Outcomes.

3. **Enhanced Relational Engagement is fundamental to Improved Outcomes**
   Consistent with quality social work practice, genuineness, respect, and empathy must be prioritized over compliance-based, checklist-driven performance, while still holding accountability to timeliness and required activities.

4. **Continuous Quality Improvement (CQI) in Partnership Adds Value**
   CQI processes could be stronger and more aligned, where staff and external partners are invited into a solution-focused, adaptive partnership that reflects co-design, co-implementation, and co-investment in system improvement. The county's organizational culture should be framed as a learning community.

[ii] A recent report details New Mexico's Department of Justice's investigation into the state's Children, Youth and Families Department. The investigation found eight systemic failures within the department that required direct action to correct. Additionally, Legislative Analyst's Office describes challenges throughout state child welfare systems.

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5. **Alignment and Integration Opportunities are Ripe and Actionable**
   Key components of an aligned and integrated Wellness System of Care (quickly becoming the norm for Human Services) are in place but have not yet been fully activated.

Findings in Detail

The detail that follows emerged from the systemwide CWS Assessment. For each finding reflected, a summary of strengths (what is in place to build on) and opportunities for system advancement (areas for improvement) is provided.

Finding 1: DHS and the County Board of Supervisors have made recent investments in Workforce Process Improvements; As the landscape shifts, additional strategic investments are needed.

A stable and well-supported workforce is fundamental to an effective child welfare system. Beyond maintaining adequate staffing levels, agencies must retain qualified child welfare professionals long enough to develop the knowledge, judgment, and skills necessary to effectively serve children and families.[29] While comprehensive training provides an essential foundation, professional competency is strengthened through experience, reflective practice, and ongoing supervisory support. Effective supervisors play a critical role in coaching staff through complex situations, helping them learn from challenges, apply critical thinking, and continuously strengthen their practice. Investments in workforce retention, professional development, and supportive supervision are therefore key components of building and sustaining a high-performing child welfare workforce.

Strengths: Supported by the County Board of Supervisors, DHS has made intentional efforts over the past several years to increase staffing, address vacancies and caseload sizes, as well as extend salary increases for front line staff. Leadership holds regular listening sessions directly with staff to gather ideas and provide updates.

Leadership promotes open communication, regular supervision, and professional development through coaching and reflective practices. Many staff feel supported and value the organization's flexibility, clear advancement opportunities, and emphasis on work–life balance. Most staff report an appreciation for the listening sessions that are provided by CPS leadership.

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Beginning in 2023, all DHS offices have become "Blue Zones Project approved,"[iii] focused on wellness for employees and working towards a healthier and more productive workplace. In addition, DHS participated in the Advancing California's Trauma-Informed Systems Partnership, which provided psychological safety training to all staff in CPS, as well as supportive supervision training. Initial collaboration occurred July 2023 through April 2024, with subsequent collaboration that began in July 2025 and concluded in April 2026.

System Advancement Opportunities: While efforts were made to reduce caseload sizes and stabilize staffing, some of the investment was offset by a rise in new entries into the system. Several areas of staffing still require attention, including vacancies in the social worker classification, relatively high caseload sizes in the backend of the system, improved transitions for children as they move through the system, and role clarity for staff. Greater role clarity could result in more staff performing the duties expected of them, without duplication with other roles. Shifting caseloads/workloads will better accommodate quality practice, providing greater opportunity for staff to prioritize relational engagement with children, youth and families. It may also reduce leave of absences while increasing job satisfaction and retention.

Finding 2: Quality practice is evident, but needs deepening, particularly in the areas of (1) Assessment, Safety, and Decision-making, and (2) Placement and Permanency Outcomes.

Assessment, Safety and Decision-making

Strengths: CPS has established an expectation for adherence to best practices as exemplified in substantial use of Differential Response, compliance for timeliness for immediate response investigations, and willingness to make improvements as needed. The IP CANS assessment framework was recently implemented, and staff were provided training to further support standardized assessment and case planning.

