THE MAKING OF A ZERO SUICIDE DISTRICT
If a community was to marshal its resources around the challenges of mental health, what could and what should be done?

- FISHERS MAYOR SCOTT FADNESS
WHAT DOES SUCCESS MEAN FOR FISHERS?

State Testing Growth (NWEA)
  Math: 83%
  Reading: 82%

GPA
  55.7% showed improvement in GPA

Discipline
  73% decreased or showed no change

Youth Suicides
  <20 years since 2013
A ROADMAP TO SUCCESS

1. Build a coalition.

2. Identify and leverage resources and funding sources.

3. Audit and revise systems and processes.
BUILD A COALITION

IT TAKES A CITY
- Elected officials
- District administration and teachers
- Public safety leadership
- Faith leaders
- Community groups
- Health and mental health professionals
- Students, families and suicide survivors
CHANGING THE STATUS QUO

SYSTEMS & PROCESSES

• School policies
• Establish training standards for all
• First responders
• Community health partners
SUICIDE PREVENTION
SCHOOL STAFF TRAINING

- 2014-2015: 137 Staff
- 2015-2016: 572 Staff
- 2016-2017: 94 Staff
- 2017-2018: 540 Staff
RESOURCES & FUNDING SOURCES

BEYOND BEING RESOURCeful

• Current Resources
• Referendum
• Nonprofits
• Health Systems
• Government
SECURING MENTAL HEALTH SUPPORTS FOR STUDENTS

- Identify needed staff for managing contract/supports
- Funds set aside from the referendum
- Request for proposals from Mental Health Providers
- Reviewed proposals and weighed the benefits and risks
- Strategic roll out
RESULTS

• 14 licensed therapists serving 22 buildings
• 1 crisis liaison
• Over 600 students served
• 115 received medical services
• 859 students referred this past school year
OUTCOME OF SCHOOL CRISIS RESPONSE

- Referral to School Based Services: 56%
- Youth Day Program: 21%
- Referral to Outside Provider: 9%
- Hospitalization: 14%
OUTSIDE THE CLASSROOMS
PUBLIC SAFETY TRAINING

80 Crisis Intervention Team Trained

Additional Training

- CIT 101 - Basic Crisis Intervention Training
- (SBIRT) Screening, Brief Intervention, and Referral for Treatment.
- Motivational Interviewing.
- CIT for Youth
- Columbia Suicide Severity Rating Scale
EMS DUTY OFFICER (EDO) RESPONSE ALGORITHM

911 Call
EDO monitors for low acuity incidents

Engine – Medic - EDO responds

Engine disregarded by EDO if indicated

Patient evaluated, Ambulance back in-service if transport by ambulance not required

EDO automatic dispatch to Major Incidents

EDO obtains medical release or transports to ED /alternative destination
911 EMERGENCY
MENTAL HEALTH RESPONSE

911 Call Engine - Medic
- EDO - Police respond Emergent

Patient assessed, no transport. Eng Amb released

EDO PD remain - Tele / Video consult with Mental Health Professional

Medical Clearance/ appointment made or alternative transport destination determined

Follow up call upon discharge, additional needs determined / appointment made for home visit

In Home Discharge follow-up by WeCare Community Paramedic

In Home Discharge follow-up by WeCare Community Paramedic

911 EMERGENCY
MENTAL HEALTH RESPONSE
Police Request to Dispatch for EDO
* EDO Non Emergent response

Medical / Mental Health Evaluation

Tele -Video consult with Mental Health Professional

Medical Clearance/ alternative transport destination determined

In Home Discharge follow-up by WeCare Community Paramedic
BEHAVIORAL HEALTH INCIDENTS – PUBLIC SAFETY TEAM

2015 - 2018

FPD  FFD

<table>
<thead>
<tr>
<th>Year</th>
<th>FPD</th>
<th>FFD</th>
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<tr>
<td>2015</td>
<td>210</td>
<td>190</td>
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<td>2017</td>
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<td>136</td>
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<tr>
<td>2018</td>
<td>118</td>
<td>150</td>
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POST INCIDENT FOLLOW-UP

• Weekly list of immediate detention individuals

• 72 hour follow up call

• Automated report of all mental health patients encountered each day to EMS division for follow-up call and entry into HealthCall (community paramedicine data system,) for follow-up calls and tracking

• Calls to patients determine additional needs.

• Monthly detail report (Dashboard to Chief)
IMMEDIATE DETENTIONS

ADULT SUICIDES

ZERO YOUTH SUICIDES FOR 4 YEARS!
OUTREACH & PUBLIC AWARENESS
BUILD A COALITION

RESOURCES & FUNDING RESOURCES

SYSTEMS & PROCESSES
OUTREACH & AWARENESS CAMPAIGN

#STIGMAFREEFISHERS
<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>Over 100</td>
<td>Students attending club meetings</td>
</tr>
<tr>
<td>50</td>
<td>Students received suicide prevention training</td>
</tr>
<tr>
<td>27</td>
<td>Club meetings</td>
</tr>
<tr>
<td>10</td>
<td>Events held to reduce the stigma, share healthy coping strategies, and speaking engagements</td>
</tr>
<tr>
<td>7</td>
<td>8th grade wellness classes taught about mental health</td>
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**INCREASED PREVENTION OPPORTUNITIES**

1,770 8th grade students
- Taught evidence based suicide prevention lessons

1,565 11th grade students
- Attended the Get Schooled Tour convocation

700 Students and Parents
- Attended the Screenagers viewing

225 Parents and Students
- Attended the Night of Hope

12 Schools
- Hosted Dr. Jill Bolte Taylor's Brain Sculptures
Culture Promotes Earlier Intervention: Increase in the number of Student Risk Assessments Completed

# of PRSI

- Spring 2018
- Fall 2017
- Spring 2017
- Fall 2016
ADVOCACY PRIORITIES

• School mental health
• Coordination of care while respecting privacy
• Paramedicine
• Mental health workforce
• Stigma reduction and mental health training/education
SUMMARY
Elements of a Zero Suicide School

- Training
- Prevention & Early Intervention
- Communication
- Culture Change
- Integrated Treatment
- Youth & Family Engagement

Servant Leadership