



FISHERS

EST. 1872

**MENTAL
HEALTH
TASK FORCE**

2015 REPORT



A MESSAGE FROM SCOTT FADNESS

At the end of last year, I learned some concerning news about the state of mental health in our community. While many fear talking about mental health publicly because of the societal stigma attached to it, I'm compelled to start a public conversation about the mental health of our community and how we might be able to offer our support to those struggling with mental health challenges.

Our public safety officials witness firsthand the consequences of untreated mental health challenges on a daily basis. Last year Fishers Police officers conducted 157 immediate detentions on individuals that expressed a desire to hurt themselves or someone else. We must acknowledge that mental health is a real concern in our community, but acknowledgment alone is not enough.

I wanted to approach this challenge in a smart, thoughtful manner and I knew that meant a collaborative effort between several community leaders from various industries was necessary. At the beginning of this year, I assembled a mental health task force comprised of community leaders, public safety officials, Hamilton Southeastern Schools staff members, parents, non-profit organizations and Community Health Network leaders to discuss how we can raise awareness of this issue, reduce the stigma surrounding mental health challenges in our community and ensure that our residents have access to resources that will help all those affected.

The report that follows documents the progress of the task force from January to August 2015 and includes the task force's recommendations to address the mental health needs of our community.

Together we hope to provide mental health education and training for first responders and the community at large, to raise awareness of local resources and increase access to mental health services.

Yours in service,
Scott Fadness, Mayor
City of Fishers

CONTENTS

TABLE OF CONTENTS

4	EXECUTIVE SUMMARY
6	INTRODUCTION
8	THE TASK FORCE An Introduction to the Members and Their Roles
9	SECTION ONE Mission and Summary of Task Force Meetings
26	SECTION TWO Recommendations for Objective 1 - Education and Training
30	SECTION THREE Recommendations for Objective 2 - Resources & Access
33	SECTION FOUR Continuation of the Task Force & Accountability
34	APPENDIX

SUMMARY

EXECUTIVE SUMMARY

In 2014, after learning of 157 immediate detentions by Fishers Police Department on individuals who expressed a desire to hurt themselves or someone else, Mayor Scott Fadness recognized a need for a coordinated strategy to address mental health concerns within our community. The City of Fishers took a thoughtful, smart approach to developing an action plan with clear objectives and measurable goals.

In early 2015, Mayor Scott Fadness called on leaders from different areas of service in our community to join a mental health task force that met monthly to consider how we could pool our resources and coordinate our efforts to ensure that mental health challenges don't go untreated within our community. The formation of the task force forged a partnership between central Indiana's leading healthcare provider, Community Health Network, Hamilton Southeastern Schools and the City's public safety departments to develop a strategic action plan to address this complex community issue.

The mission of the mental health task force is to develop a community that embraces mental health treatment before crises occur, protect the welfare and safety of Fishers residents and take a systemic approach to mental health challenges in the community.

Through the process, the mental health task force identified two objectives for moving forward: 1) Improve education and training and 2) Enhance local resources and access to services.

The task force is hopeful that these actions will provide support for those who may encounter mental health challenges. An annual report will be produced to track progress of the mental health efforts in the community.

MONTHLY MEETING AGENDAS

January

Introduction

February

Panel discussion on the current state of mental health

March

Identify resources/gap analysis

April

Identify priority objectives

May

Develop recommended actions

August

Identify measurable goals for recommended actions

EDUCATION & TRAINING

Education and training goals focus on thorough and consistent training among professionals most likely to encounter residents that may require care, as well as community education to eliminate the stigma surrounding mental health.

- Develop an education and training program for public safety officials
- Develop systemic training for teachers and coaches
- Develop a community-wide communications campaign
- Enhance the City's partnerships with behavioral health specialists

RESOURCES & ACCESS

Resources and access goals are aimed at enhancing the delivery of services across the spectrum, including those services needed when a mental health crisis occurs and those that work to prevent crises.

- Remodel the community para-medicine program to include protocols for mental health calls
- Develop an Intensive Care Coordination program for youth

INTRODUCTION

ONE HUNDRED & FIFTY-SEVEN

One hundred and fifty-seven Fishers residents were immediately detained by the Fishers Police Department in 2014 because they expressed a desire to hurt themselves or someone else. Those individuals were taken to an immediate care facility for evaluation, but then...what?

The Fishers public safety departments have statistics on the residents that reach a critical level and contact police or emergency services for help. However, it is sobering to think about how many people may not have reached that tipping point, but continue to suffer.

Studies show that as many as one in 17 people is living with a serious mental illness like schizophrenia, bipolar disorder, major depression, or post-traumatic stress disorder. While these statistics account for about six percent of the population, when you add the number of people with anxiety disorders and/or substance abuse challenges, the numbers climb quickly. The concern is not just for our adult population, either. A 2013 Gallup Survey of Hamilton Southeastern Schools students commissioned by Youth Mentoring Initiative (YMI) revealed 37 percent of students feel stuck or hopeless, 35 percent are not engaged and 30 percent lack well-being.

Uncoordinated care and localized plans for mental health treatment can result in poor health outcomes, poor patient experience and increased costs, preventable emergency room visits, hospitalizations and duplicated services, unemployment, homelessness and incarceration in jails and prisons.

In our state, more people die by suicide than homicide. In fact, suicide is the second leading cause of death among Hoosiers ages 15-34. It is estimated that more than 4,000 Hoosiers will seek emergency care this year for injuries related to a suicide attempt.

Meanwhile, throughout the metropolitan Indianapolis area there are very few hospitals that provide robust treatment for patients experiencing an acute mental health crisis. The need for mental health services continues

“Our community’s success will not only be measured by our economic efficiencies, but also in our collaborative approach to dealing with complex community issues. Mental health is a real challenge in our community, and because of long held stigmas our residents, our neighbors and our children live in quiet despair.

We can do better.”

Mayor Scott Fadness
State of the City, 2015

to out pace the availability of services. This reality has prompted first responders and community leaders to consider alternative response methods for patients with mental health related needs.

At the 2015 State of the City address Mayor Scott Fadness announced the creation of a mental health task force to evaluate the state of mental health in our community. Under the Mayor’s leadership, stakeholders from Hamilton Southeastern Schools (HSE), Fishers Police Department (FPD), Fishers Fire & Emergency

Services Department (FFD), clergy and medical professionals worked together to collectively answer: If a community was to marshal its collective resources around the challenges of mental health, what could and what should be done?

The following pages detail the methodology, discussions and recommendations of the Fishers mental health task force. This document is to be used as a record of the task force’s findings, as well as an action plan to implement the recommendations.

