KERN COUNTY
PUBLIC HEALTH

2017 - 2021 Report

Child Death Review Team

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*Due to the circumstances of COVID-19 and pandemic-related staffing and workload issues, instead of creating multiple annual reports, this is a special report that highlights the trends over the last 5 years in infant and child deaths that occurred in Kern County during the 2017 to 2021 calendar years. Specifically, it:

- Presents an overview of the purpose and mission of the Kern County Child Death Review Team (CDRT)
- Reports the results of child death cases reviewed by CDRT
- Outlines recommendations made by CDRT for addressing the data trends

Acknowledgements

CDRT is made possible by the commitment of its members and agencies that are involved. Sincere appreciation and gratitude go to the agencies who participated in the 2017 - 2021 reviews.

Kern County Public Health

Kern County Coroner's Office

Kern County Department of Human Services

Kern Behavioral Health and Recovery Services

County Counsel

Kern County District Attorney's Office

Kern County Network for Children

Kern County Probation Department

Kern County Sheriff's Office

Kern County Superior Court

Bakersfield Police Department

First 5 Kern

Valley Children's Hospital

Bakersfield Memorial Hospital

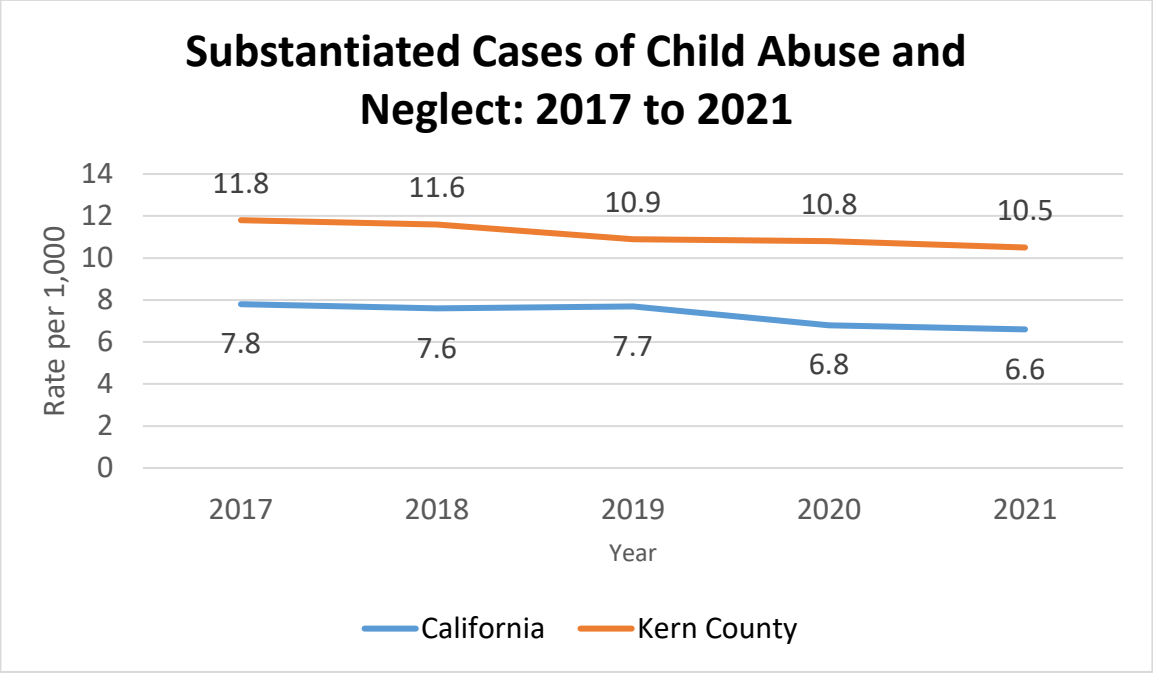
The members of CDRT would also like to thank the Kern County Board of Supervisors for their unwavering commitment to protecting our children.

Mission

The mission of CDRT is to reduce child deaths associated with child abuse and neglect and safety issues regarding social, economic, and health conditions; and to reduce other preventable child deaths.

CDRT uses a multi-disciplinary team at the local level that assists in the investigation and management of individual child deaths. Identifying the causes and circumstances of these deaths helps to design strategies aimed at preventing child deaths in Kern. Development of these strategies raises knowledge and awareness and leads to systematic changes, thereby preventing further child deaths.

Rates of substantiated child abuse and neglect in Kern County are trending downward, but as of 2021, Kern County's rates were almost 59% above California's statewide rates.



Definition: Number of substantiated cases of abuse and neglect per 1,000 children under age 18.

Data Source: As cited on Child Maltreatment Substantiation Rates Report - California Child Welfare Indicators Project (CCWIP) (berkeley.edu), Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Prakash, A., Sunaryo, E., Guo, S., Berwick, H., Hoerl, C., Yee, H., Flamson, T., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2022).*CCWIP reports*.

History

In 1988, the California legislature authorized each county to establish county CDRTs to assist in identifying and reviewing suspicious child deaths and facilitate communication among agencies involved in the prevention of, and intervention in, fatal child abuse and neglect. Since 1988, Kern County has conducted regular monthly meetings.

Case Review Process

CDRT receives and reviews Kern County Coroner's reports on child deaths (birth through 17 years of age) in Kern County. Sending a list of cases to team members in advance allows time to search respective agency case files for additional information on the child and his or her family. Discussions at the meetings determine if the death was preventable and what services, education, or action could have affected the outcome. The team then either closes or keeps open cases for further review and/or referral to other services, if needed.

At times, CDRT will review cases where a child dies in another county, but is a resident of Kern County; however, Kern County may not always have jurisdiction in these cases. The data in this report only included deaths that Kern County has jurisdiction.

From 2017 to 2021, 265 cases out of 634 deaths in children under 18 years of age were referred to CDRT and have been included in this report. These were the deaths deemed likely preventable by the Coroner's Office. Data reflected in this report comes from Coroner's reports and the supplemental information provided by team members. To protect the confidentiality of children and families, CDRT presents only aggregate data.

Fatal Child Abuse and Neglect Surveillance Program (FCANS)

CDRT is involved with FCANS through the Safe and Active Communities Branch at the California Department of Public Health. The FCANS program started in 1997 and was designed as an active surveillance system for child maltreatment deaths based on completion and submission of standard data collection by local CDRTs. The teams are paid a set amount for each eligible case submitted. Kern County CDRT uses these monies to fund community projects such as the Safe Sleep Project through Kern County Public Health Department.

Risk Factors for Preventable Childhood Death

Common Risk Factors for Fatal Child Abuse or Neglect[1]

- Child—Vulnerability
  - Less than 4 years old, male, prematurity/birth weight, illness/disability, colic, challenging behaviors, other siblings under 3 years of age
- Parental—Parental Capacity
  - Younger age, severe control problems, dependency conflicts, history of abuse/domestic violence, mental illness, jealousy or rejection by child, lack of parenting skills, inability to bond
- Household—Multifaceted Problems
  - Stressful major life event in past year (death, birth, job loss, move, etc.), less education, history of violence, lack of job skills, criminality, mobile/frequently move, current or prior contact with CPS, change in household composition, non-family members present
- Environmental—Confounding Issues
  - Living in poverty, high unemployment, increased crime rates, geographical locality, lack of support systems, multiple service providers involved over time, seen by physician following onset of abuse

Risk factors for Drownings[2]

- 1–4-year-olds have the highest drowning rates.
- Drowning happens quickly and quietly, so a lack of close supervision increases risk.
- Highest risk drowning locations varies by age. For those under 1 year of age, two-thirds of all drownings happen in bath tubs. For children aged 1 to 4 years of age, most drownings occur in home swimming pools. For children aged 5 to 18, most drownings occur in natural bodies of water.

Risk factors for Motor Vehicle Accident Deaths[3]

- 4–7-year-olds have a higher incidence of being found not buckled up.
- Driver of vehicle is intoxicated and the child found not buckled up.
- Restraint use among young children often depends on the driver's seat belt use.
- Child restraint systems are often used incorrectly.

Risk factors for Sudden Unexpected Infant Death[4]

- Maternal age: the infants of 15–19-year-old mothers are at highest risk, while the infants of mothers 35 years and older are at the lowest risk for unexpected death
- Marital status of the mother: infants of unmarried mothers are at highest risk
- Sex of the child: males are at an increased risk

[1] Hughes, K. & Pence-Wilson, D., 2012. Child Maltreatment Fatalities—Risk Factors and Lessons Learned. doi:10.1.1.688.6439
[2] Centers for Disease Control and Prevention, 2022. Drowning Facts. Retrieved December 25, 2022 from https://www.cdc.gov/drowning/facts/index.html
[3] Centers for Disease Control and Prevention, 2018. Child Passenger Safety: Get the Facts, Risk Factors. Retrieved, August 20, 2018 from https://www.cdc.gov/motorvehiclesafety/child_passenger_safety/cps-factsheet.html
[4] Healthy People 2020, 2018. Maternal, Infant, and Child Health, MICH-1.9 Reduce the rate of infant deaths from sudden unexpected infant deaths (includes SIDS, Unknown Cause, Accidental Suffocation, and Strangulation in Bed). Retrieved, August 20, 2018 from https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=4831

- Race/ethnicity of the mother: infants of American Indian/Alaska Native and Black/African American mothers are at higher risk
- Country of birth mother: infants of mothers born in the United States of American are at a higher risk than mothers born elsewhere

Risk factors for Teenage Suicide[5]

- Depression or other psychological illness
- Drug and alcohol use
- Parental separation or divorce
- Economic status
- Race
- Suicidal ideation
- Poor self-esteem
- Distress
- Poor coping mechanisms (particularly regarding recent relationship issues)
- Sexual orientation
- Victimization
- Lack of social connection and support
- Bullying

[5] Murphy, K., 2006. What can you do to prevent teen suicide? *Nursing. 35*. 43-5. Doi:10.1097/001521

Demographics

Kern County is a large and diverse geographic region of California, comprised largely of agricultural-based communities and regions under urban development. According to the U.S. Census Bureau, roughly 43% of Kern County households have child residents.[6] From 2017 to 2021, there was an estimated average of 253,099 children of ages 0-17 residing in Kern County.[7] During this time frame the vast majority of the child population in Kern County identified as Hispanic/Latino (60.5%) and Caucasian/White (28%).[7] Compared to California as a whole, the Hispanic/Latino child population was 11% greater in Kern County. The male-to-female ratio among children was approximately equal.

Figure 1.1 Average Child Population by Race/Ethnicity, 2017-2021

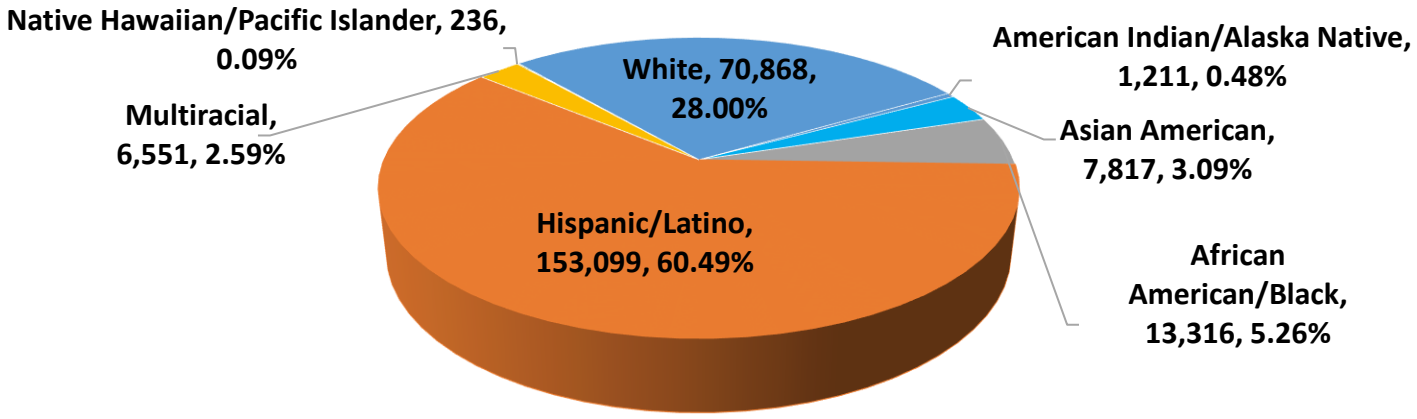
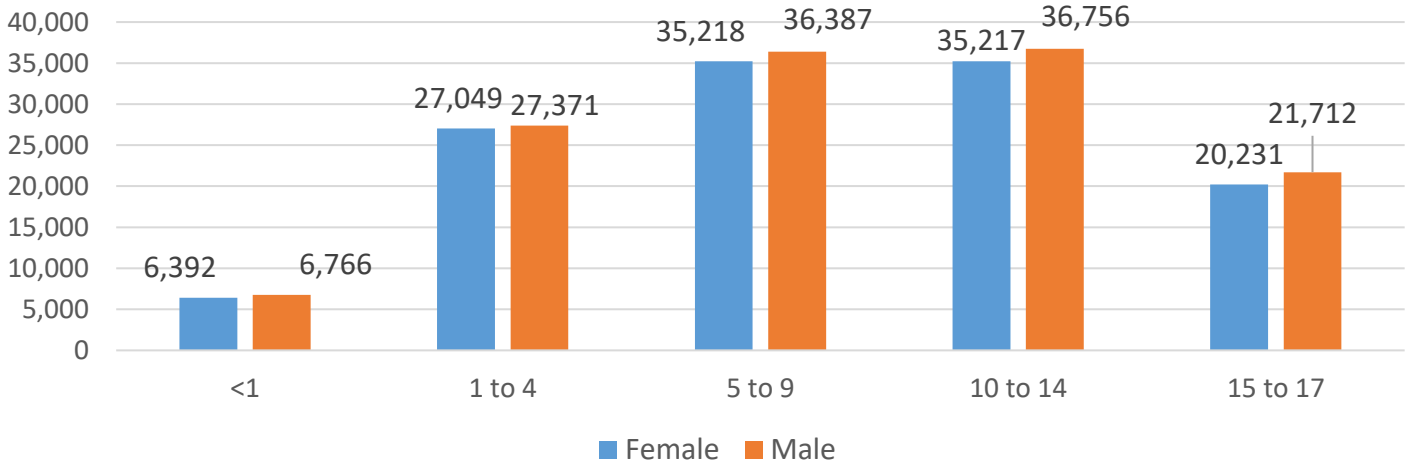


Figure 1.2 Average Child Age and Gender, 2017-2021



[6] U.S. Census Bureau, Explore Census Data (June 2022).
[7] California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060 (June 2022).

CDRT Terminology

Manner of Death – Manner of death is a set of categories by which we classify deaths as intentional, unintentional, natural, or undetermined. California law requires that all suspicious, violent, and unexpected (decedent was not seen by a physician 20 days prior to death) deaths be reported to the Coroner's Office. The Coroner is then responsible for determining the circumstances, manner, and cause of these deaths.

Accidental/Unintentional – These deaths are the result of unintentional injury. Examining these cases allows CDRT to identify prevention strategies to deter future injuries.

Natural – Natural deaths are from disease or other medical conditions other than injury. CDRT surveillance of deaths from natural causes helps inform support programs that focus on maternal and prenatal health, well-child exams, immunizations, and health screenings.

