# **COUNTY SNAPSHOT – KERN COUNTY**

#### CONTACTS

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#### **OVERVIEW**

Method of Data Collection Utilized: In-Person Interview December 13, 2011

Kern County, in California's Central Valley, is the third largest county by area in the contiguous United States. It stretches from the Coastal Range in the west through the Mojave Desert and to the Sierra Nevada Range in the east, covering more than 8,140 square miles. The county has 11 incorporated cities and an additional four areas with large populations. However, half of all county residents live in Bakersfield. The western half of the county is largely Latino, including migrant workers (served by Clinica Sierra Vista, College Community Services, KCMH and Child Guidance Clinic); the areas in the eastern half tend to be mostly Caucasian and retired individuals (served by College Community Services, Clinica Sierra Vista, and KCMH).<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> Kern County Mental Health Department, Mental Health Services Act Prevention and Early Intervention Plan, July 2009.

The 2010 U.S. Census reported Kern County's population as 839,631, with a 26.9% population increase in the past decade. The racial makeup is: 59.5% White, 5.8% African American, 1.5% American Indian or Alaska Native, 4.2% Asian, 0.1% Native Hawaiian or other Pacific Islander, 4.5% reporting two or more races, 49.2% Hispanic or Latino, 38.6% White persons not Hispanic.<sup>2</sup>

Kern County's Prevention and Early Intervention Plan (PEI) can be found at: www.mhsoac.ca.gov/Counties/PEI/docs/PEIplans/PEI\_Kern\_County.pdf

- Strengths:Committed suicide prevention work group; supportive administrator; school<br/>districts and law enforcement are responsive and supportive—for example, the<br/>Sheriff's Department crisis negotiation team contacted the county to volunteer for<br/>the mental health crisis line
- Challenges: The subject matter of suicide is a challenge in and of itself—it is not something people want to talk about; time and funding are limited
- Government Advocacy: The political environment is neither unsupportive nor overly supportive. Regional or countywide committees or task forces working on suicide prevention or stigma reduction include the Suicide Prevention Workgroup which meets monthly and includes representation from veterans, children's mental health, the mobile evaluation team, law enforcement, survivors, NAMI and mental health professionals.
- Centralized Website(s): Kern County does not have one centralized website for suicide prevention and/or stigma reduction activities. It was perceived as a useful tool.

Resource Directory: Kern County Mental Health Department: www.co.kern.ca.us/artman2/kcmh/publish/ Network of Care: http://kern.networkofcare.org/mh/home/index.cfm 211: www.211la.org/detail.php?sag=1043710100&agency\_id=1043710000 ICarol (not public, used internally for crisis line staff)

Social Media Presence: YES—Kern County Mental Health developed a suicide prevention Facebook page, but it is currently not live because there are not sufficient resources to monitor the site continuously. There is concern about what would happen if someone reaches out for help and there is no one available to respond.

# CURRENT PEI MARKETING CAMPAIGNS

Student Mental Health Initiative: YES-Refer to PEI plan for more information on programs.

Stigma & Discrimination Reduction: NO

Suicide Prevention:		YES	Start Date: October 2011	End Date: TBD			
	Target Audience:	General public					
Suicide Preve			Iblic service announcements promoting the National ention Lifeline aired pro bono by five broadcast companies ers; news coverage and editorials (print and TV)				

<sup>&</sup>lt;sup>2</sup> U.S. Census Bureau: http://quickfacts.census.gov/qfd/states/06/06029.html

Source of Materials: National Suicide Prevention Lifeline materials

Evaluation Plan: NO

Other County Activities and Programs:

	Walks/Run	Events	Speaker's Bureau	Media Praise/Protest	Outreach	Trainings (e.g., ASIST or QPR)	Specific Events during Suicide or MH Awareness Week/Month	Other
Suicide Prevention	X			Х	X	X		X
Stigma Reduction	X	X	X		X	X		

# CURRENT PEI OUTREACH EFFORTS

<u>Suicide Prevention</u>: "Out of the Darkness" is an annual community walk to raise awareness of suicide. It typically takes place in November and is organized by Survivors of Suicide (SOS). Outreach to college students includes distribution of materials at health fairs and depression screenings on-campus throughout the year. Copies of "More than Sad" are distributed at high schools and integrated into students' health class curriculums. For the past four years ASIST training has been offered on a monthly basis to community members, law enforcement, high- school counselors, students and others. On average, approximately 40 individuals participate in the training each month. Currently one trainer provides QPR training and an additional five trainers will be certified in the near future. So far, QPR training has been provided to Link Crew (student mentors) at different high schools. For now, training is only available in English. In addition, two crisis intervention training courses have been conducted with law enforcement, which each included a component on suicide prevention.