TASK FORCE

CITY OF FISHERS

The City of Fishers' (Fishers) role is to bring community stakeholders together and facilitate a thoughtful discussion to make a meaningful impact on the mental health of our community. With members of the Fishers Police Department, Fishers Fire Department, and the executive and legislative branches, Fishers will continue to monitor the progress of the mental health task force and report findings and accomplishments to the community annually.

ADMINISTRATION

Scott Fadness

Mayor

Chris Greisl

City Attorney

Autumn Gasior

Director of Public Relations

FISHERS POLICE DEPARTMENT (FPD)

Major Mitch Thompson

Assistant Police Chief

Captain Ed Gebhart

Patrol

Lieutenant Dave Seward

HAMILTON SOUTHEASTERN SCHOOLS

John DeLucia

President

Hamilton Southeastern School Board

Dr. Mike Beresford

Assistant Superintendent of

Human Resources & Student Services

Dr. Barb Walters

Assistant Direct of Special Services

Chris Graves

Suicide Prevention Coordinator

TASK FORCE CHAIR

Suzanne Clifford

*Senior Vice President, Integrated Primary Care
Community Health Network*

FISHERS CITY COUNCIL

John Weingardt

Vice President, District Four

Todd Zimmerman

At-Large

FISHERS FIRE & EMERGENCY SERVICES DEPARTMENT (FFD)

Chief Steven Orusa

Chief Steve Davison

Emergency Services

COMMUNITY STAKEHOLDERS

Kimble Richardson

*Manager, Business Development and Referrals
Community Health Network*

Mike Riekhof

Peyton Riekhof Foundation for Youth Hope

SECTION ONE

MISSION & MEETING RECAPS

Section one of this document details the mission of the task force and provides an in-depth recap of each monthly meeting. The purpose of each meeting, key takeaways and potential goals are clearly outlined in the chart following the monthly meeting recap. The summaries show the progression of the task force and the path that led to the final objectives and recommended actions.

MISSION

The mission of the mental health task force is to develop a community that embraces mental health treatment before crises occur, protect the welfare and safety of the Fishers residents and take a systemic approach to mental health challenges in the community.

JANUARY

MEETING ATTENDEES

Mayor Scott Fadness, Chris Greisl, Chief Steven Orusa, Autumn Gasior, Mitch Thompson, Ed Gebhart, Dave Seward, Todd Zimmerman, John DeLucia, Dr. Mike Beresford, Dr. Barb Walters, Chris Graves, Suzanne Clifford, Kimble Richardson, Mike Riekhof, Paul McDaniel, Rev. Carolyn Reed, Pastor Curt Walters

The task force first convened on January 23, 2015. In the first meeting, members of the task force introduced themselves, shared the mental health challenges witnessed in their respective industries and what they hope to see come out of the task force meetings.

The first to share his experiences in our community was Major Mitch Thompson, Assistant Police Chief. Speaking on behalf of Fishers Police Department, he explained the need to improve access to resources for our residents and cited the amount of return calls Fishers Police Department receives to individuals in crisis.



It is becoming more common for us to get repeated calls for the same individual in crisis. I'd like to learn more about the resources available for those people suffering with mental health challenges in hopes that they seek help to prevent a crisis situation before the police need to get involved.



Major Mitch Thompson
Fishers Police Department

Major Thompson also expressed concern about the increased presence of heroin in the Fishers community. Fishers Police Department has seen a significant up-tick in heroin related calls, including overdoses. Often these individuals have a history of prescription medication abuse and have moved on to heroin because it is easier to find and often cheaper.

Recently, Fishers Police Department hired a Crisis Interventionist to support the departments' mental and behavioral health efforts.

Ultimately, Fishers Police Department would like the task force to discuss the underlying challenges in the community that affect the mental health of Fishers. Major Thompson explained, "Our police force protects and serves this community. Learning more about our residents' challenges will help us to be better at our jobs."

Kimble Richardson was next to share insight from his experience with Community Health Network. As the creator of the Crisis Intervention Team (CIT) training program, Richardson commented on Fishers Police Department's dedication to responding to mental health related dispatch calls in the appropriate manner.



In 2014, the Fishers Police Department brought nearly 200 individuals to Community Hospital North Crisis department for an emergency behavioral health evaluation. During the same time period, a neighboring law enforcement department transported to us only three individuals. It is important to acknowledge that this isn't because the City of Fishers has more mental health cases than other similar communities, but that their law enforcement officers are formally trained to recognize when immediate mental health and substance abuse care is needed.



Kimble Richardson
Community Health Network

Richardson also wanted to stress the importance of discussing addiction as it relates to mental health, and hopes the task force challenges the community's status quo when addressing Fishers' needs.

“Our police force protects and serves this community. Learning more about our residents' challenges will help us be better at our jobs.”

Major Mitch Thompson
Fishers Police Department

Hamilton Southeastern Schools had three members of the student services staff at the task force meeting, including the suicide prevention coordinator for the district. During the first meeting, Assistant Superintendent of Human Resources & Student Services, Dr. Beresford described a few of the challenges they see with our youngest residents.

- Students have trouble coping with failure and the expectations in a high-performing school district, as well as peer pressure. Often these challenges are expressed via anxiety or low self-esteem.
- Students are often living in quiet despair because of conflicts at home either with their parents or between them.
- More severe mental health disorders are increasingly prevalent with more bipolar and schizophrenia instances as of late.

In addition, Hamilton Southeastern Schools would like to increase awareness of the need to continue to meet student's medical needs after they complete high school and leave home. When children are medicated throughout their lives, it is imperative that they continue to receive care once they leave the parental home. Often, either because of lack of access to care or affordability, young adults in need of services fall through the cracks of the system.

Dr. Beresford expressed an interest in joining forces

with community stakeholders to limit gaps in services for students, and explained that he would like to see an action plan that spells out who should help and when it is appropriate.

Pastor Curt Walters, from Crosspoint Church, was on hand to share his experience with mental health challenges, and mentioned that the church community often works more closely with families in the immediate aftermath of a crisis. He also explained why the stigma associated with mental health can be a significant deterrent to getting proper care.

“I would love to see this task force reduce the stigma that surrounds mental health in Fishers. It is important that people feel empowered to come forward to get help for themselves or someone in their family before a crisis situation.”

Pastor Curt Walters
Crosspoint Church

Mayor Fadness explained that this group was established as an exploratory committee to help the City of Fishers improve the overall mental health of the community. The task force is expected to identify key areas that need to be addressed and provide a list of recommendations.