Homicide – Homicide, by Coroner's definition, is death at the hands of another.

Suicide – Death caused by self-directed injurious behavior with intent of self-harm.

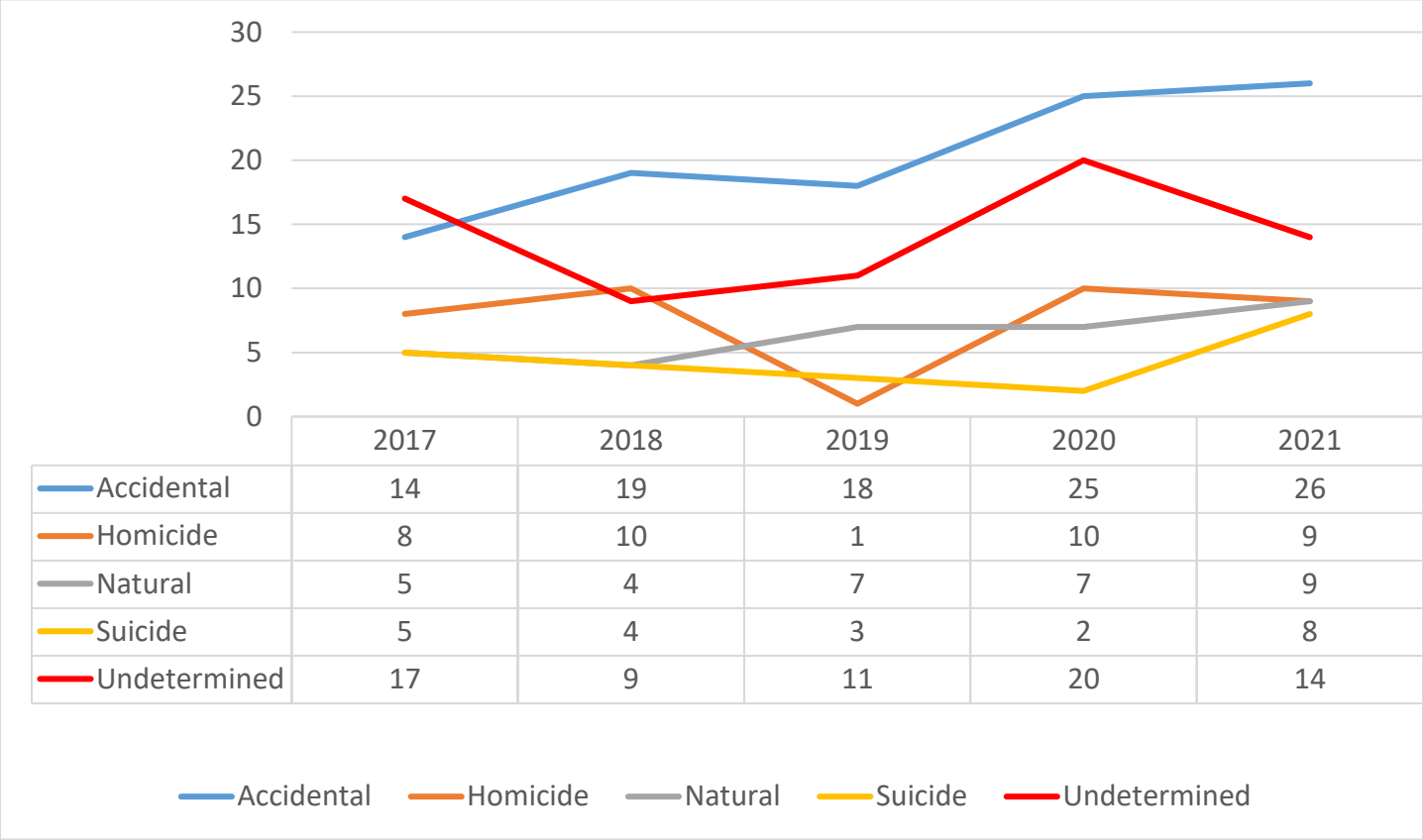
Undetermined – Undetermined deaths reflect situations in which the Coroner is unable to determine a conclusive manner of death. This can result from insufficient or conflicting information. CDRT reviews many deaths that occur in an unsafe sleep environment; often, the manner in these deaths is undetermined.

Pending – Pending cases are still under investigation and awaiting critical information to proceed. These cases are included in the total count but excluded from data and figures represented in this report.

Cause of Death – The cause of death is the actual mechanism producing the death; it must be distinguished from the manner of death as these terms are often confused. For instance, if homicide is the manner of death, then possible causes of death under homicide may include head trauma, gunshot wound, suffocation, poisoning, etc.

Manner of Death

Manner of Preventable Deaths, 2017 - 2021



	2017	2018	2019	2020	2021
Accidental	14	19	18	25	26
Homicide	8	10	1	10	9
Natural	5	4	7	7	9
Suicide	5	4	3	2	8
Undetermined	17	9	11	20	14

Manner of Death	5-year Average
Accidental	20.4
Homicide	7.6
Natural	6.4
Suicide	4.4
Undetermined	14.2

Key Highlights and Comparisons

During this 5-year comparison accidental deaths have risen 86% from 2017 to 2021. Homicide saw a significant decrease in 2019 but stayed mostly consistent overall from 2017 to 2021. Natural deaths have increased 80% from 2017 to 2021. Suicide deaths also saw an increase since 2017 with a 60% rise. Undetermined deaths seem to vary each year and averaged 14 over the last 5 years.

Cause of Death

Cause of Death 2017 – 2021

Accidental (102)	**2017**	**2018**	**2019**	**2020**	**2021**	**Totals**
Blunt force trauma, including motor vehicle accidents	7	14	8	14	8	51
Drowning	7		7	3	5	22
Acute fentanyl toxicity				3	4	7
Intrauterine fetal demise				2	3	5
Asphyxia/choking		3	1	1		5
Multi-drug intoxication		1			2	3
Extreme prematurity, abruptio placentae, placental infarction			1		1	2
Hyperthermia				1	1	2
Thermal burns and inhalation of products of combustion		1			1	2
Other			1	1	1	3
Homicide (38)	**2017**	**2018**	**2019**	**2020**	**2021**	**Totals**
Gunshot wound	3	2		8	7	20
Blunt force head trauma	2	3			2	7
Smothering	1	3				4
Drowning		1	1			2
Hypoxic encephalopathy (maternal death homicide)				2		2
Other	2	1				3

Natural (32)	**2017**	**2018**	**2019**	**2020**	**2021**	**Totals**
Asphyxia		1	2			3
Complications of prematurity				1	2	3
Infectious disease			1		1	2
Acute intussusception of small intestine	1	1				2
Cardiopulmonary arrest	1			1		2
Diabetic ketoacidosis				1	1	2
Hypertrophic heart disease					2	2
Stillborn term infant	1				1	2
Acute and chronic pneumonia due to immaturity		2				2
Sepsis				1	1	2
Other	2		4	3	1	10
Suicide (22)	**2017**	**2018**	**2019**	**2020**	**2021**	**Totals**
Asphyxia/hanging	2	4	1	1	6	14
Gunshot wound of head			2	1	2	5
Blunt force trauma	2					2
Acute hydrocodone intoxication	1					1

Undetermined (71)	**2017**	**2018**	**2019**	**2020**	**2021**	**Totals**
Sudden Unexpected Infant Death (SUID)	10	6	9	14	6	45
SUID contributing: unsafe sleep	3	1		2	3	9
SUID contributing: prematurity	1					1
SUID contributing: hypocaloric malnutrition	1					1
SUID with contributing factors of chronic bronchitis		1				1
Sudden Unexpected Toddler Death (SUTD) contributing: acute viral laryngitis	1					1
Undetermined	1		1	2	1	5
Intrauterine fetal demise					3	3
Other		1	1	2	1	5
	2017	**2018**	**2019**	**2020**	**2021**	**Totals**
	49	***46***	***40***	***64***	***66***	***265***

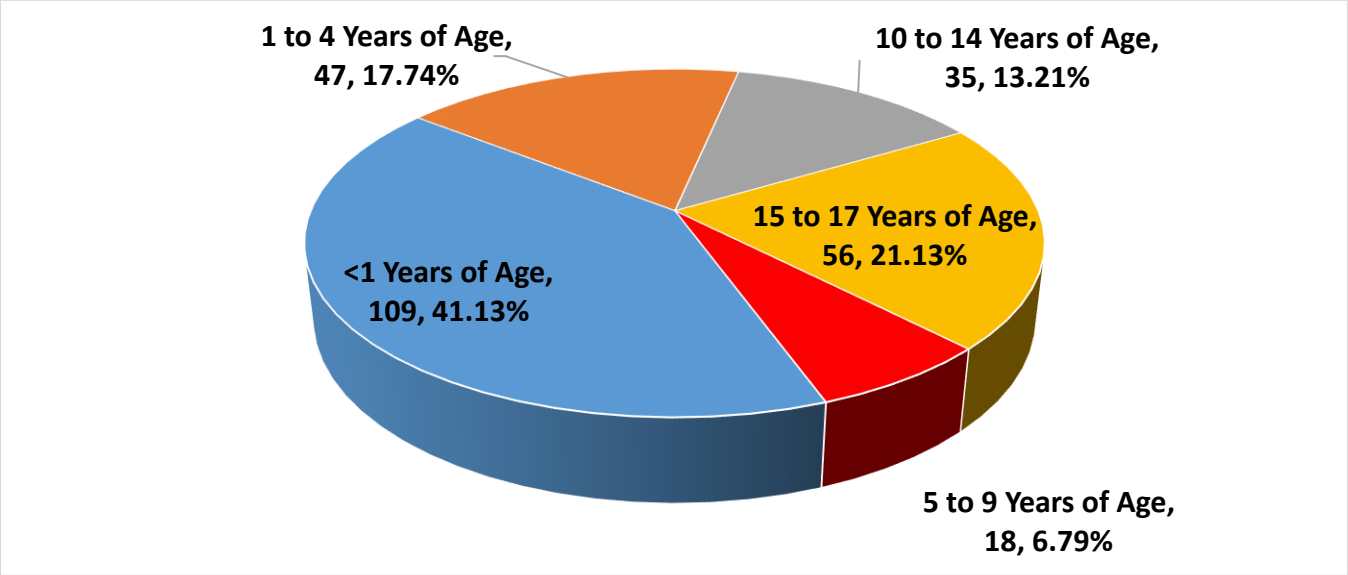
***Accidental Other consisted of:** Methamphetamine Intoxication, Anoxic Encephalopathy and Complications of Cerebral Palsy
***Homicide Other consisted of:** Acute Neck Compression, Brain Damage Related to Loss of Oxygen, and Multiple Injuries
***Natural Other consisted of:** Acute Asthma, Cardiopulmonary Arrest/Partial Placental Abruption, Complications of Hydrocephalus, Hemolymphangioma of Mouth and Throat, High Ventricular Septal Defect of the Heart, Inflammation of Kidney, Inflammation of Lungs, Narrow Circumflex & Right Artery Lumina, Pulmonary Hemorrhage, and Sequelae of Thrombosis of left Atrial Auricle of Heart
***Undetermined Other consisted of:** Acute Methamphetamine Toxicity, Organ Procurement, Hypocaloric Malnutrition, Multiple organ failure due to Fentanyl Toxicity, and Stillborn/Multiple Congenital Anomalies

Key Highlights and Comparisons

During this 5-year comparison motor vehicle accidents were the leading cause of accidental deaths 44 deaths, accounting for almost half of all deaths. In 2020 and 2021, acute fentanyl toxicity became a cause of accidental death, accounting for 7 of the accidental deaths during those two years. Gunshot wounds accounted for more than half of all homicide deaths with 20. Natural deaths consisted of various illnesses, diseases, and medical conditions. Suicide deaths have continued to rise with asphyxia/hanging as the main cause. SUID led undetermined children's deaths.

Reviewed 2017 -2021 Child Deaths by Age Group

Preventable Deaths by Age, 2017-2021



Preventable Deaths by Month, 2017 - 2021

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2017	4	4	3	2	2	7	2	1	3	4	9	8	**49**
2018	7	3	7	6	2	6	4	2	3	3	3	-	**46**
2019	2	5	7	5	2	5	3	2	2	3	3	1	**40**
2020	6	-	4	8	5	5	6	7	6	5	5	7	**64**
2021	5	3	10	-	9	5	7	5	7	7	3	5	**66**
Total	**24**	**15**	**31**	**21**	**20**	**28**	**22**	**17**	**21**	**22**	**23**	**21**	**265**

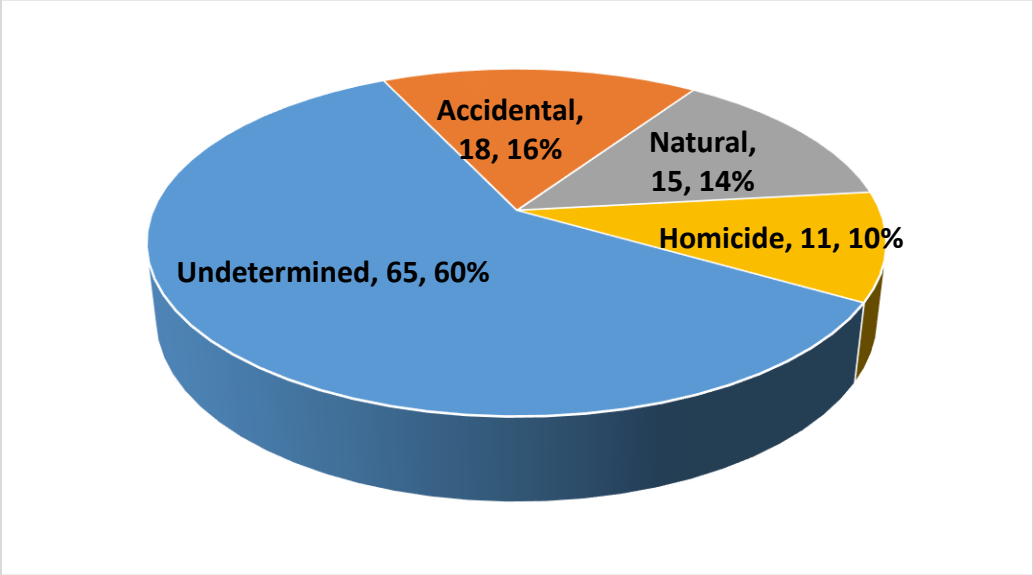
Key Highlights and Comparisons

From 2017 to 2021, CDRT reviewed 265 cases of preventable childhood deaths. More than 41% of all preventable deaths occurred in children less than 1 year of age. June and March saw the highest number of deaths with 28 and 31, respectively, and February and August saw the lowest number of deaths, with 15 and 17, respectively.

