



Whatever It Takes

Providing community-based support for mental health



FIND SUPPORT HERE

Kings County Behavioral Health provides many services that fall under the five components of California's Mental Health Services Act. Here is a sampling of services:

COMMUNITY SERVICES & SUPPORT

Wrap-Around: Supports youth with behavioral issues through a coach who partners with the family at home and the teacher at school.

Full Service Partnership: Free assessments, case management, counseling and other support for adults with serious mental illnesses or emotional disturbances, including special outreach for seniors over 60.

PREVENTION & EARLY INTERVENTION

Family Member Support Group: Provides support to families and others coping with mental health issues, including schizophrenia, bipolar and depression. A light meal is provided, along with interpreter services, if requested. Meetings are first and third Tuesdays of the month from 5:30 p.m. to 7:30 p.m. at 530 Kings County Drive, Suite 101, in Hanford. Free, no registration required.

LOSS Team: Volunteers who reach families as soon as possible after losing a loved one to suicide.

INNOVATION

Youth Research and Resiliency Project: Pilot program in which county teens, guided by a mentor, will survey peers to determine their behavioral health needs to help the county better serve its younger residents.

WORKFORCE EDUCATION & TRAINING

Mental Health First Aid: Instruction on how to help stabilize a person in crisis until he/she can receive professional treatment.

ASIST: Workshop covering ways to help prevent the immediate risk of suicide.

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS

Telepsychiatry: Plans are under way for new technologies and equipment to be added at satellite clinics in Avenal, Corcoran and Kettleman City for therapy via videoconference (currently only available in Hanford).

Oak Wellness Center: Exploring an expansion of the drop-in center at the Kings View clinic building.

To find all services and programs:
www.kcbh.org

Paving the Road to Recovery

Kings County Behavioral Health helps individuals achieve mental health

BY ANNA QUINLAN

For people struggling with behavioral health issues, the road to treatment is often paved with obstacles. While chief among those obstacles is the stigma surrounding mental health labels, logistical barriers can further complicate matters. In areas like Kings County, where there is a high rate of poverty, a wide range of languages spoken, and a relatively low number of registered mental health providers, that road can seem especially difficult to navigate.

Recognizing the challenges associated with obtaining effective treatment, as well as how integral individual behavioral health is to the community at large, Kings County Behavioral Health seeks to promote, support and invest in the wellness of individuals by creating opportunities to contribute, learn, work and find hope in each day.

"A person's behavioral health affects their entire life, just like physical health," says Kelly Baker, deputy director of Kings County Behavioral Health. "It affects their ability to be independent — to work, go to school — to have positive relationships, to be able to be in the community independently."

In October 2014, Kings County Behavioral Health developed its new three-year plan, a task that involved a retrospective study of existing programs as well as a stakeholder engagement process in which various cross-sections of the community had the opportunity to weigh in on how the department could best serve those who are impacted by the services offered. Through this process, the department was able to identify specific populations that were underserved as well as un-served, and offer some concrete steps for system improvement while addressing treatment gaps in the system of care.

The county has already implemented several new programs as a result of the findings during the stakeholder process (the first year of the current three-year plan), which has focused on developing a broader capacity initially at Behavioral Health and with community partners to meet

Kings County Behavioral Health Deputy Director Kelly Baker says our mental health can impact our ability to be a productive member of the community.

PHOTO BY GARY KAZANJIAN



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KELLY BAKER

Deputy Director, Kings County Behavioral Health

the behavioral health needs of all members of the community. A new Prevention and Early Intervention clinician is now providing onsite short-term treatment for children at several local schools, for example. The department has also established partnerships with community groups and faith-based organizations in an effort to increase the detection of behavioral health issues in individuals and provide a better referral network for directing people to the most appropriate programs for their needs.

"At Behavioral Health we're able to advocate for people," Baker says. "We know that anyone who has a behavioral health issue can recover."

Through a high level of engagement with the community and responsively offering new and improved programs, the department hopes to make the road to recovery more accessible for everyone.

Denise McKendell struggled to cope with her mother's mental illness, but found writing as a way to express her feelings.

PHOTO BY GARY KAZANJIAN

"WE HAD NO IDEA THAT THIS ILLNESS LIVED WITHIN OUR HOME, FED US, CLOTHED US, TOOK US TO CHURCH, COULD HAVE A HUSBAND AND FRIENDS."