JANUARY 2015 SUMMARY

PURPOSE OF MEETING

- Understand deliverables for task force
- Learn what mental health challenges task force members have witnessed within their respective industries

KEY TAKEAWAYS

- There is a lack of access to follow-up care/mental health resources, as evidenced by FPD's return calls to individuals facing mental health crises
- Our strategy to address mental health within the community should include addiction resources
- Students are facing mounting pressure in school and at home; they need access to mental health resources through their school years and into young adulthood
- The societal stigma of mental health issues often prevents individuals from seeking treatment

POTENTIAL GOALS

- Increase awareness of mental health needs within the community
- Increase awareness of local resources & access to resources and services
- Work to reduce stigma of mental health issues

ACTION ITEMS FOR FEBRUARY

- Prepare to discuss the current state of mental health in the community

FEBRUARY

MEETING ATTENDEES

Mayor Scott Fadness, Chris Greisl, Chief Steven Orusa, Autumn Gasior, Mitch Thompson, Ed Gebhart, Dave Seward, Todd Zimmerman, John DeLucia, Dr. Mike Beresford, Dr. Barb Walters, Chris Graves, Suzanne Clifford, Kimble Richardson, Mike Riekhof, Dr. Jerry Sheward, Dr. Tim Kelly, Dr. Syed Kahn, Pastor Curt Walters

On February 20, 2015, the task force invited local mental health professionals to give their views on the current state of mental health.

During the meeting, the panelists shared thoughts and experiences on the current state of mental health, as well as fielded questions from the task force members. The following details the main talking points and takeaways from each panelist.

Moderator

Suzanne Clifford

*Senior Vice President, Integrated Primary Care
Community Health Network*

Panelists

Jerry Sheward, M.D.

*Vice President, Chief Medical Officer
Aspire Indiana*

Kimble Richardson

*Manager, Business Development and Referrals
Community Health Network*

Dr. Timothy Kelly

*Internal Medicine, Addiction Psychiatry
Community Health Network*

Dr. Syed Kahn

*Chairman of Department of Psychiatry
Community Hospital North*

For complete biographies, see Appendix C

Dr. Syed Kahn

- It is very important to make access to information as easy as possible. With the world becoming increasingly more digital-centric, providing information and access to resources online is a smart way to empower people to get the care they need.
- Working in a collaborative way through the diagnosis and treatment process helps to make the individuals more accountable in reaching their optimal health and improved quality of life.
- Three areas to target for education and awareness include:
 1. In the home: education for parents is vital as the first line of defense against mental health disorders.
 2. At school: Work together to identify high-risk students and follow up with available resources.
 3. In society: There are several factors including economics and pressures to perform in our society. Breaking the stigma associated with mental health challenges is very important.

Dr. Jerry Sheward

- Eighteen to 20 percent of people could be diagnosed with depression at any given time and half of those individuals will not get treatment. Of those that do seek help, 80 percent will be treated by a general physician that is not specifically trained to address mental health.
- Substance abuse is a large part of the problem when discussing mental health challenges. In addition, those that suffer with mental illness are 48 to 50 percent more likely to develop a substance abuse problem.
- As the practice of medicine evolves, so does the prescription drug industry. What was being prescribed in the 1980's for mental illness and considered safe, was often addictive.
- As a society it is critically important to place non-violent offenders in treatment rather than to lock them up. Ensuring people of all shapes, sizes and socioeconomic status have the tools to get well will increase the chance of recovery.
- Workforce development in the behavioral health industry is reaching a critical level. Five to ten years from now, 25 percent of mental health specialists in the state of Indiana will be over the age of 65. What is more, the workforce pipeline is not developing enough new talent to meet the current demands.

Kimble Richardson

- We all need to be talking about breaking the stigma surrounding mental illness. There are some things that take a village and raising awareness is one of those things. We need to be reaching out to children and parents to explain what to do when they experience or see mental health needs.
- It is recommended that awareness start in elementary school using a technique called QPR, otherwise known as Question, Persuade, and Refer. QPR is three steps anyone can learn to help prevent suicide and can save lives.

Additional Comments

Additional commentary from the task force focused on how schools move the needle when it comes to mental health awareness. Tactics included:

- Change school children's outlook from "getting someone in trouble" to "trying to help."
- Do not overlook the students that are high-performing. Often there is a lot of pressure to succeed.
- Foster access to mentors via programs like Youth Mentoring Initiative or hiring onsite counselors with additional training opportunities.
- Educate staff and parents on how to confront difficult topics productively without getting defensive.

The panelists suggested that the task force look at addiction/suicide issues and consider how we can empower people and remind the community that all lives are worthwhile.

FEBRUARY 2015 SUMMARY

PURPOSE OF MEETING

- Broaden the task force's understanding of local mental health issues and challenges

KEY TAKEAWAYS

- It is vital to increase access to information and mental health resources; education and awareness is needed within schools, home, and community
- Workforce development within the behavioral health industry is critical
- Raising awareness of mental health issues and working to reduce the stigma will require a coordinated effort; we need to provide people (beginning in elementary school) with the tools to identify mental health issues and refer those struggling to local resources for help

POTENTIAL GOALS

- Increase awareness of mental health challenges
- Increase access to resources and services
- Work to reduce stigma surrounding mental health needs and treatment
- Work to grow behavioral health workforce through incentive programs

ACTION ITEMS FOR MARCH

- Prepare to discuss services available to the community

MARCH

MEETING ATTENDEES

Mayor Scott Fadness, Chris Greisl, Chief Steven Orusa, Mitch Thompson, Ed Gebhart, Dave Seward, Todd Zimmerman, Dr. Barb Walters, Chris Graves, Suzanne Clifford, Kimble Richardson, Mike Riekhof, John Weingardt, Pastor Curt Walters

On March 20, 2015, the task force met to identify available resources for those in need of assistance facing mental health challenges. The task force then discussed the needs they see in the community and completed a gap analysis to determine potential areas of lack in services. After discussing the needs, each member was asked: “What would help most?”

A complete listing of resources can be found on our website at
www.fishers.in.us/mentalhealth.

Hamilton Southeastern Schools started the discussion with the organization’s needs:

- Improve teacher preparedness
- Increase number of providers
- Improve information sharing: written consent to contact specialty providers
- Involve Hamilton Southeastern Schools in City of Fishers safety planning
- Create campaign to change the perception of speaking-up
- Increase peer-to-peer involvement and encouragement via support groups
- * Develop a comprehensive plan to work with partners in hopes of preventing a crisis situation

PRIORITY: Hamilton Southeastern Schools participants stated a comprehensive plan to work with partners in hopes of preventing a crisis situation is a top priority.