Child Deaths Reviewed by Age and Manner

Children less than a year of Age

Preventable Deaths: <1 year of age 2017-2021



Preventable Deaths per Year: <1 year of age 2017-2021

	2017	2018	2019	2020	2021	Total
Manner						
Accidental	1	1	5	2	9	**18**
Homicide	4	3	1	1	2	**11**
Natural	2	2	6	2	3	**15**
Undetermined	16	8	11	17	13	**65**
	23	**14**	**23**	**22**	**27**	**109**

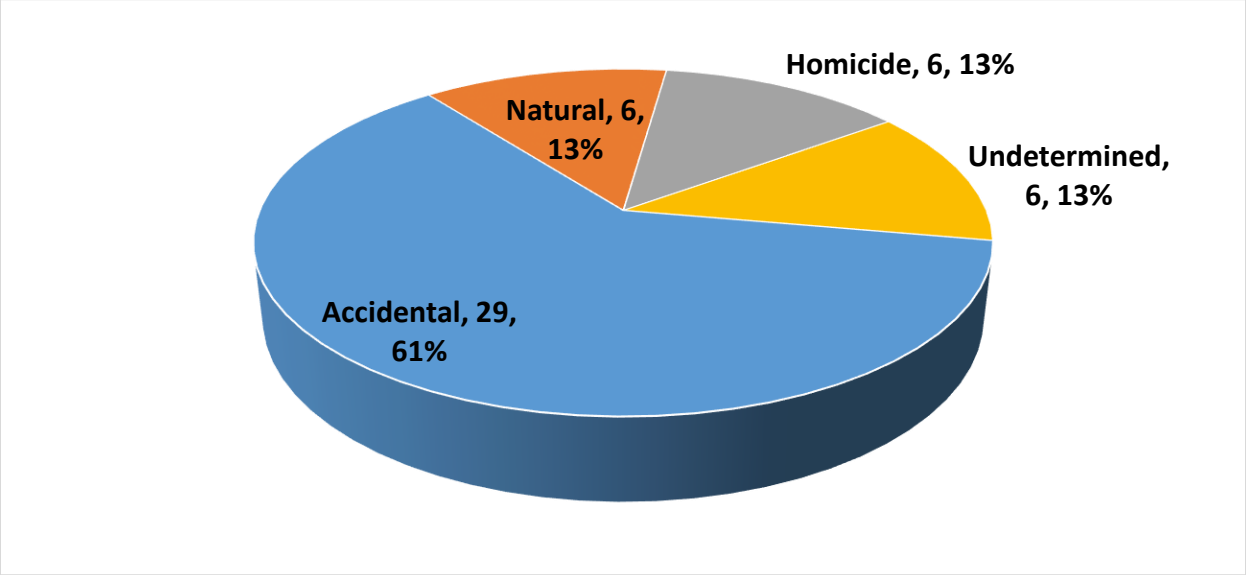
Key Highlights and Comparisons

From 2017 to 2021, children less than a year old accounted for 109 or 41% of all child deaths reviewed by the CDRT. Across all 5 years, deaths in this age group were fairly consistent in terms of totals, with the exception of 2018, which experienced less total deaths in this age group than the other four years in this review. Undetermined was the leading manner of death this age range, accounting for 65 or 60% of the deaths. Overall, out of the 109 deaths in this age range, 62 or 59% had an unsafe sleeping environment.

Child Deaths Reviewed by Age and Manner

Children 1 – 4 Years of Age

Preventable Deaths: 1 – 4 years of age 2017 – 2021



Preventable Deaths per Year: 1 – 4 years of age 2017 – 2021

	2017	2018	2019	2020	2021	Total
Manner						
Accidental	6	7	6	6	4	29
Homicide	1	5	-	-	-	6
Natural	2	2	-	-	2	6
Undetermined	1	1	-	3	1	6
	10	**15**	**6**	**9**	**7**	**47**

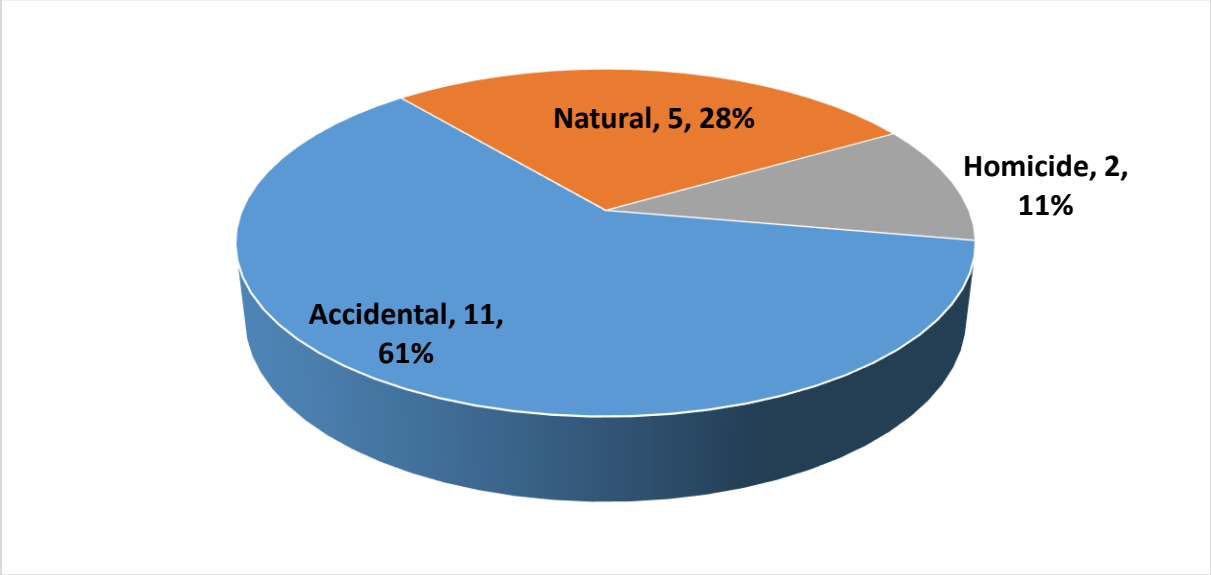
Key Highlights and Comparisons

From 2017 to 2021, accidental deaths accounted for 29 or 61% of the 47 deaths in this age range. 15 or 52% of the accidental deaths were due to drowning. There were 7 motor vehicle accident deaths that occurred during this time frame that included pedestrian accidents, unrestrained children, or improperly restrained car seats.

Child Deaths Reviewed by Age and Manner

Children 5 – 9 Years of Age

Preventable Deaths: 5 – 9 years of age 2017 – 2021



Preventable Deaths per Year: 5 – 9 years of age 2017 – 2021

	2017	2018	2019	2020	2021	Total
Manner						
Accidental	5	-	1	2	3	11
Homicide	1	-	-	1	-	2
Natural	-	-	1	2	2	5
	6	**-**	**2**	**5**	**5**	**18**

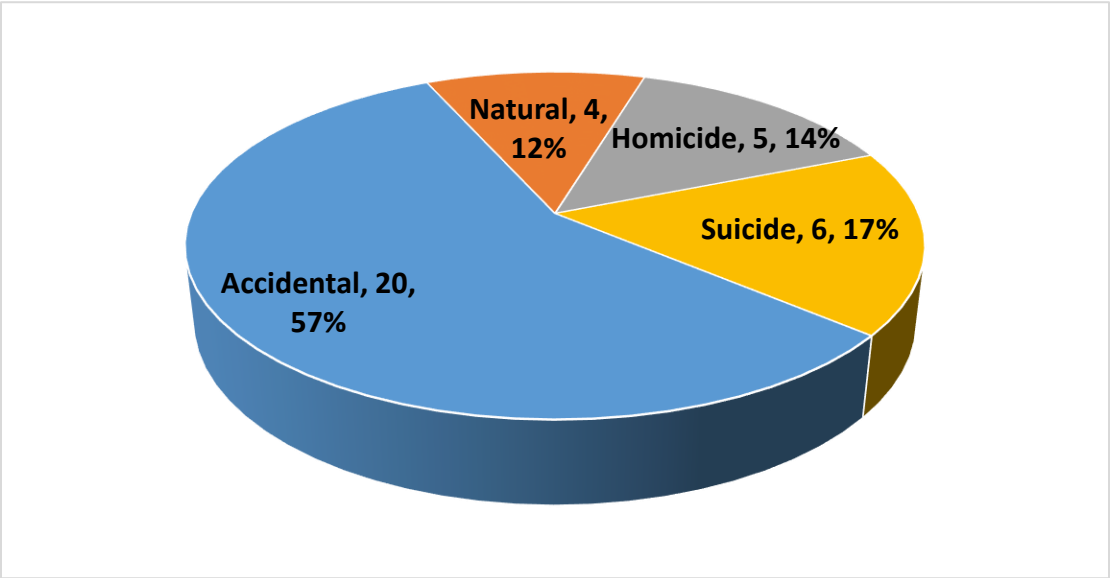
Key Highlights and Comparisons

Deaths in 5-9 year-olds accounted for 7% of all cases reviewed by CDRT from 2017-2021. In 2018, there were no deaths in this age group. For the past 5 years, most deaths were accidental which accounted for 11 or 61% of the deaths. 9 or 82% of those 11 accidental deaths were the result of motor vehicle accidents.

Child Deaths Reviewed by Age and Manner

Children 10 – 14 Years of Age

Preventable Deaths: 10 – 14 years of age 2017 – 2021



Preventable Deaths per Year: 10 – 14 years of age 2017 – 2021

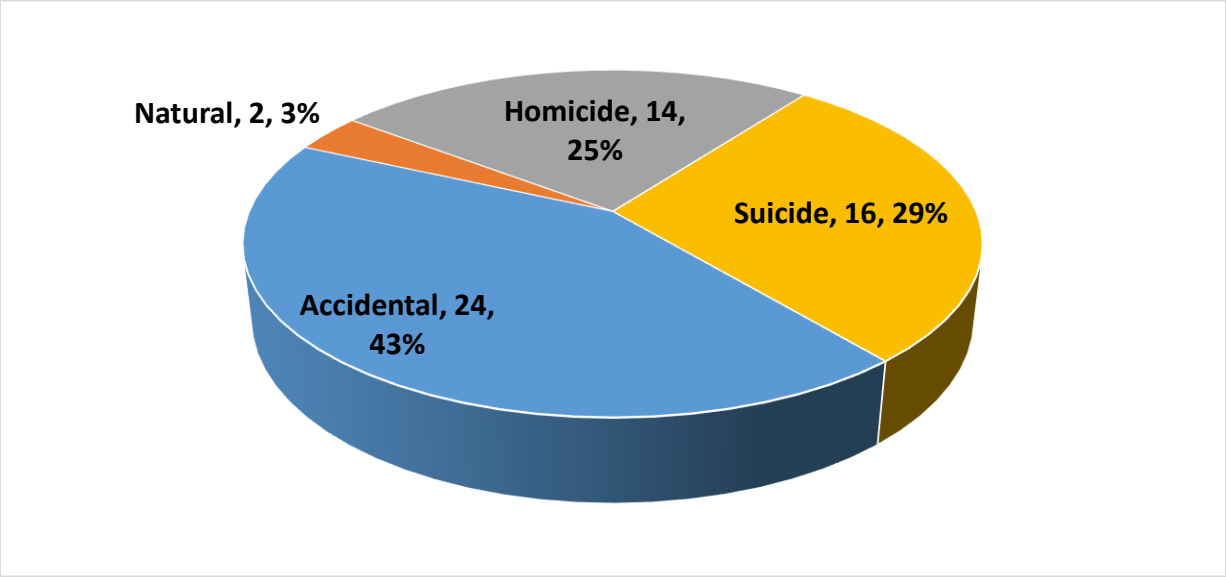
	2017	2018	2019	2020	2021	Total
Manner						
Accidental	1	4	3	7	5	20
Homicide	-	1	-	2	2	5
Natural	-	-	-	2	2	4
Suicide	2	1	-	1	2	6
	3	**6**	**3**	**12**	**11**	**35**

Key Highlights and Comparisons

During this 5-year time frame, 2020 and 2021 saw 66% of all preventable deaths in the 10-14 year-old age group. 12 or 52% of the 23 deaths in this 2-year span were considered accidental and resulted from motor vehicle accidents, fentanyl or drownings with 9, 2 and 1 deaths, respectively. All 5 homicides consisted of gunshot wounds.

Child Deaths Reviewed by Age and Manner
Children 15 – 17 Years of Age

Preventable Deaths: 15 – 17 years of age 2017 – 2021



Preventable Deaths per Year: 15 – 17 years of age 2017 – 2021

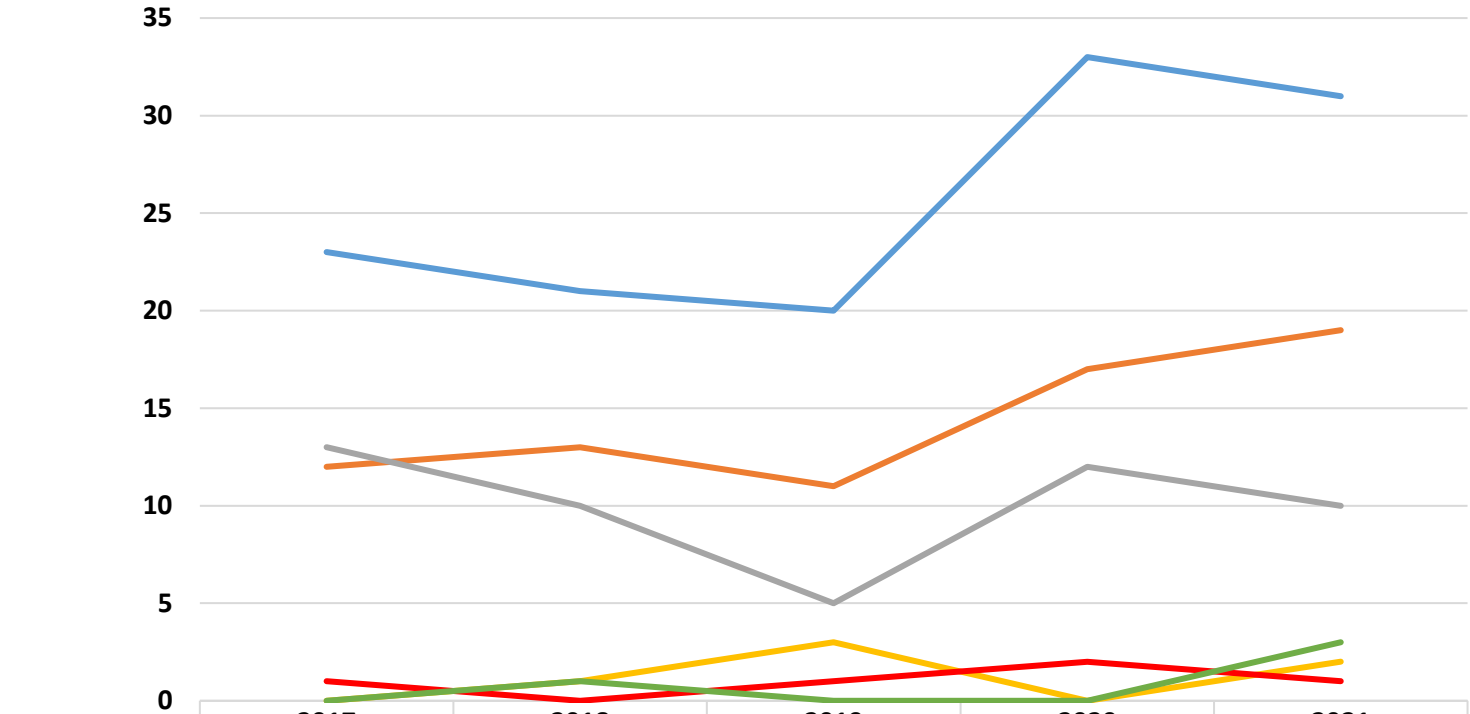
	2017	2018	2019	2020	2021	Total
Manner						
Accidental	1	7	3	8	5	24
Homicide	2	1	-	6	5	14
Natural	1	-	-	1	-	2
Suicide	3	3	3	1	6	16
	8	**11**	**6**	**16**	**16**	**56**

Key Highlights and Comparisons

During this five-year period, 43% of all preventable deaths in the 15–17 year-old range were accidental. Of these 24 accidental deaths, 17 were motor vehicle accident related, 6 were fentanyl or other drug related, and 1 was caused by drowning. Homicide deaths accounted for 25% of the deaths in this age range and saw an increase in 2020 and 2021. All 14 homicides were gunshot related. Suicide deaths accounted for 29% of the deaths in this age range and saw a significant increase in 2021.

