

Faith Based Mental Health Workshop

Attendees:

Chief Steven Orusa, Lt. Dave Seward, Councilor Todd Zimmerman, Jeff Oelker St. Louis de Montfort, Dan Gartland, Holy Spirit at Geist Parish, Randy Davis, National Network of Youth Ministries, Joey Christianson, Grace Church Fishers, Rusty Kennedy, Leavener Ministry, John Smith, Northview Church Fishers, Councilor Todd Zimmerman, Brian White, St. Mark's United Methodist Carmel, Scott Garrison, Zoe Church, Chris Anest, Zoe Church, Dustin Hite, Geist Christian Church, Steve Davison, Fishers Fire Department, Tim Dunn, Heartland Church, Dan Clegg, Hazel Dell Christian Church, Nabil Hanna, St. George Orthodox Christian Church, Gurinder Singh Sikh Temple

Situational Awareness Report – Lt. Dave Seward

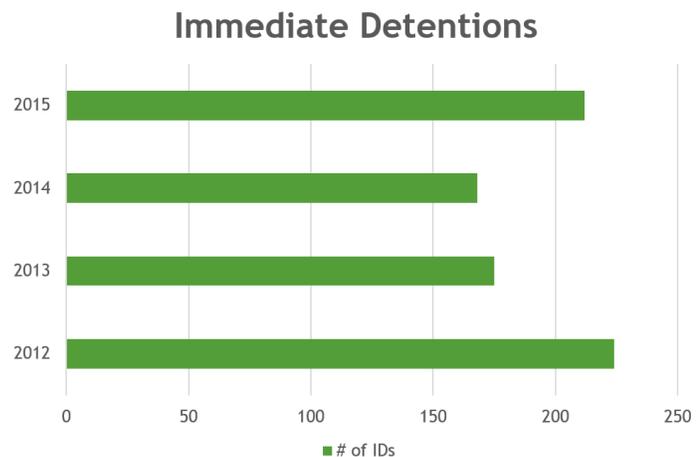
CIT training has really changed the way Fishers Police Department identifies and deals with mental health issues within the community.

Mental health takes lives in how people deal with depression, mental illness, etc. As a supervisor, I deal with these situations on the streets. Cutting people down from hanging themselves, seeing the results of a shotgun wound to the head. These are the things that my officers see and take home with them. So, obviously we have another mental health issue that we have to take care of.

Fire services see these tragedies as well.

Situational Awareness Report

Year	Total
2015	212
2014	168
2013	175
2012	224
Total Calls	779



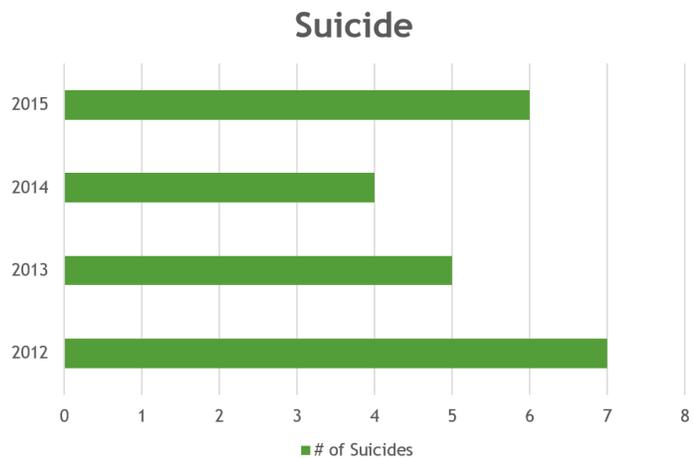
We have responded to 212 people, different individuals at their home or within the community and have assessed them and found them to be a danger to themselves, others or both, and in need of medical services. It's not an arrest, it's a detention. We, by law, can take people into custody and then take them in for services. We use Community North; we're lucky to have that as a community right next

to us. A lot of other jurisdictions drive hours to get people to where they need to go when they need services.

212 lives were in crisis to the point where the police had to be called or notified. They needed services and we got them to services. The plan from there, if they're treated and released with a follow up plan, that's what we want. We want intervention.