Fishers Fire Department continued the discussion with the needs witnessed in the community from the emergency services perspective. They shared the following needs:

- Better understand how emergency management services can pivot from traditional roles to better meet the complex needs of individuals suffering with mental illness
- Increase education in the medic program to determine how to approach mental health patients
- Improve knowledge and access concerning alternative destinations for mental illness related emergency calls
- * Reduce stigma so mental health can be addressed rather than internalized

PRIORITY: Fishers Fire Department suggested that the one thing that would help the most is an awareness campaign that changes attitudes toward mental health.

As a parent that has been directly affected by mental illness in a young teen, Mike Riekhof from the Peyton Riekhof Foundation for Youth Hope shared what he sees as needs in the community:

- Encourage more interaction between experienced parents willing to guide other parents in similar circumstances
- Make greater connections with school nurses
- Increase participation in the faith-based community
- Improve and increase digital resources for teens (i.e. Friends Ask Friends App)
- Make health coverage for mental illness more affordable
- Increase number of healthcare professionals that specialize in mental illness
- * Remove stigma and inspire community to take action

PRIORITY: Riekhof agreed that the number one thing that would help most is a community awareness campaign that removes stigma and inspires the community to take action.

Curt Walters of Crosspoint Church shared the needs most regularly seen within the faith-based community.

- Increase understanding of available services
- Create a culture where it is okay to have challenges and empower people to own those issues
- * Develop a comprehensive list of resources with services and contacts

PRIORITY: Walters indicated that churches would benefit greatly from a comprehensive list of services and contacts. This could be used when members of the congregation reach out for help; the church can then help facilitate treatment.

Next, representatives from Community Health Network shared what they see as the greatest needs in our community:

- Leverage psychiatrists role in mental health for treatment, as well as consultation support, for pediatricians and primary care providers
- Increase number of licensed social workers and other behavioral health clinical professionals
- Make more complete services available. For example, the Glick Fund provided a grant for a crisis texting line (text HelpNow to 20121) as well as a phone enabled web resource for youth, parents and organizations that serve youth (HaveHope.com).
- Improve insurance coverage for mental health services
- Develop a state-wide comprehensive plan
- * Improve training to help reduce stigma and better identify those suffering

PRIORITY: According to Community Health Network personnel, the one thing that would help most is improved training. Further education can help reduce stigma and identify patients suffering in silence.

From the City of Fishers, Mayor Fadness shared his perspective on the needs of the community:

- Create an overall strategy with clear ownership of goals and purpose; without it, we have fragmented goals and resources
- Mobilize and coordinate all the resources together
- Develop systemic solutions for long-term sustainability
- * Identify clear, actionable goals for task force members to move the community forward

PRIORITY: Mayor Fadness stated that a list of clear actionable items to move the community forward is of the utmost importance.

See a complete list of resources and the gap analysis table in Appendix B.

Priorities and possible objectives for the group to explore emerged as a product of this discussion, including: a comprehensive plan with sustainable solutions and action items; an awareness campaign to change the stigma of mental illness; and a list of resources for our community.

MARCH 2015 SUMMARY

PURPOSE OF MEETING

- Discuss local services available to address mental health needs and identify any gaps in local service offering

KEY TAKEAWAYS

- The group identified the following major needs:
 - Increased training across the board
 - Increased access to services
 - Coordination of care
 - Public awareness campaign of mental health needs & issues
 - More mental health professionals
 - Comprehensive list of local resources and services

POTENTIAL GOALS

- Increase opportunities for training
- Raise awareness of local services and resources
- Work to coordinate care between service providers to ensure patients do not fall through the cracks
- Work to develop behavioral health workforce
- Develop a community-wide communications campaign to increase awareness of mental health needs and reduce the stigma

ACTION ITEMS FOR APRIL

- Identify task force objectives and action items

APRIL

MEETING ATTENDEES

Mayor Scott Fadness, Chris Greisl, Chief Steven Orusa, Autumn Gasior, Mitch Thompson, Ed Gebhart, Dave Seward, Todd Zimmerman, John Weingardt, Dr. Barb Walters, Chris Graves, Dr. Mike Beresford, Suzanne Clifford, Kimble Richardson

After months of discussion related to current state of mental health and the needs of our community, on April 24, 2015, the task force met to identify and agreed upon key objectives. Each task force member/group was asked to brainstorm intentions for the task force's final plan. The following is a list of members and their contributions to the discussion.

Mayor Fadness

- Deconstruct the stigma around mental health
- Learn more details/information about the mental health services system: What organizations provide what services? Who funds mental health resources?
- Identify follow-up services to inform the development of best practices for follow-up and to strengthen ties to referrals
- Identify environmental factors and prevention opportunities
- Explore creating healthy cities
- Integrate community paramedicine program with mental health

Fishers City Council (John Weingardt and Todd Zimmerman)

- Support families
- Develop future workforce through internships
- Develop legal professionals with mental health expertise
- Encourage mental health patients to consider psychiatric advance directives to take a more active role in their treatment and avoid conflicts over treatment and medication issues

Fishers Police Department

- Develop awareness campaign
- Continue to train with Crisis Intervention Team training program
- Provide training to all officers
- Educate officers on resources available to families that they can share with families seeking help
- Measure the issue of mental health in our community
- Increase availability of data through partnering with other agencies, such as was accomplished in Marion County with their information dashboard developed in conjunction with Dr. Virginia Caine, Director of Marion County Public Health Department
- Improve tracking of student mental health needs
- Manage public policy inconsistencies (discrepancy between what the police department feels they “should do” and what they are legally able to do, such as with outpatient commitments)
- Improve incarceration follow-up

Fishers Fire and Emergency Services Department

- Educate paramedics, EMTs and police officers to determine most efficient ways to respond and de-escalate mental health calls

Hamilton Southeastern Schools

- Foster high-level training for guidance department and administrative staff, as they are first responders and experts
- Train staff on suicide prevention, broadening training beyond suicide to depression and anxiety
- Educate students to reduce stigma
- Give students the tools to identify warning signs of mental health issues in peers
- Provide resources for parents
 - Financial - youth assistance program in place, how do families pay for treatment?
 - Need school-based services (in-house therapists, etc.)