DENISE MCKENDELL

Family member of someone with mental illness

'I Was Safe There'

Daughter uses writing to cope with mother's mental illness

BY ANNA QUINLAN

MAMA IN ME

(excerpted)

BY DENISE MCKENDELL

It's she I can't escape night after night in my dreams
No matter how well rehearsed, she controls all the scenes
She goes with me on dates and was present in my marriage
It was her I rolled around in the baby's carriage

It's her I see in the mirror each day instead of me
It's her voice not mine, I hear when I speak
I turn around, she's there; I fall behind, she's there
She chooses the food that I eat; she picks my underwear
She's in the tiny mole on my hand that the two of us share
She's in my eyes; in my smile; on the strands of my hair

I smell her on my sisters and taste her in my cornbread
I can feel her loneliness at home alone in my bed
She haunts my soul; seems I'll never escape
She roams the halls of my mind; my conscious has been rapped

Growing up, Denise McKendell knew that her mother "was no Carol Brady." But without any understanding of what mental illness was, Denise just chalked up her mother's behavior to a misguided belief that she was simply a mean person.

In actuality, her mother suffered from anxiety and paranoia.

Because their mother was generally able to hide her mental illness in public, Denise and her four sisters lived for decades without an official diagnosis. They avoided having friends over to the house and learned to comply with their mother's strange rules, like the requirement that each person exit the house through the same door they had most recently entered from. Even as Denise and her sisters got older and gained more familiarity with the idea of mental illness, they still didn't recognize that it was affecting their mother.

"We had no idea that this illness lived within our home, fed us, clothed us, took us to church, could have a husband and friends," Denise says.

Mental illness doesn't just impact the person who is ill. It impacts everyone, especially family members. But through education and coping strategies, family members are able to cope with the challenges mental illness presents.

After seeing the movie "The Diary of Anne Frank," Denise asked for a journal for her 11th birthday, hoping

that writing down her feelings might give her some comfort. By age 12 she started to suspect that her mother's behavior might be more than just a melancholy personality, even writing a letter to God in her journal that read, "Dear God, I think something is wrong with my mommy."

Denise continued to find comfort from the practice of writing in her journal, begging her older sisters to read books to her every day, often gravitating toward rhyming books and nursery rhymes. She eventually began experimenting with rhyming herself, penning poems in which she could express herself honestly.

"I could curse, yell, hit back and even kill in my writings," Denise says. "They were the only way I could fight back ... It was my secret place where [my mother] couldn't follow me, torture me, hurt or harm me. I was safe there."

Journaling continued to be Denise's main coping strategy, and by high school she had gained a better understanding of her mother's condition and took on more of a caretaker role in the home. Today, Denise is attending West Hills Community College, where her writing has been published in the school's literary magazine. She plans to obtain her master's degree in English literature from Fresno Pacific University.

INCLUSIVENESS IS KEY TO SPIRITUALITY COMMITTEE

The Kings County Spirituality Committee for Wellness is a county initiative to include the faith-based community in the overall approach to treating mental illness.

On the second Monday of each month, from noon to 1:30 p.m., representatives of local churches gather to discuss the mental health challenges they see in the community and partner on solutions. Kings County Behavioral Health hosts the meetings and provides lunch.

The committee is open to all denominations and religions, and has even included a holistic healer, according to Brenda Randle, program manager for Kings County Behavioral Health. The group has been meeting since September 2014 and is growing.

"Anybody in the faith-based community is welcome," Randle says.

The committee is an outgrowth of the statewide Mental Health and Spirituality Initiative launched in 2008 and funded by behavioral health authorities in 51 California counties.

The initiative has also included training. In April, two workshops were held: a primer on mental health for clergy and an overview of spirituality for mental health professionals. Each session drew more than 70 people, Randle says.

For more information on the Spirituality Committee, contact Randle at 559-852-2975 or brenda.randle@co.kings.ca.us.



Bringing *Faith* to Recovery

Spirituality Committee recognizes
positive power of faith

BY ELAINE GOODMAN

Koinonia Christian Fellowship Pastor Roger Watson says the Kings County Spirituality Committee for Wellness has increased awareness of the broad network of support for people with mental illness.
PHOTO BY GARY KAZANJIAN

When the homeless population in Kings County was asked about its most pressing needs, many said they'd like a way to do their laundry on a regular basis.