Situational Awareness Report

Year	Total
2015	6
2014	4
2013	5
2012	7
Total Calls	22



2012 was a bad year for us; we had seven suicides. We're up to six this year. Those take a toll on the families involved. When people are in crisis they do things they normally wouldn't do. It's tragic for everyone involved. Families want answers and we don't have them.

These aren't even statistics involving attempts. These are only successful ones; attempts far outnumber the successful ones. Ultimately, that's why we're here. We want intervention. We want to get involved.

Your ministries serve our community. The ministries are an important part of this community. A lot of attempts with counseling lay in your laps. They come to you for help. This is nothing new, this happens in all ministries because you're there to help them. Whatever you do, if there is someone in crisis that truly needs help, and is a danger to themselves and others and is in need of medication do the right thing and call us and let us know.

If you need referrals, we can probably supply you with that. It's not about if we refer them to Community North or IU Medical or whatever, I'm not about that. All I'm about is getting people the help they need. Don't hesitate to call us, get us involved. Reach out to us for referrals and services, pamphlets, whatever you need. Sometimes things just get too big, and unfortunately they can end in tragedy.

What happens when a person comes in and has these issues and you see some of these things?

Have you ever referred people to services before?

Nabil Hanna, St. George Orthodox Christian Church:

I see myself as the primary care physician, if you will. Which means if I refer them to a specialist, it doesn't mean I wash my hands of them. I still continue to care for them and let them know that I'm not abandoning them by referring them to a specialist (outside the church).

Brian White, St. Mark's United Methodist Church:

We have several levels that we assist people. One is hosting support groups like AA and Al-anon and other groups that help people's mental health. We have mental health professionals who are members of our church and we use those as resources for people. We have also tried to establish relationships with therapists in our community so we have people to whom we refer. Our pastoral staff doesn't do ongoing counseling. We would do more crisis counseling and if it moves from an acute to a chronic situation, we would move that person to a therapist or mental health professional, with whom we've generally developed a relationship.

Joey Christianson, Grace Church:

We have a full-time counselor at our 146th Street location and we do referrals for people, so if they come in and they want to see a counselor or someone identifies that they need to, we will do a referral and give them prorated counseling sessions to other certified counselors outside the church. There's a really good network of counselors in the area.

Todd Zimmerman:

Do you feel that some people don't go to counseling because of cost?

Joey Christianson, Grace Church:

We subsidize the first 12 sessions. They cost them \$20 a session.

Dustin Hite, Geist Christian Church

There are resources in different places where you can get a sliding scale based on income. Lots of mental health groups, even the seminary at Butler has a counseling center that works in the same fashion. In terms of city services and things like that, if someone comes to me and is dealing with issues of suicide and self-harm, there's a list of questions that are automatic. That's when we would reach out to you or to a medical professional or get them into something that's immediate. We accompany them until they are with police or a medical professional versus letting them go on their own.

John Smith, Northview Church

For ongoing (care), we do similar things. We're the triage person; if someone is acute, you have Fairbanks and Community North right here, but if somebody needs long-term ongoing help, it's the referral. One of the things we did find is we kind of put together something that can be recognized almost even legally is a sheet...I found out as a pastor, I can't do the ongoing follow up because of confidentiality with a therapist unless we have them sign something. We have them sign something so that we can follow up, otherwise you don't know how to help somebody.

Dan Clegg, Hazel Dell Christian Church

One of the things I have found in chaplaincy, dealing with police and firefighters is the suicide rate in both categories is three times higher than minor duties. They're coming out and fixing somebody else's problems and they feel like they're less of a person if they can't fix their own.

Task Force Progress – Chief Orusa

Review of county wide mental health needs assessment (Community Health Needs Assessment 2015 document)

About 18 months ago, Mayor Fadness went on a ride-along with Fishers Police Department and realized the most challenging calls for police officers were immediate detentions, for a variety of reasons. The next day he brought me in and asked if I had any mental health capability in EMS. I said, I need to go find out because I don't know of any. It's kind of embarrassing being a paramedic of 25 years in the Chicago area not knowing if we have any mental health capabilities. Looking at the paramedic curriculum, there was very little mental health training in it. The Mayor said we've got a problem, let's research it. He brought together the best and brightest minds in the community and we had a meeting. There was some self-discovery for us because we didn't know what the police officers knew. We didn't know what Community Health Network knew. We soon realized that everybody was saying mental health is a national problem and we realized mental health is also a Fishers problem. In Pleasantville, we have mental health challenges. So, he got all of us together from HSE schools, the medical community and public safety and the first thing he did was have us write a mission statement.