Parents (Mike Riekhof)

- Provide broad support for families, including in crisis situations as well as follow-up during continuous care
- Address the increased pressure students are subjected to: social media, sports, parents
- Identify natural leaders and leverage their influence through peer mentorship/support

Once the discussion was complete, seven objectives emerged and were later consolidated by the group to five. Possible objectives identified include:

SEVEN INITIAL OBJECTIVES

- | | |
|-------------------------|----------------------|
| 1. Coordination | 2. Education |
| 3. Services | 4. Data |
| 5. Workforce | 6. Prevention |
| 7. Public Policy | |

FIVE CONSOLIDATED OBJECTIVES

- | | |
|---|---|
| 1. Follow-Up & Coordination | 2. Professional Education & Training |
| 3. Public Education to Reduce Stigma | 4. Prevention |
| 5. Services | |

Each member was asked to cast one vote for the number one objective from the list above to further refine the focus of the mental health task force.

The group determined the following two objectives would be the focus moving forward:

TWO MAIN OBJECTIVES

- 1. Education and training that includes a "Reducing the Stigma" awareness campaign**
- 2. Resources and access to services**

APRIL 2015 SUMMARY

PURPOSE OF MEETING

- Identify and agree on key task force objectives

KEY TAKEAWAYS

- The group developed the following list of five main objectives
 - Follow-Up and Coordination
 - Education & Training
 - Reducing Stigma & Creating Awareness
 - Prevention
 - Services
- The group further narrowed and refined the list to two key objectives that can provide the most benefit to the community:
 - Education and training (including a “reduce the stigma” awareness campaign)
 - Resources and access to services

POTENTIAL GOALS

- Increase opportunities for education and training
- Develop a community-wide campaign to reduce stigma and raise awareness
- Increase awareness of local resources and access to services

ACTION ITEMS FOR MAY

- Identify specific actions & tactics for each objective

MAY

MEETING ATTENDEES

Mayor Scott Fadness, Chris Greisl, Suzanne Clifford, Kimble Richardson, Todd Zimmerman, John Weingardt, Dr. Mike Beresford, Angela Ellison, Chief Davison, Chief Orusa, Autumn Gasior, Chris Graves, Dave Seward, Ed Gebhart, Mitch Thompson

On May 19, 2015, the task force met to identify actions and tactics to help achieve each objective with owners to lead each action. From the April meeting, the task force had already agreed the two objectives would be 1) Education and Training and 2) Local Resources and Access to Services.

The following list is a general account of each action/tactic discussed at the April meeting. The task force committed to further exploring each action, as assigned.

OBJECTIVE: EDUCATION & TRAINING

Actions

- Develop an education program for Fishers Fire Department
- Quarterly audit/review of mental health runs to see what can be learned
- Understand the Aspire Indiana contract and how we should be utilizing their services
- Develop systemic training for teachers and coaches to raise awareness on how to identify issues in mental health
- Develop a youth training plan that will be used consistently across all Fishers public safety departments
- Develop community-wide communications campaign designed to help raise awareness and reduce stigma of mental health issues

OBJECTIVE: LOCAL RESOURCES & ACCESS TO SERVICES

Actions

- Determine how to remodel the community paramedicine program for mental health calls
- Develop Intensive Care Coordination Program for youth

A full list of recommended actions, owners and measurable goals can be found in Sections Two and Three.

MAY 2015 SUMMARY

PURPOSE OF MEETING

- Identify tactics to achieve agreed upon objectives

KEY TAKEAWAYS

- Leadership of each tactic and coordination between work groups is needed to achieve both overall objectives

POTENTIAL GOALS

- Identify specific actions, owners, and measurable goals to increase education and training and access to resources and services

ACTION ITEMS

- Develop work teams and regroup on action items with work teams

SECTION TWO

RECOMMENDATIONS FOR EDUCATION & TRAINING

Section two provides a roadmap for achieving Objective 1 - Education and Training. Below, recommended actions, owners and measurable goals are detailed.

Education and training recommendations focus on thorough and consistent training among professionals most likely to encounter residents that may require care, as well as community education to eliminate the stigma surrounding mental health.

RECOMMENDATIONS

RECOMMENDATION ONE

Develop an education program for Fishers Police Department and Fishers Fire Department.

A standard training program for Fishers public safety officials will ensure that all public safety personnel are equipped to respond to mental health calls in an appropriate manner. Community Health Network will provide technical assistance.

Owners

Chief Davison (Fishers Fire Department), Kimble Richardson (Community Health Network) and Angela Ellison (Fishers Police Department)

Measureable Goals

Launch training in partnership with Community Health Network.

RECOMMENDATION TWO

Quarterly audit/review of mental health runs to see what can be learned.

Owners

Chief Davison (Fishers Fire Department), Kimble Richardson (Community Health Network) and Angela Ellison (Fishers Police Department)

Measureable Goals

Quarterly audit/review implemented with a process for improvement opportunities identified in partnership with Community Health Network's mental health crisis center.

RECOMMENDATION THREE

Enhance the City's partnerships with behavioral health providers.

The City of Fishers will continue to identify ways to partner and collaborate with mental health providers serving the citizens of Fishers. For example, a plan will be developed to leverage Community Health Network's robust continuum of behavioral health and primary care services. In addition, the City of Fishers should work to understand how our community can reap the fullest benefit from Aspire Indiana.

Owner

Mayor Fadness

Measurable Goals

Further understand the services of mental health providers and make recommendations about how the City of Fishers can maximize their services by the end of 2016.

RECOMMENDATION FOUR

Develop systemic comprehensive plan for the schools.

School officials should be trained to identify mental health issues to ensure that students are given the opportunity to receive necessary help/treatment for mental health issues. See Appendix A for Hamilton Southeastern Schools Mental Health Comprehensive Plan.

Owner

Dr. Mike Beresford (Hamilton Southeastern Schools)

Measurable Goals

Execute yearly goals outlined in comprehensive plan and submit measurable achievements for annual checkup.

RECOMMENDATIONS

RECOMMENDATION FIVE

Develop a youth training plan for public safety departments.

Identify common training program to be used consistently across Fishers' public safety departments.

Owners

School Resource Officers (Fishers Police Department), Captain Mehling (Fishers Fire Department), Dr. Mike Beresford (Hamilton Southeastern Schools)

Measureable Goals

Hamilton Southeastern Schools will work with Fishers Police Department to ensure that all school staff trainings include Fishers Police Department School Resource Officers.

RECOMMENDATION SIX

Develop community-wide communications campaign.

A community wide communications campaign will bring awareness to the growing mental health issue in our community and encourage a public conversation with hopes of lessening the stigma surrounding mental health issues.

Owners

Fishers Public Relations Department

Measureable Goals

Complete a pre-campaign survey among Fishers residents to determine a baseline measurement for community awareness.

Complete a follow up survey after campaign elements have been completed to determine effectiveness and further community needs. Community Health Network is offering technical assistance, videos, HaveHope.com website, etc.

