Ohio Suicide Prevention Foundation

Strategic Plan 2013-2016

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Carolyn Givens, Executive Director






Connecting for Life

Art by Rhonda Miller

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APPENDIX

A. Introduction

The **Ohio Suicide Prevention Foundation** *(OSPF)*, a non-profit 501(c)(3), has served Ohio as a focus and a catalyst for the prevention of suicide since 2005. Its energy and activity is targeted on promoting suicide prevention as a public health issue, supporting evidence-based practices in awareness, intervention and methodology, and working for the elimination of stigma and the increase of help-seeking behavior that surrounds the brain illnesses of depression, other mental illness and addiction. There are many definitions of prevention or suicide prevention. OSPF adheres to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration *(SAMHSA)* construct that prevention is different from intervention and treatment in that it is aimed at general population groups who may differ in their risk for developing behavioral health problems. The Institute of Medicine defines three broad types of prevention interventions:

1. **Universal preventive interventions** take the broadest approach, targeting "the general public or a whole population that has not been identified on the basis of individual risk" *(O'Connell, 2009)*. Universal prevention interventions might target schools, whole communities, or workplaces. *E.g., community policies that promote access to early childhood education, implementation or enforcement of anti-bullying policies in schools, education for physicians on prescription drug misuse and preventive prescribing practices, social and decision-making skills training for all sixth graders in a particular school system*
2. **Selective preventive interventions** target "individuals or a population sub-group whose risk of developing mental disorders *[or substance abuse disorders]* is significantly higher than average", prior to the diagnosis of a disorder *(O'Connell, 2009)*. Selective interventions target biological, psychological, or social risk factors that are more prominent among high-risk groups than among the wider population. *E.g., prevention education for new immigrant families living in poverty with young children, peer support groups for adults with a history of family mental illness and/or substance abuse*
3. **Indicated preventive interventions** target "high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional, or behavioral disorder" prior to the diagnosis of a disorder *(IOM, 2009)*. Interventions focus on the immediate risk and protective factors present in the environments surrounding individuals. *E.g., information and referral for young adults who violate campus or community policies on alcohol and drugs; screening, consultation, and referral for families of older adults admitted to emergency rooms with potential alcohol-related injuries (http://captus.samhsa.gov/prevention-practice/prevention-and-behavioral-health/ levels-risk-levels-intervention/2)*

Two significant affirmations form the impetus for this revision of OSPF's strategic plan:

- First, the Ohio Department of Mental Health, as well as, the Department of Health and multiple community stakeholders have encouraged, endorsed and trusted OSPF as the statewide steward and resource partner for Ohio's suicide prevention effort. OSPF accepts this stewardship role and recognizes the accompanying need for broadening its scope of efforts and collaborations; but, also, being as specific, as possible, in defining its strategies and results.
- Second, in September 2012, the U.S. Department of Health and Human Services *(HHS)* Office of the Surgeon General and National Action Alliance for Suicide Prevention released 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action *(Washington, DC: HHS, September 2012)*. This national plan represents a comprehensive, long-term approach to suicide prevention. "The goal of saving lives, as measured by sustainably lower national and regional suicide rates, can only be achieved by a mosaic of coherent actions that complement each other." The National Strategy hopes to energize and sustain the efforts of those who already are engaged in suicide prevention and identifies areas where future contributions can make a difference in advancing suicide prevention in communities. OSPF has reviewed the national plan and strives to be in concert with national goals and objective, and, moreover, to advance them.

OSPF is led by a dedicated and organized board whose members represent a variety of geographical interests and expertise in the suicide prevention and public health fields. *(See appendix)* This board directs and monitors a diverse mix of funding sources including, but not limited to, public and private grants, state line-items, bequests, and products. An active board committee structure allows others to become involved in OSPF activities, especially the establishment of regular information sharing mechanisms and a variety of public and legislative relations programs.

B. Mission & Vision

The **Mission** of OSPF is to promote suicide prevention as a public health issue and advance evidence-based awareness, intervention, and methodology strategies that will support priority populations and healthy communities.

The **Vision** of OSPF is, by 2016, through the leadership and stewardship of OSPF, Ohio will have culturally appropriate and strongly supported local capacity for prevention and reduction of suicides and will promote and emphasize statewide efforts for suicide reduction and prevention services for Ohioans throughout their lifespan.

