



**THE SUICIDE
PREVENTION PLAN**
for
OHIO

2020 ANNUAL REPORT

Presented by

The Suicide Prevention Plan for Ohio
Implementation Team

Released: February 2022

OHIO'S VOICE FOR SUICIDE PREVENTION

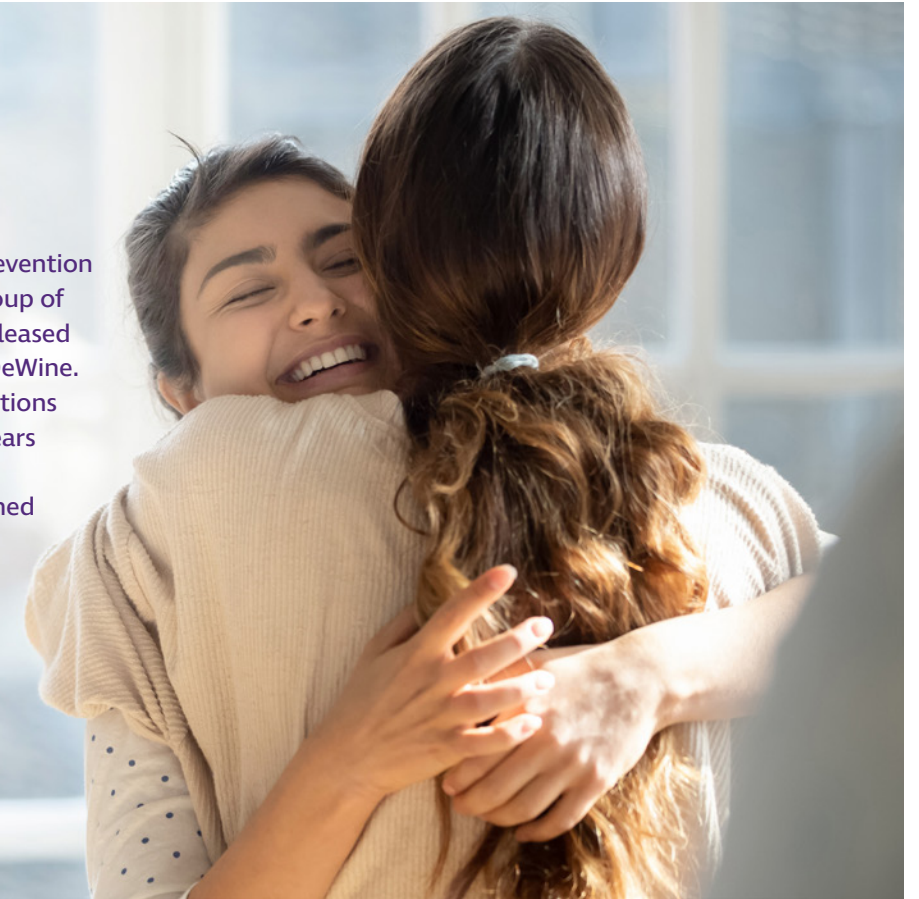


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Executive Summary

In February 2020, the first-ever Suicide Prevention Plan for Ohio was created by a diverse group of 33 community-based professionals and released alongside the support of Governor Mike DeWine. Shortly after, the resulting plan set out actions to be implemented over the next three years (2020-2022). Thus, the need for a team to implement the goals and objectives outlined in the Suicide Prevention Plan for Ohio emerged. The Suicide Prevention Plan for Ohio Implementation Team was organized with various members from the original writing team, as well as new members with expertise and influence across the public, private, and nonprofit sectors.



The Implementation Team, facilitated by the Ohio Suicide Prevention Foundation, created measures to track the progress of the Suicide Prevention Plan for Ohio. Based on these measures, this annual report was created showing the progress of suicide prevention initiatives across Ohio. Since the Suicide Prevention Plan for Ohio is a living document, adjustments have been made and will continue to be made as needed.

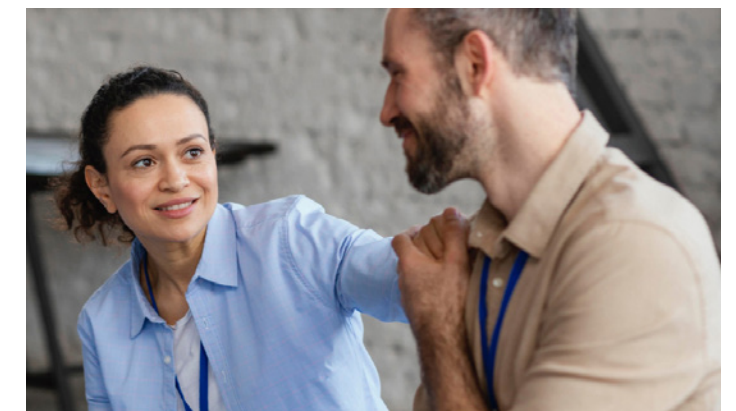
In 2020, the Suicide Prevention Plan for Ohio Implementation Team made significant progress in the following Strategy areas outlined in the Suicide Prevention Plan for Ohio, despite the challenges the COVID-19 Pandemic presented to existing suicide prevention initiatives:

- 1** All Ohioans will recognize the warning signs and risk factors of suicide and respond appropriately.
- 2** Ohio will concentrate efforts on integrating suicide prevention practices and suicide care, including postvention, into high-impact systems, including health care, public safety, and education.
- 3** Ohio will build suicide prevention capacity and infrastructure at the organizational, local, and state levels.

4 Ohio will concentrate prevention efforts on groups identified by data as those with a higher rate of suicide, including:

Youth, ages 10-24	Males, ages 25-59	Veterans and military members	Residents of highest-risk Appalachian counties	Community population focus as identified by local data
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5 Ohio will standardize, gather, and utilize data to continuously inform and evaluate its approach.



Acknowledgments

The Ohio Suicide Prevention Foundation (OSPF) acknowledges the individuals, organizations, and agencies that dedicated their time and effort to contribute to the Suicide Prevention Plan for Ohio Implementation Team. The Implementation Team consisted of 32 diverse stakeholders representing public, private, and nonprofit partners to ensure widespread suicide prevention initiatives reach all Ohioans.

OSPF Staff

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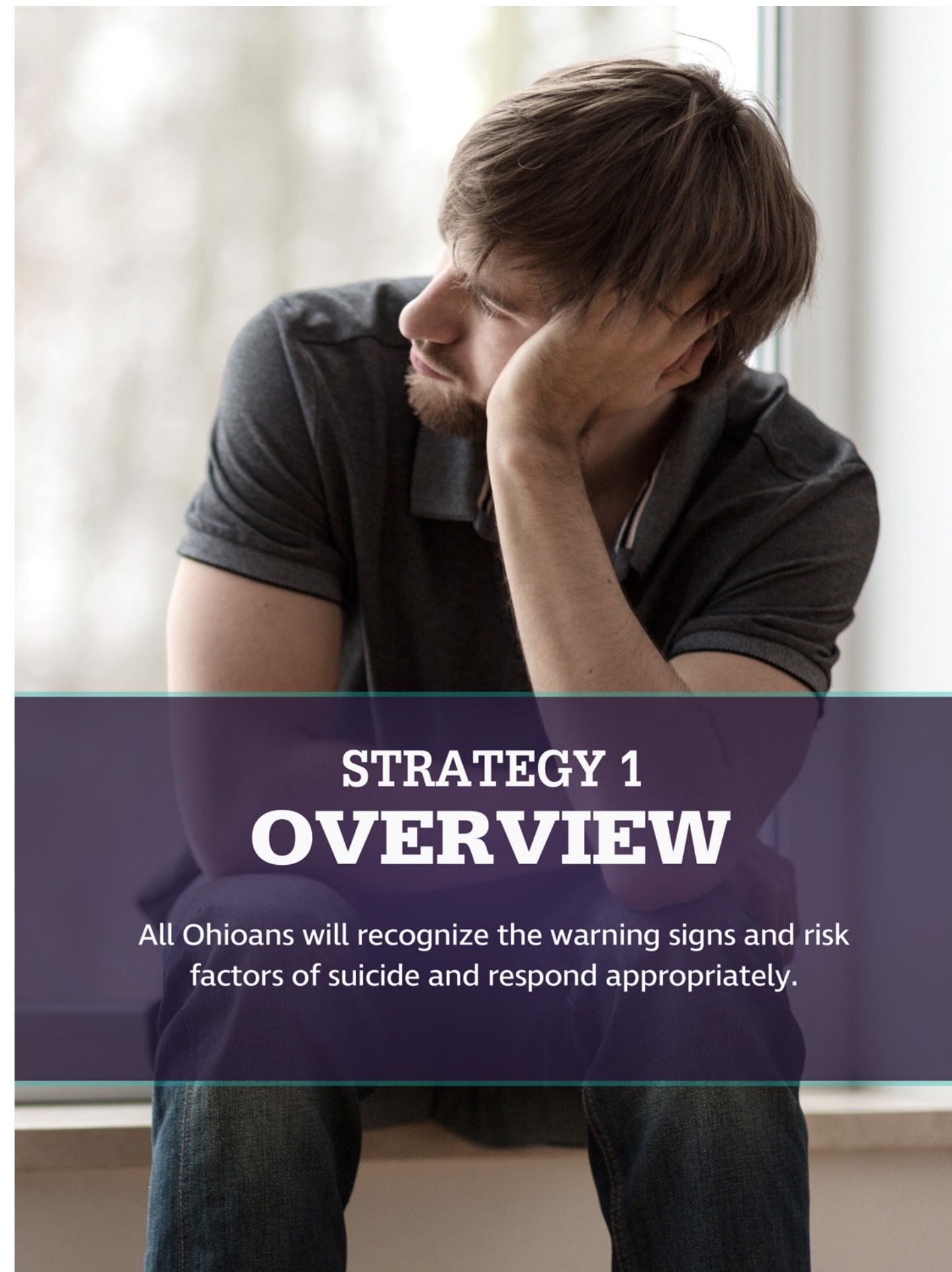
2020 Suicide Prevention Plan for Ohio Implementation Team Members

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State Infrastructure for Suicide Prevention

As shown above, the Ohio Implementation Team represented subject-matter experts, service sector, and regions. State and county agencies, private providers, philanthropic entities, local coalitions, and advocacy voices – most importantly those of families and suicide survivors – came together to craft a plan to mobilize and align efforts to prevent suicide.