Mission Statement:

Develop a community that embraces mental health treatment before crisis occur, protect the welfare and safety of Fishers residents and take systemic approach to mental health challenges in the community.

It's like our leadership compass. Whenever we stray off the path of building our mental health capability, it keeps us due north.

For the mental health task force, 2015 was a year of self-discovery and setting objectives. We identified and defined gaps in our ability to serve the mental health community in Fishers, so we drafted objectives to fill those gaps. The eight mental health objectives focused on education and training and resources and access can be found online at www.fishers.in.us/mentalhealth. Mayor Fadness created work groups around those mental health objectives. The work groups identified and defined deliverables, and in our kick off meeting for 2016 we're going to identify a team captain. We're going to measure and analyze a baseline and we're going to work on each objective with progress reports every quarter so we're doing something meaningful and quantitative to build our capability to serve the mental health community in Fishers.

What we've done so far:

- We've involved the HSE school board, we have a presentation for them on Monday.
- We've had our first meetings with the clergy

- We've involved philanthropic organizations
- We've met with the Indiana State Health Department
- We've met with IU Health
- We've met with residents

Hopefully, at the end of this year, we're going to schedule a mental health summit for 2016; provide a summit dedicated to mental health where people can come and learn about mental health. Residents, professionals, clergy, anyone in the City of Fishers.

Program Goals:

- Implement in 2016 all 2015 recommendations
- Celebrate our successes
- Continue to analyze the gaps
- Create recommendations for 2017
- Keep our community engaged

Today, we want to identify three things. What we'd like to do is mimic what we did with the task force in 2015; Use these first several meetings as self-discovery. Identify and define what each of you have as a capability for mental health. If you don't (have any capability), that's okay because we didn't either.

I'd like to go around the room first and talk about if you have a capability, just talk about it and then afterward, we'll try to identify any synergies. Then, we'll discuss where we go from here.

Clergy Capability

Jeff Oelker, St. Louis de Montfort:

We have people come in off the street, a lot of times non-parishioners, people we haven't seen before, sometimes in crisis. Most of the time they can talk to one of our two priests. I think in the last several years there's been a half-dozen times we've actually called for an intervention with police. We have a Steven Ministry and a lot of times people do have the opportunity if they come forward to get some kind of help before it gets into crisis. We do not have paid counselors at all. We have some parishioners who we occasionally call to help out, but that's pretty much it.

Dan Gartland, Holy Spirit at Geist Parish

We have Geist Patrol on our property, so if there's an emergency they would come in. That being said, we're so off the beaten path that we don't get too many walk-ins. We do have Steven Ministry, we have over 50 people who are trained Steven ministers and they see people. They take a year of training to do that and then they don't do counseling, but more listening and journeying with people. We do have a full-time counselor on our staff, but we have 10,000 active parishioners, so he's pretty busy. We're presently hiring a new person who will do young adult formation and the person we have hired is also a licensed marriage therapist. Apart from that, we make recommendations for people to go seek other help if they need it.

Randy Davis, National Network of Youth Ministries

I work at the National Network of Youth Ministries, so I don't have a specific ministry other than working with the youth leaders of the community. We do a lot of convening power with them; we try to pull them together. We support and encourage them, we educate them on different things that are going

on, so I'd be able to probably help a little bit more on some of that educational piece.

Joey Christianson, Grace Church

We have a care department at the church; there's a counselor, there's a care center that's open three days a week and we take referrals of people that need groceries or bill recovery. If there having other issues, we have outlets for that. We do an assessment with people and then plug them into counseling. We also have a recovery ministry that meets on Friday nights at our Noblesville campus and Monday nights at our Fishers campus.

Rusty Kennedy, Leavener

I'm with Leavener and I have my one-man staff with no facility, but I've been in the area long enough to use this network. That's basically what we do is we use every resource around us to refer people and I have a group of counselors that I meet with and send people to. We deal with crisis quite frequently.