System Advancement Opportunities: As previously stated, there is a need and opportunity to deepen social work practice. As with any large organization, areas for improvement exist across the department and include Emergency Response, Screening, Court Intake, Family Services and Court Report Writing. Examples include: (1) For Emergency Response: improve adherence to the Structured Decision Making (SDM) Screening Tool, timeliness of response when contact cannot be made on the first attempt, increased transparency in the referral assignment process, supportive response following a critical incident, greater attention to family history as a component of decision-making, and practice shifts in interview protocols

[iii] A project approved Blue Zones Worksite is an evidence-based designation awarded to organizations that transform their physical spaces, company policies, and workplace culture to help employees make healthier choices naturally, reduce healthcare risks, and increase overall performance.

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and procedures, and (2) For Screening: Increase focus on using SDM to fidelity staffing, training, triage planning, and after hours response.

Placement Stability and Permanency Outcomes

Strengths: CPS leadership has articulated a clear vision for a kin-first culture, emphasizing the importance of placing children with relatives whenever reasonable and safely possible. The Kinship Accelerator Pilot was implemented to strengthen support for kinship caregivers and improve permanency outcomes. Staff are supported to engage in tangible, successful family-centered practices that demonstrate these principles in action. Staff cite examples such as keeping medically fragile siblings together as evidence that the system can effectively balance safety, stability, and family connection when policies, data, and practice are well aligned. In addition, Kern leads other counties in the Central Valley in regard to placing youth within the county, ensuring that parents are able to visit more easily with their children. Lastly, Kern recently contracted transportation services (Hop, Skip, and Drive) to ensure youth are able to stay in their school of origin.

System Advancement Opportunities: More needs to be done to ensure the safety and well-being of all children in out of home care, while recruiting, training and supporting caregivers to provide the highest care possible to youth. Some staff report a lack of sufficient quality placements for youth and have not experienced the necessary culture shift to fully support kin placements as needed. (Some staff expressed ambivalence about placing a child or youth with relatives due to mistrust of generational family cycles of abuse.) A number of youth reported not feeling as though their needs mattered while in placements and their important connections, such as siblings, relatives and school of origin were not prioritized.

Finding 3: Staff understand the value of, and are committed to Family Engagement and Stabilization, yet many stated they lack the time and/or capacity to do so.

Strengths: Reflective and Supportive Supervision training for managers and supervisors is in place to model the desired quality of interaction between workers and the children, youth and families on their caseload. Likewise, trauma-informed care training was completed across all staff classifications, emphasizing psychological safety not only for workers in the field, but to demonstrate means of supporting psychological safety for the families they work with. Additionally, DHS has leveraged community partnerships and recognizes that family centered work takes a village. Strong collaboration with law enforcement and community-based organizations are evident.

- ***Jamison Children's Center*** Staff were described as kind and supportive, and the Center contained resources like clothing closets, playgrounds, and game rooms that

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created a more comfortable and welcoming environment. In addition, the Center was recently renovated to create a more nurturing environment.

- ***Foster Care Incentives*** Youth shared that resources such as providing clothing and taking youth shopping helped normalize everyday experiences and promote dignity.
- ***Positive Placement Experiences*** Being in stable, supportive homes, consistent visitation, and keeping siblings together are critical to maintaining connections and emotional well-being.
- ***Support Programs*** Extended Foster Care (AB12) and available mental health services for transition-age youth (TAY) were recognized as valuable supports, while school-based initiatives like the Youth Empowering Success (YES!) program demonstrated the importance of targeted support for foster youth in educational settings.
- ***Mentorship Opportunities*** Foster youth find a variety of mentor situations especially impactful and found that some offer more consistent support than traditional roles like CASA, although strong CASA matches were still seen as highly beneficial.

System Advancement Opportunities: Youth and community feedback reveal their perception of significant gaps across the foster care system, including caregiver quality and oversight, placement instability, and inconsistent social worker engagement/interaction with them that undermine trust and well-being. Many youth indicated they had experienced unmet basic, emotional, and developmental needs, and encountered barriers to accessing services, including trauma-informed care, and insufficient mental health support. Families and community members also report poor communication, inadequate training, and systemic inefficiencies, including inconsistent practices, limited resources, and inequities that erode trust. Some youth indicated their calls to their social workers were not returned timely (or ever), a sentiment echoed by some public system and community partners.

At the same time, some social workers indicated they felt they had to choose between meeting their supervisor's demands for on time activities and paperwork, taking the time to respond to and interact with families, and being able to have quality of life to spend time with their own children and families. (This is related to workforce process improvement recommendations.)