Child Deaths Reviewed by Race

Figure 13.2. Preventable Childhood Deaths by Race, 2017-2021

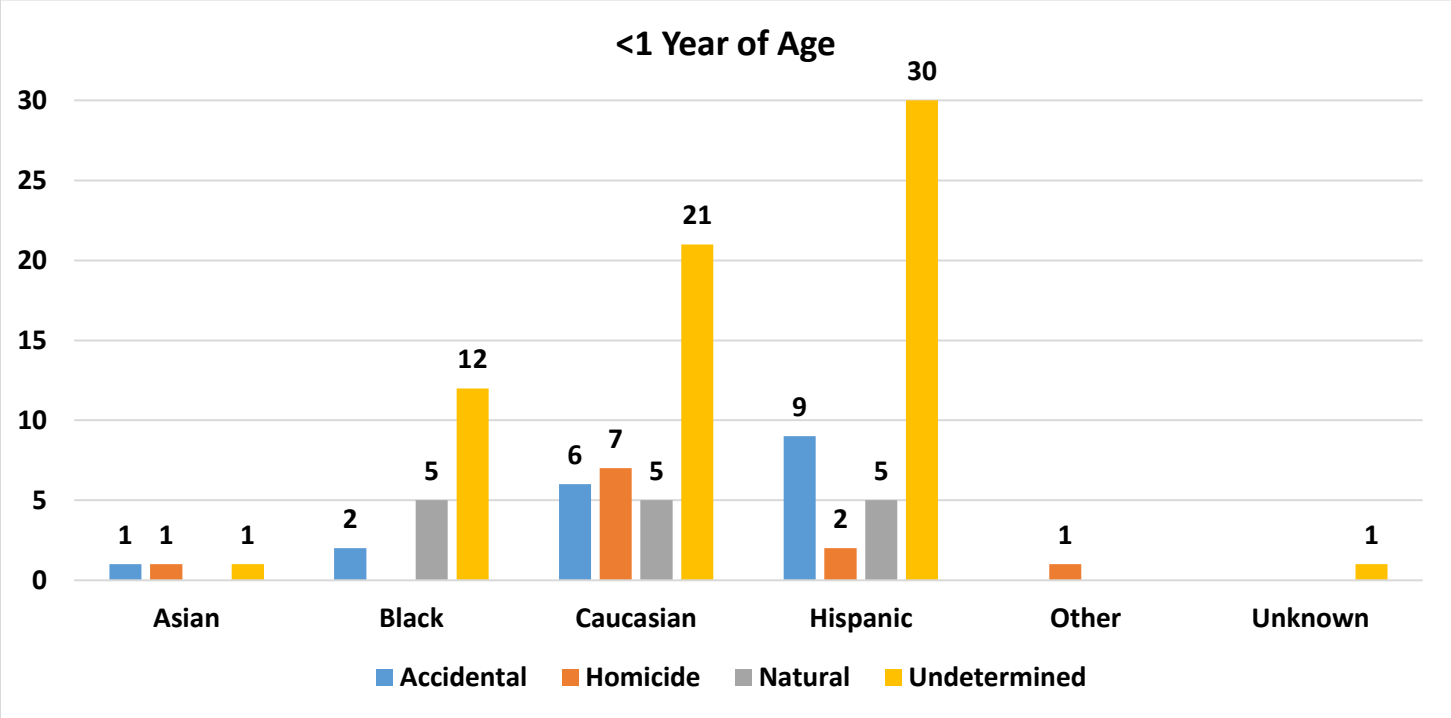


	2017	2018	2019	2020	2021
Hispanic	23	21	20	33	31
Caucasian	12	13	11	17	19
Black	13	10	5	12	10
Asian	0	1	3	0	2
Unknown	1	0	1	2	1
Other	0	1	0	0	3

Key Highlights and Comparisons

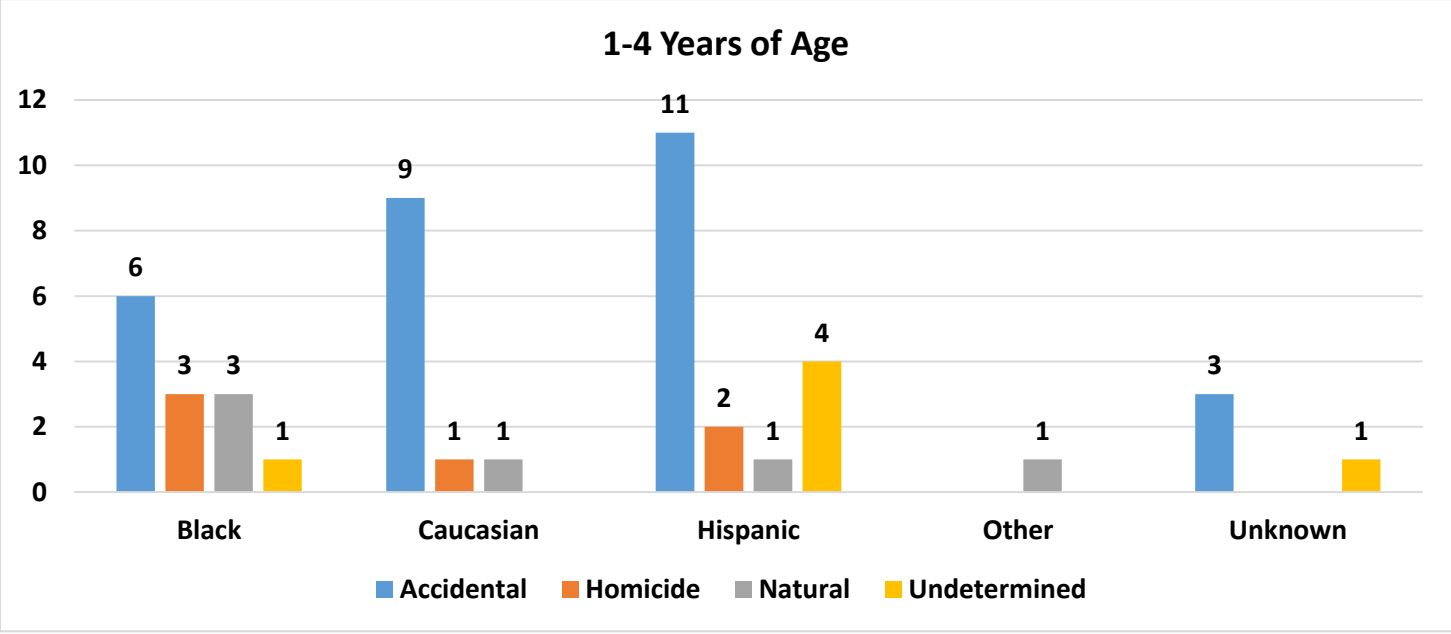
Total child deaths reviewed by CDRT have increased from 2017 to 2021 by 35%. 2017 saw a total of 49 deaths, while 2021 saw a total of 66 deaths. As a result, all races had increases in preventable deaths from 2017 to 2021 except for Black and unknown.

Preventable Deaths by Race and Age Groups, 2017 – 2021



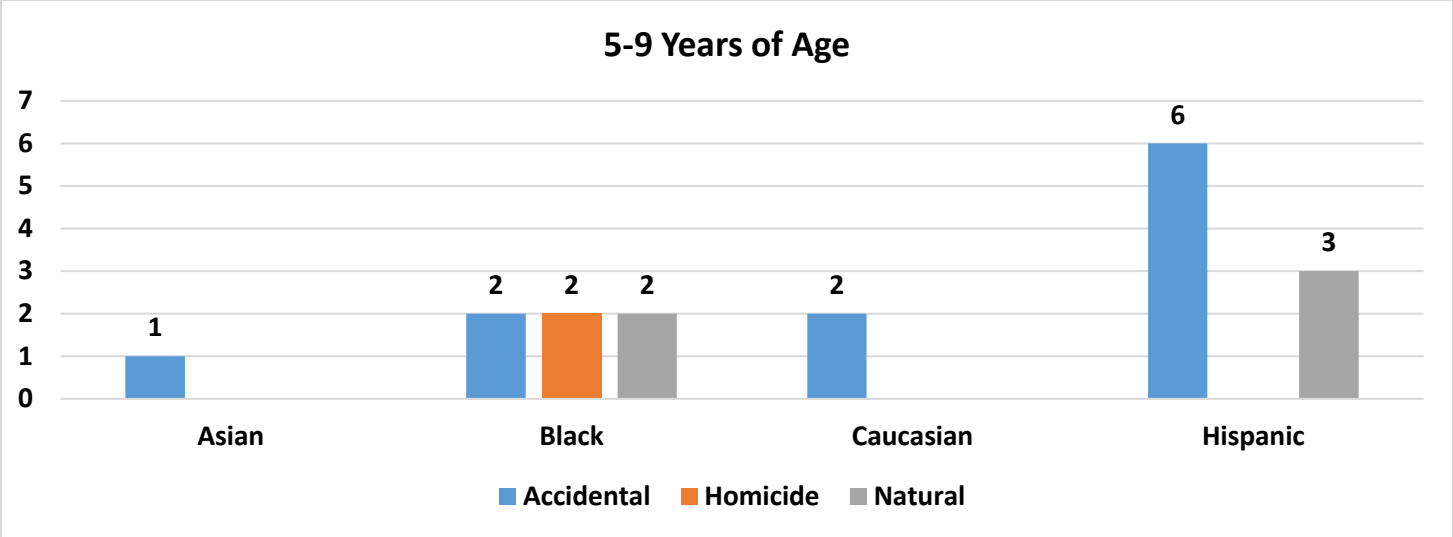
Key Highlights and Comparisons

In the age group of less than one year of age, Hispanics saw the most preventable deaths at 46. Undetermined was the leading manner of death for all races with 65 deaths.



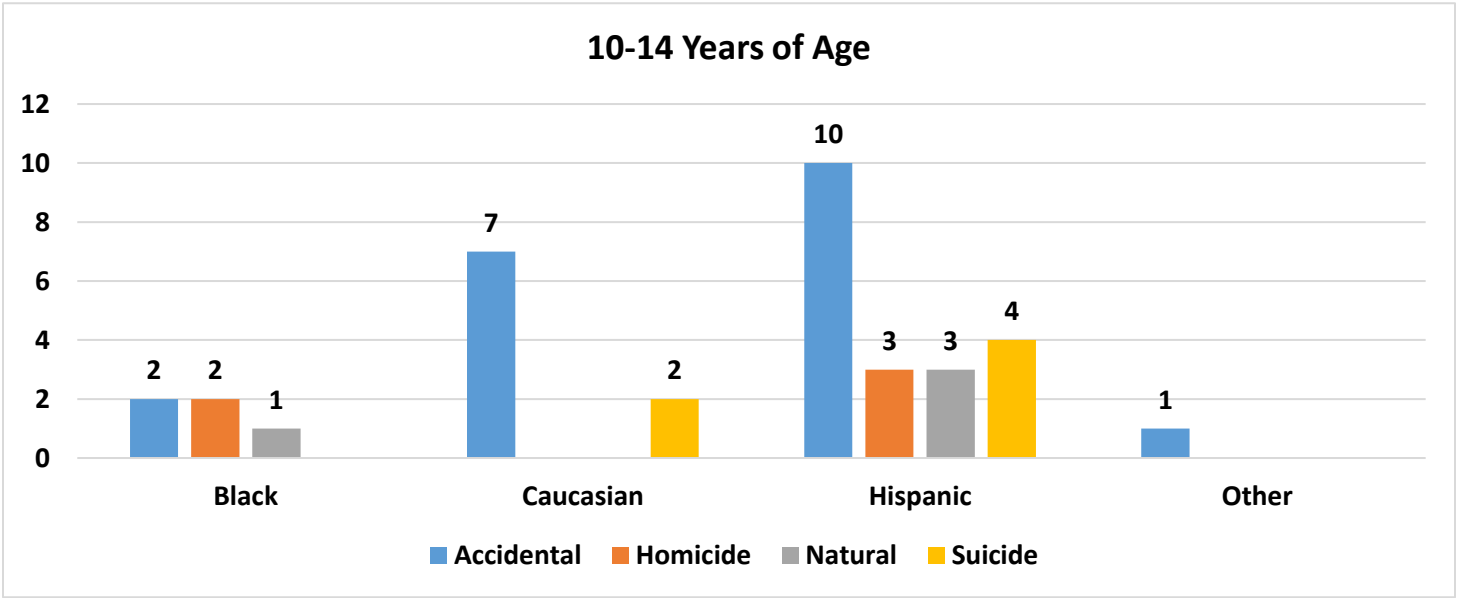
Key Highlights and Comparisons

In the age group of 1-4 years of age, Hispanics saw the most preventable deaths with 18 or 38%. Accidental was the leading manner of death for all races, except for Other, with 29 deaths.



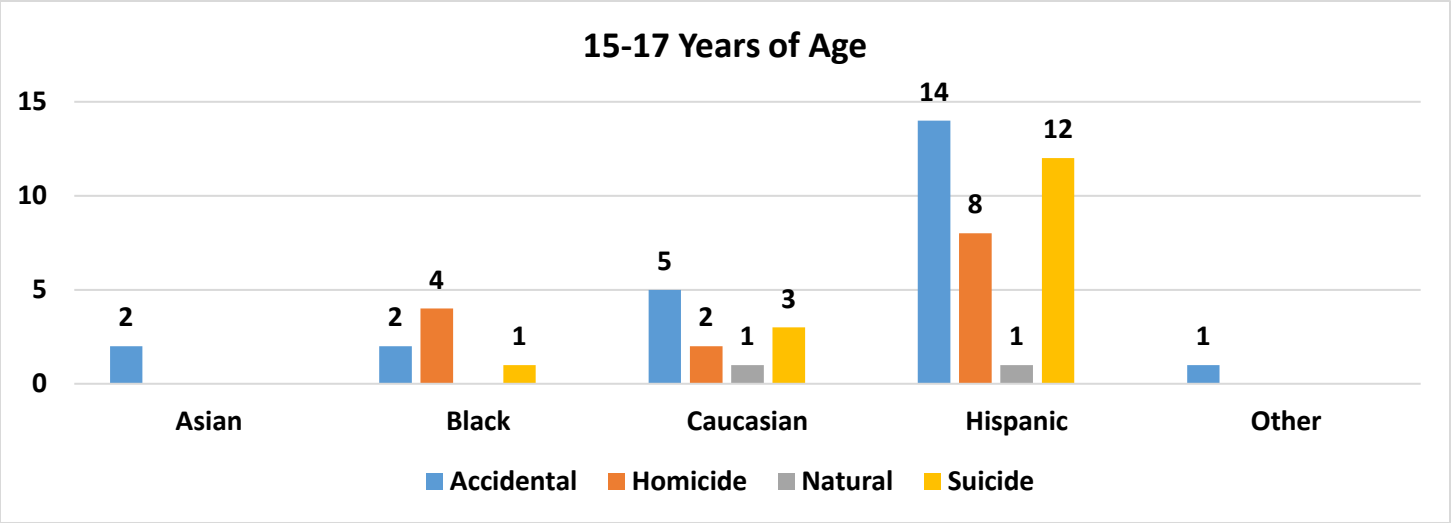
Key Highlights and Comparisons

In the age group of 5-9 years of age, Hispanics saw the most preventable deaths with 9, accounting for 50% of all deaths in this age group. Black was the only race with homicide as a manner of death in this age group. The leading manner of death was accidental for all races, accounting for 11 or 61% of deaths in this age group.