<u>Stigma Reduction</u>: Many stigma reduction activities are coordinated through the Consumer Family Learning Center and NAMI. Activities include an annual walk to raise awareness of mental illness, educational groups, outreach and a speaker's bureau. Mental health staff receives Mental Health 101 training. The Recovery Supports Administration has a speaker's bureau called The Voices of Recovery.<sup>3</sup> Speakers go out on request to university, service groups, high schools, staff trainings and to the Sheriff's training on mental illness/recovery. Those who speak relate their personal and/or family recovery stories, educate about particular mental health challenges, and provide information/referral about suicide prevention and NAMI. They also publish a quarterly newsletter (of consumer/family articles, poems, drawings) called *Recovery Road*.

<u>Media</u>: All press releases and requests from the media are coordinated through the Mental Health Department's press liaison Kristie Curttright. Recommendations on how to report on suicide were distributed to the media following incidences of three teen suicides via a suicide pact the previous fall, and overall reporting on suicide by the local media seems to be balanced. In general, Kern County Mental Health does not actively reach out to the media.

<sup>&</sup>lt;sup>3</sup> Contact for Voices of Recovery: Kelly Boston, 661.868.5056.

## COUNTY CRISIS NUMBERS AND RESOURCES

Suicide Crisis Hotline: Health	National Suicide Prevention Lifeline 1.800.273.TALK; local Mental Hotline
Mental Health Crisis Hotline:	Mental Health Hotline 1.800.991.5272
Other Resources: intervention for for a coping other then system Lifeline and	The Mental Health Hotline provides 24/7 crisis and suicide individuals of all ages. In addition the team offers telephone counseling variety of mental health problems and also offers assistance with skills, relationship problems, anger management, substance abuse and problems. Hotline staff members provide immediate assistance and connect callers to follow-up services both within the Mental Health and the larger community. Both the National Suicide Prevention the local Mental Health Hotline are promoted in Kern County.

## DIGITAL STORIES

NONE

### HEALTHCARE PROVIDERS

The Kern County Mental Health Department has a great working relationship with Kern Medical Center and its satellite clinics located throughout the county. Lisa Espinoza is the patient liaison between Kern Medical Center and the Kern County Mental Health Department and can assist with facilitating access to the center's medical professionals.

### ADDITIONAL INFORMATION

Kern County is part of a regional collaborative (Central California) funded through CalMHSA Program 1 and Program 2.

### SPECIFIC COUNTY NEEDS

Additional Language Needs: Spanish

Desired Outreach Materials:

TV Spots		Printed Materials						Website	Training	"How to" Manuals <sup>b</sup>	
Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	

<sup>a</sup> E.g., magazines.

<sup>b</sup> E.g., how to reach out to the media, how to start a speaker's bureau, etc.

Additional Information: Although materials for all age groups would be useful, there is a specific need for materials targeted at middle-aged adults. Kern County Mental Health intends to reach the middle-aged adult population through their primary care providers and would appreciate any patient education materials, as well as training courses or toolkits for physicians. For example, at-a-glance fact sheets or posters with information about what to do and where to refer patients at risk for suicide or in a mental health crisis; screening tools and resources. A brief online training for physicians about how to use and access these resources would be helpful as well.

The following were identified as useful:

- Help in reaching geographically isolated populations
- Participation for staff in QPR or ASIST training in Spanish
- Assistance on working with local TV channels to air public service announcements
- "How to" strategies and case studies on how to most effectively reach out to specific priority populations; e.g., is radio most effective for Spanish speaking? Social media for youth?
- "How to" use social media effectively for suicide prevention efforts
- Assistance to work with local media (PR) to publish articles that highlight personal stories and the programs related to suicide and stigma
- A central website with information about the county's suicide prevention efforts; e.g., crisis numbers, dates for depression screenings and other outreach efforts, training courses, etc.