C. Ohio Suicide Data

Suicide is a significant public health problem in Ohio. In 2010, 1,420 Ohioans died by suicide.[1] According to the Centers for Disease Control and Prevention, suicide is a leading cause of death for Ohioans 10-64 years of age and the second-leading cause of death for young Ohioans 15-34 years of age[2]. Suicides in Ohio out-number homicides 2 to 1, and in 2010 more Ohioans died from suicide *(1,420)* compared to motor vehicle crashes *(1,155)*.[1]

Between 2000 and 2010 the death rate from suicide has increased by 27% from 9.5 per 100,000 persons in 2000 to 12.1 per 100,000 in 2010 *(Figure 1)*.

Overall, males in Ohio are four times more likely to die by suicide compared to females. Between 2000 and 2010 rates for both males and females have increased. The suicide rate for males has increased by more than 18% from 16.9 to 20.0 per 100,000 persons; whereas the rate for females has increased by 45% from 3.3 to 4.8 per 100,000 persons *(Figure 1)*.

The highest rates of suicide are among males aged 85 and older followed by males age 25-34, 45-54 and 35-44 year of age *(Figure 2)*.

The majority of suicides *(51%)* resulted from firearms followed by hanging *(26%)* and poisoning *(17%)*. Other mechanisms accounted for less than 7% of deaths. Between the time period of 2000 and 2010, the number of suicides as a result of hanging increased by 71% from 217 to 370 deaths. For the same time period suicides resulting from firearms and poisoning increased by 22% and 17%, respectively *(Figure 3)*.

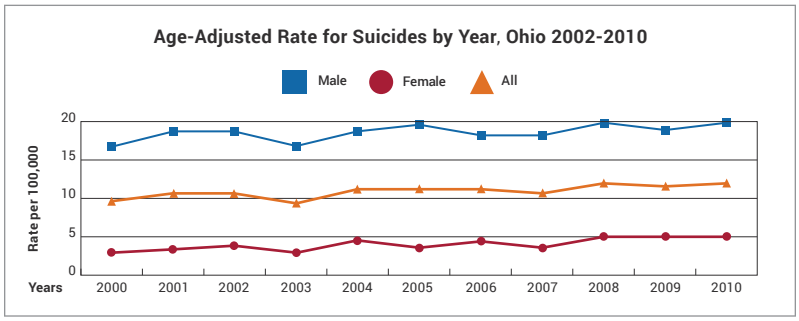

Figure 1. *Source: Ohio Department of Health, Vital Statistics*

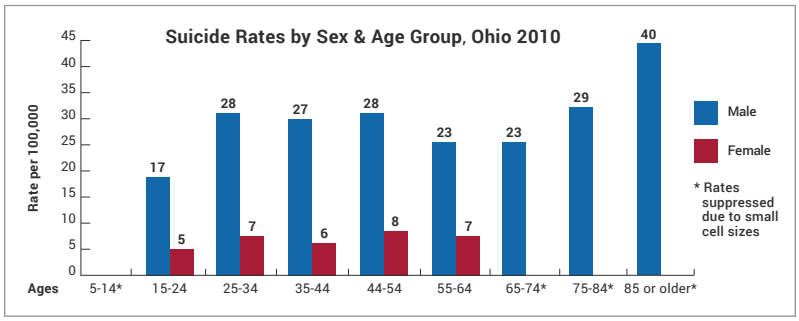

Figure 2. *Source: Ohio Department of Health, Vital Statistics*

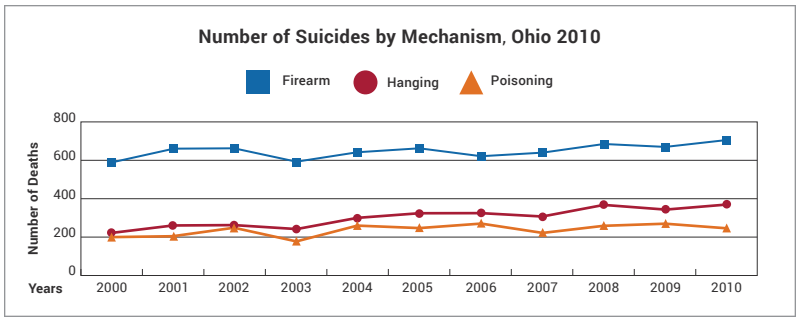

Figure 3. *Source: Ohio Department of Health, Vital Statistics*

[1] Falb M., Beeghly, B.C. (2013). *The Burden of Injury in Ohio 2000-2010*. Violence and Injury Prevention Program, The Ohio Department of Health: Columbus, OH

[2] Centers for Disease Control and Prevention. *(2013) WISQARS: Leading cause of death, Ohio 2010.* Retrieved at *www.cdc.gov/injury/wisqars/leading_causes_death.html*

Among young adults suicide is a serious problem. In 2011, approximately 1 in 7 or 14% of Ohio high school students reported to have seriously considered suicide in the past 12 months.