Key Highlights and Comparisons

In the age group of 10-14 years of age, Hispanics saw the most preventable deaths with 20 or 57%. Accidental was the leading manner of death for all races in this age group with 20.



Key Highlights and Comparisons

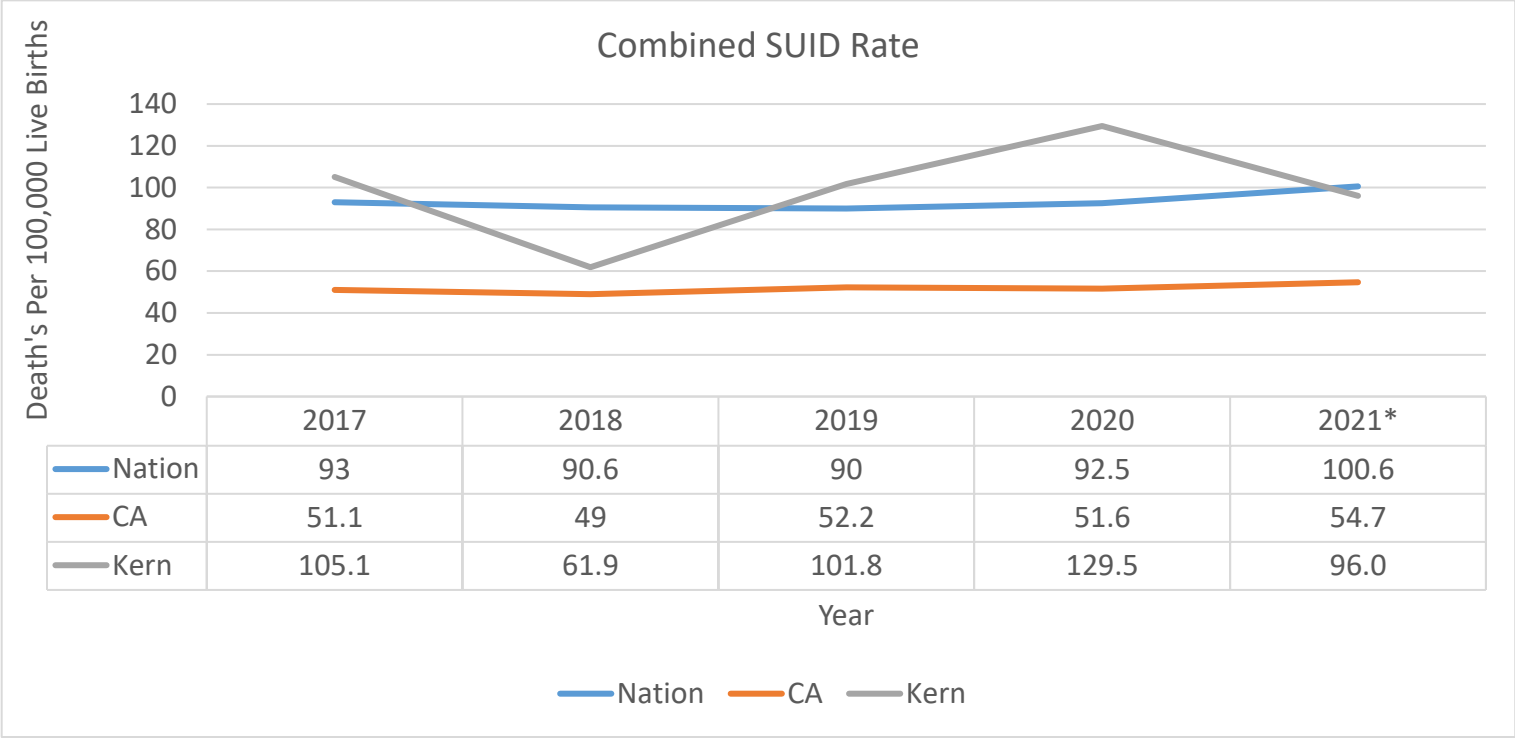
In the age group of 15-17 years of age, Hispanics saw the most preventable deaths with 35 or 63%. Accidental was the leading manner of death with 24 deaths in this age group. Suicide was more prevalent with Hispanics in this age group, with 12 or 75% of the 16 suicides in this age group.

Sudden Unexpected Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS)

Sudden unexpected infant death (SUID) is a term used to describe the sudden and unexpected death of a baby less than one year old in which the cause was not obvious before investigation. These deaths often happen during sleep or in the baby's sleep area. Sudden unexpected deaths include sudden infant death syndrome (SIDS), accidental suffocation in a sleeping environment, and other deaths from unknown causes" (CDC, 2022).

In 1990, the combined SUID rate, which includes sudden infant death syndrome, unknown cause, and accidental suffocation and strangulation in bed, was 154.6 deaths per 100,000 live births. The SUID rate declined considerably following the release of the American Academy of Pediatrics safe sleep recommendations in 1992, the initiation of the Back to Sleep campaign in 1994, and the release of the Sudden Unexplained Infant Death Investigation Reporting Form in 1996. Since 1999, declines have slowed. From 2017 to 2021 the national average SUID rate was 93.3 deaths per 100,000 live births.

Kern County's SUID rate for 2017 to 2021 was 98.9 deaths per 100,000 live births (there were 63,857 live births in Kern County for the years of 2017 to 2021). Kern County's 2017 to 2021 SUID rate is 91.1% higher than California's SUID rate and 6% higher than the national rate during the same time frame.



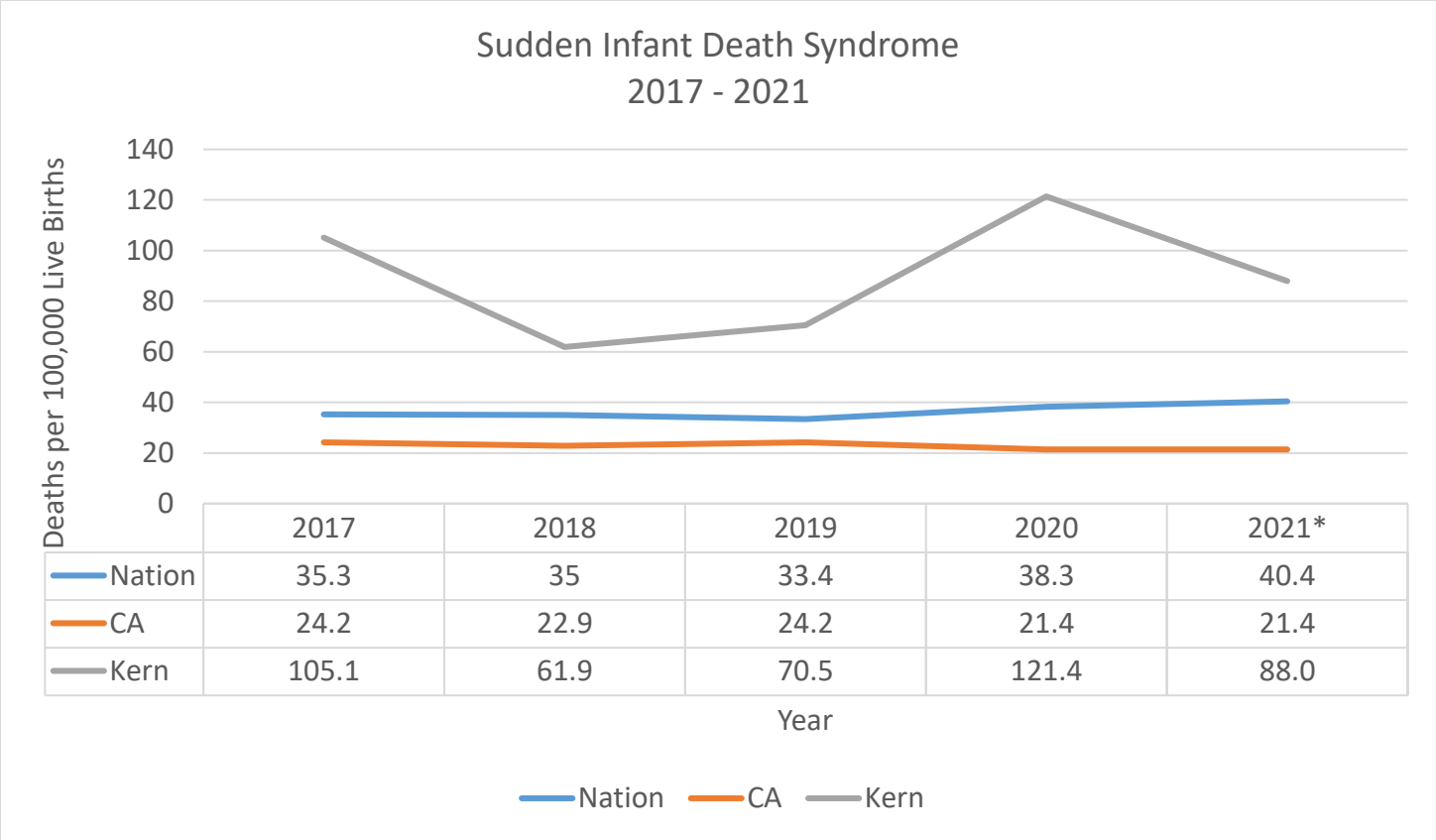
	2017	2018	2019	2020	2021*
Nation	93	90.6	90	92.5	100.6
CA	51.1	49	52.2	51.6	54.7
Kern	105.1	61.9	101.8	129.5	96.0

*2021 data is provisional

CDC, 2022 – Centers for Disease Control and Prevention. Sudden Unexpected Infant Death and Sudden Infant Death Syndrome, Data and Statistics. https://www.cdc.gov/sids/data.htm. July 2022.

CDC WONDER – 7 Centers for Disease Control and Prevention. Sudden Unexpected Infant Death and Sudden Infant Death Syndrome, Data and Statistics. https://wonder.cdc.gov/controller/datarequest/D159;jsessionid=BDDD808B13678AD45EDF7822CD5C July 2022.

The combined SUID rate, which includes sudden infant death syndrome, unknown cause, and accidental suffocation and strangulation in bed is further broken down with the data provided below:

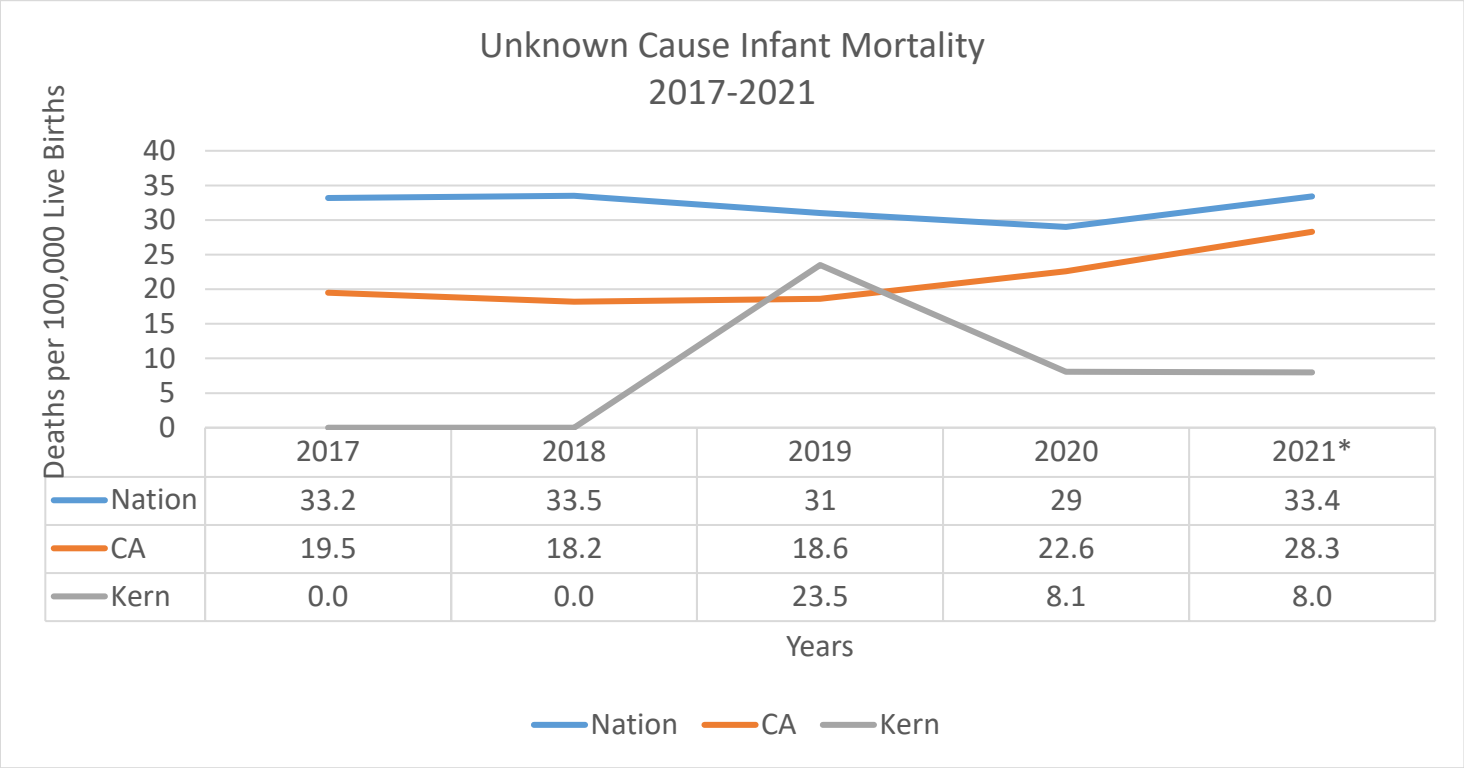


	2017	2018	2019	2020	2021*
Nation	35.3	35	33.4	38.3	40.4
CA	24.2	22.9	24.2	21.4	21.4
Kern	105.1	61.9	70.5	121.4	88.0

*2021 data is provisional

National sudden infant death syndrome (SIDS) rates declined considerably from 130.3 deaths per 100,000 live births in 1990 to an average of 36.5 deaths per 100,000 live births from 2017 to 2021. We saw a nationwide increase in the last 2 years with 2020 to 2021 at 38.3 and 40.4 respectively. Kern's SIDS rates averaged 89.4 deaths per 100,000 live births over the last 5 years. This was 292% higher than California and 145% higher than the national rate.