Efforts to prevent suicide across the state of Ohio are centered in a frame of equity and inclusion to ensure that everyone has a fair and just opportunity to be as healthy as possible in alignment with federal guidance from the Substance Abuse and Mental Health Services Administration. As the single state authority on behavioral health, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) serves to lead this vision, capacity development and infrastructure through programmatic and funding direction, hand-in-hand with Recovery Ohio, state agencies, statewide partners and community-based organizations.



STRATEGY 1 OVERVIEW

All Ohioans will recognize the warning signs and risk factors of suicide and respond appropriately.

Strategy 1 Goals & Objectives

GOAL 1

Strengthen the public’s knowledge and ability to promote wellness, recognize suicide risk and take appropriate action for self and others.

Objective 1a: Implement a suicide prevention awareness campaign that will resonate with target groups, their communities, and their support systems including youth, families, friends, and colleagues.

In 2020, the Suicide Prevention Plan for Ohio Implementation Team worked together to design and disseminate various suicide prevention awareness campaigns tailored to at-risk populations, including youth, families, friends, and community members. Knowing that one size does not fit all, it has been crucial to ensure that this work was developed to reach diverse individuals and communities, especially for those at highest risk, to increase the ability to recognize suicide risk factors and have the knowledge to respond appropriately.

OhioMHAS funded and guided the relaunch of Be Present Ohio. Be Present Ohio is a peer-to-peer program, created by youth for youth. This program helps to guide young people through the struggles of mental health and gain a better understanding of various mental health conditions. Be Present Ohio supports young people by offering self-care tips where youth can learn different tools such as yoga, meditation, setting healthy boundaries, and journaling to help improve their mental wellbeing. Youth are also encouraged to be present for others by empowering them to handle tough conversations with their friends and use the same self-care tools that made a difference in their lives.

In light of the concerns surrounding mental health issues and the COVID-19 Pandemic, OhioMHAS and the Ohio Department of Education (ODE) partnered to develop a list of resources and tools needed to support mental health awareness and suicide prevention campaigns. Each initiative has a built-in education and stigma-reduction component, aimed at changing attitudes about mental health and strengthening supports for Ohioans in need. Additionally, the ABCs of Mental Health resource guide for educators was created and widely shared due to the increased concerns around mental wellness and risk of suicide during the pandemic.

In order to develop campaign strategies to reach adult men, the Suicide Prevention Plan for Ohio Implementation Team marketed “Man Therapy.” Man Therapy is an online campaign that is designed to reach adult men with education on mental health, suicide prevention, healthy coping strategies, and how to help a friend or oneself. According to the Ohio Department of Health, males made up 80.5% of all suicide deaths in Ohio in 2019. This alarming statistic highlights the need for a male mental health awareness campaign such as Man Therapy.

Key Accomplishments:

In 2020, 22,867 Ohioans accessed the Be Present Ohio website, where information on how to help a peer is located.

OhioMHAS, OSPF, and ODE developed a Parents and Caregiver component of Be Present Ohio to support increasing suicidal ideation concerns with youth and their families. All Be Present Ohio resources were promoted through the Suicide Prevention Plan for Ohio Implementation Team networks and shared widely on social media, as well as featured on iHeart Radio, Spotify, and NBC4.

In 2020, 2,807 Ohioans accessed the Man Therapy website in order to learn more about mental health resources for men.

Out of the 2,807 visitors to the Man Therapy website, 1,539 of these people accessed the Head Inspection page, which is a mental health self-assessment that points toward resources based on the results. This means over half of all visitors were interested in finding out about their current mental health status.

In November 2020, OhioMHAS provided funding and support to the Ohio Suicide Prevention Foundation for the development and launch of Life is Better with you Here. This public awareness campaign is part of Ohio’s efforts to prevent suicide among African American youth. The campaign is dedicated to creating and connecting young African American adults with the resources needed to address their mental health and included events in Cleveland, Columbus, and Cincinnati.

Looking Ahead:

In 2021 and 2022 of the Suicide Prevention Plan for Ohio, a number of focused strategies to reach special populations at highest risk for suicide were expanded and further disseminated. Each strategy was grounded in cultural awareness to make certain that outreach and content were on point for the specific audience. This included focus groups, listening sessions and message testing – all with members of the focus populations.

Be Present Ohio will be expanded to create a brand-new gamified learning module for youth around mental wellness and the signs of suicide through a partnership with Nationwide Children’s Hospital. Be Present Ohio will continue to be promoted through the Suicide Prevention Plan for Ohio Implementation Team and through various media outlets across Ohio to increase suicide prevention awareness among Ohio’s youth. A partnership with the Cincinnati Reds will be formulated in 2021, in which Be Present messaging will be advertised during home games.

New Man Therapy marketing materials will be released and shared through the Ohio Suicide Prevention Foundation’s social media channels as well as more broadly through additional stakeholders in the Suicide Prevention Plan for Ohio Implementation Team. The Ohio Suicide Prevention Foundation will be hiring an AmeriCorps VISTA member in 2021 to focus primarily on suicide prevention and awareness for men and a major role for this VISTA member will be to strategically promote Man Therapy across Ohio.

According to data from the Ohio Department of Health, while the age-adjusted rate of suicide in Ohio increased by 14.0% overall from 2010-2020, the rate among non-Hispanic Black Ohioans increased by 87.3% in that same interval. Further, from 2019-2020 the rate of suicide decreased among Hispanic decedents (-14.9%), non-Hispanic white decedents (-10.3%) and -9.2% overall; however, the rate among non-Hispanic Black decedents increased by 8.4% during that time. It is imperative, then, that the Suicide Prevention Plan for Ohio Implementation focus on the African American community. An African American suicide prevention awareness campaign called Life is Better with You Here will be actively promoted through various media outlets in 2021 and 2022. New multimedia campaign materials will be created and awareness events will be hosted around Ohio to provide suicide prevention and mental health resources to African American community members.

A campaign and webpage were developed to support farmers experiencing stress and is located on the Ohio Department of Agriculture website. Partners in ongoing planning for the farm community included the Department of Agriculture, The Ohio State University, the Ohio Farm Bureau, Nationwide Insurance, and many others. Gatekeeper trainings were also provided through this network.



Objective 1b: Promote responsible media reporting of suicide that includes accurate portrayals of suicide and mental illness along with safe online content related to suicide.

In 2020, the Suicide Prevention Plan for Ohio Implementation Team worked with various media outlets to actively promote responsible media guidelines and resources. Through partnerships with NBC4 and iHeartRadio, safe media guidelines were integrated in all public-facing advertisements and promotions. It is imperative to responsibly report about suicide and suicide prevention because:

- Inaccurate myths around suicide and suicide prevention can fuel stigma and negatively change perceptions about suicide. It is important to present accurate and factual information only;
- Sensationalizing or glamorizing suicide can lead to unintentional suicide contagion and clusters;
- Including images or graphic descriptions of suicides can trigger at-risk and/or vulnerable individuals.

Objective 1c: Ensure that public awareness campaigns include promotion of healthy lifestyles and community connections.

In 2020, all suicide prevention campaigns referenced in Objective 1a included resources on healthy lifestyles and community connections. It is important to include mental health resources and healthy lifestyles whenever media reports on suicide-related stories because:

Including mental health resources and relevant contact information can help at-risk individuals who are consuming media to make connections with a provider. At the bare minimum, provide the number to the National Suicide Prevention Lifeline (1-800-273-8255), Ohio CareLine (1-800-720-9696) and Crisis Textline (Text "4HOPE" to 741-741);

Including stories of hope, healing, and recovery may reduce the risk of suicide contagion.

Objective 1d: Increase the number of family members who have access to education and information pertaining to 1) available resources, 2) how to access training, 3) how to reduce access to lethal means.

Looking Ahead: 

In 2021 and 2022, the Suicide Prevention Plan for Ohio will develop a process to track the number of individuals that have access to suicide prevention education and information. Additionally, work in 2021 and 2022 referred in Goal 2 (below) will address the lethal means education component.



Strategy 1 Goals & Objectives

GOAL 2

Provide training to community groups, families, and other individuals in a person's support system on the prevention of suicide and related behaviors.

Objective 2a: Increase availability of evidence-based suicide prevention gatekeeper trainings to those working with higher-risk groups.

In 2020, significant progress was made in terms of increasing the availability of evidence-based gatekeeper trainings to those working with higher-risk groups. Suicide prevention gatekeeper trainings teach community members how to identify individuals who are at-risk for suicide and how to refer them to mental health services. Stakeholders in The Suicide Prevention Plan for Ohio Implementation Team and other community partners were able to use existing and new funding resources to provide an increased amount of training to those that work with higher-risk groups such as:

First Responders:

- The Criminal Justice Coordinating Center of Excellence and NAMI Ohio, reported that 796 law enforcement officers completed the full Crisis Intervention Team (CIT) training in calendar year 2020.
- New initiatives to provide free Question, Persuade, Refer (QPR) training for first responders were implemented in 2020. The Ohio Suicide Prevention Foundation trained employees of the Ohio Bureau of Criminal Investigation (BCI), Ohio Department of Rehabilitation and Corrections (ODRC), Columbus Police Academy, and Marion Correctional Institution on how to recognize suicide warning signs, how to have a conversation with an at-risk individual, and how to refer them to appropriate mental health services. Moreover, 200 law enforcement personnel were trained in QPR through the Ohio School Safety Center.