Female high school students *(18%)* were more likely to report suicide ideation than males *(11%)*.[1] In addition, approximately 1 in 10 or 9% of Ohio high school students reported to have attempted suicide in the past 12 months.[1] The percentage of students who reported at least one suicide attempt was similar by sex and race or ethnic groups.[1]

Also, in 2011, 1 in 25 or 4% of Ohio high school students reported an injury resulting from a suicide attempt in the last 12 months.[1] Ninth grade students were 2 times more likely to report a suicide attempt related injury than students in grades in 10, 11 or 12.[1]

Roughly 90% of suicides are by persons who have been undiagnosed or untreated for depression, other mental illnesses and/or addiction. Ohio's average annual medical cost for suicide per year is $3,879,185 and work loss costs for suicide per year are $921,766,767.

D. Strategic Actions

The Strategic Plan 2013-1016 presents the organization's focus and direction for the next three years; it is more than an update of the board's initial plan *(2008-2012)*. The past seven years of business maturity, county infrastructure development, increasing collaborations and recognition, have positioned OSPF to adopt a broader statewide stewardship role and systemic approach for moving prevention efforts up-stream, more fully integrating prevention and public health, and promoting sustainability for state and local suicide prevention programs.

The development of the strategic plan began in the summer of 2012 with a stakeholders planning retreat *(See appendix for list of participants)*. This full day working session identified past accomplishments, future challenges, and elicited system-wide strategic themes for emphasis or concern. This compilation was reviewed and revised by the OSPF board and resulted in six strategic themes that would move the organization and the state towards accomplishment of its mission and vision. These themes are:

1. "Push" Suicide Prevention Upstream Through the Life Cycle
2. Foster the Use of Public Health Approaches for Suicide Prevention
3. Strengthen the Local Coalitions
4. Enhance Professional Education and Development
5. Prioritize Work with Military Personnel
6. Increase the use of Social Media, Technology, and Targeted Communications to Advance Social Marketing

For each of these strategic areas, OSPF Actions and Targeted Results specify and prioritize directions for 2013-2016 and lend structure to the next three annual work plans and operating budgets. In addition, Blue text references those parts of the National Strategy that relate to each of Ohio's strategic themes.

In addition, a seventh strategy, **Funding and Resource Development**, was added by the stakeholder review group. The complexity of the health services arena and the emphasis on wellness, community health, and universal prevention require, not only more funding contributors, but different ways of operating, different partnerships, and different financial, funding, and resource policies for OSPF.

1. "Push" Suicide Prevention Upstream

Many people may be surprised to learn that suicide was one of the top 10 causes of death in the United States in 2009. And death is only the tip of the iceberg. For every person who dies by suicide, more than 30 others attempt suicide. Every suicide attempt and death affects countless other individuals. Family members, friends, coworkers, and others in the community all suffer the long-lasting consequences of suicidal behaviors.

[1] Falb M., Beeghly, B.C. (2013). *The Burden of Injury in Ohio 2000-2010*. Violence and Injury Prevention Program, The Ohio Department of Health: Columbus, OH

Suicide prevention requires a combination of universal, selective, and indicated strategies. 9 Universal strategies target the entire population. Selective strategies are appropriate for subgroups that may be at increased risk for suicidal behaviors. Indicated strategies are designed for individuals identified as having a high risk for suicidal behaviors, including someone who has made a suicide attempt.

The goals and objectives in this strategic direction seek to create supportive environments that will promote the general health of the population and reduce the risk for suicidal behaviors and related problems.

