Suicide Rates

- 91% increase in suicides in Johnson County between 2008 and 2012. Death by suicide rose from 45 to 86. (Johnson County Coroner Report)
- Suicide is the 10th leading cause of death, claiming more than twice as many lives each year as does homicide.
- Every 13.7 minutes someone in the United States dies by suicide.
Timeline of Efforts

- November 2012- Suicide Prevention Summit: 150 people attended
- March 2013- Focus Groups: narrowed down to three goals
- May 2013- Key Leaders Event
- June 2013- Workgroups formed
- July 2013- Received $13,000 award through KYSP (GLS Grant)
- August 2013- Suicide Prevention Panel (personal testimony of three panelists)
Research Informed Communication Workgroup

- WG Leader: Kyle Shipps
- Meeting Dates: June 24\textsuperscript{th} & July 25\textsuperscript{th}, October 23\textsuperscript{rd}
- **Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities**
- **Goal #2-Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.**
  - Objective 2.1-Develop, implement, and evaluate communication efforts designed to reach defined segments of the population
  - Objective 2.2-Reach policymakers with dedicated communication efforts
  - Objective 2.3- Increase communication efforts conducted online that promote positive messages and support safe crisis intervention strategies
  - Objective 2.4- Increase knowledge of the warnings signs for suicide and how to connect individuals in crisis with assistance and care
Two Subcommittees were formed:

1) Identify a team related to **adults** to discuss effective communication tools and techniques
   - Fact Sheet Developed with Facts, Warning Signs and Resources
   - Group will now work on best approaches to disseminate the information
   - Identify Target Locations

2) Identify a team related to **juveniles** to discuss effective communication tools and techniques
   - Event being planned with school personnel and partners/stakeholders
Health Care Services Workgroup

- WG Leader: Kimberly O’Connor-Soule
- Meeting Dates: June 25th, August 6th, September 10th, October 29th
- **Strategic Direction 3: Treatment and Support Services**
- **Goal #8-Promote suicide prevention as a core component of health care services**
  - 8.3- Promote *timely access to assessment, intervention, and effective care* for individuals with a heightened risk for suicide.
  - 8.4- Promote *continuity of care and the safety and well-being of all patients* treated for suicide risk in emergency departments or hospital inpatient units.
  - 8.7- *Coordinate services* among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.
  - 8.8- Develop collaborations between emergency departments and other health care providers to provide *alternatives to emergency department care and hospitalization when appropriate*, and to *promote rapid follow up after discharge*.
Health Care Services Workgroup

- Priority is to promote the adoption of 'zero suicides' or every life has meaning/life is worth living
- Provide education to providers of crisis services and hotlines on HIPPA/Confidentiality
- App for suicide prevention – 'A therapist at your fingertips'
- Requesting data from MCOs to paint a picture of the fiscal impact of suicide to provide to legislators, doctors, hospitals, etc. to motivate in goal of every life has meaning
Training to Community and Clinical Service Providers Workgroup

• WG Leaders: Darren McLaughlin, Steve McCorkill, Bill Art, Dan Rasmussen
• Meeting Dates: June 25th, July 23rd, August 20th, October 29th
• Strategic Direction 2: Clinical and Preventative Services
• Goals #7- Provide training to community and clinical service providers on the prevention of suicide and related behaviors.
  – 7.1- Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors.
  – 7.2- Provide training to mental health and substance abuse providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk.
  – 7.5- Develop and implement protocols and programs for clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.
Training Workgroup Cont.

Three Subcommittees were formed:

• 1) Identify a team to create an online assessment tool to gauge **training needs in our community**
  – Utilize results to identify the target audience and training needs for our community
  – JoCo Mental Health awarded $3,000 to host a local training (GLS Grant)

• 2) Identify a team to **research common assessment tools**
  – What suicide risk assessment tools are available and currently being utilized in Johnson County?
  – How to provide recommendations of best practices to encourage a common language?