Crisis hotline staff & volunteers

- The Ohio Suicide Prevention Foundation trained the COVID Call Center line (Ohio CareLine) employees in QPR in 2020.

Foster-care parents

- The Ohio Suicide Prevention Foundation provided QPR training opportunities to Ohio foster parents with the National Youth Advocacy Program (NYAP).

Veterans and active-duty military personnel

- According to the Ohio Veteran Suicide Data Sheet, 211 veterans died by suicide in Ohio in 2018. The Ohio Suicide Prevention Foundation and other community partners trained 255 veterans, active-duty service members, and their families in Mental Health First Aid (MHFA) in 2020.
- 2,891 Ohio National Guardsmen & Women were trained in Ask, Care Escort (ACE) in 2020. ACE is the army-approved suicide awareness and prevention training.
- 815 Ohio National Guardsmen & Women completed the Applied Suicide Intervention Skills Training (ASIST) in 2020. ASIST is a two-day workshop for suicide first aid.

State of Ohio Legislative Aides

- The Ohio Suicide Prevention Foundation trained 123 Ohio House of Representative and Senate legislative aides in QPR. Legislative aides may find themselves in a position where they take a call from a constituent in crisis.

K-12 and Higher-education Staff and Students

- In 2020, the Ohio Suicide Prevention Foundation trained 941 teachers in Kognito At-Risk, an evidence-based suicide prevention training that equips K-12 teachers with skills on how to have a helpful and caring conversation with a student experiencing mental health distress.
- In 2020, the Ohio Suicide Prevention Foundation trained 1,299 high school students in Kognito Friend2Friend, an evidence-based suicide prevention training that equips students with skills on how to have a helpful and caring conversation with a peer experiencing mental health distress.
- In 2020, the Ohio Suicide Prevention Foundation trained 441 college students in Kognito on Campus, an evidence-based suicide prevention training that equips college students with skills on how to have a helpful and caring conversation with a peer experiencing mental health distress.
- In 2020, 73 Sources of Strength Instructors were trained to implement the upstream, evidence-based suicide prevention gatekeeper training in their local Ohio school districts. Free training opportunities are available through OSPF funding for districts that want to implement the training in future years. Significant investments and effort will be put into expanding the Sources of Strength training network in years 2021 and 2022 of the Suicide Prevention Plan for Ohio.



SUCCESS STORY

After the Sources of Strength rollout in 2020, the Prevention Action Alliance Ohio Youth-Led Prevention Network (OYLPN) Youth Council left positive feedback on the impact of the new youth suicide prevention program, attesting to its success:

"It's no secret that 2020 was a tough year for the youth-led field—and the rest of the world—but the Sources of Strength training I attended in December 2020 was truly one of the highlights. Between the dynamism of Sources' warm, energetic trainers, the depth of the program's evidence base, and the positivity of this asset-based approach to suicide prevention, I ended the week with more hope than I'd had in a long time."

- Anonymous

"I find [Sources of Strength] beneficial because I know first-hand that finding your own support system to manage mental health creates a circumstance where you can aid others in their own mental wellness journey."

- Isabella Ruiz, 2nd year member & senior from Archbold High School

Objective 2b: Increase access to and the number of people trained in evidence-based prevention for community members (i.e. youth, families, friends, peers, co-workers).

The Suicide Prevention Plan for Ohio Implementation Team focused a tremendous amount of effort into the expansion and availability of evidence-based gatekeeper training for all Ohio community members. In 2020, The Implementation Team increased the number of Question, Persuade, Refer (QPR) and Mental Health First Aid (MHFA) training opportunities for Ohio community members.

- Question, Persuade, Refer (QPR): Ohio trained 2,106 community members in QPR in 2020. See below for notable accomplishments:
 - The Ohio Suicide Prevention Foundation held 31 QPR trainings and trained a total of 658 community gatekeepers.
 - The Ohio Suicide Prevention Foundation trained 65 QPR instructors across Ohio in 2020. These instructors can then go out into their community and provide gatekeeper training at any time.
 - 454 Franklin County residents were trained in QPR Suicide Prevention skills across 39 trainings.
 - Cincinnati-based suicide prevention nonprofit 1N5 trained 785 Ohioans in QPR.
 - Prevention Awareness Support Services (PASS) trained 121 community members in QPR.
- Mental Health First Aid (MHFA): Ohio trained 2,730 community members in MHFA in 2020. See below for notable accomplishments:
 - The Ohio Suicide Prevention Foundation trained 512 community members in MHFA in 2020.
 - Prevention Awareness Support Services (PASS) trained 452 community members in MHFA in 2020.
 - The MHFA Statewide Collaborative trained 1766 community members in MHFA in 2020 (1009 Adult MHFA, 757 youth MHFA).

Looking Ahead: 

It is important to note that the Suicide Prevention Plan for Ohio Implementation Team recognizes that many additional evidence-based, suicide prevention gatekeeper trainings occurred in 2020 by community-based providers that were not reported. Additionally, a number of gatekeeper trainings will continue to be made available to marginalized and underserved at-risk populations, including refugee, LGBTQ, African American and others. Moving forward, the Implementation Team will be designing a reporting system where county-based mental health boards and other community providers

can enter details about which trainings they provide to their community members. This reporting system will be able to capture more accurate data about the trainings that occur, so that the Suicide Prevention Plan for Ohio Implementation Team can address gaps where training is lacking.

Strategy 1 Goals & Objectives

GOAL 3

Encourage safe storage of firearms, medication, and other lethal means.

Objective 3a: Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means as part of an overall educational effort.

Looking Ahead: 

The Suicide Prevention Plan for Ohio Implementation Team will be focusing more of its time and energy on lethal means safety and prevention in 2021 and 2022. The Implementation Team will consider a statewide campaign to promote Counseling on Access to Lethal Means (CALM) training for providers.

Objective 3b: Partner with firearm dealers and gun owner groups to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership and to include safe storage as part of an overall educational effort.

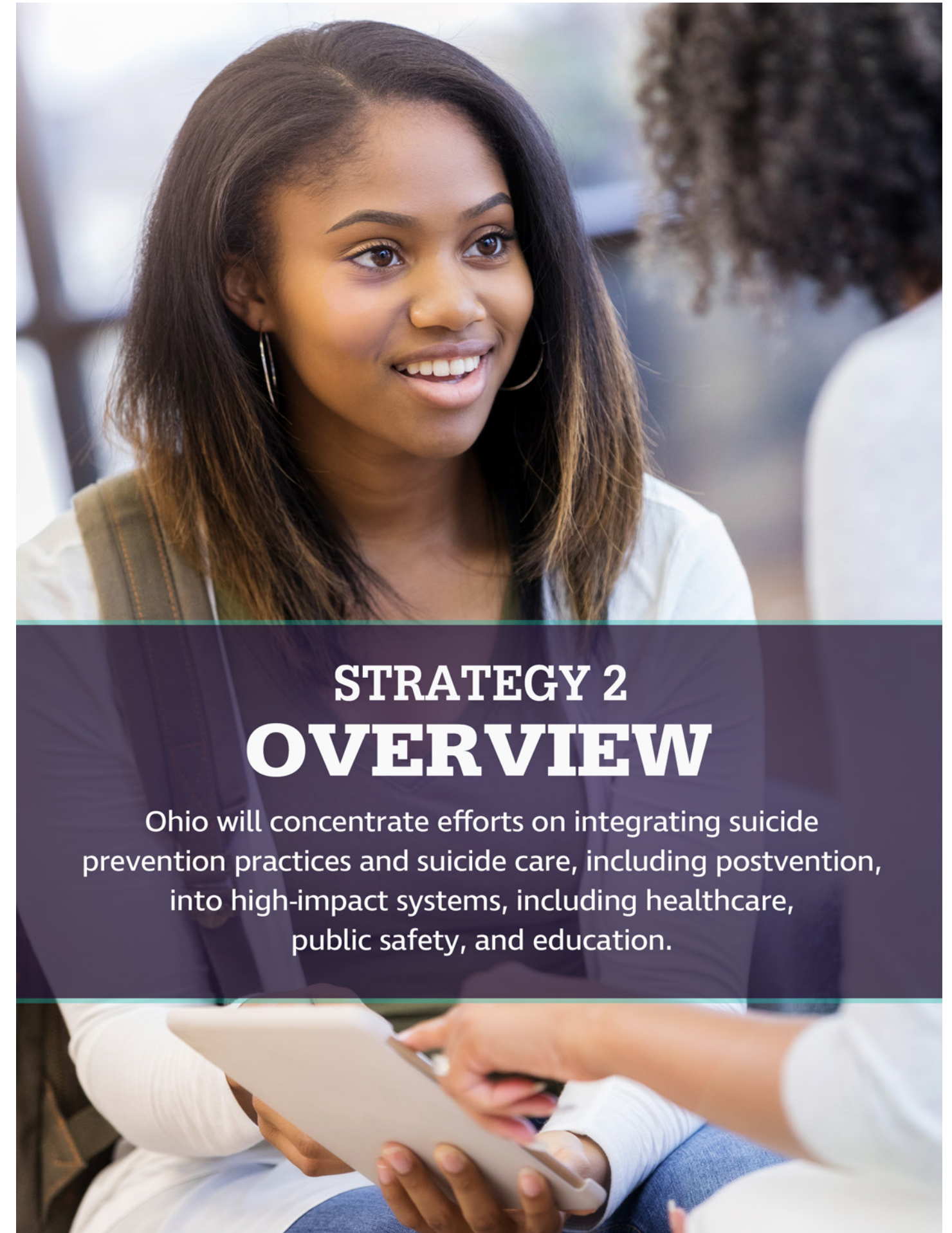
Looking Ahead: 

The Suicide Prevention Plan for Ohio Implementation Team will be engaging with the Buckeye Firearms Association and other community partners to implement effective lethal means safety and awareness in 2021 and 2022.