Suicide prevention efforts have largely focused on activities to identify and provide help for those who are at-risk for suicide, but suicide prevention should also occur prior to the onset of risk to prevent the development of risk. Such "upstream" or universal prevention approaches may be able to reduce risk of suicide by eliminating the underlying causes and related behaviors. Suicide information, prevention, crisis intervention, and postvention must be integrated as part of a healthy, supportive environment "in which someone who is experiencing problems feels comfortable seeking help, and where families and communities feel empowered to link a person in crisis with sources of care and assist the person in attaining or regaining a meaningful life." *(U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention)*

Programs that help youth develop skills to cope with stress or that assist communities develop effective anti-bullying school environments, are examples of universal prevention that lower the risk of suicide and, subsequently, create inviting and healthy communities.

Specific OSPF Actions

- Engage a wide variety of partners, including organizations and programs that promote the health of children, youth, families, working adults, older adults, and others in the community in integrating suicide prevention in their work
- Create a specific "campaign" for suicide information and prevention targeted to patient centered medical homes and federally qualified health centers *(FQHC)*
- Promote, with all community partners, the necessity and inclusion of postvention plans; the responses after a suicide occurs to prevent further loss and support to survivors as they heal

Targeted Results

- Increase number and variety of partners; such as organizations and programs that promote the health of children, youth, families, working adults, older adults, and others in the community in integrating suicide prevention in their work, involved in OSPF activities
- Pilot with one patient centered medical home and one FQHC: full inclusion of "upstream" or universal prevention approach
- Inventory of "upstream" prevention resources applicable to grades K-12 and make available on website

2. Foster the Use of Public Health Approaches for Suicide Prevention

Suicide is a serious public health problem that causes immeasurable pain, suffering, and loss to individuals, families, and communities nationwide. The National Strategy's fourth strategic direction addresses suicide prevention surveillance, research, and evaluation activities, which are closely linked to the goals and objectives in the other three areas. Public health surveillance refers to the ongoing, systematic collection, analysis, interpretation, and timely use of data for public health action to reduce morbidity and mortality. In contrast, research and evaluation are activities that assess the effectiveness of particular interventions, thereby adding to the knowledge base in the area of suicide prevention.

The collection and integration of surveillance data should be expanded and improved. In addition, although some evidence is available regarding the effectiveness of particular interventions and approaches, there is a need to assess the effectiveness of new and promising practices.

Public health approaches to suicide prevention involve surveillance, epidemiology, prevention research, communication, education programs, policies, and systems change. Ohio is rich in resources related to these approaches; but not organized or focused on suicide prevention or wellness promotion. Reporting, data management, and epidemiology should help describe the incidence and prevalence of the Ohio suicides and how suicide affects particular groups. These reports would help track trends in suicide rates over time, highlight changes in groups at risk and help evaluate suicide prevention efforts.

Specific OSPF Actions

- Work with university partners and state agencies to advocate for better scientific information *(surveillance, epidemiology, and prevention research)*
- Develop educational materials on suicide and suicide prevention for primary care and public health sites
- Collaborate with data reporting and management entities, epidemiologists, and county departments to improve consistency of incidence and prevalence data and Ohio Violent Data Reporting System
- Support and collaborate with partners to improve data quality and disseminate suicide data

Targeted Results

- A research advisory group to create an Ohio Research Agenda for Suicide Prevention that includes needed research, funding opportunities, and research dissemination
- Task Force of state epidemiologists and suicide prevention coordinators and local reporting entities to recommend ways to enhance the development of local reports on suicide and suicide attempts, and to integrate data from multiple data management systems
- Portfolio of current and Ohio research on suicide and suicide prevention and post on Website
- Brief assessment tool for emergency rooms and public health sites
- Collaborate with ODMH and Nationwide Children's Hospital to develop an electronic pediatric assessment tool
- Data dashboards developed for 50% of Local Coalitions
- Partner with Ohio Department of Health to produce a report that describes the incidence of suicide in Ohio, particularly among population and age groups by county

3. Strengthen the Local Coalitions

Suicide prevention is often organized differently at the state/territorial, tribal, and local levels, which can make it difficult for the many agencies and programs involved in suicide prevention to work collaboratively. Increased coordination of suicide prevention activities among these various partners could help improve services and outcomes, while promoting the greater sustainability of suicide prevention efforts over the long term. The type of collaboration that will work best may vary by state/territory, tribe, or community. Clarifying each agency's areas of focus and responsibility may be an important first step. This clarification can make it easier for different agencies to work together and to obtain support for their respective suicide prevention efforts. It also may be useful to identify a lead agency at the state and local levels that could help bring together different partners with a role to play in suicide prevention.