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Finding 4: Continuous Quality Improvement (CQI) could be stronger and more aligned when staff and external partners are invited into a solution-focused, adaptive partnership that reflects co-design, co-implementation, and co-investment in system improvement.

Strengths: The Department has an existing CQI framework and is willing to adapt to improve their processes. They have strong support from their Office of Ombudsman to complete case reviews and mappings. In addition, use of evidence-based tools is present, although inconsistent.

The Kern Leadership Team is highly experienced, collaborative, and committed to fostering a work environment informed by quality trends and a supportive work environment. Data from tools like SafeMeasures and the California Child Welfare Indicators Project supports this vision by tracking performance, identifying trends, and informing decision-making across the system. They are viewed as innovative and adaptable, with a strong focus on continuous improvement and responsiveness to staff feedback.

Overall, policies are viewed as clear, comprehensive, and regularly updated, with benchmarks that help staff understand expectations and guide daily practice. Although some staff noted that specific policies can be overly complex and difficult to apply in practice, with some needing clearer definitions, updates, and more practical guidance, the department does provide procedural guidelines attached to each policy that serve as a guide on how to operationalize expectations and mandates.

System Advancement Opportunities: The ground has already been set to become a learning organization through accountability, equity, and system and practice improvements. CQI processes are strong in regularly reviewing referrals, cases, and critical incidents, but its impact is limited because findings are not widely shared across the department. Broader communication—such as case examples and annual trend reports—could improve staff understanding and learning. While maintaining the CQI team outside of CPS promotes neutrality, it may hinder communication, training, and continuity in applying best practices. Additionally, there is a need for more training on Structured Decision Making (SDM), and little evidence suggests Safety Organized Practice (SOP) tools are consistently used in daily work.

Inconsistent documentation timelines, limited accessibility, and system challenges further hinder efficiency and clarity. Additionally, concerns about SafeMeasures being used punitively, inconsistent application of policies, and operational issues in ER and hotline functions contribute to reduced trust, inequities, and frustration among staff.

While leadership seeks staff input, follow-through on feedback is perceived by some as delayed or unclear, leading to frustration, skepticism, and diminished trust. Additionally,

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concerns about transparency, inconsistent communication, micromanagement, and perceived inequities in discipline and telework practices appear to have further impacted morale and perceived fairness among some staff. There are supervisors and staff alike who reported feeling unsupported, with fears of retaliation discouraging open dialogue. Lastly, and more broadly, initiative overload (being asked to take on too many new things) and workload pressures are contributing to fatigue, highlighting the need for more intentional planning, improved communication, and collaborative implementation of changes.

Strengthening CQI internally could have the real and added benefit of preparing the department for increased external transparency by data sharing, which in turn builds increased trust and fosters engagement.

Finding 5: Key components of an aligned and integrated *Wellness System of Care* are in place, but have not yet been fully activated.

Strengths: Kern CPS has developed strong relationships with numerous partners who also play a role in child safety and family preservation. Several strengths within the system highlight meaningful efforts to support children, youth, and families despite broader challenges. DHS is widely recognized for making every effort given the size and demands of the county, while community partners play a critical role in providing resources that help keep children safe and supported. Faith-based organizations also contribute by creating supportive spaces and hosting events that strengthen community connections. Efforts to support reunification are reinforced through consistent provider visits, who strive to help families.

Kern CPS has cultivated deep relationships with tribal partners and recognizes the importance of tribal engagement. The Department demonstrates a commitment to ICWA compliance through ongoing consultation with tribes, staff expertise, and efforts to support culturally responsive practice. For example, DHS established a contract with Bakersfield American Indian Health Project to enhance services for Native American families.

Across the educational system, there is collaboration built on established partnerships, including positive working relationships with CPS supervisors and access to Child Welfare Services/Case Management System through Kern County Superintendent of Schools. School liaisons, though limited in number, along with on-campus school-based social workers, play a key role in supporting students, initiating mental health services, and guiding staff through reporting processes. Communication and responsiveness are generally effective, with updates from investigators, after-hours support, and examples of strong CPS engagement, particularly in cases such as allegations regarding the commercial sexual exploitation of children. Efforts to prioritize foster youth are evident through initiatives led by district leadership, Foster Education coordination, school-of-origin stability, and participation in

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CFTMs. Training opportunities, resource accessibility, transportation support, and interagency coordination further strengthen the system's ability to meet student needs.