Objective 3c: Embrace new safety technologies to reduce access to lethal means as part of an overall educational effort.

Looking Ahead: 

The Suicide Prevention Plan for Ohio Implementation Team will be engaging with the Buckeye Firearms Association and other community partners to implement effective lethal means safety techniques and strategies in 2021 and 2022.



STRATEGY 2 OVERVIEW

Ohio will concentrate efforts on integrating suicide prevention practices and suicide care, including postvention, into high-impact systems, including healthcare, public safety, and education.

Strategy 2 Goals & Objectives

GOAL 1

Integrate suicide-specific care across health care, behavioral health care, and addiction treatment organizations.

Objective 1a: Provide learning opportunities to organizations on the core components of the Zero Suicide approach and in developing and implementing protocols for delivering services for individuals at differing levels of suicide risk in the most collaborative, responsive, and least-restrictive settings.

Zero Suicide is an evidence-based framework for healthcare and behavioral healthcare organizations. According to the Zero Suicide Institute, “the foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care”.

By implementing the Zero Suicide model within Ohio’s healthcare organizations, the following goals will be attained: increase leadership support for Zero Suicide implementation; increase collaboration among community partners; increase the number of healthcare providers that are competent in serving patients that are at risk for suicide; increase identification of patients at risk of suicide; increase identification of suicide risk level for patients who screen at high risk; increase the number of patients that transition safely through each level of care; increase number of at-risk patients who receive treatment for suicide ideation; increase the number of at-risk patients who receive follow-up services; and increase utilization of data analytics to make informed decisions related to the functionality of Zero Suicide programming.



Key Accomplishments:

To capture data related to Zero Suicide, members of the Suicide Prevention Plan for Ohio designed a survey for Healthcare Systems (Primary Care, ED, Urgent Cares, FQHCs, Behavioral Health organizations, etc.) on their implementation of all aspects of Zero Suicide. After data collection concludes in 2021, a Zero-Suicide best practice implementation tool will be developed and marketed to healthcare organizations based on identified gaps, and training efforts will be targeted to those same organizations. In addition, OhioMHAS is a SAMHSA Zero Suicide grantee and is currently in year 3 of partnering with three community behavioral health organizations to implement the framework. Currently, through a partnership with Cardinal Health and the Ohio Children’s Hospital Association, all of Ohio’s Children’s Hospitals are participating in a community of practice to implement Zero Suicide.

In order to provide learning opportunities for Ohio’s behavioral health workforce, the Ohio Suicide Prevention Foundation (OSPF) increased the availability of suicide risk assessment and suicide treatment trainings. Through these efforts, OSPF had 667 individuals take part in workforce development training centered on suicide prevention and substantially increased the knowledge, skills, and self-efficacy of Ohio behavioral health professionals to identify, manage, and treat suicidality in patients/clients. In 2020, the Ohio Suicide Prevention Foundation (with the help of entire the Suicide Prevention Plan for Ohio Implementation Team), trained:

399 behavioral health providers in the Collaborative Assessment & Management of Suicidality (CAMS). CAMS is an evidence-based treatment framework used to assess suicidality and specifically treat suicide risk. Participants in the CAMS training indicated that they feel confident that they can make a clinical judgement of the risk that a client will attempt or complete suicide (an average rating of 4.73 out of 5).

268 behavioral health providers in Assessing & Managing Suicide Risk (AMSR). AMSR is an evidence-based training for providers on how to recognize and assess suicide risk, plan for client safety, and manage the ongoing care of at-risk individuals. Participants in the AMSR training indicated that the AMSR training positively impacts their professional practice (an average rating of 4.60 out of 5).

OhioMHAS Zero Suicide grantees continued to progress in implementing all components of the Zero Suicide Framework. Currently, the grantees are working on developing policies and procedures for their suicide care pathway.

OhioMHAS partnered with the Ohio Children’s Hospital Association on the Ohio Zero Suicide Pediatric Initiative in an effort to reduce suicide in youth ages 12-18. Children’s Hospitals participated in the ZS Academy through funding and support from Cardinal Health and working directly with OhioMHAS and the Ohio Children’s Hospital Association (OCHA) to develop a framework and guidance for community engagement and partnership from broad community partners, with special focus on at-risk and underserved populations.



Objective 1b: Incentivize providers for incorporating elements of evidence-based suicide care through Medicaid reimbursement mechanisms.

Looking Ahead:

The Suicide Prevention Plan for Ohio Implementation Team will be engaging with the Ohio Department of Medicaid in 2021 and 2022 to effectively begin working on this objective.

Strategy 2 Goals & Objectives

GOAL 2

Provide training to clinical and social service providers on the prevention of suicide and other related behaviors.

Objective 2a: Promote the adoption of core education and training guidelines regarding suicide prevention into the higher education curricula of health professions.

Most of the time, licensed counselors, clinicians, and other behavioral health providers do not receive adequate suicide prevention education and training. However, these are the professionals that individuals experiencing a suicidal crisis often seek out. Thus, there is an immediate need for widespread implementation of a contemporary suicide prevention course for many types of students—especially those students entering in the behavioral health field. OSPF along with The University of Cincinnati, Old Dominion University, and the University of North Carolina at Charlotte have created this course for colleges and universities to offer their undergraduate and graduate health profession students. OSPF is offering this course and all of its materials to interested institutions willing to provide this course as in person, online, or blended option in its entirety.

Key Accomplishments:

Seven Ohio institutions of higher education expressed interest in the Interprofessional Education Suicide Prevention College Curriculum after the rollout of the marketing video, final course materials, and technical package in 2020.

The Suicide Prevention Plan Implementation Team designed a survey for institutions of higher education on their campus-wide suicide prevention initiatives. A best-practice handbook will be created for Ohio institutions based on gaps identified in suicide care on campuses. The survey results will also guide the implementation of various resources to institutions in 2021 and 2022.

Looking Ahead:

In 2021 and 2022, OSPF will be equipped to provide adequate consultation on the implementation of the Interprofessional Education Suicide Prevention College Curriculum. The first Ohio higher education institutions will be able to implement the course in early 2022.

Objective 2b: Promote core education and training guidelines in suicide prevention best practices for professional licensing boards and related entities.

The Ohio Chemical Dependency Professionals Board Prevention Committee added suicide prevention to the list of trainings offered in 2020 and will continue to discuss how to better incorporate this content area, as well broader behavioral health content, in 2021 and 2022. The Committee will invite OSPF to become a member in 2021.

Looking Ahead: 

In 2021 and 2022, there will be a focus on legislative advocacy for mandatory suicide prevention hours for licensed behavioral health providers. Continuing education requirements for professionals engaging with suicidal patients and clients need to be implemented for professionals to provide the best suicide care possible.

Strategy 2 Goals & Objectives

GOAL 3

Integrate suicide prevention best practices and suicide-specific care across educational systems, including Educational Service Centers.

While Ohio K-12 students switched to virtual instruction for the remainder of the 2019-2020 academic school year, suicide risk factors such as domestic violence and child abuse could be exacerbated due to spending more time at home even though these instances are likely underreported during the pandemic. Furthermore, some students experience elevated anxiety and depression due to sustained social isolation and/or secondary trauma from family financial hardship. Ohio schools must equip themselves with appropriate resources to address potential mental health and suicide concerns whether conducting virtual or traditional classroom instruction. Trainings and programs geared toward educators that focus on the identification of warning signs, how to engage with an at-risk student, and how to make a referral to mental health services need to be widely integrated within school systems. Additionally, mass suicide-specific screening programs at schools may be beneficial in the early identification of suicidal youth.

Objective 3a: Increase implementation and support for the PAX Good Behavior Game to improve self-regulation in children.

Key Accomplishments: 

PAX Tool for School@Home™ Free workshop hosted by PAXIS institute was offered to parents and caregivers who are facilitating their child's schoolwork at home.

Looking Ahead: 

In 2021 and 2022, the Suicide Prevention Plan for Ohio Implementation Team will strategize on the statewide expansion of the PAX Good Behavior Game. Moving forward, OhioMHAS and the Ohio Department of Education are working together to provide informational sessions to administrators, teachers, and other community partners on the benefits that PAX has for reducing suicide and the benefits that the program can bring for educational outcomes. To further support this expansion, training opportunities are being made to reach more school districts across the state.

Objective 3b: Provide guidance and support to school districts and community partners to develop and implement evidence-based strategies to prevent suicide and promote mental wellness.

Often, school districts are not equipped to effectively and appropriately incorporate evidence-based suicide prevention resources, policies, and guidelines. This can inadvertently lead to negative outcomes such as increased suicide ideation amongst vulnerable youth, and in some cases, suicide contagion. It is imperative that the Suicide Prevention Plan for Ohio Implementation Team focus its efforts on integrating suicide prevention programming, messaging, and guidelines within Ohio schools.

Key Accomplishments: 

In 2020, 53 schools, 280 classrooms, and 5,512 students participated in the evidence-based Signs of Suicide (SOS) program via Nationwide Children's Hospital.

SOS is a universal, school-based suicide prevention program designed for middle school and high school students. The curriculum contains training for students on recognizing warning signs as well as a screening component for all students who attend, and resources for those screening high.