Now, they're able to do just that, through the efforts of two local churches that organized a laundry day for the homeless each Thursday morning. The churches teamed up with a laundry facility, coordinated volunteers and provided funding for the service.

The laundry day is just one accomplishment of the Kings County Spirituality Committee for Wellness, a partnership between Kings County Behavioral Health and the faith-based community. The committee is part of the department's "mind, body and spirit" approach to caring for clients.

"When we're talking wellness and recovery, we're talking total person," says Brenda Randle, program manager for Kings County Behavioral Health.

The idea behind the Spirituality Committee is twofold. On the one hand, mental health professionals often hear from clients that faith is a central part of their life and shouldn't be left out of their recovery.

"They didn't want someone to tell them to forget their faith," Randle says. "Who was the therapist to tell them that's not important?"

At the same time, clergy needed more information on how to recognize mental illness within their congregations and what treatment resources are available.

The effort is helping more county residents get help for mental

health challenges they may be facing, "no matter which door they walked in through," Randle says.

Other projects the Spirituality Committee has been involved with include the "Each Mind Matters" campaign in May. Volunteers handed out green ribbons and informational cards aimed at reducing the stigma of mental illness. Randle says nearly 5,000 ribbons were distributed at local churches, including several hundred she gave out at her own church.

And in September, Kings County churches will include information in their bulletins about Suicide Prevention Month and list the phone number for a suicide prevention hotline.

Spirituality Committee member Roger Watson, a pastor at Koinonia Christian Fellowship, says the group serves as a co-op of mental health and social services.

Before the committee formed, many churches were unaware of what others in the community offered, Watson says. For example, Koinonia hosts a variety of support groups, including those for alcohol or drug addiction, sexual assault victims, and anger management.

Other local churches run halfway houses for

men, shelters for battered women or food pantries — complementing the services provided by Kings County.

The broad community support facilitates recovery for those facing mental health challenges, Watson says.

"We've got to embrace both the psychological and spiritual in order to get the change we're looking for," Watson says.

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ROGER WATSON
*Koinonia Christian Fellowship pastor
and Spirituality Committee member*

NEW SUPPORTS FOR YOUTH

Kings County Behavioral Health is currently in the process of adding two new therapy modules designed specifically to support transitional-aged youth like Tony (see story at right):

Therapeutic Activity Groups — In partnership with Oakland-based Beats, Rhymes and Life, Inc., these groups will offer alternative whole health promotion strategies for marginalized and underserved youth. The program combines popular youth culture and community-defined strategies with proven therapy models that promote engagement, healthy relationships and leadership. Participants learn to share their stories and experiences with their peers through various art forms, dialogue, team-building activities and performance. This provides youth the opportunity to connect with their peers in a safe space where they can re-author their own narratives through creative mediums, such as drawing or writing hip-hop lyrics.

Youth Researching Resiliency — Youth participants in these groups will receive training from clinicians, researchers and evaluators as part of a participatory research model where they learn about services, and assess how effective they would be for their peers and communities. They will subsequently make recommendations to the county and providers on the models, approaches, etc. which will improve access and increase participation by transitional-aged youth.

Former foster youth Tony Castellon says different therapy approaches may be more effective for transitional-aged youth (ages 16-24). Kings County Behavioral Health is hoping to offer more programs and support for these youth, so they don't slip through the cracks.

PHOTO BY GARY KAZANJIAN

Giving Youth a Chance

College student gets extra support aimed at transitional-aged youth

BY ANNA QUINLAN

Tony Castellon's first memory of being put into foster care was when he was 12, although he later learned that he had actually been in and out of the system a few times before. A verbally abusive stepfather and a younger sister who battled cancer three separate times made for a tumultuous and traumatic childhood.

Tony was eventually diagnosed with post-traumatic stress disorder and attention deficit hyperactive disorder. In conjunction with the services he received through the foster system, he also received therapy through Kings County Behavioral Health.

Now 18 years old and a student at Fresno City College, Tony has "aged out" of traditional foster care. This is a vulnerable period for "transitional-aged youth" — young people from ages 16-24 who are no longer able to access the mental health services they had as children. Because they may not have connected to new care providers as an adult, these youth run the risk of slipping through the cracks.