Currently, 85 Ohio counties have developed community coalitions that provide the structure for allied groups to pursue coordinated strategies for education and increased public awareness of suicide prevention. In 2013-2016, OSPF will strengthen the services and impact that these coalitions have on the lives of local constituents and the wellness of local communities.

Specific OSPF Actions

- Establish routine and consistent contact with coalitions by staff and board of OSPF
- Promote focus on "upstream" or universal prevention at local coalition level
- Support and encourage local coalition's participation in Drug-Free Action Alliance's Ohio Center for Coalition Excellence and the Statewide Prevention Coalition Association (SPCA)
- Determine baseline local coalition services and accomplishments
- Promote the use of evidence-based prevention programs
- Educate local coalitions regarding OSPF and National Strategy initiatives and priorities

Targeted Results

- Convene a yearly meeting of coalitions at OSPF annual conference
- Implement a template and schedule for board member and advisory board member meetings with local coalitions
- Provide training and resources on universal prevention approaches
- An online means of exchanging information and contacts between and among coalitions; *e.g., Skype and Linkedin*
- Guidelines for baseline local coalition service menu and accomplishments
- Contract with an evaluator to do a formative and summative evaluation or needs assessment for coalitions which would include, but not be limited to: inventory of activities; volume, expectations, membership, penetration, and costs

4. Enhance Professional Education and Development

All community-based and clinical prevention professionals whose work brings them into contact with persons with suicide risk should be trained on how to address suicidal thoughts and behaviors and on how to respond to those who have been affected by suicide.

Although this goal focuses on reducing access to lethal means among individuals at risk, evidence for means restriction has come from situations in which a universal approach was applied to the entire population. Professionals who provide health care and other services to patients or clients at risk for suicide and their families and other caregivers are in a unique position to ask about the presence of lethal means and work with these individuals and their support networks to reduce access. These professionals may include health care providers, social service workers, clergy, first responders, school personnel, professionals working in the criminal justice system, and others who may interact with individuals in crisis. These providers can educate individuals with suicide risk and their loved ones about safe firearm storage and access, as well as the appropriate storage of alcoholic beverages, prescription drugs, over-the-counter medications, and poisons that may be available in the household. However, many may fail to do so, or do so only when a patient is identified as being at a very high risk for suicide.

While enhanced suicide prevention education is important for all community-based individuals who may come in contact with those at-risk for suicide, the pre-service and continuing education of those working in the health and social services fields is an important strategy for Ohio and its local communities. Current collaborations have obtained continuing education accreditation for most OSPF sponsored programming. However, the richness of higher education resources in Ohio provides a variety of opportunities for strengthening core competencies, continuing education and licensing requirements.

In addition, reducing access to means of suicide that are highly lethal and commonly used is a proven strategy for decreasing suicide rates; both at the selective and universal prevention levels. OSPF will work with its partners in the health and social service fields to encourage more priority on screening and reduction of lethal means with individuals, families, and communities.

Specific OSPF Actions

- Continue collaboration with universities and professional accreditation boards to accredit OSPF sponsored trainings and conferences
- Include suicide and suicide prevention education in professional and para-professional certification and licensing requirements
- Expand gatekeeper training particularly for military personnel
- Promote prevention, intervention, and postvention best practices
- Seek alternative partners for educational efforts such as school systems, VA, emergency rooms

Targeted Results

- Maintain professional CEU/CME for OSPF sponsored trainings and conferences
- Explore including suicide prevention skills and knowledge as part of licensing and certification requirements for primary care physicians, nurses, social workers, mental health counselors and other social service workers
- Pilot with one major hospital integrating prevention, intervention, and postvention topics into routine continuing education program
- Distribution of "Toolkits" for prevention, intervention, and postvention best practices
- Develop, distribute, and post on website an inventory on resources and best practices relevant to lethal means for those working in health and social services fields

5. Focus on Military Personnel

Suicide is one of the most important concerns of our time. Suicide among those who serve in our Armed Forces and among our veterans has been a matter of national concern.

The Centers for Disease Control and Prevention *(CDC)* estimates that veterans account for approximately 20% of the deaths from suicide in America.