Apart from Nationwide Children's Hospital, there were 58 organizations who held 98 active SOS licenses in Ohio and 30 new SOS licenses were purchased by 24 organizations in 2020.

Ohio also invested in Sources of Strength and Kognito At-Risk for K-12 students in 2020. Please refer to Strategy 1, Objective 2a (pages 11 and 12) for a complete description of achieved outcomes for these two program rollouts.

In partnership with the University of Cincinnati, the OhioMHAS developed a guide for schools to develop a comprehensive suicide prevention program that includes a set of school-based strategies aimed at preventing and addressing adolescent suicide on multiple levels including primary prevention, secondary prevention (intervention), and tertiary prevention (postvention).

In response to COVID-19, OhioMHAS and ODE included suicide prevention guidance and supports in the Restart and Reset Ohio: How to Support Children's Social, Emotional and Behavioral Health and Well-Being During the Start of the 2020-2021 School Year.

The K-12 Prevention Initiative has led to increase implementation of evidence-based prevention programming, including programs that promote mental health/wellness and suicide prevention. This initiative has also strengthened schools/districts partnership with local mental health and recovery services boards.

In partnership with ODE, the Prevention Education and Professional Development Initiative provided grants to five Educational Services Centers to train educators and related service professionals on the model and tenants of prevention of risky behaviors including substance abuse, suicide, bullying and other harmful behaviors.



Objective 3c: Provide guidance and support for developing model school policies for suicide prevention and postvention services and protocols.

Key Accomplishments: 

The Ohio Department of Education in partnership with OhioMHAS included suicide prevention and intervention guidance for schools and districts as part of the Reset, Restart toolbox: Returning to School: Supporting the Social, Emotional and Behavioral Health of Students and Staff. The toolbox sits on the Department's Reset, Restart webpage and was sent out through the Department's newsletter EdConnection.

Objective 3d: Expand the use of OHYES! (Ohio Healthy Youth Environments Survey) for students grades 7-12 across school districts to provide the data to inform local strategies.

In 2020, OhioMHAS and the Ohio Department of Education partnered to increase marketing and promotion of OHYES! in Ohio K-12 schools. OHYES! is a free, voluntary, web-based survey to collect information that schools and communities can use to access resources to reduce risk behaviors and create healthy and safe community, school and family environments. School districts that participate have access to district, county, state, (and for some items, even national) level data to help Ohio schools, community leaders, and parents identify important areas of need and track improvements in health and safety over time.

Key Accomplishments: 

In the Ohio academic year 2019-2020, 35,129 students completed the OHYES! .

This is nearly three times as many students that completed the survey as in academic year 2018-2019 (12,845). Additionally, 39 counties, 78 school districts, and 139 schools completed the OHYES! in 2019-2020 versus 13 counties, 36 school districts, and 58 schools in 2018-2019.

Looking Ahead:

The Ohio Department of Education, the Ohio Educational Service Center (OESC) Association and OhioMHAS will work together via the Suicide Prevention Plan for Ohio Implementation Team in 2021 and 2022 to develop a clear K-12 school district marketing strategy for the OHYES! Survey. Since participation in the survey is voluntary, schools choose to participate based on local conditions and data needs. Data gathered from the OHYES! survey can be instrumental to informing school and district prevention planning and local suicide prevention strategies.

Strategy 2 Goals & Objectives

GOAL 4

Integrate suicide prevention best practices and suicide care across the public safety and emergency systems.

Objective 4a: Expand statewide access to and implementation of Crisis Intervention Team (CIT) training for law enforcement jurisdictions, including education on suicide best-care practices and coping with secondary trauma.

Key Accomplishments:

Through the Criminal Justice Coordinating Center of Excellence (CJCCOE) at Northeast Ohio Medical University (NEOMED) and the National Alliance on Mental Illness of Ohio (NAMI Ohio), 796 Ohio law enforcement officers were trained in CIT in 2020.

Looking Ahead:

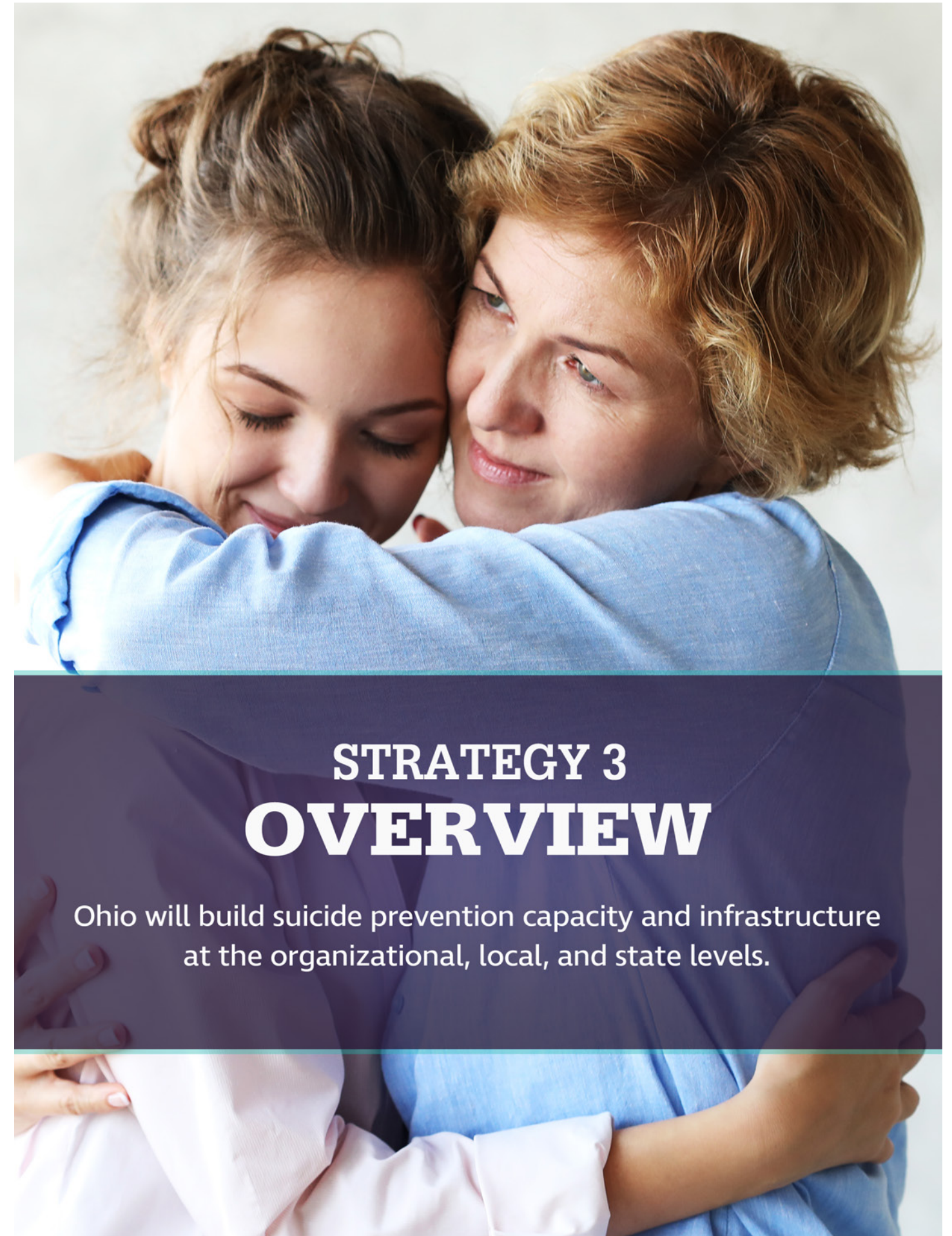
NEOMED will join the Suicide Prevention Plan for Ohio Implementation Team in 2021 to coordinate efforts and align CIT implementation goals. Historically, over 76% of all law enforcement jurisdictions in Ohio have trained at least one sworn officer. The Suicide Prevention Plan for Ohio Implementation Team will explore new strategies in 2021 and 2022 to reach the remaining smaller jurisdictions, while continuing to expand CIT implementation across the state.

Objective 4b: Increase training for public safety and emergency systems around evidence-based suicide care, including secondary trauma.

Key Accomplishments:

In 2020, Question, Persuade, Refer (QPR) training was marketed and implemented via the OhioMHAS First Responders Subcommittee. Through this committee, the Ohio Bureau of Criminal Investigation and the Ohio Department of Rehabilitation and Correction (ODRC) have been trained in QPR.

The Suicide Prevention Plan for Ohio Implementation Team developed a statewide first responder survey on implementation of CIT and QPR. Additionally, questions regarding suicide prevention plans were asked. 128 Fire and EMS departments and 62 law enforcement agencies responded to the surveys. A best practice guide and suicide prevention plan templates will be created for first responder agencies in 2021 and 2022. The survey results will also guide implementation of various resources and trainings to first responders in 2021 and 2022.



STRATEGY 3 OVERVIEW

Ohio will build suicide prevention capacity and infrastructure at the organizational, local, and state levels.

Strategy 3 Goals & Objectives

GOAL 1

Increase the number of suicide prevention coalitions aligned with the Centers for Disease Control and Prevention's (CDC) seven strategies for preventing suicide.

Ohio has a vast network of suicide prevention coalitions representing counties across the state. These coalitions bring together key community members from areas essential to suicide prevention at the local level to provide planning, programming, and community-driven suicide prevention assessments and events. In 2020, there were 64 active suicide prevention coalitions representing 76 counties. It is important to note that many suicide prevention coalitions are at different stages of development with varying levels of sustainable funding sources that can influence effectiveness at the local level. Many of the objectives outlined in Strategy 2, Goal 1 address the need to increase the effectiveness of all existing local suicide coalitions.