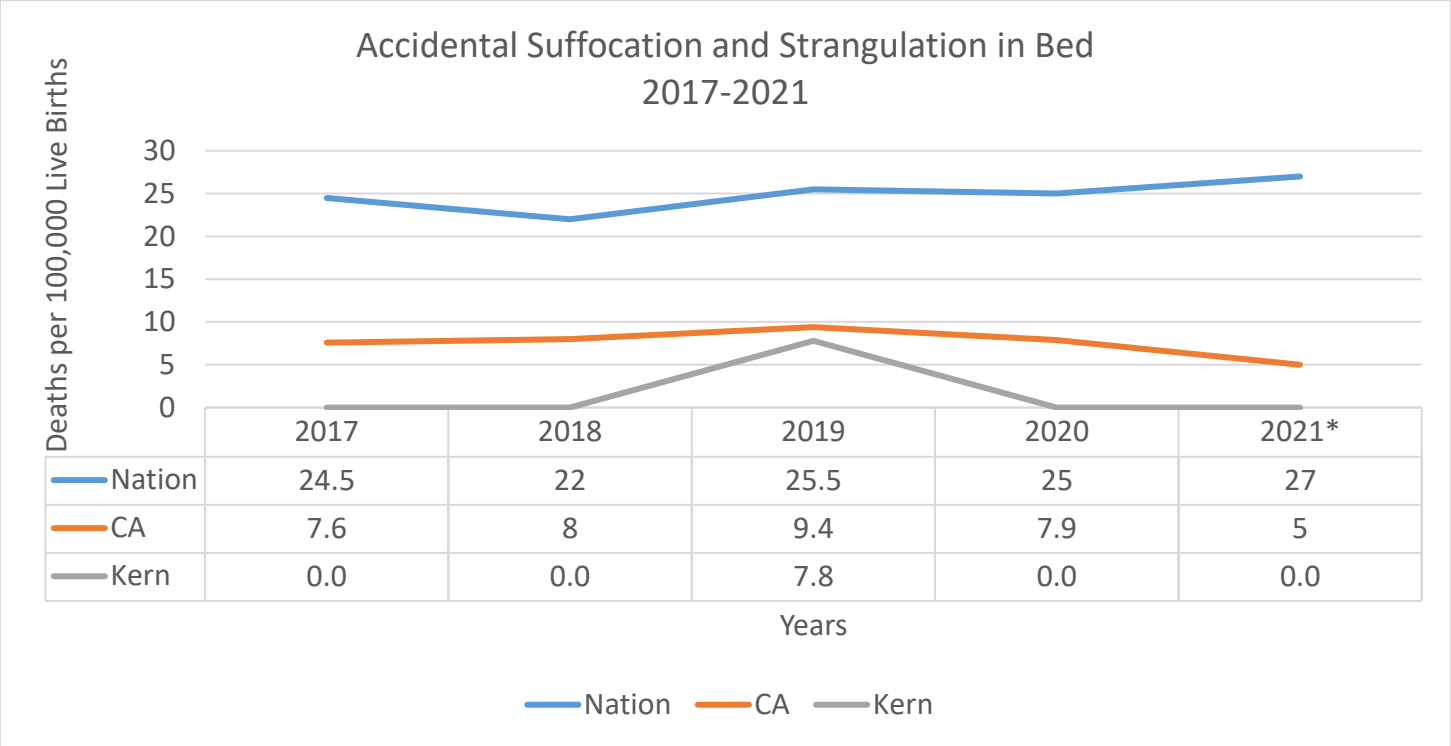
CDC, 2022 – Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database http://wonder.cdc.gov/mcd-icd10-provisional.html



*2021 data is provisional

Unknown cause infant mortality rates remained unchanged from 1990 until 1998, when rates began to increase. From 2017 to 2021, the national average unknown cause mortality rate in infants was 32 deaths per 100,000 live births. 2018 marked the highest it has been since 1990. Kern's rates for the same period were 7.9 deaths per 100,000 live births. The California average was 63% higher than Kern's average and the national average was 75% higher than Kern's.

CDC, 2022 – Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database http://wonder.cdc.gov/mcd-icd10-provisional.html



*2021 data is provisional

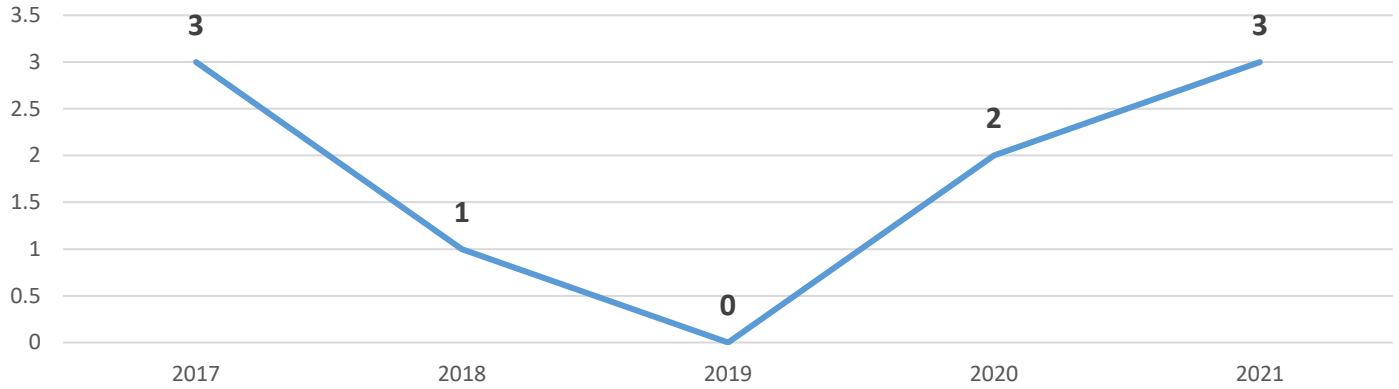
Accidental suffocation and strangulation in bed (ASSB) mortality rates remained unchanged until the late 1990s. Rates started to increase beginning in 1997 and reached the highest rate at 27 deaths per 100,000 live births in 2021. From 2017 to 2021 the national average rate was 24.8 deaths per 100,000 live births. Kern County averaged 1.6 deaths per 100,000 live births. The California average was 80% higher than Kern's average and the national average was 94% higher than Kern's.

CDC, 2022 – Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database http://wonder.cdc.gov/mcd-icd10-provisional.html

Infant Deaths with Unsafe Sleep Environments 2017-2021

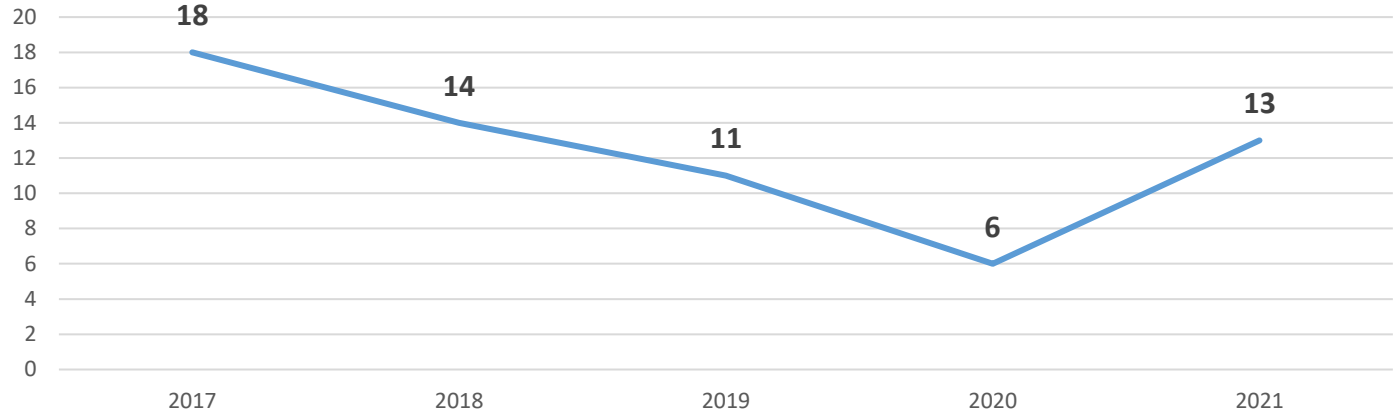
Infant Deaths with Unsafe Sleep Environments Identified by the Coroner* 2017-2021

*Includes all infant deaths identified by the Coroner as having an unsafe sleep environment as a contributing factor to cause death.



Infant Deaths with Unsafe Sleep Environments Identified by the Coroner or an Unsafe Sleep Environment was Present* 2017-2021

*Includes all infant deaths identified by the Coroner as having an unsafe sleep environment as a contributing factor to cause death or where an unsafe sleep environment was present, but not found by the Coroner to be contributory to the death of the child.



Key Highlights and Comparisons

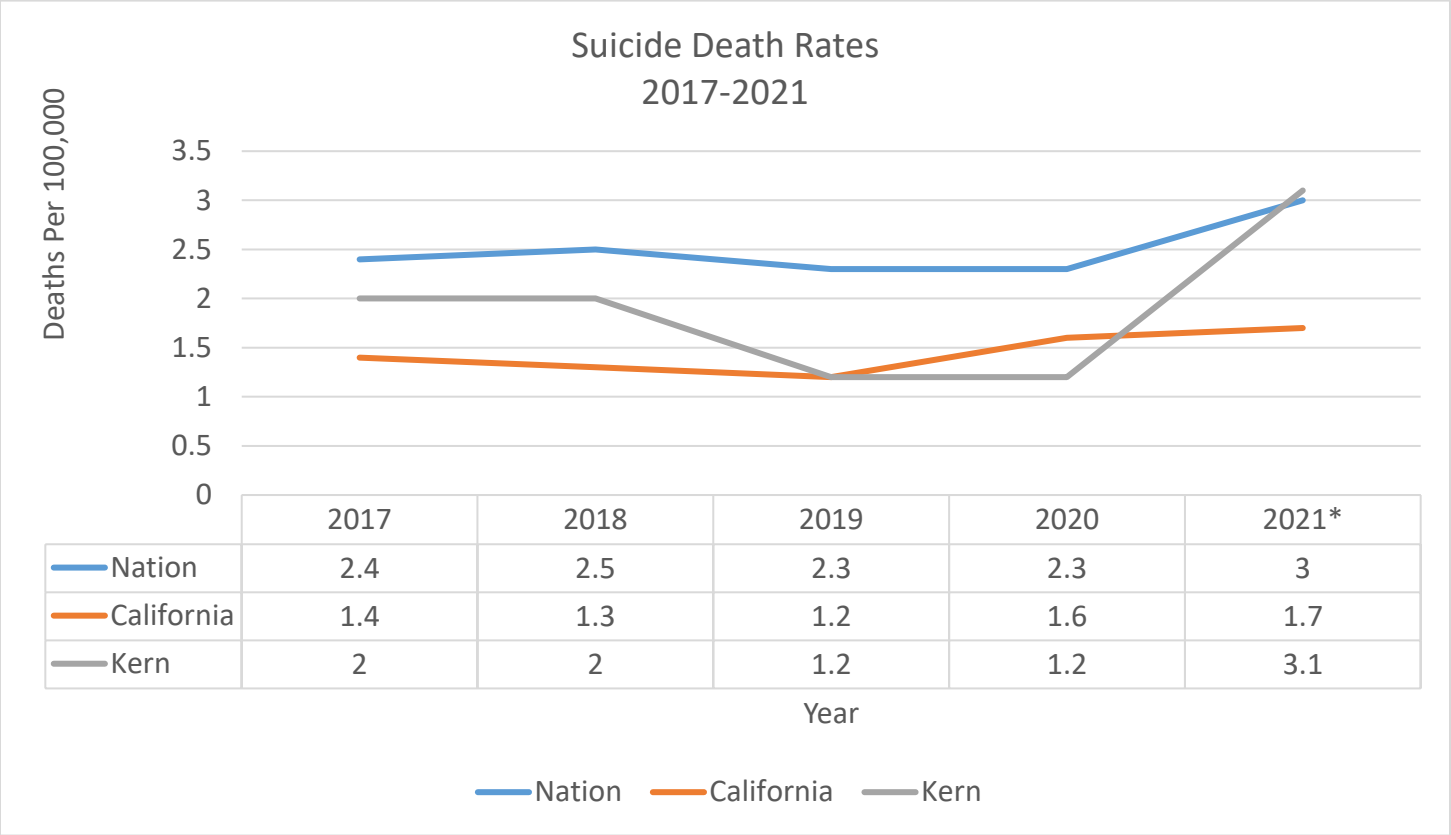
From 2017 to 2021, infant deaths related to unsafe sleep environments averaged 12.4 deaths per year during this time frame. There was a pattern of decline but rose again in 2021 with 13 deaths. Unsafe sleep environments continue to be a problem in Kern County. Community partners have worked to provide pack and plays and safe sleep education to parents and guardians. Several programs have been developed and are currently providing pack and plays:

- Public Health – Safer Sleeping Education Project
- Kern Medical – Safe Home, Safe Baby
- Bakersfield Memorial Hospital – Safe Sleep Certified, Gold Status by Cribs for Kids
- Safe Sleep Coalition worked with Kern Literacy Council and First 5 Kern to provide safe sleep books to area hospitals and community partners for distribution to new parents.

Suicide

Suicide is death caused by injuring oneself with the intent to die. According to the Centers for Disease Control and Prevention, suicide is connected to other forms of injury and violence, as people who have experienced violence, including child abuse, bullying or sexual violence have a higher suicide rate.

Suicide was the second leading cause of death for people ages 10-14 nationwide.