The quality and longevity of these partnerships positions Kern County very well to continue to eliminate siloed, fragmented services and supports, to serve children, youth, and families in an aligned way to focus on whole-system response to whole-child and whole-family support needs.

System Advancement Opportunities: Despite having longstanding, strong partnerships in place, it appears that systemic communication gaps exist. While notable exceptions exist–everyone cited exceptions and workers who communicate well and timely–too many system and community partners shared that it is often difficult to get a call back from social workers. The need for communication in part seems to flow from incomplete information given with partners speculating that workers, "probably just didn't have enough time available to do it."

Also, there appears to be a general lack of understanding by partners of the various roles and programs within CWS. While some training has been developed and delivered, additional refinement is needed to promote greater clarity and understanding for system and community partners. This should include education for the community at-large, as well as persons directly impacted by CWS (known as "lived experts"). However, engaging the voice of lived experts is not embedded in current policy or practice, and in some cases CWS places an overreliance on law enforcement.

Per AB 2083 requirements, Kern County leveraged an existing partnership structure to develop an Interagency Leadership Team (ILT), as well as a cross-sector Operations Team. The ILT and Operations Team can serve as catalysts for improving cross-system communication, clarifying partner roles, strengthening joint decision-making, expanding family and youth voice, aligning fiscal and service strategies, and improving outcomes for children and families. The California Joint Resolution Team, comprised of California Department of Social Services, Department of Developmental Services, Department of Health Care Services, and California Department of Education, is widely disseminating technical assistance, implementation tools, peer learning opportunities, and resources broadly to counties to support full development and implementation of a whole child, whole family, whole community System of Care focused on wellness. Fully leveraging these statewide supports represents a significant opportunity for Kern County to strengthen cross-system collaboration and accelerate ongoing system improvement efforts.

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System Advancement Recommendations

Workforce process improvement should be the Department's highest priority, as meaningful practice improvement and sustained engagement with community partners and persons with lived experience depend on a workforce that has the capacity to perform its core responsibilities effectively. Throughout this assessment, SPI encountered staff who consistently described feeling overwhelmed, stressed, and unable to meet all job expectations even if overtime is available. Whether these are challenges driven by actual workload demands, inefficient processes, or staff perceptions, the impact is the same: reduced capacity to provide high-quality services to children and families.

Addressing these challenges requires more than simply adding staff positions. While that might be warranted in some areas, lasting improvement depends on examining how work is organized and distributed across the Department. This includes evaluating staff roles, workflow, case assignments, and supervisor capacity. Collectively, these strategies can better align workload demands with available resources and create conditions for stronger practice and improved outcomes.

The following lays out SPI's System Advancement Recommendations, Implementation Considerations (including potential strategic options for change), and Anticipated Outcomes once change is in place.

- **Recommendations** are placed in order of priority and are intentionally sequenced. It is understood that not all recommendations are to be addressed concurrently.

- **Implementation Considerations** are placed in order of flow through the system, particularly for Social Work Practice strategies and recommendations. Some are "easy wins" and can be accomplished in the short run, while others will take longer to fully implement. These are relevant and actionable strategies that DHS is encouraged to evaluate as to fit and capacity, develop SMART (specific, measurable, achievable, relevant and time-bound) goals,[30] and plan implementation accordingly.

- **Anticipated Outcomes** are consistent with theory of change and/or documented outcomes from other jurisdictions that have demonstrated results in these areas.

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Recommendation 1:

Build Workforce Capacity and Organizational Readiness

Focus on Workforce Process Improvements, including Caseloads, Turnover, Role Clarity, After-hours Screening, and Emergency Response Assignments

As noted above, building workforce capacity is the highest priority. The impact of inadequate staffing can be difficult to quantify; however, research[31] shows that universally many CWS staff report a sense of hopelessness and feeling overwhelmed, which can lead to the inability to prioritize and execute necessary functions. Burnout plays a large role in disengagement among frontline social workers and/or social work supervisors in a child welfare setting and found a correlation between emotional exhaustion (burnout) and outcomes of work withdrawal and exits (employee disengagement). Building organizational readiness to address workforce roles, caseload numbers and assignments across all programs is a key component of system improvement.