Objective 1a: Provide statewide training, technical assistance, and networking opportunities to suicide prevention coalitions to elevate coalition capacity and performance.

Key Accomplishments:

OhioMHAS has partnered with the Ohio Suicide Prevention Foundation and Ohio University's Voinovich School of Leadership and Public Affairs to enhance the work of suicide prevention coalitions across the state to align with the Suicide Prevention Plan for Ohio and the Centers for Disease Control and Prevention's (CDC) seven strategies for preventing suicide. Seventeen suicide prevention coalitions covering 23 counties were funded in the spring of 2020 to engage in an eight-month learning community with peers and receive wraparound support services in order to strengthen local suicide prevention efforts and build community capacity to make a greater impact in suicide prevention across Ohio. Through participation in the learning community, coalitions will:

1. Conduct a Community Readiness Assessment (CRA) to better understand local conditions that guide appropriate suicide prevention strategies.

2. Develop the knowledge and skills needed to increase infrastructure and support coalition sustainability.
3. Enhance strategic planning efforts through data-driven decision-making.
4. Engage in professional development and leadership skill-building opportunities.

Of the 17 coalitions funded in 2020, five coalitions also received funding to study and apply the Community Coalition Action Theory (CCAT) to enhance the efforts of their suicide prevention coalitions.

The Suicide Prevention Coalition Partnership (SPCP) was born out of a need to connect suicide prevention coalitions across Ohio. SPCP provides coalitions an opportunity to connect and share ideas, talk about local success, ask for help, and receive additional training in suicide prevention best practices. Membership with the partnership requires that you serve on your local suicide prevention coalition.

In partnership with Ohio University's Voinovich School of Leadership and Youth Thrive Training & Consulting, OSPF is engaging in a process that will assess the strengths and needs of Ohio's suicide prevention coalitions. This assessment will help us to understand the challenges faced in your community and advance local coalitions statewide for a more powerful collective impact on suicide rates in Ohio.

Responses were utilized to:

Develop virtual trainings that will be open to all of Ohio's suicide prevention coalitions.	Inform statewide planning.	Inform what we advocate for as a state.	Prioritize funding.
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Looking Ahead:

Three additional coalitions will be participating in the CCAT in 2021 (Auglaize, Lake, Union), and coalitions will be involved in strategic planning. As part of the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative, seven coalitions across Ohio received funding to support the development of community-level strategic plans for suicide prevention and an ecosystem plan.

The goal of Phase 3 is for coalitions to choose one of the CDC strategies for preventing suicide to work with as they learn the needs assessment and strategic planning processes. For this phase, coalitions will be choosing from one of the following CDC Strategies: Strengthen Access and Delivery of Suicide Care, Create Protective Environments, Teach Coping and Problem-Solving Skills, Identify and Support People at Risk, and Lessen Harms and Prevent Future Risk.



Objective 1b: Annually review coalition capacity using performance metrics.

Looking Ahead:

In 2021, The Suicide Prevention Plan for Ohio Implementation Team will be conducting annual reviews of suicide prevention coalitions based on 2020 results. Moreover, the Ohio Suicide Prevention Foundation will be contracting with an external evaluator in 2021 and 2022 to aid in the evaluation of suicide prevention coalition performance. These evaluation reports will be sent to local suicide prevention coalitions in order to guide future community initiatives.

Objective 1c: Establish a statewide partnership of suicide prevention coalitions.

In partnership with Ohio University's Voinovich School of Leadership and You Thrive Training & Consulting, The Strengthening and Sustaining Ohio's Suicide Prevention Coalition (SSOSPC) was established to enhance infrastructure and sustainability of local suicide prevention coalitions and align their work with the following strategies:

- Strengthening economic supports;
- Strengthening access and delivery of suicide care;
- Creating protective environments;
- Promoting connectedness;
- Teaching coping and problem-solving skills;
- Identifying and supporting people at risk;
- Lessening harms and preventing future risk.

The Ohio Child Injury Action Group (CIAG) created a Youth Suicide Prevention subcommittee to provide technical assistance to coalitions. This subcommittee is currently strategic planning to align with the Suicide Prevention Plan for Ohio.

Strategy 3 Goals & Objectives

GOAL 2

Assess and strengthen postvention programs in local communities.

Postvention is defined as activities implemented after a death by suicide in a community in order to reduce the risk of additional deaths by suicide. Thus, postvention is considered a part of prevention. Postvention activities often take the form of support for the bereaved (family, friends, professionals, and peers).

Objective 2a: Assess resource and service gaps related to existing care transition services.

Looking Ahead:

In 2021 and 2022, the Suicide Prevention Plan for Ohio Implementation Team will strategize on assessing service gaps related to existing care transition services and develop specific goals and action items to reach this objective.



Objective 2b: Develop a comprehensive postvention model for Ohio.

Key Accomplishments: 

Building from OhioMHAS Postvention Guide to Developing Local Outreach to Suicide Survivors (LOSS) Teams, OhioMHAS, the Ohio Suicide Prevention Foundation, and the University of Cincinnati are in the process of developing a full postvention model for Ohio, grounded in best practices, developed through the American Association of Suicidology (AAS).

LOSS Teams provide outreach and support to survivors of suicide loss in their communities. LOSS Teams are made up of survivors of suicide LOSS, behavioral health professionals, and other concerned community members. The type of outreach and support provided by LOSS Teams differ across Ohio, but key services provided by LOSS Teams include:

- Crisis response outreach when a death by suicide occurs. LOSS Team volunteers trained in crisis response will visit the location of a suicide death and provide support to loved ones in the immediate hours after they have lost someone to suicide.
- Ongoing outreach to suicide loss survivors. LOSS Team volunteers will visit with individuals affected by a suicide death in the days following that loss. LOSS Team volunteers will also help prepare support resources and mail or deliver them to loss survivors.
- Host bereavement events in their communities. LOSS Teams will host annual or periodic memorial days or bereavement events, whereby they can safely bring together community members who have experienced a suicide loss. These events support the healthy grieving process of individuals who attend.
- Facilitate Survivors of Suicide Support Groups. LOSS Teams will often lead, house, or support ongoing support groups for survivors of Suicide LOSS. These support groups are facilitated in conjunction with mental health professionals and feature high-quality grief resources.

Looking Ahead: 

The Ohio Suicide Prevention Foundation in collaboration with OhioMHAS will be providing a series of Postvention trainings to Ohio community workers, behavioral health providers, and LOSS Team volunteers in 2021 through the American Association of Suicidology. Additionally, The Suicide Prevention Plan for Ohio Implementation Team will be focusing on the development of a Statewide Postvention Model in years 2021 and 2022.

Objective 2c: Provide training and technical assistance on implementing comprehensive postvention services at the local level.

Looking Ahead: 

In 2020, the foundation to provide postvention trainings in 2021 was formulated through a partnership with the American Association of Suicidology.



Strategy 3 Goals & Objectives

GOAL 3

Increase understanding of the function and capacity of local fatality review boards.

Objective 3a: Engage current fatality review boards that include suicide reviews to share their experiences and practices.

The purpose of a fatality review board is to effectively identify system gaps and innovative community-specific fatality prevention and intervention strategies. This process generates information about the decedent and his or her interactions with services and systems.

Key Accomplishments: 

The Suicide Prevention Plan for Ohio Implementation Team reached out to and discussed with the fatality review board coordinator in other states to learn about the way their fatality review system works and the steps they took before legislation. The Suicide Prevention Plan for Ohio was able to collect key pieces of information regarding stakeholders involved and data collection needed. Legislation allows for members of review teams, as well as designated members within their respective organizations, to share data confidentially without violating privacy laws. This allows for a seamless process and comprehensive database where system gaps and collaborative efforts can be identified.

The Suicide Prevention Plan for Ohio was able to identify overdose fatality review boards and draft materials (confidentiality agreements, key questions, etc.) addressing suicide and overdose through review boards simultaneously.

Looking Ahead: 

Communication with coroners has been the primary barrier to the recruitment of other individuals in each review board. The Suicide Prevention Plan for Ohio Implementation Team will focus efforts on developing relationships with key members of Ohio Coroners Association in 2021 and 2022.

Overcoming data sharing/confidentiality constraints has been a challenge especially for smaller counties. Once syndromic surveillance is available this would solve most of these issues, as review boards can immediately access all the data they would need. Confidentiality agreements can also solve most of these issues as long as key stakeholders are in agreement.

Due to COVID-19, there has been an increased need for communities to offer more in suicide postvention to help reduce future suicides. With the intersection of drug overdose and suicide, it is often difficult to determine if the loss was a suicide. OhioMHAS will offer psychological autopsy certification training statewide as a tool to inform suicide prevention efforts in Ohio communities. Trainings will be offered to those meeting eligibility criteria within the behavioral health system, health districts and coroners from across the state.

Objective 3b: Encourage suicide prevention coalition members to develop relationships with existing county fatality review boards.

The Suicide Prevention Plan for Ohio identified pilot counties and individuals in their local coalitions to begin discussing what would be necessary for the first fatality review board.

Looking Ahead: 

In 2021 and 2022, The Suicide Prevention Plan for Ohio will be working with local suicide coalitions identified in the pilot to engage with their local coroners' offices and suicide fatality review boards.

In 2021, the Ohio Suicide Prevention Foundation is funding a position in the Franklin County Coroner's Office to review suicide deaths. This will be a pilot program for other counties to emulate.