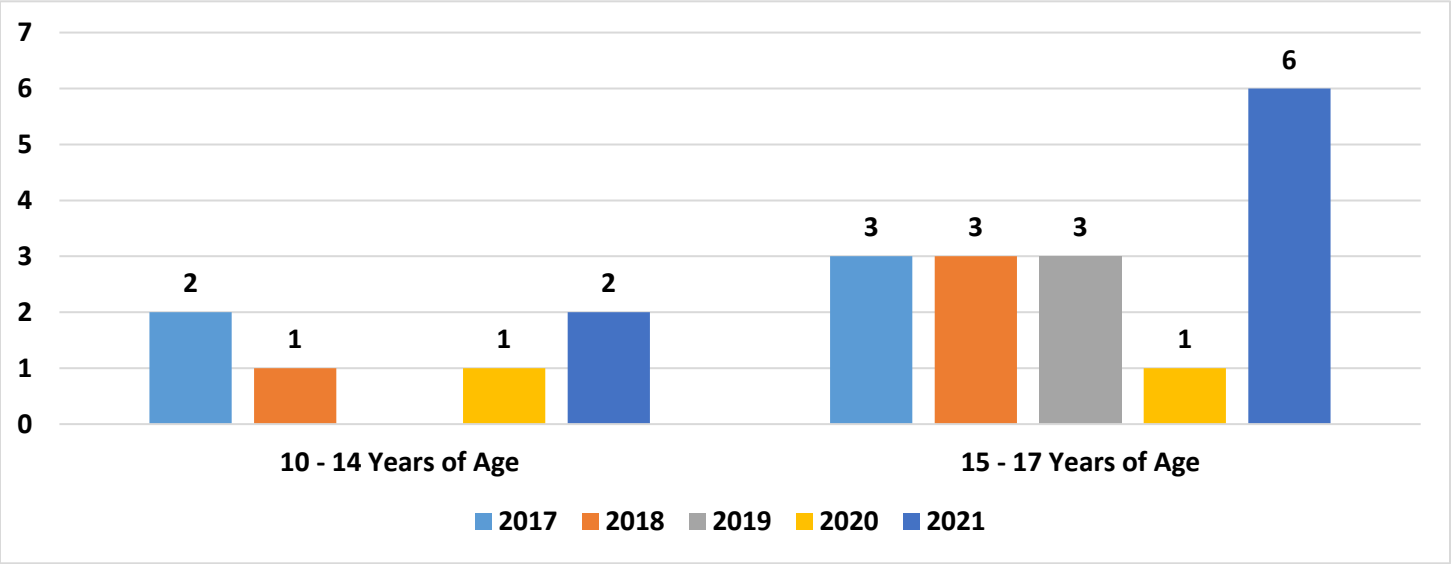
	2017	2018	2019	2020	2021*
Nation	2.4	2.5	2.3	2.3	3
California	1.4	1.3	1.2	1.6	1.7
Kern	2	2	1.2	1.2	3.1

*2021 data is provisional

The average nationwide suicide rate from 2017 to 2021 was 2.5 deaths per 100,000. During this same time frame the average California rate was 1.4 deaths per 100,000 live births and Kern County was 1.9 deaths per 100,000. Kern County's 2017 to 2021 suicide rate was 32% higher than California's rate and the national average was 24% higher than Kern.

CDC, 2022 – Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database http://wonder.cdc.gov/mcd-icd10-provisional.html

Five-Year Childhood Suicide Review by Age in Kern County, 2017 – 2021



For 0-9 years of age there were 0 suicide deaths.

Key Highlights and Comparisons

A majority of Kern's child suicides between 2017 and 2021 were in the 15–17 year-old category, which accounted for 16 of the 22 suicide deaths. 2021 saw a 300% increase in suicide deaths from 2020.

Five-Year Childhood Suicide Review by Method in Kern County, 2017 – 2021

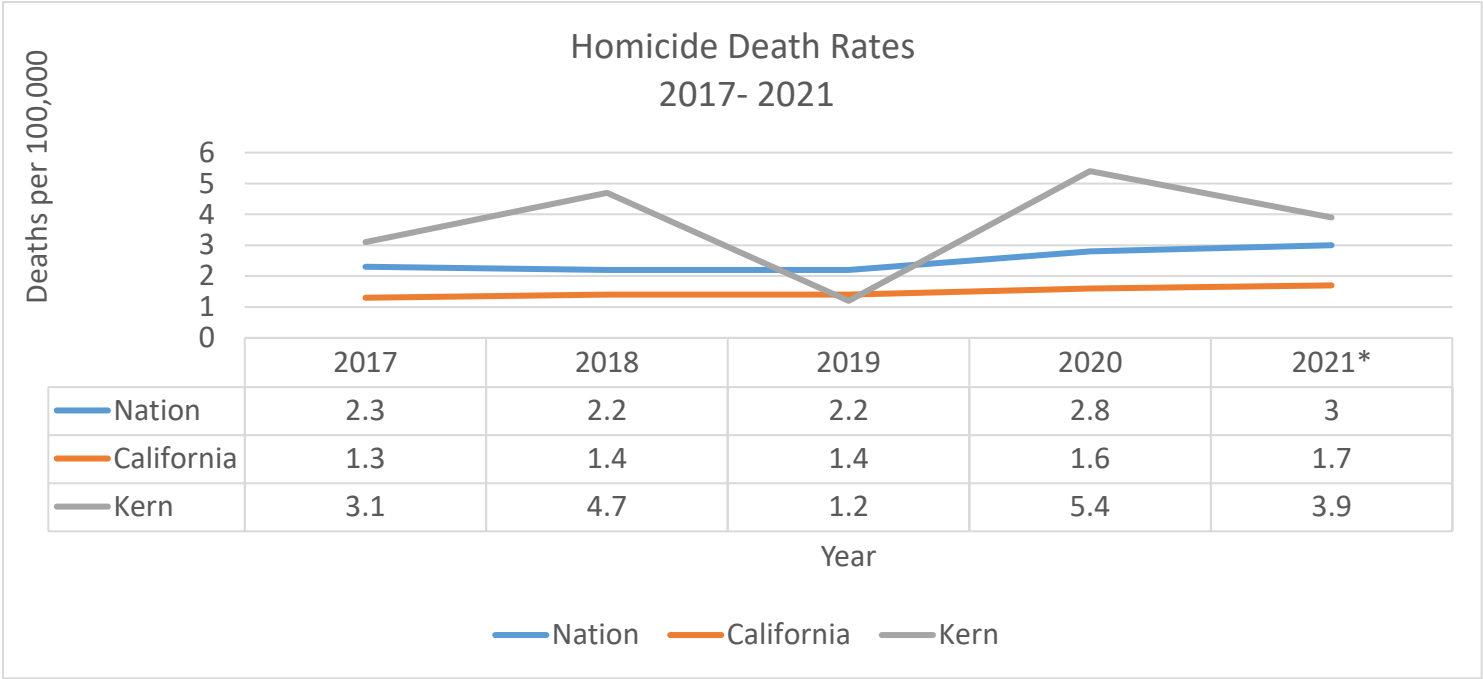
10 - 14 Years of Age	2017	2018	2019	2020	2021
Gunshot Wound of Head				1	
Hanging	1	1			2
Multiple Blunt Force Trauma	1				
15 - 17 Years of Age					
Gunshot Wound of Head			2		2
Hanging	1	3	1	1	4
Intoxication	1				
Multiple Blunt Force Trauma	1				

*For 0-9 years of age there were 0 suicide deaths during this time frame.

Key Highlights and Comparisons

Hanging is the most used method of suicide for adolescents in Kern County over the past 5 years, accounting for 10 or 45% of total suicide deaths.

Homicide

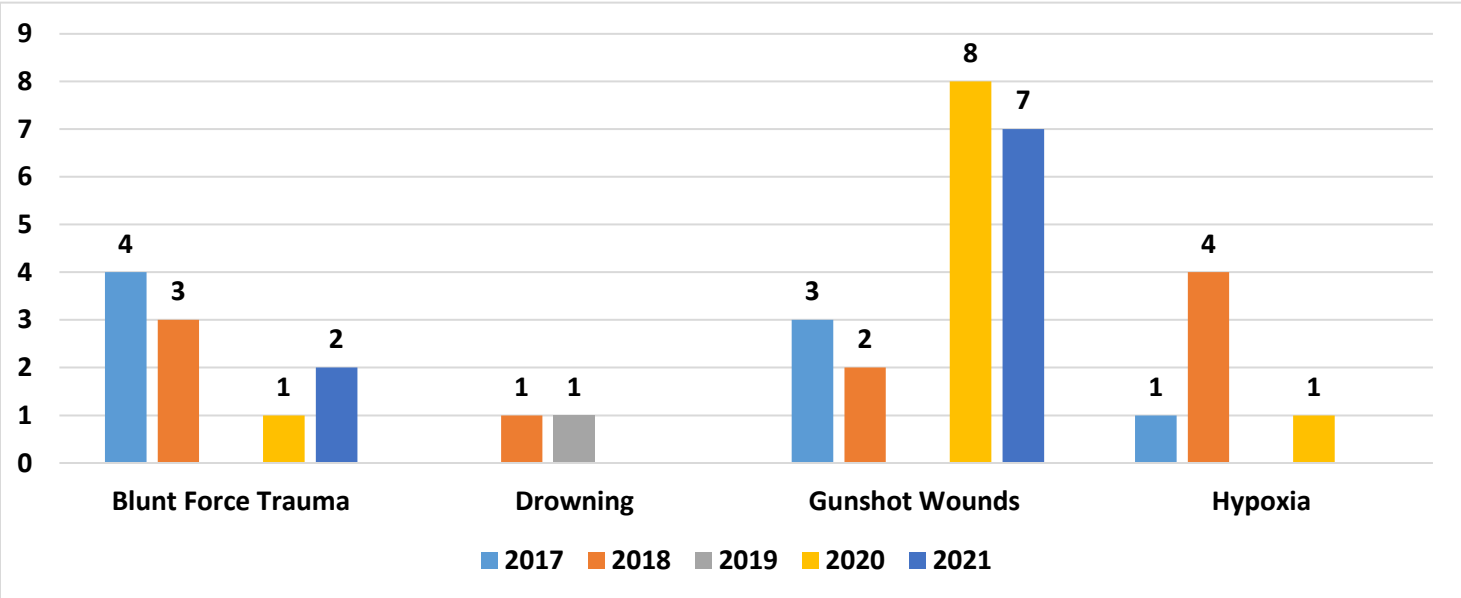


	2017	2018	2019	2020	2021*
Nation	2.3	2.2	2.2	2.8	3
California	1.3	1.4	1.4	1.6	1.7
Kern	3.1	4.7	1.2	5.4	3.9

*2021 data is provisional

The average nationwide homicide rate from 2017 to 2021 was 2.5 deaths per 100,000. During this same time frame the average California rate was 1.5 deaths per 100,000 live births and Kern County was 3.7 deaths per 100,000 live births. Kern County's 2017 to 2021 homicide rate is 147% higher than California's rate and higher than the national rate by 46.4% during the same time frame.

Five-Year Childhood Homicide Review by Age in Kern County, 2017 – 2021



Key Highlights and Comparisons

Gunshot wounds continued to be the main cause of homicides. 2020 and 2021 (15) saw a tremendous increase from the previous 3 years.

Kern County Childhood Health Disparities

According to Healthy People 2020, a health disparity is defined as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage[8]." Health disparities can be organized by various topics such as sex, race/ethnicity, education level, and household income. "Measuring disparities in health status requires three basic components: (1) an indicator of health status, (2) an indicator of social grouping associated with different levels of social advantage or disadvantage, and (3) a method for comparing the health indicator across social groups[10]."

Figure 8. Health Disparities: Kern County Preventable Childhood Deaths by Race, 2017 - 2021

	Asian			Black/African American			Caucasin/White			Hispanic			Other		
	Count	Population	Rate	Count	Population	Rate	Count	Population	Rate	Count	Population	Rate	Count	Population	Rate
2017	0	7,825	0.0	13	13,191	98.6	12	69,910	17.2	23	155,077	14.83	0	7,947	0.0
2018	1	7,845	12.7	10	13,343	74.9	13	70,074	18.6	21	154,807	13.57	1	7,932	12.6
2019	3	7,805	38.4	5	13,384	37.4	11	70,884	15.5	20	153,508	13.03	0	8,038	0.0
2020	0	7,780	0.0	12	13,291	90.3	17	71,348	23.8	33	151,730	21.75	0	8,055	0.0
2021	2	7,832	25.5	10	13,373	74.8	19	72,126	26.3	31	150,375	20.62	3	8,015	37.4
5-Year Average Rates			15.3			75.2			20.3			16.8			10

Rates are per 10,000

Native American	Pacific Islander	Multiracial	Total
1,195	269	6,483	7,947
1,173	239	6,520	7,932
1,222	239	6,577	8,038
1,226	223	6,606	8,055
1,237	210	6,568	8,015

These are the populations in "Other"

Key Highlights and Comparisons

When comparing the race of CDRT reviewed deaths in Kern County children, it was found that Black/African American children have a preventable death rate 3.7 times higher than Caucasian/White and almost 4.5 times higher than Hispanic.

[8]Healthy People 2020, 2018. Disparities, Foundation Health Measures. Retrieved Sept. 7, 2018 from https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities

[10] The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, 2008. Measuring Health Disparities and Health Equity, Phase I Report, Recommendations for the Framework and Format of Healthy People 2020. p.77. https://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf

Current Successful Kern County Programs Aimed at Reducing Preventable Childhood Deaths

Black Infant Health – A free, voluntary, evidence-based program aims to improve health among African American mothers and babies and to reduce the Black: White disparities by empowering pregnant and mothering African American women to make healthy choices for themselves, their families, and their communities. The program includes prenatal and postpartum educational intervention group sessions, culturally sensitive case management, support of early and continuous prenatal care, linkages to related community resources and services, and advocacy of timely immunizations and well-baby check-up exams being up-to-date.

Nurse-Family Partnership – A voluntary, evidence-based program to help new mothers (with low to moderate income and eligible for Medi-Cal or Emergency Medi-Cal) develop skills to take better care of themselves and their babies. Participants have their own specially trained Public Health Nurse who makes home visits during pregnancy and throughout the first two years of the child's life.

Perinatal Outreach Program – The program aims to promote optimal pregnancy health and birth outcomes by providing brief intervention in-home support and educational services to low-income pregnant women residing in Kern County. The case management services are offered to pregnant women who are low-income, and Medi-Cal eligible. Participants will be assigned a case manager and/or Public Health Nurse to assist gaining access to health coverage and linkage to health providers.

Sudden Infant Death Syndrome (SIDS) Program – Statute of 1991 (SB362) amended the Health and Safety Code that a designated agent of the Health Officer who is knowledgeable about the incidences of SIDS and the care and support of persons who have experienced death of this nature, and has basic counseling skills provide the bereavement visit. The SIDS Coordinator must contact the parent or guardian within three days after Coroner's notification and thus provide bereavement services and linkage to bereavement resources. Completed Public Health Services Report associated with the case must be submitted to the California SIDS Program within 30 days notification by the Coroner's Office. This program is funded by the California Department of Public Health and is under the auspices of Maternal Child Adolescent Health (MCAH).

Safer Sleeping Education Project – The project provides parents and caregivers' one-on-one education on SIDS and Sudden Unexpected Infant Death (SUID) prevention practices and what a safe sleep environment looks like. Public Health Nurses (PHNs) and support staff provide safer sleep education and SIDS risk reduction. The staff evaluates the child's current sleep environment and administers a pre-test before educating caregivers, and a post-test to measure understanding of the education program. The staff will make an unannounced follow-up home visit to evaluate appropriate use of the pack-and-play and maintenance of safer sleeping practices. Criteria are followed to determine who is eligible to receive pack-and-plays or gift cards.

Safe Sleep Coalition – Formed in March 2017, the coalition of organizations and hospitals from around Kern County, working together to create a universal safe sleep message and provide education and opportunities to prevent the number one preventable killer of infants in Kern County. On April 12, 2019, the Safe Sleep Coalition worked with the Kern Literacy Council, for the second year in a row, to provide educational books to hospitals and other groups that serve parents of newborns. Many organizations involved in the coalition work to provide safe sleep spaces (i.e., pack-n-plays) to families in need. The Safe Sleep Coalition meets monthly at First 5 Kern.

Cribs for Kids designated Bakersfield Memorial Hospital as Safe Sleep Certified, Gold Status – The hospital is only one of three hospitals in California with that honor. To qualify for this distinction, the hospital must develop and maintain a Safe Sleep Policy that adheres to the American Academy of Pediatrics; provide staff infant safe sleep training: and provide safe sleep education to the parents prior to discharge. Through the Safer Sleeping Education Project (SSEP), the hospital staff received safe sleep education training from the SSEP Coordinator.

