

Presented by

The Suicide Prevention Plan for Ohio Implementation Team

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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. The resulting plan set out actions to be implemented over 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 expertiseand 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 to the goals, objectives, and personnel have been made and will continue to be made as needed.

In 2021, The Implementation Team met bimonthly to discuss overall progress, challenges, and barriers. Moreover, each subcommittee met at least bimonthly to design a detailed workplan and assign roles to individual members to effectively meet goals and objectives.

In 2021, 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 challenges COVID-19 continued to present 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
- 4 Ohio will concentrate prevention efforts on groups identified by data as those with a higher rate of suicide, including:

local data		Youth, ages 10-24	Males, ages 25-59	Veterans and military members	1-1	Community population focus as identified b 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 people, 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 35 diverse stakeholders representing public, private, and nonprofit partners to ensure widespread suicide prevention initiatives reach all Ohioans.

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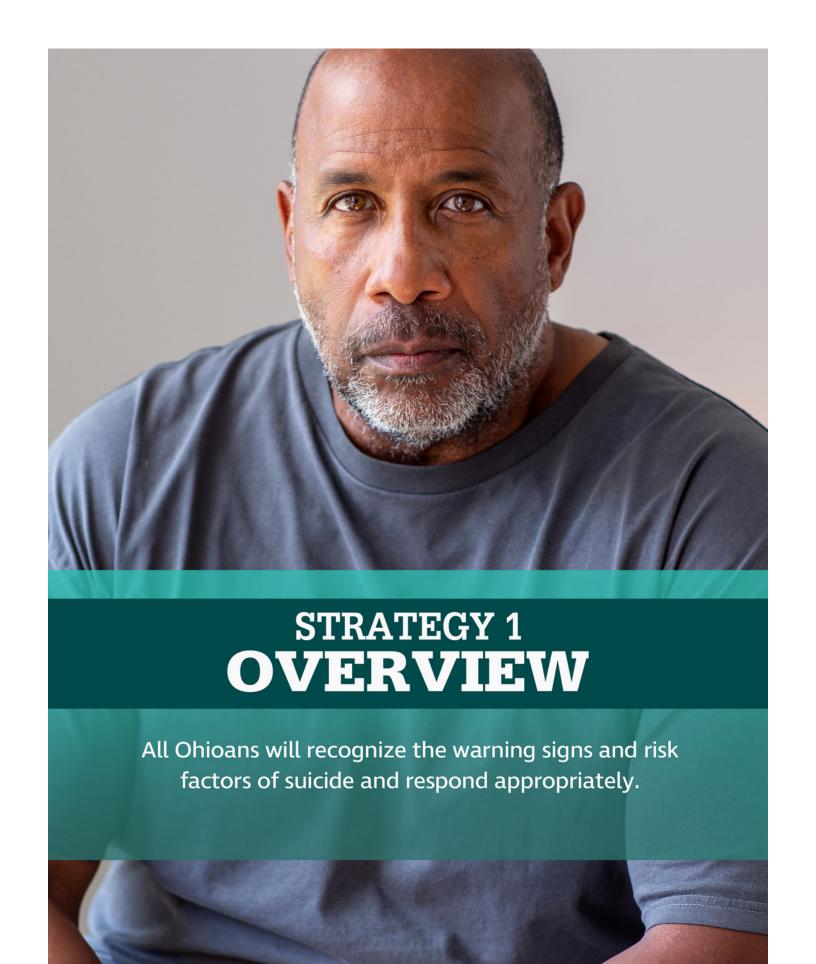
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State Infrastructure for Suicide Prevention

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 communitybased organizations.



The Suicide Prevention Plan for Ohio 2021 Annual Report

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 2021, 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 underserved community members.

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) continued to fund Be Present Ohio, a peer-to-peer program, created by youth for other voung people. 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 focusing on positive messaging and offering self-care tips where youth can learn different tools such as yoga, meditation, setting healthy boundaries, and journaling to help improve their mental well-being. 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. Funding for Be Present Ohio was increased in 2021 to expand media outreach and resources development to help reduce stigma.

During 2021, Phase Two of Be Present Ohio was developed and deployed. This includes the development of gamification learning opportunities for youth in mental health attitudes and stigma reduction, core knowledge and awareness, and coping skills/care for self and others. Be Present Ohio was also included in the Ohio Department of Education Reset, Restart School Resource for the beginning of the 2021-2022 academic school year.

In order to continue to reach adult men, the Suicide Prevention Plan for Ohio Implementation Team continued to market Man Therapy. Man Therapy is an online website campaign designed to reach adult men with information 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 percent 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: (0)





In 2021, Be Present Ohio (BPO) revamped its website design and generated new original content. This content varied

from testimonials to self-care articles as well as resources for caregivers. Over the course of a year, BPO gained nearly 116,000 page views. The website generated over 76,000 visitors, with 98 percent being new users. The top three cities driving traffic to the site came from Columbus, Cincinnati, and Cleveland. Articles on sleep techniques were the most popular among visitors.