Part of ensuring that social workers feel supported is developing and providing foundational and ongoing training. In Kern County, while there is a robust and effective induction and ongoing training plan in place, not all staff seem to have completed or benefited from it. The development of expert social workers, who engage in quality social work practice, requires ongoing intentional training (and retraining), experience, and coaching to encourage innovation and adaptability. While staff are initiated with a reduced caseload during the onboarding phase, there does not appear to be a consistent time commitment to support new staff to complete the training process so as to assure preparedness for the complexities and challenges of the job due to ongoing pressure of caseload demands.

The strategies offered below for consideration, prioritization, and implementation planning are based on the cumulative learning and insight from the assessment. They cover the full range of workforce process improvements.

Strategic Implementation Options to Consider:

- **1a.** Balance caseloads and workload across programs, including an assessment of the role of court report writers.
- **1b**: Clarify roles and eliminate duplication between case carrying social workers and specialized support staff, including additional case aide support to primary workers.
- **1c.** In depth review to determine if enhanced induction and ongoing training is needed, as well as an extended probationary period of 12 months.
- **1d**: Increase transparency and consistency in referral and case assignment processes
- **1e**: Reduce case transfers whenever possible and strengthen transition processes when changes are necessary.
- **1f**: Evaluate the feasibility of starting staff in programs other than Family Services.

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1g: Develop a robust recruitment and retention plan for social worker classifications that include strengthened partnerships with universities and internship opportunities.

Anticipated Outcome: When addressed from a holistic lens, benefits of increased workforce capacity can include improved staff retention, a reduction in burnout and secondary stress, improved workflow process and ultimately increased satisfaction from clients, including reunification and placement stability.

Recommendation 2:

Strengthen Social Work Practice

Assessment, Safety, and Decision-Making

A strong foundation for assessing safety and risk to make informed decisions is important within every level of the child welfare system. Case reviews and staff interviews revealed a tendency towards a predominantly task-based approach to these and other practice components with a clear intent to achieve compliance and meet administrative requirements, often at the expense of relational engagement and best practices around assessments, safety, and decision-making.

Strategic Implementation Options to Consider:

2a: Implement revisions to Emergency Response (ER) investigation protocols that focus on a comprehensive assessment of youth and family, and setting expectations, and timeliness/timeframes, for ongoing re-assessments. This entails:

- Implementation of associated documentation policies that require assessment and synthesis of information to ensure inclusion of history, observations, and family context and planned interventions beyond service referrals.
- Development of clear protocols for working with law enforcement including clarity of roles & responsibilities and tactical strategies to assure safety, even when a criminal investigation is underway.
- Active attempts to ensure referrals that are not resolved within 40 days are elevated to case status for higher risk families to increase familial support and network activation, in conjunction with linking to community-based services.

2b: Increase fidelity to Structured Decision Making (SDM) and Safety Organized Practice throughout all phases of work with families, as well as ensuring case consultations, screening, investigations, safety assessments, and interview

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protocols adhere and utilize best practices and model fidelity to include the use of these models throughout family interventions.

2c: Increase focus on supporting the whole-person and family well-being through assessment, intervention, and empowerment, including family voice throughout the process.

2d: For both ER and Ongoing, institute a revised documentation protocol to include clear and accountable timelines, a standardized documentation framework and clear action planning.

2e: Assess the development of enhanced screening tools and processes, such as online reporting for mandated reporters or artificial intelligence, as well as options to allow callers to consult without taking a formal report.

2f: Through family engagement, provide appropriate linkages that create stability, utilizing voluntary family maintenance or other safety networks when necessary.

2g: Improve communication with and training for educators, law enforcement or other external partners to develop shared understanding regarding reporting expectations, whether through existing options or enhanced support from credible messengers such as CPS facilitators and lived experts.

Anticipated Outcome: Successful implementation of strengthened Social Work Practice should result in measurable improvements across key child welfare outcomes, including fewer entries in care, reduced recurrence of maltreatment, shorter lengths of stay in care, increased placement with kin, greater placement stability and higher rates of reunification and permanency.