SECTION THREE

RECOMMENDATIONS FOR RESOURCES & ACCESS

Section three provides a roadmap for achieving Objective 2 - Resources and Access. Below, recommended actions, owners and measurable goals are detailed.

Resources and access recommendations are aimed at enhancing the delivery of services across the spectrum, including those services needed when a mental health crisis occurs and those that work to prevent crises.

RECOMMENDATIONS

RECOMMENDATION ONE

Remodel community paramedicine program to include protocol for mental health calls.

Fishers Fire and Emergency Services department has successfully reduced hospital readmission of congestive heart failure patients by providing direct follow-up through a new community paramedicine program in conjunction with Community Health Network. The task force hopes to replicate this program to ensure mental health patients receive appropriate follow-up care and support.

Owners

Chief Davison (Fishers Fire Department), Kimble Richardson (Community Health Network), Angela Ellison (Fishers Police Department), Ed Gebhart (Fishers Police Department)

Measureable Goals

Fishers Fire Department will work to understand how to incorporate mental health into its community paramedicine program and report findings to the task force by the end of the first quarter of 2016.

RECOMMENDATION TWO

Develop Intensive Care Coordination program for youth.

Community Health Network is creating an Intensive Care Coordination pilot program for youth discharged from its mental health inpatient services. Youth will have an Intensive Care Coordinator when they leave the hospital to support follow-up care. Community Health Network is interested in working with the staff at Hamilton Southeastern Schools and Fishers public safety officials to promote a successful transition after a mental health hospitalization.

Owner

Kimble Richardson (Community Health Network), Joan Reed (Community Health Network), Dr. Beresford (Hamilton Southeastern Schools), Angela Ellison (Fishers Police Department), Dave Seward (Fishers Police Department)

Measurable Goals

By March 2016, 50 percent of youth will have an Intensive Care Coordinator after discharge from Community Health Network's mental health services. By December 2016, 80 percent of youth will have an Intensive Care Coordinator after discharge from Community Health Network's mental health services.

SECTION FOUR

CONTINUATION OF THE TASK FORCE

Addressing mental health in our community is more than just rhetoric. We acknowledge that mental health is an issue in our community. With suicide as the second leading cause of death among Hoosiers ages 15-34, it is clear that the need for education and training and local resources and access to services is immediate. Together we are going to run with the actions outlined in this document to address those needs and ultimately make a difference in the lives of our residents and our community at large.

The mental health task force will continue to meet quarterly to ensure implementation of the recommendations within this report, and support efforts to improve the mental health care in the community. We've outlined measurable goals not only so that we can hold each other accountable to these actions items, but we ask that you would take it upon yourselves to do the same. Your feedback as we progress is always welcomed and appreciated.

We hope that our collaborative effort in this initiative will yield a community that is healthier, happier and most of all, better equipped to handle mental health challenges before crises occur.

Annual Check-Up

An annual report will be created each year to ensure implementation and track the progress of measurable goals. This report will be shared with the public and used to evaluate further needs in the community.

APPENDIX

APPENDICES

- 35** APPENDIX A
Hamilton Southeastern Schools
Mental Health Comprehensive Plan
- 37** APPENDIX B
Mental Health Resources
- 39** APPENDIX C
"Current State of Mental Health"
Panelists' Biographies

APPENDIX A

Hamilton Southeastern Schools Mental Health Comprehensive Plan

2015-2016 School Year

- Complete Guidance Counselor Suicide Prevention Training – completed by Fall 2015-2016
- Increase ASPIRE Mental Health positions from 2 to 3.5 – place in Olio Road Campus area
- Staff Training in QPR Suicide Prevention – completed by Spring 2015-2016
- Agreement with Chaucie’s Place “Lifelines” Suicide Prevention Program including a policy and procedure audit, assistance with staff training, student curriculum, and parent programming
- Complete Administrative Audit in Spring of 2015-2016. Complete staff training by spring 2015-2016. Work with curriculum/Wellness teachers to add Suicide Prevention to mental health curriculum (4 Day evidence based lessons)
- Support groups for mental health (depression, anxiety) co-facilitated by mental health professionals (Funded by Peyton Riekhof Foundation for Youth Hope)
- High School Mental Health Convocation for Juniors (2 years)/Community Mental Health Presentation (Funded by Peyton Riekhof Foundation for Youth Hope)
- Tentative Board Goal to provide “Wrap-Around” services to students including mental health support
- Leverage mental health and suicide prevention resources in the community including resources developed by Community Health Network’s Zero Suicide for Indiana Youth team (Text HELPNOW to 20121, Crisis line: 317-621-5700, HaveHope.com website, free training, etc.)

2016-2017 School Year

- Suicide prevention training for students in grade eight and high school health classes
- Parent programming for mental health and suicide prevention
- ASSIST Training (advanced intervention) for at least two counselors at each high school and one counselor at each junior high and intermediate school
- Increase mental health professional positions in HSE Schools (+ 6.5 to +17.5 depending on funding) Goal of having one mental health professional in each building
- Continue counselor and all staff training
- Explore the possibility of Mental Health Club at each high school (peer programming)
- High School Mental Health Convocation for Juniors (2 years)/Community Mental Health Presentation (Funded by Peyton Riekhof Foundation for Youth Hope)
- Increased mental health/academic counselor personnel assignment in schools. (Level of support to be determined by funding.)
- Leverage mental health and suicide prevention resources in the community including resources developed by Community Health Network's Zero Suicide for Indiana Youth team

APPENDIX B

Mental Health Resources

This section of the document details available resources to address mental health challenges within our community as well as areas where there are gaps in services/resources. This portion of the document can be provided as a tool for various community organizations looking to refer individuals to local mental health resources and services. This is a living document that will be housed on the City of Fishers website at [www.fishers.in.us/mental health](http://www.fishers.in.us/mental-health).

At the end of 2014, Mayor Scott Fadness recognized a need for a coordinated strategy to address mental health needs in Fishers before crises occur. In order to thoughtfully develop such a strategy, Mayor Fadness assembled a task force including leaders from Community Health Network and Fishers public safety departments. The task force committed to meeting monthly for several months to better understand this complex community issue and devise a plan of action to address it.

At different times during the mental health task force's monthly meetings the need for a comprehensive list of resources was brought up by members. In order for the stakeholders in the group to be engaged ambassadors for mental health awareness in the Fishers community, every member should be equipped with a complete list of resources available to the citizenry. The list can also be disseminated to the greater public as an additional resource for care.