Membership in a military culture may be one of the most powerful and enduring determinants of a person's values, beliefs, expectations, and behaviors. Rarely is military service considered a minor event in a person's life. Often, the values and identities they acquired on active duty will continue to be important as they move forward. However, service personnel and veterans are at increasing risk of self-harm. Research indicates that suicide, Post Traumatic Stress Disorder *(PSTD)*, and Traumatic Brain Injury *(TBI)* rates are increasing alarmingly among veterans. The VA estimates that a veteran takes his or her own life every 80 minutes — 6,500 suicides per year. That's 20% of all suicides in the United States. In 2012, it was estimated that Ohio had over 800,000 veterans.

Specific OSPF Actions

- Gain and promote throughout state and partnerships a deeper understanding of the military culture in order to enhance programs and services to especially returning vets and armory personnel
- Promote evidence-based practices for working with military personnel
- Expand gatekeeper training to military personnel; especially squad leaders
- Integrate information about suicide signs and symptoms into programs for military family members
- Determine best means of producing computer-based trainings for military use
- Promote military representation within local coalitions

Targeted Results

- Guidance to local coalitions and on military culture and working with military personnel
- Compile, distribute, and post on website a portfolio of evidenced-based best practices
- Showcase local projects at OSPF conferences , newsletters, and other OSPF communications
- Increase participation of military personnel and military family members in local coalitions
- Increased number of squad leaders and other appropriate personnel participating in gatekeeper training
- Decision on feasibility and implementation of computer-based trainings for military use

6. Advance The Use Of Social Media, Technology, And Targeted Communications

Suicide prevention efforts must consider the best ways to use existing and emerging communication tools and applications, such as websites and social media, to promote effective suicide prevention efforts, encourage help seeking, and provide support to individuals with suicide risk.

Communication efforts should target defined audiences, or segments of the population, such as groups with higher suicide risk, school personnel, or others. Demographic factors, such as age, income, or gender, may be used to identify different audience segments, along with factors related to the action being promoted. Efforts promoting behavior change should convey a clear call to action and provide specific information the audience needs to act.

OSPF will explore the use of social media and technology advances such as Facebook, smart-phones and relevant apps, tablets, and Twitter, to promote effective suicide prevention, encourage help seeking behaviors, and support communities, coalitions, and individuals. Additionally, communication campaigns and social marketing approaches will be targeted to specific audiences. Priority audiences include military personnel and families, primary care sites, grades K-12, and the LBGTQ community.

Information from federal and national agencies offer valuable guidance as a starting point for developing specific application and campaigns.

Specific OSPF Actions

- Create a social media and technology workgroup comprised of local coalition members and youth to develop recommendation for local coalitions and OSPF communication strategies
- Promote use of social media at OSPF conferences
- Develop, at least, three target communication campaigns

Targeted Results

- A resource inventory for use of social media in suicide prevention
- Targeted communication materials for military personnel and families, primary care sites, grades K-12, and the LBGTQ community
- General suicide prevention "infomercial" video to be used on website and in public sites
- Newsletter section providing information about new and emerging technology including, but not limited to, behavioral health "apps", treatment technologies, and relevant social networking sites

7. Funding and Resource Development

The Ohio Suicide Prevention Foundation recognizes that the successful accomplishment of its strategic plan requires increasing the resources available, judicious decision making on expending and distributing funds, and creating sustainable funding sources for both OSPF and local coalitions.

Specific OSPF Actions

- Many of the specific actions outlined in other strategies will be initiated with an understanding that new partners, collaborators, and contributors will have a financial stake in the success of the particular action
- Continue to apply for grants that advance the mission of Ohio and OSPF. This may include seeking grants from different state and federal entities; as well as other foundations and private funders
- Seek out statewide business and industry entities that might partner with OSPF and contribute valuable organization and management resources
- Work with local coalitions to develop sustainable funding and resources

Targeted Results

- Increase funding and resources from, at least, three non-state agency entities
- At least, one statewide grant awarded to OSPF
- Add, at least, two members to the board of directors with business, corporate, or resource development experience
- Develop and present to local coalition representatives guidance for developing coalition sustainability

APPENDIX

Glossary

Prevention: A strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems, or reduces the harm resulting from conditions or behaviors.

Universal preventive interventions take the broadest approach, targeting "the general public or a whole population that has not been identified on the basis of individual risk" *(O'Connell, 2009)*. Universal prevention interventions might target schools, whole communities or workplaces.

E.g., community policies that promote access to early childhood education, implementation or enforcement of anti-bullying policies in schools, education for physicians on prescription drug misuse and preventive prescribing practices, social and decision-making skills training for all sixth graders in a particular school system.