Recommendation 3:

Strengthen Social Work Practice

Placement Stability and Permanency Outcomes

When children must be removed from the care of their parents, placement into the child welfare system can often be a traumatic experience. Thoughtful placement with caring adults impacts the trajectory of the child's journey and experiences and overall well-being. In addition, research[32] shows that children who are placed with their siblings while in care fare far better across almost all metrics. The same can be said regarding those placed with kin. Children placed with family have better behavioral and mental health outcomes than their peers in traditional foster care. Children in kinship care, which is broadly defined as relatives or close family friends, have fewer placements and school changes and are less likely to run

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away from home than children in traditional foster care. They are more likely to report that they "always felt loved" and have higher satisfaction with kin placement.[33]

Meanwhile the identification, recruitment, training and matching of caregivers for placement is a critical task for every child welfare department that can have ripple effects that impact outcomes. It is widely acknowledged that having an adequate number of caregivers able to meet the needs of youth is a challenge. While Kern's current system processes new caregivers, there still appears to be a gap in placements that meet criteria for safety and well-being.

Strategic Implementation Options to Consider:

3a: Assess the current structure of how resource family approvals are conducted, both internally and externally, to ensure adherence to safety and risk factors, as well as necessary mitigations and training needs of potential caregivers. Conduct random reviews of home approvals to understand trends and solutions.

3b: Streamline the approval processes for interested caregivers.

3c: During investigation/first contact identify supportive relatives as part of the assessment. (The ER social worker must be intentional about identifying supportive kin and/or family friends/network.)

3d: Prioritize sibling placements and connections.

3e: Ensure sufficient supports for caregivers, including mentors that are established caregivers.

Anticipated Outcome: When these strategies are embraced, the agency can expect to see increased placement stability and sibling connections, higher satisfaction, and retention from caregivers, increased kin placements and overall improved outcomes for youth and families impacted by the system.

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Recommendation 4:

Strengthen Family Engagement and Well-Being

Child and Family Team Meetings (CFTMs), Multi-Disciplinary Teams (MDTs), Family Finding, Visitation, Engaging Lived Experts

Staff understand the value of, and are committed to family engagement, stabilization, and well-being, yet many stated they lack the time and/or capacity to do so. While readiness and capacity of the workforce will be addressed through recommendation #1, and practice approaches will be strengthened through recommendations 2 and 3, leadership must also directly engage the community on a regular basis through open and transparent dialog.

Strategic Implementation Options to Consider:

- **4a:** Prioritize progressive visitation by increasing supervised location and availability, assessing regularly for appropriate increases for family connections.
- **4b:** Lift up and value the voice of lived experts who are regularly engaged with the department, including youth voice, rights and inclusion.
- **4c:** Prioritize kinship placements, when appropriate, and effectively engage tribal partners consistent within the spirit and intent of ICWA.
- **4d:** Align policy and use of case conferencing, case consultation, MDT and CFTM protocols for teaming among child welfare/CPS staff and in service to network building for families.
- **4e:** Institute regular community town halls to include Data Review, Q&A, and genuine dialogue with collection of feedback to increase transparency.
- **4f:** Create community-based and family-centered supports and services.
- **4g:** Develop a coordinated crisis response that involves the use of cultural brokers/lived experts, as well as delivering prevention and diversion support resources.
- **4h:** Commit to Mandated Reporting to Community Supporting transformation and the provision of education to the public to create a countywide safety net.

Anticipated Outcome: When family engagement is completed successfully, the agency will be able to re-establish trust and transparency with the community to rebuild the relationship and strengthen youth/family leadership, Tribal consultation, and community partnership.

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Recommendation 5:

Become a Learning Organization through Accountability, Equity, and System Performance Improvements

Continuous Quality Improvement (CQI), Disproportionality, Leadership Oversight, and Policy

Child welfare agencies should be committed to accountability and system improvement because the needs of children and families, community conditions, and service systems are complicated and constantly changing. A learning organization creates the capacity to adapt, improve, and innovate so that services remain effective, equitable, and responsive.

CQI is an important operational and functional component for child welfare agencies as it helps them move from reactive problem-solving to ongoing learning, accountability, and system improvement. Child welfare systems are complex and high stakes; without CQI, agencies may rely on compliance alone rather than understanding whether children and families are safe and actually experiencing better outcomes. Information gleaned from CQI processes is used to strengthen practice and enhance workforce development, including improvement of supervision, clarity of expectations, and reinforcement of effective social work practice. Additionally, information and data gathered can identify multi-system involved families and ensure necessary and appropriate support.