Luckily for Tony, he was eligible for services to help with his transition out of foster care through Assembly Bill 12. Also referred to as "Extended Foster Care," AB 12 was implemented in California in 2012 and aims to improve outcomes for youth in foster care by continuing to support them until they turn 21.

Although Tony credits the financial assistance that he's received through AB 12 with his ability to enroll in junior college and buy a car,

he feels that more progressive therapy offerings would be a tremendous improvement for transitional-aged youth coming out of foster care. The therapy that Tony received was primarily one-on-one counseling, in which he struggled to connect with his therapist. Tony speculates this problem is quite common among youth in foster care who have a history of abusive relationships with adults.

Tony eventually found an outlet in writing music and drawing, and in retrospect believes that had these activities been included in his therapy, he would have had a more positive experience.

"[Therapists] should get kids to think about their future, not their past," he says, suggesting that questions about favorite hobbies, career aspirations and other goals might cultivate a more inviting conversation than questions strictly about family history and traumatic experiences.

Kings County Behavioral Health is adding two new therapy programs specifically designed to address the challenges faced by Tony and other transitional-aged youth.

As for Tony, he hopes to one day become a lawyer so he can advocate for foster youth in the future.

"I didn't feel like I had an advocate, and I want to change that for someone else," he says. "If you feel like the system is broken, you can't just complain about it, you have to put the work in and change it yourself."

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TONY CASTELLON

College student and former foster youth



SUPPORT FOR THE WHOLE FAMILY

The type of therapy that Millie and Julian are receiving (see story at right) is Parent-Child Interaction Therapy (PCIT), one of many services that Kings County Behavioral Health provides. The PCIT program is a family-centered approach with a combination of behavioral therapy, play therapy and parenting techniques. Other services offered to families with children dealing with mental health challenges include:

- School-based therapy
- Intensive outpatient individual and group therapy
- Wrap-Around services, which are individualized, comprehensive, and community based
- Therapeutic Behavioral Services (TBS), offering early and periodic screening, diagnosis and supplemental treatment for children and youth with serious emotional problems
- Universal Screenings, which are facilitated by trained staff using professional screening assessment tools and conducted to identify early mental health or developmental issues
- Case Management Services, as needed

Behavioral Health's partners in the Children's System of Care currently include Family Builders Foster Care Agency and Kings View Counseling Services.



Millie Perez and her grandson Julian participate in behavioral health therapy together. This wraparound approach acknowledges that the whole family can benefit from therapy.
PHOTO BY GARY KAZANJIAN

A Plan for *Parents*

Therapy gives family the tools to address behavior

BY ANNA QUINLAN

When Millie Perez's grandson Julian began having night terrors as a young toddler, she suspected that it might be a symptom of a bigger issue. At age 2, Julian was tested and found to be seven to eight months behind his age-level in several developmental categories. He was subsequently diagnosed as developmentally delayed and received therapy through United Cerebral Palsy until his third birthday, at which point he was referred to King's County Behavioral Health.

Julian's delays caused him to feel frustrated, and at such a young age he lacked the verbal skills to adequately express himself. Instead, he would respond to frustrating situations with violent and self-destructive tantrums. As Julian's sole caregiver, these tantrums took quite a toll on Millie.

The therapy that KCBH provides not only addresses Julian's behavioral problems, but also better equips Millie to respond to his tantrums. A typical therapy session includes allowing Millie and Julian to play together while the therapist observes from behind a one-way mirror and speaks into a microphone that is connected to an earpiece in Millie's ear. When Julian begins to get frustrated at some point, the therapist coaches Millie and provides a script for her to repeat.

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MILLIE PEREZ
Participant in family therapy

One method that the therapist and Millie have found to be very effective in de-escalating Julian's tantrums is responding with direct commands, like, "Please give me that toy," using a calm, low-toned voice.

"[The therapist and I] talk a lot about repeating what Julian says back to him so that he feels heard, and praising his positive behavior as often as possible," Millie says.

The therapist has also coached Millie on strategies for discipline, like giving a clear warning that disobedience will result in a time-out, and how to follow through when necessary.

This type of therapy — in which the entire family receives service instead of just the patient — is considered part of the "wraparound" services that King's County Behavioral Health offers through its Children's System of Care. Millie notes that she's seen marked improvements in Julian's behavior since they started therapy, including more cooperation, fewer violent outbursts and a decrease in frequency of night terrors.