Strategy 3 Goals & Objectives

GOAL 4

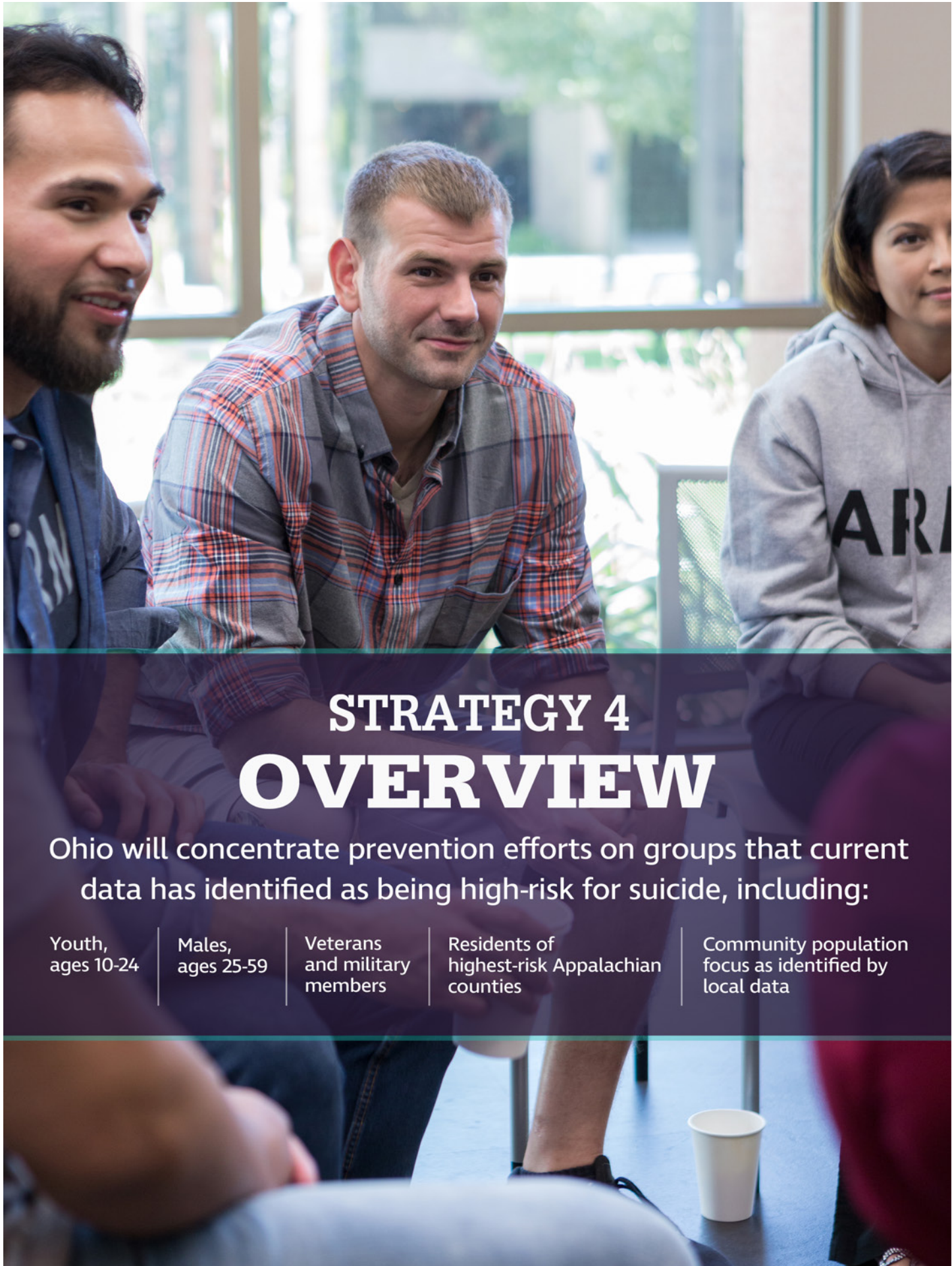
Explore opportunities to build capacity that address identified social determinants, barriers to care, and factors that contribute to the suicide rate.

Objective 4a: Promote the use of Ohio's Community Collective Impact Approach to address community trauma and suicide with community planning entities.

Ohio's Community Collective Impact (CCI) approach is incorporated into the strategic planning training community of practice as part of the SSOSPC initiative referenced in Strategy 3, Goal 1.

Objective 4b: Provide technical assistance to coalitions on how to expand partnerships to better address community factors contributing to suicide and health disparities.

Objective 4b is incorporated within the Suicide Prevention Coalition Partnership training and coaching for coalitions as well as the SSOSPC Initiative. This is referenced in Strategy 3, Goal 1.



STRATEGY 4 OVERVIEW

Ohio will concentrate prevention efforts on groups that current data has identified as being high-risk for suicide, including:

- Youth, ages 10-24
- Males, ages 25-59
- Veterans and military members
- Residents of highest-risk Appalachian counties
- Community population focus as identified by local data

Strategy 4 Goals & Objectives

GOAL 1

State government will prioritize its suicide prevention resource allocations and program actions toward target populations and encourage its partners to do the same.

Objective 1a: Ohio partners will prioritize targeted groups of people in funding, staffing, training, and other appropriate program policies.

Key Accomplishments

(Youth and Appalachian Residents):

Temporary Assistance to Needy Families (TANF) Grant funding (\$1,000,000) involves the Ohio Suicide Prevention Foundation working with Boys & Girls Clubs Ohio Alliance (BGCA) and Nationwide Children's Hospital (NCH) to focus on High-Risk Youth and Signs of Suicide (SOS) training.

The Ohio Suicide Prevention Foundation worked with healthcare professionals, schools, local Mental Health and Recovery Boards, federal and state leaders, and community organizations to provide evidence-based training and resources to reduce suicides at the local community level. In Ohio, suicide is the leading cause of death among all 10–14-year-old youth and the second leading cause of death among youth ages 15-24. In addition, data continues to show that youth from socio-economically disadvantaged areas have higher rates of suicide.

The Ohio Child Injury Action Group (CIAG), which falls under the umbrella of the state violence and injury prevention coalition, the Ohio Injury Prevention Partnership, created the Youth Suicide Prevention subcommittee in 2020. This coalition has been working on infrastructure development which has included networking opportunities.

Looking Ahead:

The Year 1 TANF Grant ended on 6/30/2021. OSPF, BGCA, and NCH developed a plan for Year 2 (7/1/2021 – 6/30/2022):

As we direct efforts to closely identify and serve youth from socio-economically disadvantaged areas, OSPF will continue to partner with the Boys and Girls Clubs Ohio Alliance and Nationwide Children's Hospital to provide the Signs of Suicide to staff and youth at the Boys and Girls Clubs Ohio Alliance across the state. The Signs of Suicide program will teach staff how to identify indications from the youth of a crisis mental health situation or if they might be considering suicide. This program will also train staff on when and how to refer a TANF-eligible youth to a behavioral health professional. In addition, youth will be trained to understand youth mental health symptoms and signs, and also to know the warning signs of suicide, as well as creating opportunities for youth to avoid suicide through a "safety plan," which is a plan on people to call, alternative methods to lift oneself out of a suicidal state and importance of reaching out to a trusted adult. TANF funds will provide for the deployment of comprehensive suicide prevention programming to at-risk youth-targeted locations throughout Ohio via after-school and summer offerings.

In addition, OSPF will continue to work with local Mental Health and Recovery Boards (ADAMH) in Appalachian Ohio to target schools with TANF-eligible, underserved youth and brings the Signs of Suicide to their schools, as well as offering the Kognito At-Risk training for K-12 staff in these areas. This will provide a service previously unattainable.

OSPF will work with ADAMH Boards and Federally Qualified Health Centers to provide transportation for underserved youth to attend behavioral healthcare appointments either in-person or via telehealth.

Finally, OSPF will continue to work with Junction Psychological Services Corporation to measure the success of using TANF funds to prevent suicides in youth. **As other states have not used TANF funding for suicide prevention, we are hopeful that this TANF investment continues to show an impact on youth who are underserved and disadvantaged.** OSPF will continue to staff a person to manage the many nuances and activities within this funding opportunity and provide reports to ODJFS and the Governor's Office of Faith-Based Initiatives after a year of programming or upon request.



Objective 1b: The Suicide Prevention Plan for Ohio will be widely disseminated to local government, non-profits, faith-based organizations, schools, civic clubs, philanthropic organizations, and other stakeholder partners.

Key Accomplishments: 

The Suicide Prevention Plan for Ohio was downloaded 598 times via the OSPF website in 2020.

The plan has been shared with the Ohio Governor's Challenge Team, ADAMH Boards, Suicide Prevention Coalitions, the Ohio Army National Guard, faith-based community organizations, schools, Sources of Strength training, Veterans Affairs, and local government.



Objective 1c: The U.S. Department of Veterans Affairs and Ohio National Guard will identify military liaisons and a structure for integrating suicide prevention practices within military culture and coordinating strategies that will improve access to resources for military members, veterans and their families.

Key Accomplishments: 

The Ohio's Governor's Challenge Team to End Suicide Among Veterans, Service Members, and their Families in collaboration with Veterans Affairs (VA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) was established in 2020.

OSPF and the Governor's Challenge Team partnered with the Ohio Army National Guard (OHARNG), VA, and SAMHSA Service Members, Veterans, and their Families Technical Assistance (SMVF TA) on multiple projects.

The OHARNG designated a Behavioral Health Officer, along with three additional Ohio Air National Guard Wing Directors of Psychological Health in 2020.

The OHARNG and Air National Guard completed the following training in 2020:

- Annual Suicide Prevention Training (ACE) for Soldiers, Peers, and Wing Commanders. Refer to Strategy 1, Objective 2a (page 11) for more details on ACE training.
- Applied Suicide Intervention Skills Training (ASIST). Refer to Strategy 1, Objective 2a (page 11) for more details on ASIST training.
- Mental Health First Aid (MHFA) for OHARNG soldiers. Refer to Strategy 1, Objective 2a (page 11) for more details on MHFA training.
- STAR Behavioral Health training: STAR is a military cultural competency training for community behavioral healthcare providers. STAR Behavioral Health participants reported that they had increased knowledge about the deployment cycle (percentage growth: 96.6%) and military culture (percentage growth: 84.7%) before and after the STAR training.