Strategic Implementation Options to Consider:

- **5a:** Increase use of quantitative and qualitative data and create transparent ways to disseminate to staff (and the public as appropriate).
- **5b**: Ensure consistent use of SafeMeasures as both a coaching tool and compliance measure across all divisions.
- **5C**. Strengthen the use of SDM across all programs to ensure safety and positive family outcomes, even for referrals that are unfounded.
- **5d:** Reassess performance measurement processes, including case reviews, which are shared across the organization and adapted based on needs.
- **5e:** Actively solicit and utilize community and staff feedback and perspectives.
- **5f:** Develop comprehensive and integrated CQI reports.
- **5g:** Collect and analyze information via policy.
- **5h:** Apply learning from both successes and failures.
- **5i:** Test new practices for refinement and improvement; Implement Plan-Do-Study-Act:[34] small tests of change as appropriate to expand ownership, spread and sustainability.
- **5j:** Ensure visibility of leadership across offices to build trust and rapport with staff.

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Successful use of a comprehensive CQI system utilized for ongoing evaluation can result in broader communication within the agency, practice centered on family and community voice, a reduction in disparities and promotion of equity, and the establishment of a culture of accountability and improvement.

Anticipated Outcome: When successful, benefits include a strengthened workforce development process, staff retention, cross-training among child welfare, behavioral health, education, and probation building stronger partnerships which in turn supports the collaboration and Wellness System of Care efforts (see next section). The department could expect to see a reduction in staff burnout, better outcomes in general, and cultural improvements (transparency, curiosity, constructive feedback, and shared problem-solving).

Overarching Child Welfare System Recommended Investment

The preponderance of testimony and data gathered, participant perspectives gleaned, performance implications, and the current landscape and state of the field all point to one, bold, singular recommendation:

Transform Kern County's Child Welfare System into an aligned and integrated
Wellness System of Care

The evidence gathered made clear that in Kern (as in other counties) there are multiple systems serving the same families resulting in an overall approach that is too often fragmented and siloed. Practice is more efficient and effective, and better outcomes are reached when systems are properly aligned and consistently informed by participant voice and choice.

The driving theory of change is:

The collective pursuit of overall wellness for the community engages partners in a shared responsibility for governance, data gathering and use, and shared finance.[35] When systems

are aligned, better outcomes are achieved. In order to best align systems and practice across public and community organizations, lived experts such as youth and parents/residents must play an important role in guiding and directing the shift. This way, family protective factors and social determinants of health are strengthened and prevention through the continuum of care and flexible services aim to decrease system involvement.

The collective pursuit of overall wellness for the community engages partners in a shared responsibility resulting in the following changes:

- Each system's existing mandates are leveraged and aligned
- Shared governance, finance, data, and responsibility for family outcomes are established and maintained by and for the community
- Integrated Core Practice Model training is institutionalized
- Wellness is understood as whole-person focused, family-driven, and a system-wide responsibility, not just under the purview of CWS.
- The physical and behavioral health continuums are seamlessly integrated
- Agencies share scorecards, CQI reviews, and equity monitoring for their collective enhanced and improved performance.
- Aligned caregiver recruitment, retention, and support based on quality and accountability

Overall assessment findings were the basis of this overarching recommendation and its component areas of focus. Combined they create the foundation for the sustained implementation and management of a Wellness System of Care. Budgetary constraints may impact the department's ability to implement all aspects of the recommendations as written. Therefore, it is anticipated that the department will prioritize and sequence implementation of the recommendations specified in this report.

Anticipated Outcome: With a Wellness System successfully implemented, Kern County will experience multiple and mutually reinforcing benefits resulting from the integration of mandates and initiatives in an intentional and collaborative manner, a collective Community Pathway as an alternative to entry into public systems (except for child safety) created in partnership with the community, and a rich and comprehensive continuum of timely and responsive wellness services and supports.