Selective preventive interventions target "individuals or a population sub-group whose risk of developing mental disorders *[or substance abuse disorders]* is significantly higher than average", prior to the diagnosis of a disorder *(O'Connell, 2009)*. Selective interventions target biological, psychological, or social risk factors that are more prominent among high-risk groups than among the wider population.

E.g., prevention education for new immigrant families living in poverty with young children, peer support groups for adults with a history of family mental illness and/or substance abuse.

Indicated preventive interventions target "high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional, or behavioral disorder" prior to the diagnosis of a disorder *(IOM, 2009)*. Interventions focus on the immediate risk and protective factors present in the environments surrounding individuals.

E.g., information and referral for young adults who violate campus or community policies on alcohol and drugs; screening, consultation, and referral for families of older adults admitted to emergency rooms with potential alcohol-related injuries.

http://captus.samhsa.gov/prevention-practice/prevention-and-behavioral-health/levels-risk-levels-intervention/2

Postvention: the provision of crisis intervention, support and assistance for those affected by a completed suicide.

Local Coalition: a voluntary local community collaboration that provides the structure for allied groups to pursue coordinated strategies for education and increased public awareness of suicide prevention. 85 of Ohio's 88 counties have established local coalitions for suicide prevention.

Best practices: Activities or programs that are in keeping with the best available evidence regarding what is effective.

Evidence-based programs: Programs that have undergone scientific evaluation and have proven to be effective.

Gatekeepers: Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate. Examples include clergy, first responders, pharmacists, caregivers, and those employed in institutional settings, such as schools, prisons, and the military.

Means: The instrument or object used to carry out a self-destructive act *(E.g., chemicals, medications, illicit drugs)*

Means restriction: Techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm.

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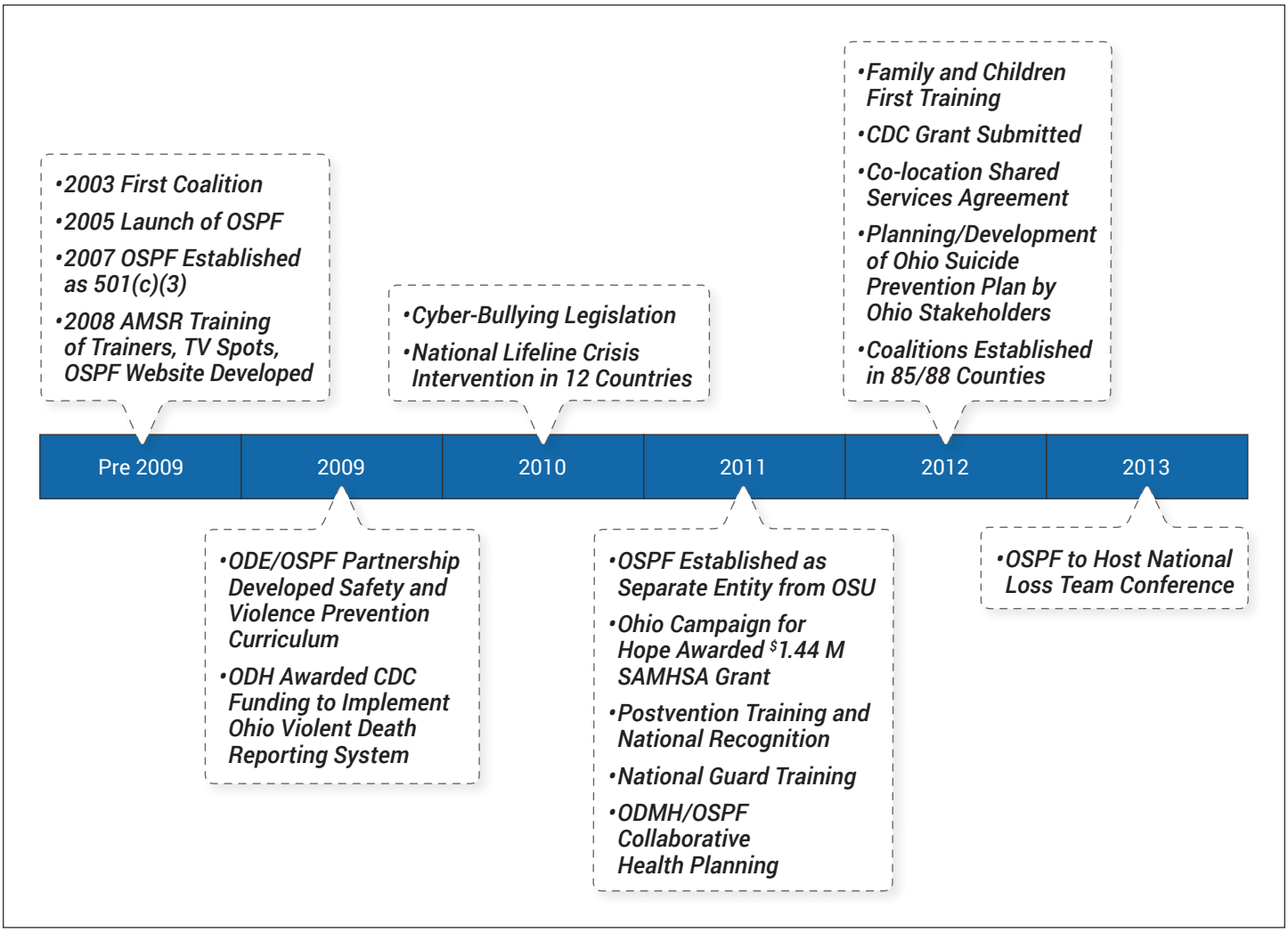
Note: Survivors of Suicide Loss are members of the various groups listed above and represent participation from a consumer level when it comes to the impact of suicide on an individual or family