The OHARNG completed Safe Storage of Firearms Information Campaign and provided free gunlocks with suicide hotline information and the Family Focus Campaign.

Looking Ahead: 

In 2020, the OHARNG was impacted by COVID social distancing protocols, which forced an increase in online training platforms. Additionally, annual medical assessments were either not conducted or postponed due to COVID rescheduling. In 2021 and 2022, the hope is to begin offering in-person training and medical assessments.



Objective 1d: Promote the Ohio Department of Health's Youth Suicide Prevention Plan and resources.

In 2020, the Suicide Prevention Plan for Ohio Implementation Team began collaborating with the Ohio Department of Health's Youth Suicide Prevention initiative.

Looking Ahead: 

In 2021 and 2022, The Suicide Prevention Plan for Ohio Implementation Team will begin actively promoting the finalized version of the ODH Youth Suicide Prevention Plan throughout its various networks. A dissemination plan will be created and executed in 2021 and 2022.

Objective 1e: Engage ADAMHS Boards as partners to improve the adequacy of suicide care in their provider networks for youth and other target populations as informed by local data.

Key Accomplishments: 

In 2020, The Suicide Prevention Plan for Ohio Implementation Team successfully networked with ADAMH Board Directors from the following counties to discuss the data, challenges, and successes of their counties: Delaware-Morrow Mental Health & Recovery Services Board, The ADAMH Board of Franklin County, Athens-Hocking-Vinton ADAMHS Board, Paint Valley ADAMH Board (Fayette, Highland, Pickaway, Pike & Ross Counties), Mental Health & Recovery Services Board of Richland County, Mahoning County Mental Health and Recovery Board, Hamilton County Mental Health and Recovery Services, Montgomery County ADAMHS Board, and the ADAMHS Board of Cuyahoga County.

Additionally, OhioMHAS has established a team of staff to respond to suicide anomalies throughout the state. The goal is to gather information and have an open dialogue with about the current landscape in each ADAMH respective county and potential strategies.

Looking Ahead: 

In 2021 and 2022, The Suicide Prevention Plan for Ohio Implementation Team will identify performance measures and will focus on validating them with the ADAMH Board Directors. The Suicide Prevention Plan for Ohio Implementation Team will also partner with the Ohio Association of County Behavioral Health Authorities (OACBHA) to achieve this objective.





STRATEGY 5 OVERVIEW

Ohio will standardize, gather, and utilize data to continuously inform and evaluate its approach.

**In 2020, due to COVID, much of the work under Strategy 5 was paused because most public health resources were focused on monitoring COVID data and statistics. In 2021 and 2022, the Strategy 5 workgroup will reboot with key members from the Ohio Department of Health and other stakeholders. This team will begin working toward achieving the goals and objectives outlined on the following pages.*



Strategy 5 Goals & Objective

GOAL 1

Refine data systems including collection and evaluation processes.

Objective 1a: Establish a surveillance system with near-real time data for nonfatal suspected suicide attempt emergency department visits.

Key Accomplishments:

In 2020, ODH Violence & Injury Prevention Section (VIPS) secured a CDC grant to incorporate nonfatal self-directed violence indicator definitions into the syndromic surveillance system. This project is ongoing and will continue into 2021 and 2022.

Objective 1b: Collaborate with federal stakeholders and partners from other states to evaluate and refine nonfatal suspected suicide attempt definitions.

Key Accomplishments:

ODH VIPS continued to work with the CDC and other grantee states to investigate and refine the CDC definition for 'Suspected Suicide Attempt' ED visits. The current CDC definition for 'Suspected Suicide Attempt' currently includes discharge diagnosis codes that capture intentional self-harm but may not necessarily be a suicide attempt (e.g. self-cutting behavior without suicidal intent). The CDC Definition Validation Workgroup is working to make this definition more specific.

Objective 1c: Undertake research to determine how billing codes and claims data may inform future suicide care.

Looking Ahead:

The Suicide Prevention Plan for Ohio Implementation Team will focus more effort into researching suicide billing codes and claims, and how it may inform future suicide care.

Objective 1d: Enhance and coordinate the collection of risk-factor surveys and associated data [i.e., Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), Ohio Healthy Youth Environments Survey (OHYES!)]

Key Accomplishments:

The 2019 YRBS data was made available in 2020 to examine suicidal thoughts and behaviors and will be implemented on the 2021 YRBS. These questions were also included on the 2020 and 2021 BRFSS. YRBS is a school-based survey which is typically conducted in the spring. However, due to COVID, the survey will be administered in Fall 2021.



Objective 1e: Continue monitoring trends in suicide deaths utilizing ODH's Vital Statistics Mortality Data and the Ohio Violent Death Reporting System.

Key Accomplishments:

In 2020, ODH Violence and Injury Prevention Section (VIPS) published the Suicide Demographics and Trends, Ohio, 2018 report and is currently working to publish the Suicide Demographics and Trends, Ohio, 2019 report (anticipated: February 2021). Additionally, ODH VIPS published an Injury Data Highlight: Suicides in Ohio, 2017 using data from the Ohio Violent Death Reporting System.



Strategy 5 Goals & Objective

GOAL 2

Improve data dissemination and public access to data

■ **Objective 2a:** Complete data mapping focused on suicide care that includes specific county-level data.

Looking Ahead:

The Suicide Prevention Plan for Ohio Implementation Team will be focusing on data mapping in 2021 and 2022.

■ **Objective 2b:** Create and publicize a data dashboard for suicide and suicide-related outcomes.

Key Accomplishments:

ODH VIPS is currently in the process of developing and finalizing a data dashboard template that can be easily modified for suicide mortality data. Once approved by ODH, the suicide mortality dashboard will be public-facing.

Additionally, developing a dashboard for Emergency Department Visits for 'Suspected Suicide Attempt' and 'Suspected Suicide Ideation' is an approved and planned activity under the CDC grant secured by ODH VIPS.

■ **Objective 2c:** Create fact sheets on established high-risk populations.

Looking Ahead:

In 2021 and 2022, the Ohio Suicide Prevention Foundation, in collaboration with the Suicide Prevention Plan for Ohio Implementation Team, will be creating fact sheets with community resources for high-risk populations including: members of the LGBTQ+ population, military personnel and veterans, and men. Other populations will be identified through local data.

■ **Objective 2d:** Continuously monitor data to identify new/emerging high-risk groups.

Key Accomplishments:

ODH VIPS continues to monitor preliminary vital statistics mortality data and syndromic surveillance data to monitor trends and identify new/emerging high-risk groups.

Additionally, ODH VIPS is working to publish the Suicide and Demographics, Ohio, 2019 report in 2021.



2021 & 2022
NEXT STEPS



Evaluation of the Suicide Prevention Plan for Ohio

The Suicide Prevention Plan Implementation Team will be contracting with a third-party evaluator in 2021-2022 to assess the overall effectiveness of the *Suicide Prevention Plan for Ohio* implementation activities.

The *Suicide Prevention Plan for Ohio* encompasses five strategies, including 13 goals and 43 objectives. The evaluation will provide metrics and measurements for each of the identified objectives. During 2021, the Evaluator will work with Ohio Suicide Prevention Foundation (OSPF) staff to understand the framing of the strategies, goals, objectives, and progress to date. A plan to address each of these will be proposed. An annual evaluation report will be prepared and submitted by the Evaluator and will be included in the overall 2021 *Suicide Prevention Plan for Ohio* Annual Report.

During 2022, the Evaluator will conduct a combination of surveillance, quality improvement, and research projects and gather data from a variety of sources, including OSPF, the Ohio Department of Health, the Ohio Hospital Association, and others as needed. The Evaluator will prepare a Final Report addressing each of the objectives, including directions for further work.



Overall Strategy for 2021 & 2022:

The Suicide Prevention Plan for Ohio Implementation Team will continue to meet monthly in Strategy subcommittees to carryout ongoing workplan action items that address each goal and objective. Additionally, the entire Implementation Team will meet bimonthly to discuss major progress updates and state-level direction.

In 2021 and 2022, substantial attention will be given to the goals and objectives under Strategy 5, "Ohio will standardize, gather, and utilize data to continuously inform and evaluate its approach." Moreover, the Suicide Prevention Plan for Ohio Implementation Team will focus on expanding suicide prevention coalition development, Zero Suicide Framework alignment in healthcare settings, lethal means safety and reduction, gatekeeper training for at-risk populations, and psychological autopsy certification training to supplement Ohio fatality review boards.

Are you struggling with suicidal thoughts? Are you worried about a friend or loved one and need support?

**You are not alone.
Your life is worth fighting for.**



Get Support by Phone

The National Suicide Prevention Lifeline is available 24/7. Skilled crisis workers answer the phone and will listen, provide support, and any resources that may be helpful.



Get Support by Text

Text the keyword 4HOPE to 741 741 to chat with a skilled crisis worker at the Crisis Text Line.



Be Prepared with a Safety Plan

If you struggle with suicidal thoughts and would like to create a safety plan for yourself that you can share with those you trust, download the My3 App by the National Suicide Prevention Lifeline.

**THE SUICIDE
PREVENTION PLAN**
for
OHIO
2020 ANNUAL REPORT

Presented by

The Suicide Prevention Plan for Ohio
Implementation Team

Released: February 2022

OHIO'S VOICE FOR SUICIDE PREVENTION



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