• 3) Identify a team to **create list of resources**-ex. crisis lines, MNH providers, services, etc.
  – Group will now work on best approaches to disseminate the information
Training Workgroup - Online Training Assessment

• Subcommittee created nine question survey in October
• Disseminated electronically through coalition contacts
• 401 responses to date
  – Includes responses from: Business, Healthcare, Religious, Youth Serving, etc.
• 61% from Schools/Education; 17% Mental Health; 8% Law Enforcement
• Data will be analyzed in November to identify training
Question: Have you participated in a training related to suicide prevention/intervention?
Question: I feel my sector/workplace would greatly benefit from additional training on suicide prevention/intervention.
Suicide and Overdose

Data provided by Johnson County Coroner’s Office

*2013 data calculated through mid October
Johnson County-Cause of Death

Cause of Death 2008

- Unknown
- Homicide
- Motor Vehicle
- Natural
- Other
- Overdose
- Suicide

Suicide equals 8.48% of overall deaths

Cause of Death 2012

- Unknown
- Homicide
- Motor Vehicle
- Natural
- Other
- Overdose
- Suicide

Suicide equals 14.7% of overall deaths

Data provided by Johnson County Coroner’s Office
Suicide Rate by County
2008 to 2012

Wyandotte County: 15.9
Shawnee County: 15.7
Sedgwick County: 13.6
Johnson County: 13.3

Number of suicides per 100,000 people

Data provided by KDHE-Kansas Information for Communities
# Years of Potential Life Lost by Common Health Issues in Johnson County: 2008 to 2012

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Years of Potential Life Lost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>218,958</td>
</tr>
<tr>
<td>Heart disease</td>
<td>134,142</td>
</tr>
<tr>
<td>All other accidents &amp; adverse effects</td>
<td>77,785</td>
</tr>
<tr>
<td>Motor vehicle accidents</td>
<td>68,402</td>
</tr>
<tr>
<td>Suicide</td>
<td>62,133</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases</td>
<td>34,835</td>
</tr>
<tr>
<td>Diabetes</td>
<td>24,967</td>
</tr>
<tr>
<td>Cerebrovascular disease (Stroke)</td>
<td>24,751</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>2,056</td>
</tr>
</tbody>
</table>

Data provided by Johnson County Department of Health and Environment
Johnson County Co-Responder

• Brief History leading to the Olathe Mental Health Co-Responder Program
  – 2009: Received grant from the Health Care Foundation of Greater KC
  – 2010: CJAC voted to apply for the Justice and Mental Health Collaboration Program Grant
  – 2011 (July): Kimberly Rowlands began her role as Olathe Mental Health Co-Responder
Role of Olathe Mental Health Co-Responder

- Respond with Olathe PD to the scene on calls involving individuals likely suffering from mental illness
- Review police reports and provide follow-up phone calls as relevant
- Outreach
- Trainings
Johnson County Co-Responder Cont.

• Results
  – 808 total interventions
    • Only 10 resulted in jail
    • 16 screened to the state hospital
    • 16 taken to an ER
    • 5 taken to a non-medical facility
  – Comparing data from the year before Kimberly started to data from her first year
    • Repeat calls for service dropped from 1.5 to .62
    • Transport to a hospital on mental health calls decreased from 54% to 17%
Johnson County Co-Responder Cont.

- Intangible Benefits
  - Higher quality service by providing a face to face intervention versus phone
  - Improvements in relationship between JCMHC and OPD
  - Measuring the negative: what might have happened if Kimberly had not been part of the intervention?
Johnson County Co-Responder Cont.

• Recognition
  – 2013 Award of Excellence in Government at the 2013 Transforming Local Government Conference in Atlanta, GA
  – 2013 “Civilian of the Year” Award from the City of Olathe
  – Accessible Community Award from Olathe’s Persons with Disabilities Advisory Board
  – City of Olathe has agreed to fully fund her position
  – Overland Park Police Department and JCMHC have been awarded expansion grant to the Justice and Mental Health Collaboration Program
Thank you for your participation

Please fill out feedback form provided on table

For more information or to sign up for a workgroup, please contact Megan Clark at megan.clark@jocogov.org or 913-715-7880

National Suicide Prevention Lifeline  (Headquarters Counseling Center)
800-273-8255 (TALK) and 785-841-2345