Accomplishments

The Ohio Suicide Prevention Foundation is thankful to the Ohio Department of Mental Health as well as the Ohio Department of Alcohol and Drug Addiction Services for the tremendous financial commitment that has been made to OSPF for over the past seven years. The encouragement and support that both Departments have provided has been paramount in helping to change the culture of health care in Ohio. OSPF accomplishments over the past seven years have been more than organizational. OSPF has given a voice to and received recognition for the issues of suicide and, especially the promotion of suicide prevention, intervention, and postvention best practices throughout Ohio. The following are some of the major accomplishments for OSPF and Ohio's suicide prevention efforts.

- ☑ *OSPF was launched in September 2*005
- ☑ OSPF became a 501(c)(3) in 2007
- ☑ At the end of SFY 2012, 85 of 88 County Suicide Prevention Coalitions established
- ☑ Since the inception of Ohio's Suicide Prevention efforts $1,073,500 has been award to the community
- ☑ Gatekeeper trainings specifically designed to educate the public on the warning signs of suicide and steps to take to decrease risk with roughly 7,000 Ohioans trained. Eight Annual Suicide Prevention Conferences have been provided specifically to help enhance and transfer knowledge to County Suicide Prevention Coalitions
- ☑ 5 Annual Conferences have been provided specifically for survivors of suicide loss. OSPF website serves as the resource repository for suicide prevention
- ☑ A monthly OSPF E-newsletter is provided highlighting both national and state suicide prevention activity as well as up-to-date information on mental health and substance abuse
- ☑ OSPF provides advocacy and education related to suicide prevention to the Ohio Legislature, news media, Ohio businesses, other state agencies and a host of County partners
- ☑ OSPF established as separate entity from Ohio State University on June 30, 2011
- ☑ August 2011 OSPF awarded $1.44 million three year SAMHSA Garrett Lee Smith Grant; Ohio's Campaign for Hope: Youth Suicide Prevention Initiative for Youth 15-24
- ☑ Summer 2012 OSPF joined Community for New Direction, Multiethnic Advocates for Cultural Competence and Mental Health America of Franklin County in a shared services agreement. Co-located to 2323 West 5th Ave. Grandview, sharing office services as much as possible
- ☑ Postvention Activities - OSPF is recognized as having the most Loss Teams in the world; 18 Coalitions sent 5 person teams to be trained in the evidence-based practice by Dr. Frank Campbell at the 8th Annual OSPF 2011 Conference
- ☑ OSPF has been asked to host to the National Loss Team Conference in September, 2013

Ohio Suicide Prevention Foundation (OSPF) Timeline



Depression is Among the Most Treatable of Psychiatric Illnesses

The Four County Suicide Prevention Coalition of Fulton, Williams, Henry and Defiance Counties held a "Stomp on the Stigma Campaign" on the Defiance College campus in September 2012. Throughout the month of September 180 pairs of shoes were displayed around the sidewalk at the College representing the 180 suicide deaths of Ohio Youth ages 15-24 in 2010.