The task force conducted a resource analysis on March 20, 2015 as part of the process to identify potential areas of lack in the Fishers' mental health system. The task force was asked to identify all known adult and youth services/resources in Fishers in the following categories:

- Prevention and early intervention
- Home, community & outpatient office services
- School-based services
- Residential services
- Crisis & emergency services
- Inpatient services
- Addiction Programs
- Other special programs

The following list is an example of some of the service providers available to the citizens of Fishers.

PREVENTION & EARLY INTERVENTION

Adult: Family Services, Mental Health America of Greater Indianapolis (MHAGI), Community Health Network

Youth: Noble of Indiana, Promising Futures, Aspire Indiana, Family Services, Student Resource Officers, D.A.R.E., Peyton Riekhof Foundation for Youth Hope, Community Health Network's Zero Suicide Grant, Mental Health America of Greater Indianapolis (MHAGI)

HOME, COMMUNITY, & OUTPATIENT SERVICES

Adult: Aspire Indiana, Community Health Network Behavioral Health Adult Services, Pro-Active Resources, Promising Futures, Dr. Knowles-Duncan, Serenity Medical Center, Indiana Health Group

Youth: Promising Futures, Aspire Indiana, Community Health Network, Pro-Active Resources, Dr. Knowles-Duncan, Serenity Medical Center, Indiana Health Group

SCHOOL-BASED SERVICES

Adult: N/A

Youth: Positive Behavior Support System (PBIS), Center for Hope, Aspire Indiana, Community Health Network

RESIDENTIAL SERVICES

Adult: N/A

Youth: Community Health Network

CRISIS & EMERGENCY SERVICES

Adult: Aspire Indiana, Community Health Network, Indianapolis VA, St. Vincent

Youth: Aspire Indiana, Community Health Network, St. Vincent

INPATIENT SERVICES

Adult: Community Health Network, Indianapolis VA, St. Vincent

Youth: Community Health Network, St. Vincent

ADDICTION

Adult: Aspire Indiana, Community Health Network, Fairbanks, The Salvation Army Harbor Light, AA, NA, St. Vincent, Broad Ripple Counseling Center, Community Health Network Addiction Services, Sober Life Alternative

Youth: AA, NA, Community Health Network, Fairbanks, Aspire Indiana, St. Vincent, Community Health Network Addiction Services, Sober Life Alternative

ADDITIONAL PROGRAMS

Adult: Community Health Network Employee Assistance Program, Community Health Network Employer Health

Youth: Brooke's Place, Chaucie's Place, Youth Assistance Program, Indiana Crisis Assistance Response Team (I-CART), Community Health Network Employee Assistance Program

APPENDIX C

"Current State of Mental Health" Panelists Biographies

MODERATOR

Suzanne Clifford

*Senior Vice President, Integrated Primary Care
Community Health Network*

Suzanne Clifford led the City's mental health task force by providing insight informed by her background in behavioral health and healthcare transformation. Prior to assuming the role of Senior Vice President of Integrated Primary Care and Vice President of Behavioral Health at Community Health Network, Clifford spent eight years consulting on healthcare transformation, was elected to the national board of the National Alliance on Mental Illness (NAMI) as well as the board of the National Association of State Mental Health Program Directors (NASMHPD) and was appointed by two Governors as the Indiana Director of Mental Health and Addiction. Suzanne received the governor's Sagamore of the Wabash award for her work to transform healthcare in Indiana. Prior to running Indiana's mental health system, she worked at Eli Lilly and Company in various internal consulting and management positions for over 10 years. Her experience and expertise has provided invaluable guidance in the taskforce's effort to evaluate and understand the mental health of our community.

PANELIST

Jerry Sheward, M.D.

Vice President, Chief Medical Officer

Aspire Indiana

Dr. Jerry Sheward specializes in serious and persistent psychiatric disorders among adults. This expertise, combined with his special interest in behavioral healthcare service delivery systems, has made him an invaluable part of Aspire Indiana's team of experts. Born and raised in Central Indiana, Dr. Sheward is a graduate of Wabash College with a degree in chemistry from Indiana University School of Medicine. He completed his residency in psychiatry at Indiana University Medical Center in 1987. He is a diplomat of the American Board of Psychiatry and Neurology, specializing in psychiatry and is a member of the American Board of Physician Executives.

Dr. Sheward joined BehaviorCorp (then known as Tri-County) as medical director in 1990, and later served as the center's director of clinical services and quality improvement. He is now Aspire Indiana's chief medical officer.

As CMO, Sheward supervises a team of 10 psychiatrists, two prescribing APNs, nurses, and inpatient liaison staff who provide psychiatric and medical services to Aspire's clients. Optimizing service delivery quality and efficiency has been an important focus of Dr. Sheward, adapting to the continually changing healthcare environment. In addition he has served as consultant to multiple behavioral health plans concerning service delivery, utilization management and quality improvement.

"When I was in medical school I was struck by the fact that the quality of my patients' lives was primarily defined by the state of their mental health. Some patients were able to find satisfaction, meaning and happiness in their lives despite poverty, horrible disability and sometimes terminal illnesses while others experienced such terrible despair despite the most favorable of circumstances. I believed I could to the most to alleviate suffering and improve the lives of my patients by becoming a psychiatrist."

PANELIST

Kimble Richardson

*Manager, Business Development and Referrals
Community Health Network*

Kimble received his Master's degree with honors in Counseling and Counselor Education from Indiana University in 1987. He was co-coordinator for emergency department services at Wishard Hospital/Midtown Community Health Center for four years, served in various capacities at St. Vincent Stress Center for close to 23 years, and currently is manager of business development and referrals for Community Health Network. He is licensed in Indiana as a mental health counselor, clinical social worker, marriage and family therapist, and clinical addiction counselor. He holds an appointment by the governor to the Behavioral Health and Human Services licensure board and currently is the board vice president and administrative law judge.

Kimble is a former president of the Indiana Mental Health Counselors Association and in 1996 was named "Mental Health Counselor of the Year". In March 2011 he was awarded the "Barbara Walker-Cole Distinguished Counselor of the Year" by the Indiana Counseling Association. He is an adjunct faculty member at the University of Indianapolis in the Department of Psychology and the School for Adult Learning and was named the Outstanding Faculty Member of the Year for 2013. He is the recipient of the 2013 Charles E. Heineman Allied Health Professional Award from the Indiana Psychological Association. Kimble was a member of the inaugural board of the American Foundation for Suicide Prevention (AFSP) Indiana Chapter and past co-coordinator of AFSP's Indianapolis Out of the Darkness Community Walk. He is on the advisory council for the Indiana University Counseling Psychology program. In addition, he is the clinical coordinator for several Critical Incident Stress Management (CISM) teams, a member of the Indiana State CISM Team, the Indiana Mental Health Disaster Response Team, the American Red Cross Disaster Mental Health Services Team, and the Crisis Intervention Team (a partnership between Law Enforcement, NAMI, and mental health professionals) for Boone, Hamilton, Johnson and Marion Counties. In February 2013, Kimble was an invited plenary speaker at the 12th World Congress on Stress, Trauma, and Coping sponsored by the International Critical Incident Stress Foundation.