John Smith, Northview Church

I'm separating physical/financial need from mental health needs. There are a few support groups we have, which I would say they're much more on the preventative side or long-term side. I think there are a lot of other things we do at the church that I would probably categorize as preventative that maybe we aren't even thinking about. The kind of things where people understand their heart, their identity; that they're loved and cared for. I think those are huge preventative pieces we may want to lean into in the months to come. The other side we are really big on is we have a vetted resource of referrals; people that we've vetted out as a list. Our staff does the initial triage and we refer people out. We're really cognizant of not taking things on we're not prepared for.

Brian White, St. Mark's United Methodist Church

We probably mirror that in a lot of ways at St. Mark's. We have 1,200 members at St. Mark's about 200 of them have Fishers' addresses; we're on the east side of Carmel so we kind of overlap. Like many of you we have three different tiers of that. We have lay people helping lay people (support groups, addiction support groups, vocational counseling, retired executives helping people go through vocational crises, Steven Ministries, etc.); we have clergy staff and other professional staff who do crisis interventions, we also have a network of lay people in our congregations who are therapist or work in schools as mental health professionals that we use informally; then we have a list of therapists, we have therapists and other mental health professionals to whom we can refer. I don't refer people to mental health people I don't know generally. I've been here two-and-a-half years and when I move to a new community developing relationships with mental health professionals is usually one of the first things that I do. I'm uncomfortable referring to people I don't know. I do make it a point in a new community to get to know some people, talk to my colleagues and develop a list of resources.

Scott Garrison, Zoe Church

We have no resources. We just got started, I have lots of connections with the community. I know the police department very well so there are people that I know I would call in a case of crisis, but we do not yet have any source of resources available to us aside from what we could do on our own time. I would limit myself because I'm not a counselor.

Chris Anest, Zoe Church

I'm a chaplain. I'll be a chaplain in this area, I'm working on transferring. My unit is in Lawrence, so I would be able to provide connections to people that are in the Guard or Reserve that are seeking help. There are resources with the government that they could reach out and get financial help or get on orders to go somewhere to get the help they need. Nothing out of pocket for them. I'd be able to point people in the right direction within their own unit.

Dustin Hite, Geist Christian

In terms of long-term counseling we do some of the things that everyone else has done; we do Steven Ministry as well. We have intentionally invested both through volunteer time and space to the veteran's support group. We're working with the VA and the VA got a little bit stricter in terms of what you could say and what you couldn't say in the support group, so they withdrew from that. One of the things for me is the conversation around the stigma in coming to the church. That's one of the roadblocks that we've hit; it's been a vibrant ministry but we've seen an aging of that ministry in our ability to help people because of the roadblock of coming into a church.

Tim Dunn, Heartland Church

Three existing levels, the first being similar to the preventative; peer groups largely. The second would be in-house; both staff and lay professional helps, counseling all those kinds of things. The third would be a pretty significant referral network. And fourth, we have a recovery ministry.

Nabil Hanna, St. George Orthodox Christian Church

We maintain some basic things because it's all related; food pantry, financial assistance for emergencies primarily for our parishioners, for whom we're providing ongoing spiritual direction which is hopefully part of prevention. We do get some walk ups, whether it's for the material things or if people want to talk. Certainly, the bulk of our ministry is toward parishioners. I do have a list of people that I refer to when something is more acute, requires medication or is ongoing. I'd certainly be very interested in knowing about other resources, whether its counselors or shelters or whatever. Like I said, I do have a list, but since we recently moved from Indianapolis most of our resources are in Indianapolis. If we could share a list I would be very happy with that.

Gurinder Singh, Sikh Temple

As we mentioned last time, in our community, Sikh community, we don't have that problem. More recently with first-generation American Sikhs we did have one suicide among the community. We have six Sikh Temples in central Indiana so now we're trying to assess what kind of challenges we have. Mostly our community is a tight knit community. They help each other financially. Sikhs offer free meal service and food pantries as well. This problem is growing in our community as well, especially with those that were born and raised in the US. We're still trying to figure that out. Fortunately we have a lot of doctors in our community and they are trying to assess that as well. Even in the future if somebody needs therapy we have some doctors who specialize in that in our community and we could help.