"I am very happy with the therapy that we're receiving, and I will continue to participate as long as Julian qualifies for services," she says.

Helping Them Help *Themselves*

Recovery Support Coordinator Juan Ramirez
shares why Kings County's 'whatever it takes'
approach works

BY JOHN FLYNN

What does "whatever it takes" mean?

We meet clients wherever they're at, giving them dignity and respect, letting them know that it's understandable that sometimes life may not go as planned. Hardships do come about.

We are there to assist them to get to their goals by having that mutual relationship. It's difficult to ask for help, so we want to make that very clear that we're there and committed to [helping them] be able to obtain their goals.

What does that entail?

We want to equip them with skills that they can use once we're gone. Whether it's budgeting skills, self-advocacy, problem-solving, learning deep breathing techniques. Giving them any type of rehabilitation skill they need. That's our goal. They may come to where they need some assistance towards obtaining a bus pass or a bike so they can go to an appointment. But we try to help them come up with some solutions, so they can find their own plan B before they need that bus pass.

We're here to validate them, to encourage them, basically be partners with their recovery goals. Whatever goals they have, we are here to break them down into smaller achievable increments. We're helping them problem-solve, so they can see they can do this on their own. We are committed to assisting them to meet their goals. We want them to feel that that [caseworker] genuinely cares about their situation. That relationship is important. We want to build that trust.

Can you share a success story?

I have a gal who came from a different county who was homeless with her son. She was at a women's shelter, not receiving any mental health services. She was having her case transferred from another county. So in the meantime, I was able to work with her by providing her with some coping skills, some budgeting skills, some daily-planning skills to assist her to minimize the intensity of the symptoms that she was experiencing.

Meanwhile, she was able to obtain therapy, counseling and medication. Our relationship was a very important stabilizer at that moment. She's been homeless for about nine months, and next Monday, she'll be able to obtain her housing.

Getting that extra push. Getting that motivation. Getting that advocacy. That's what helped her obtain her apartment. It just completely changed her outcome. She's headed back to college soon and will begin her life one step at a time, and we'll be by her side to accompany her through that journey.

With the assistance of dedicated staff like Juan Ramirez, people with behavioral health issues are given skills and assistance to cope with any situation that may arise.

PHOTO BY GARY KAZANJIAN



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JUAN RAMIREZ
Recovery Support Coordinator

What is the most rewarding part of your job?

Building that relationship and getting [clients] to open up and be able to see how sincere and how invested we are in ensuring their safety. That makes a difference to us. They're a member of our community. That's someone's wife, someone's daughter, someone's family member. They belong to someone, so it's our duty to ensure their safety to do whatever it takes to make sure they get the help that they need, and to let them know that they don't have to do all the work themselves.

But clients do play a role, right?

They have ownership in their recovery, [and our part is] letting them know they can have a productive life by being able to show some measurable outcomes. It's really clients advocating for themselves. We're here and committed to anyone willing to help themselves.



Whatever It *Takes*

Kings County Behavioral Health

Mental health is important to everyone in the community, and Kings County Behavioral Health is here to serve all our residents.

With a “whatever it takes” approach and innovative initiatives that provide greater outreach, Kings County Behavioral Health is helping people in the community in need of mental health services.

Our staff provides various aspects of care — prevention, early intervention, assessment, treatment, support, training — to adults, youth, families, veterans and seniors. We seek to provide culturally appropriate and responsive services to our community.

We do a lot, and in the future we’ll do even more.

Expansion of the county jail includes an increase in mental health services, which Behavioral Health will help provide.

We’re opening an eight-bed stabilization unit so people in crisis will not have to leave Kings County to get psychiatric attention in the setting they require.

We’re adding technology and planning to upgrade facilities in order to accommodate more patients.

Mental health issues impact households county-wide. Help is just a phone call away at Kings County Behavioral Health.

WHERE TO **START**

Now that you know about the variety of programs offered by Kings County Behavioral Health, call or go online to start accessing these vital community resources today.

Kings County Behavioral Health

 **559-852-2444**

 **www.kcbh.org**

Find information and resources for

- Adults
- Youth and families
- Veterans
- Patient advocacy
- Cultural competency
- Prevention/early intervention
- Case management & support
- Trainings
- Substance use Disorders
- Suicide prevention


KINGS COUNTY
behavioral health