PANELIST

Dr. Timothy Kelly

Internal Medicine, Addiction Psychiatry

Community Health Network

Dr. Timothy Kelly is one of Indiana's top physicians for addiction medicine. He serves as Community Health Network's expert on addiction medicine and integrated recovery. During 2015, Dr. Kelly was asked to serve on the Governor's Task Force on Drug Enforcement, Treatment, and Prevention. In his career prior to starting at Community Health Network, Dr. Kelly's name had become synonymous with Fairbanks Treatment Center and with addiction recovery in Indiana. A graduate of the Indiana University School of Medicine, he has spent his career treating and educating people about the disease of addiction. Beginning as a staff physician at Fairbanks Hospital in 1979, he started a career that would touch the lives of thousands of people who suffer from the disease of addiction.

Dr. Kelly is an addictionologist certified by the American Society of Addiction Medicine (A.S.A.M). He is board certified in internal medicine and addiction medicine. He has presented numerous times on addiction and pharmacology, and has conducted research on alcohol withdrawal syndrome. He is also a Volunteer Associate Professor of Clinical Medicine at the IU School of Medicine.

PANELIST

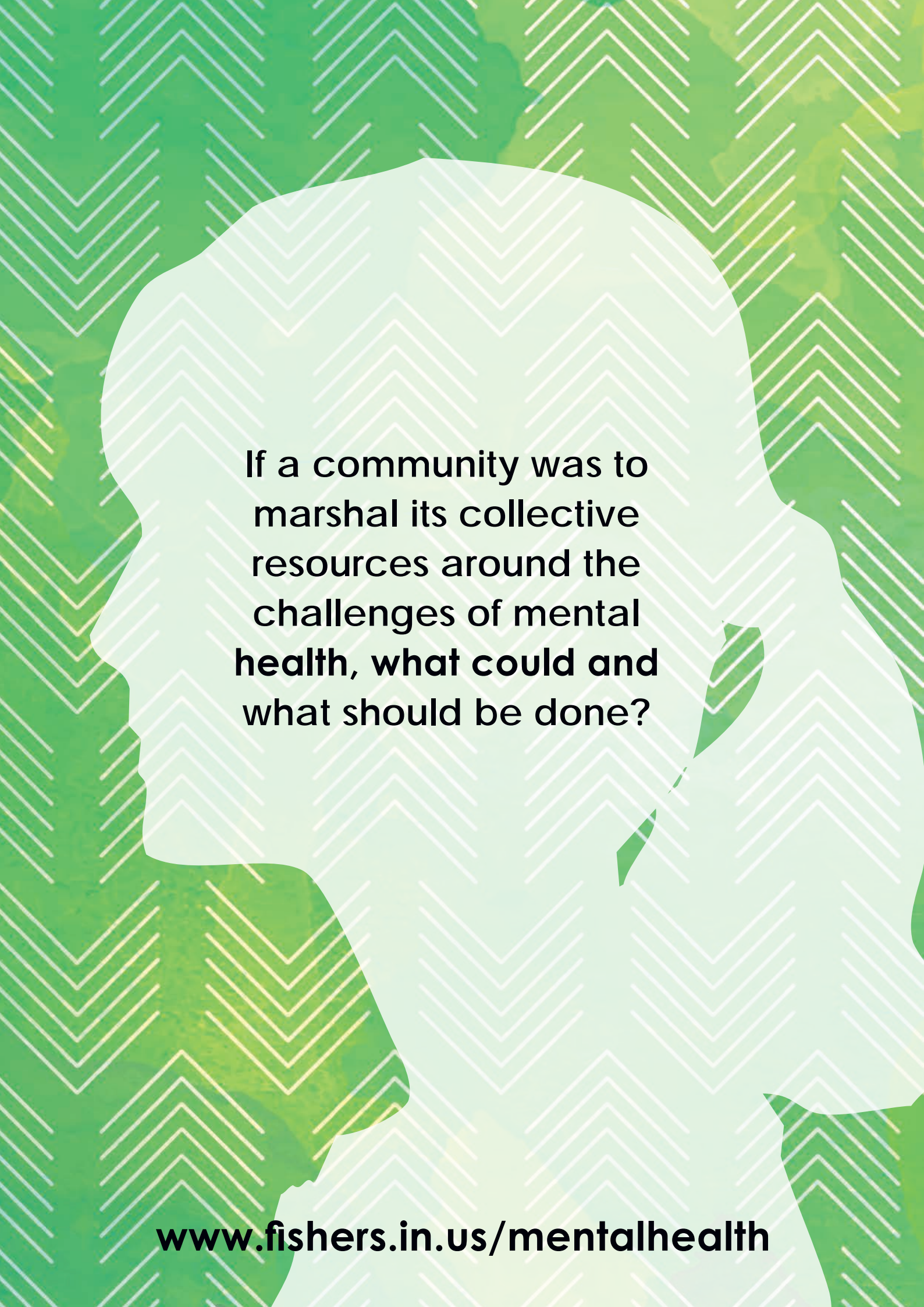
Dr. Syed Kahn

*Chairman of Department of Psychiatry
Community Hospital North*

Dr. Syed Khan is a Board Certified Psychiatrist trained in Child, Adolescent and Adult Psychiatry. He provides outpatient private practice services for all age groups and manages the care of hospitalized youth and adults at Community Health Network's Behavioral Health hospital on the campus of Community Hospital North.

Dr. Khan tailors individual treatment plans using a combination of medication management and psychotherapy for various conditions including ADHD, Anxiety, Autism, Bipolar disorder, Depression, Grief, OCD, PTSD, Panic disorder and thought disorder states including Schizophrenia. He is sensitive to individual patient needs and works with complex aspects related to addiction, body image, confidence, guilt, self-esteem, and sexuality.

He serves as Chairman of the Department of Psychiatry at Community Hospital North. At Serenity Medical Center, Dr. Khan utilizes his broad range of patient care, administration, and research experience. He enjoys teaching and is a consultant speaker for various pharmaceutical manufacturers.



**If a community was to
marshal its collective
resources around the
challenges of mental
health, what could and
what should be done?**

www.fishers.in.us/mentalhealth