Dan Clegg, Hazel Dell Christian Church

I've got a pretty good list of different people who I refer to. One of the big things I get as a very senior chaplain in the Indiana area and being on a state board with the Federation of Fire Chaplains and International Board of Fellowship Christian Firefighters is a lot of educational stuff. I have a lot of educational tracks that a lot of you guys might be interested in. We've got a class coming up the 19th through 20th, we've some classes coming up at Northview Christian Church that we do every year;

chaplain training classes and a lot of them do include mental health and they most always include suicide classes because it's such a prominent thing. If anybody is interested, I'd be happy to provide you with some areas we can get some classes. Generally they're pretty reasonable and in some cases even free.

Chief Orusa:

Listening to each other, obviously there's a big spiritual component of mental health, but there's also other components and everybody has different capabilities. What we're going to do is we're going to put out a contact list so you can reach out to each other. If we decide to meet again, and this is something we want to take on, what I'd like for the next meeting is just come with a paragraph on what you have to offer. Then we can share that with each other, so then we've got something to take home.

The next question is a big one and I want to start with a quick war story. The Mayor had us go through this year-long process and one of the things that was really interesting and I want to share with you a soon to be success story, we hope. We realized that when kids were immediately detained and then they went back to their parents, no one knew about it except their parents. The schools didn't know about, their coaches didn't know about it, no one knew about it. We're working with Community North and HSE schools so there is a protocol for that juvenile should his or her parents decide to be in the program where that child gets support through the school program and support from our community paramedicine program. There was a gap for kids in our schools that had mental health challenges. There's an even bigger gap with adults because they don't have parents; they go out and we lose them and never find them. We're working on that gap too.

I'm sure that if we work together, public safety and clergy, and then bring in the schools and bring in city government, that you gentlemen can identify gaps that you have and maybe help us fill some of our gaps.

For adults, what are the spiritual resources that are available and how can we communicate to those that need them? What's the process mapping that occurs? These are the types of conversations that we need to have.

Do we want to continue meeting, do we want to take that journey and identify gaps and do some process mapping and see how we can build capability in our partnership with the schools, with the city, with the faith-based community, etc.?

Todd Zimmerman:

We really have an opportunity here to make a lasting impact as a springboard to bring a significant portion of health to our community; spiritual health.

The next steps are when it gets nitty-gritty. We have to take measurable steps so there's actionable items and not just talk. We got in this because we want to make a difference, not because we want to score any points with anybody. This stuff is not popular, it's really not easy conversations but making change and doing things that are meaningful are messy. That's just part of life. If you're on board we want to continue to do this.

Chief Orusa:

The most valuable lesson we learned last year during this self-discovery and education is awareness;

that's the first step. When you become aware there's a problem and then you confront it and you generate solutions and try to implement them there's definitely going to be a bell curve. Mental health is probably the worst kept secret in our country. So now we've become educated and aware, we start to address it then boom, our immediate detentions go up. Because now we've identified that people need services and then hopefully things are going to start to come down as we fill the gaps and build our capability and make a difference with you, it's going to get better and that's the goal.

Lt. Seward:

Some people have mentioned recovery and addiction. Addiction is a mental illness, it affects our community. I'll be the first one to tell you that. It is in Pleasantville as Chief Orusa put it. It's here. Heroin is here. No surprise to anyone here I hope. Opiate addiction is here. It's been here for a long time. I'm really happy to hear that there are services within your ministries that will help that. That's a big issue that leads to immediate detentions and also suicides, overdoses, overdose death. Steve Davison can attest to that; I myself have seen a 21-year old kid with a needle in his arm dead because of it.

Chief Orusa:

If we were to do a root-cause analysis: Why will people pay for sports and not mental health care for their kids? Why are adults disappearing after immediate detentions and we never see them again and they never seek treatment? Why are kids afraid to come forward and say I don't feel good and I don't know why? It's a stigma.

Root-cause analysis is one of our first objectives for the communications department and you have a big piece of that. It's a value-based problem. What do we value? I can't think of a better group of people to work on values than the people in this room.

Action Items:

- Bring a paragraph detailing what your ministry offers that can be shared with the group
- The 2015 Mental Health Report can be found online at www.fishers.in.us/mentalhealth
- Ministry resources can be sent to Chief Orusa at orusas@fishers.in.us

Next meeting:

March 3, 1:30 – 3:30 p.m., City Hall Auditorium