Child Passenger Safety Education Program (AKA Car Seat Program) – Started in 2011, this program stresses the importance of having a car seat for your baby because road injuries are the leading cause of unintentional deaths in the United States. Correctly used child safety seats reduce the risk of death by as much as 71 percent. The goal is to keep families safe. After parents/guardian have completed the education program online or in person and based on the child's age, weight, and height, one of the following passenger seats may be provided: a 5-Point Harness booster or a convertible safety seat. A nationally certified car seat safety technician would be available to show how to properly install the child's car seat and answer any questions.

Water Watchers – A Water Watcher is a responsible adult who agrees to watch the kids in the water without distractions and wear a Water Watcher card. After a certain amount of time (i.e. 15 minutes), the Water Watcher card is passed to another adult, who is responsible for the active supervision. Cards are available to the public at the Public Health Department.

Safe Kids – Kern County participates in the Safe Kids Worldwide campaign. Safe Kids hosts car seat inspection events across the country where certified technicians can help parents and caregivers learn to install a car seat properly.

Kern County Child Abuse Prevention Council – Kern County Network for Children (KCNC) was designated by the Kern County Board of Supervisors as Kern's Child Abuse Prevention Council on October 27, 2009. KCNC fulfills the following required roles and activities for Child Abuse Prevention Councils (CAPC) by:

- Providing a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases;
- Promoting public awareness of the abuse and neglect of children and the resources available for intervention and treatment;
- Encouraging and facilitating training of professionals in the detection, treatment, and prevention of child abuse and neglect;
- Recommending improvements in services to families and victims; and
- Encouraging and facilitating community support for child abuse and neglect programs.

Kern Behavioral Health and Recovery Services (KBHRS) offers several programs in suicide prevention. KBHRS recognizes that the key to prevention is to ensure that those who care for our youth, parents, teachers, probation officers and neighbors are aware of signs and know how to help:

- **Zero Suicide** – Evidence-based zero suicide model that specializes in training and implementing screenings. The goal is to increase awareness of warning signs of suicidal risk and increase intervention to eliminate suicide in Kern County. Program began internally within KBHRS and will be expanded to local hospitals, primary care providers, Federally Qualified Health Centers, law enforcement, schools and community partners.
- **Mental Health First Aid** – Aims to reduce stigma and teaches that individuals experiencing mental health challenges can and do get better, and that community members' willingness to step forward and help can be lifesaving to someone in distress. This evidence-based model is provided to teachers, social workers, juvenile justice probation staff and any other community member who has a desire to learn how to identify, understand and respond to signs of mental illness and substance use disorders.
- **Access to Care-Hotline-Outreach and Education Team** – Outreaches to Kern County high schools and other Community partners to provide suicide prevention and awareness with health classes, to increase awareness of depression and anxiety, suicide warning signs, asking the "suicide" questions and where to get help.
- **Community and School-Base Services** – Every school in Kern County has a Behavioral Health Provider assigned to provide services to youth when needed and be a resource to the educational system. In addition, frequent in-services are provided to schools, Kern County Probation, Kern County Department of Human Services (DHS) and other community partners to ensure they have the knowledge to access help for a family, when needed.
- **Access to Care Hotline** – Crisis Hotline receives approximately 2900 Transitional Age Youth (TAY) calls a year and 550 calls from youth under the age of 14 a year. Callers are assisted through crisis and many are struggling with suicide thoughts and behaviors. Hotline staff collaborate with callers on safety plans to keep them safe. Law enforcement is called only if there is imminent risk.
- **Youth Brief Treatment – Same Day Access** – This program was established to be responsive to youth at risk of repeated incarceration, school failure/dropout and to reduce/eliminate instances of suicide, suicidal ideation and self-harm. It is available across the Children's System of Care in geographic locations throughout Kern County.
- **Transitional Age Self Sufficiency Project** – KBHRS partners with Kern County Superintendent of Schools, Dream Center to serve foster care and homeless TAY youth. This program works closely with the TAY team to link youth that are experiencing behavioral health episodes to intensive specialty mental health services.
- **Juvenile Justice Engagement** – This program provides screening and intervention to the juvenile justice population and their families with the intent of identifying suicide ideation, self-harming and other mental health issues that may lead to prolonged suffering.

KBHRS offers programs for those in crisis:

- **Mobile Evaluation Team** – The Mobile Evaluation Team (MET) is dispatched by law enforcement when a mental health crisis is identified in the community. MET provides crisis intervention, voluntary and involuntary assessment for psychiatric hospitalization, and follow-up in the community.
- **Psychiatric Evaluation Center** – The Psychiatric Evaluation Center/Crisis Stabilization Unit (PEC/CSU) is an urgent care psychiatric unit with the goal of providing psychiatric care in the least restrictive

environment possible, while still maintaining a safe, locked facility. The PEC/CSU is the designated facility for non-emergency medical services involuntary psychiatric evaluation in Kern County for minors and adults. The goal of the PEC/CSU is to resolve the immediate crisis within a few hours, and to provide linkage to appropriate follow-up resources.

Post-Intervention Response – KBHRS is available to respond to schools, DHS, Probation, community members to help facilitate healing, and mitigate negative effects of exposure to suicide.

Mental Health Services Act Full-Service Partnerships:

- **Youth Wraparound** – Wraparound services are located throughout the Children's System of Care. This is a strength-based approach that strives to intervene with children that have complex behavioral health needs. The youth served by this program have had high risk behavioral health episodes that have led to provisions of crisis services including the PEC.
- **Transitional Age Youth (TAY) Team** – The TAY Program serves some of our highest risk youth between the ages of 16-25 emancipating from foster care. The goal of these services is to identify early onset behavioral health issues and intervene quickly to help navigate a successful transition into independent adulthood, supporting youth in a variety of life-functioning domains. The evidence-supported model of Transitions to Independence Process (TIP) is utilized to address issues that are unique to this population. This team is stationed at the Dream Center and works collaboratively with other youth serving agencies to provide cross-system referrals and treatment.

Kern County CDRT Recommendations

1. **Significantly increase community awareness, education, and resources regarding the association between unsafe sleep environment and SIDS/SUID deaths with the goal of having every infant born in Kern County with a safe place to sleep upon discharge home from the hospital.**
    a. Perinatal care providers and hospitals need continuous training and education on safe sleep, as well as patient education tools that can be administered easily and effectively, without overburdening the healthcare providers.
    b. All delivering Kern County hospitals will develop an infant safe sleep policy that incorporates the American Academy of Pediatrics recommendations. The policy should include regular training of staff, education for parents on safe sleep practices, modeling of safe sleep practices, community and media outreach, and periodic audits of infant sleep practices in the facility. Ideally, the policy should also include a mechanism for providing safe sleep environments (pack-n-plays, baby boxes) to every mother/family that needs a safe place for their baby to sleep.
    c. Use health communication measures as an effective route to reach community residents including collaborating with local news stations who are interested in spreading awareness on health issues that plague the community.
    d. Kern County Network for Children continues to sponsor a robust Safe Sleeping Awareness Month campaign held annually in October. The campaign includes press releases, social media marketing, training for community outreach workers, and additional creative media presentations.
    e. The Safer Sleeping Education Project is an ongoing program within Public Health Services Department in which high-risk families, as well as home childcare providers, receive SIDS prevention education and a voucher for a safe-sleep crib and are followed up to assess compliance. CDRT has directly supported this effort by using FCANS stipends to purchase portable crib vouchers for the program.
    f. Provide support to the Kern County Safe Sleep Coalition whose mission is to present universal messaging and education on providing a safe sleep environment for infants.
    g. Annually facilitate a Safe Sleep Conference for healthcare and daycare providers in Kern County, ensuring awareness and invitations be distributed widely throughout the county.
    h. Promotion of safe infant sleep practices in pediatricians' offices. Promotion can include direct parent/caregiver education, educational materials availability, and referral to resources to obtain a safe sleeping environment such as a portable crib.
    i. Increase outreach efforts that focus on parents of Black children and their communities. Create programs to gain the trust of this population in order to help reduce the child death rate found in the population.

2. **Decrease the incidence of child suicide by 20% within 5 years through supporting efforts that address suicide among children through raising community awareness, conveying strategies for identifying signs of self-harm, and developing resources for those at risk of suicide.**
    a. Schools and mental health services will increase their collaboration to raise awareness of the issue, provide stress-reduction strategies for children and adolescents, and to connect to needed resources relating to mental health issues.
    b. Kern Behavioral Health and Recovery Services will outreach to parents of adolescents and young children to decrease stigma associated with mental illness.

c. Faith-based organizations offering adolescent support services will incorporate education on coping and suicide prevention**.**

d. Increase healthcare provider awareness and knowledge of strategies to identify early signs of suicidal ideations and early interventions through trainings utilizing depression screenings and education about mental health issues and self-harm.

e. Increase support for Bakersfield Police Department and Kern County Sheriff's Department programs addressing social media and bullying by promoting and participating in their efforts and activities.

f. Support community efforts that promote and provide training on mental health first aid.

3. Reduce childhood drowning deaths by increasing community awareness of water safety and the potential drowning dangers of pools, the Kern River, and other bodies of water.

a. Continue community outreach and promotion of the "Water Watchers" campaign through the Kern County Public Health Department.

b. Increase efforts for pediatrician offices to promote "Water Watchers" along with water safety education for parents of young children.

c. Educate parents and caregivers of children about the importance of children possessing basic swimming skills necessary to recover from falling into a body of water.

d. Educate parents and caregivers of children about the importance of receiving hands-only CPR training.

e. Reinforce the need of caregivers to watch small children in and around all sources of water, including bathtubs and buckets.

f. Dedicate more outreach and education to ZIP codes with more prevalent drowning incidences.

4. Increase all Kern County community agencies' awareness of signs of child abuse and neglect and promote resources that are available when abuse and/or neglect is suspected.

a. Support agencies/organizations that provide safety net care to suspected neglected and abused children, as well as those agencies/organizations that provide preventive and treatment services to parents and caregivers at risk for abuse.

b. Increase outreach efforts that focus on parents of preschool age children, not just those children already in preschool, but those who are at home with caregivers where parents/caregivers and their children are isolated and "invisible." These parents and children may have little knowledge of community support and parenting tools that are available to them.

c. Provide child abuse and neglect awareness and prevention information, training announcements, and community resource information emails sent at least monthly to more than 2,000 community members and service providers throughout Kern County.

d. Hold monthly collaborative meeting with local service providers and community meetings, providing presentations targeted at child abuse and neglect awareness and prevention.

e. Hold monthly trainings for service providers and community members related to issues that children and families at risk of experiencing child abuse and neglect struggle with, mandated reporter training, and strategies available to help strengthen families.

f. Continue to provide KCNC's Differential Response (DR) countywide. DR is an effective research-based approach that allows Child Protective Services to respond differently to accepted reports of child abuse and neglect, based on such factors as the type and severity of the alleged maltreatment, number and sources of previous reports, and willingness of the

family to participate in services. DR expands the ability of Child Protective Services by assisting families at the first signs of trouble.

5. **All Kern County community agencies will increase awareness of motor vehicle and pedestrian safety among adolescents.**
    a. Support agencies/organizations that provide education to adolescents regarding the use of seat belts. The use of seat belts can reduce the tragic consequences of motor vehicle accidents.
    b. Support agencies/organizations to apply for the California Highway Patrol's "Every 15 Minutes" grant.
    c. Increase outreach efforts that focus on providing pedestrian safety education to school-age children and their parents regarding the use of crosswalks and how to make themselves more visible at night. Conduct and support pedestrian education programs at local schools.
    d. Identify areas of Kern with high prevalence of pedestrian/crosswalk deaths and address any infrastructure issues that exist in these areas.
    e. Increase car seat technician education training to include car seat check-up events, providing the community with resources.
    f. Provide workshops for community members to be educated on the importance of passenger safety and demonstrate the correct way to install car seats. Provide and promote information on the locations of certified car seat technicians who can educate parents and caregivers on how to properly install car seats.
    g. Increase outreach efforts to agencies/organizations that promote safe driving especially to parents and adolescents so that they understand the importance of knowing and following California's driving laws.

6. **Significantly increase community awareness and education regarding the dangers of fentanyl and the importance of the usage and availability of Narcan.**
    a. Include fentanyl education in the annual Safe Baby, Safe Child Conference.
    b. Ensure that Narcan is universally available, especially in situations where individuals know they or others will be using substances.
    c. Promote awareness of community sites that offer Narcan.
    d. Increase community Narcan training to reduce overdose deaths.
    e. Increase awareness on the Good Samaritan law for bystanders to call 911, even if individuals were using substances themselves.
    f. Promote awareness to properly dispose of expired and unused medications.

Online Resources

Website	Description
Bicycle Safety	
Bicycle Safety: Bike Safety Tips for Kids and Adults | NHTSA	National Highway Traffic Safety Administration Bike Safety
kernsheriff.org/Investigations_Document/BicycleSafetyInfographic.pdf	KCSO Infographic for Bicycle Safety
Child Abuse	
National Center on Shaken Baby Syndrome - Home (dontshake.org)	National Center on Shaken Baby Syndrome, support and education
Kern County Network for Children (www.KCNC.org)	Kern County Child Abuse Prevention Council community resources
Domestic Violence	
Crime Prevention | KCSO (kernsheriff.org)	KCSO Programs for domestic violence
Child Abuse Mandated Reporter Training (mandatedreporterca.com)	California Child Abuse Mandated Reporter Training
Domestic Violence Support | The National Domestic Violence Hotline (thehotline.org)	National Domestic Violence Hotline
Aspire News app	Allows victims of abuse to call for help at the touch of a button
Car / Pedestrian Safety	
Car Seat Safety - Kern County Public Health (kernpublichealth.com)	Car Seat facts, tips, and safety
Child Safety Seats (ca.gov)	California Highway Patrol - Child Safety Seats
Youth Programs and Services (ca.gov)	California Highway Patrol - Youth Programs and Services
Pedestrian Safety: Prevent Pedestrian Crashes | NHTSA	National Highway Traffic Safety Administration Pedestrian Safety
Home | KidsandCars.org	How kids get hurt in and around cars, resources
https://www.safekids.org	Videos and activities for in and around the car
Safe Infant Sleeping Resources	
Sleep Safety and Suffocation | Safe Kids Worldwide	Videos and activities for sleep safety
Safe to Sleep® - Publications | NICHD - Eunice Kennedy Shriver National Institute of Child Health and Human Development (nih.gov)	Safe to Sleep Pub Ed Campaign led by NIH
First Candle: Committed to ending Sudden Infant Death Syndrome (SIDS)	First Candle organization, education for caregivers and families
Suicide-Youth	
Bullying infographic (kernsheriff.org)	Types of Bullying infographic
Youth at Risk - Centre for Suicide Prevention (suicideinfo.ca)	Centre for Suicide Prevention, Youth at Risk Guide

Kern Behavioral Health & Recovery Services (kernbhrs.org)	Kern Behavioral Health and crisis intervention/suicide prevention for LGBTQ youth
The Trevor Project | For Young LGBTQ Lives	
Water Safety	
Pool Safely	National public education campaign to reduce child drownings
Water Watchers - Kern County Public Health (kernpublichealth.com)	Drowning prevention website, water play supervision