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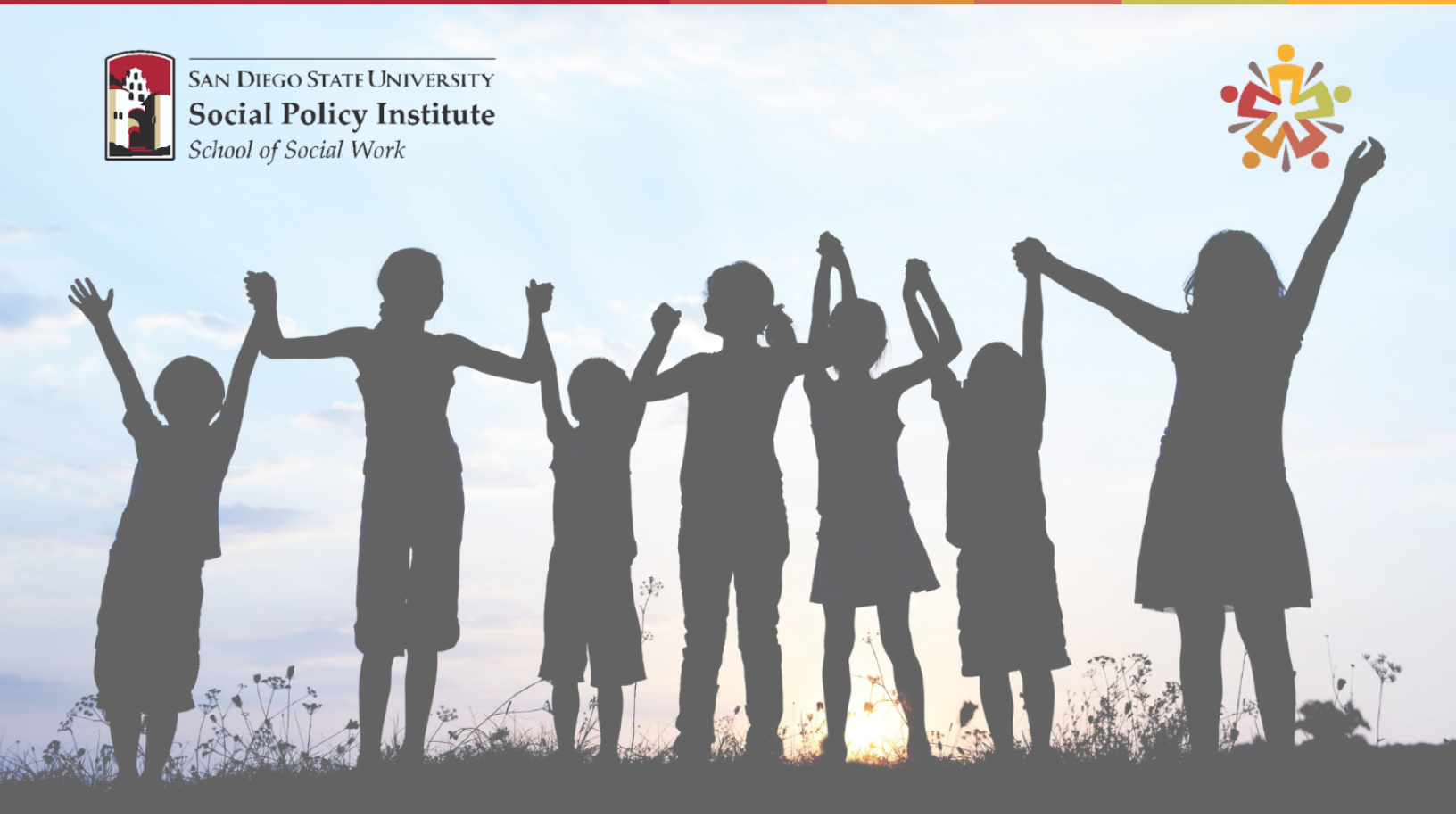

Call to Action

Kern County DHS leadership and staff share a clear desire to improve their child welfare system. The organization has a strong foundation built on committed staff, supportive supervision, and collaborative, forward-thinking leadership. Clear policies, consistent supervision, established benchmarks, coaching practices, and the use of data will assist staff in understanding expectations and maintaining professional standards, while a vision for an organizational culture of child/family, population and community well-being provides guidance to their work.

Leadership is viewed as adaptable, innovative, and generally supportive, with good communication and relationships across most teams. However, ongoing staffing shortages, heavy workloads, and resulting burnout pose significant risks to system stability. Staff expressed a need for greater trust, transparency, training, and practical support, emphasizing that meaningful, targeted structural changes—rather than simply increasing expectations—are essential for sustainable improvement.

DHS cannot make the required changes in a vacuum. County leadership, public system and community partners, and every Kern County resident is called to join this transformation.

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