From July 15 to August 15, BPO launched a "One Summer Challenge" across the state. During this digital campaign, nearly 190 posts were shared across Be Present Ohio's Twitter, Facebook, and Instagram pages. A Snapchat account was created along with a ONE Challenge Snapchat lens, which was also uploaded as a filter to Instagram. The effort generated over 8,000 engagements on Facebook alone during the month-long campaign. Snapchat also garnered over two million impressions and had the most video completions of all the platforms used.

During the month of March, the Ohio Suicide Prevention Foundation partnered with NBC4 to create over a dozen digital campaigns sharing personal stories and the importance of talking about suicide. These ads varied from 15 and 30-second TV commercials, TV news stories, and TikTok ads resulting in nearly 23 million impressions across the state of Ohio.

As the winter holiday season approached, OSPF saw an opportunity to reach underrepresented populations. NBC4 and OSPF generated three holiday campaigns encouraging families to talk about mental health. These holiday campaigns were targeted in the Columbus area over a span of nearly three weeks through digital preroll, the NBC4 news app, Facebook, and TikTok. Final reports indicate these campaigns were best received over Facebook with over 268,000 impressions, nearly 113,000 reaching the male demographic. TikTok's holiday campaign had the highest total of video views, with over 351,000 completed views.



Life is Better with You Here

According to the Ohio Department of Health, from 2018-2019, the rate of suicide increased by 4.3 percent for Black males. In 2021, Life is Better with You Here (LIBWYH) ramped up efforts to reach individuals and families in the Black community. To do so, social media presence increased with a new Instagram and Facebook page. Global Insights Production worked to produce I am Somebody, a short film that addresses the stigma of mental health disorders and suicide ideation experienced by teen males within the African American community. This short film conveys suicide warning signs and statistics as they relate to African American males and shares help and support resources. The film was shared on social media. YouTube, and with suicide prevention coalitions across the state. Over 130 people attended the live video

The Suicide Prevention Plan for Ohio Implementation Team recognizes the importance of being culturally competent when serving clients for behavioral health needs. Thus, a list of Black mental health providers across Ohio was added to the LIBWYH website, and the listed providers agreed to a discounted rate or payment plan for patients referred to them from LIBWYH website.

Save the Game, Save a Life

Beginning in the Spring of 2021, a partnership between the Cincinnati Reds, the Reds Community Fund, and the Ohio Suicide Prevention Foundation began to channel resources for "frontline" suicide prevention service providers from OSPF, through the Community Fund of the Reds, to 1N5, a Cincinnati area non-profit partner that serves to increase awareness and education about mental health in teens and adults. This platform was used to promote Be Present Ohio. Be Present Ohio messaging and logos were displayed during all home games and

could be seen on live TV game coverage and in the stadium as well.

Additionally, personal outreach to over 1,100 youth who participated in the youth baseball program of the Reds Community Fund occurred over the length of the baseball season, through incorporation of OSPF-led training, and education into the Reviving Baseball in the Inner City (RBI) program of Major League Baseball. This partnership will be expanded in 2022, to connect with more students, more fans, and more Southwest Ohio community members.

Kicking the Stigma

At Paul Brown Stadium in 2021, a unique event introducing the "Kicking the Stigma" campaign - a partnership between the Cincinnati Bengals and the Ohio Suicide Prevention Foundation (OSPF) - took place. This partnership aims to break the stigma surrounding mental health issues, including suicide, and to promote mental health wellness. Through this effort, OSPF made a \$500 donation for every successful field goal kicked by the Bengals, up to \$10,000 to 1N5, a Cincinnati-based youth suicide prevention program.

During the campaign kick-off event, approximately 100 stakeholders involved in suicide prevention and mental health were invited onto the Cincinnati Bengals field to tee up NFL footballs, play catch with their friends and fellow attendees, and try their luck at kicking field goals in an effort to create a night of fun and fellowship while raising awareness of the importance of suicide prevention. Former Bengals kicker, Jim Breech, also voiced commercials through Bengals radio broadcasts to bring awareness to mental health wellness and suicide prevention.



Man Therapy

In 2021, 3,920 Ohioans accessed the Man Therapy website in order to learn more about mental health resources for men. Out of the 3,920 visitors to the Man Therapy website, 1,640 of these people accessed the **Head Inspection page**, which is a mental health selfassessment tool for men that points toward resources based on the results. Of the 1,640 people that accessed the Head Inspection page, 923 completed the self-assessment. This statistic suggests that a significant number of men are interested in assessing their mental health.

Multilingual Suicide Awareness Videos

Nationwide Children's Hospital (NCH), in partnership with Buckeve Ranch, Ethiopian Tewahedo Social Services, Mental Health America Ohio, and the Franklin County Suicide Prevention Coalition, developed five multilingual suicide awareness videos with crisis resources (Nepali, Somali, Swahili, Spanish, Amharic).

CareSource

In 2021, CareSource hosted a Suicide Prevention forum for all employees and contractors led by Dan Reidenburg from Save.org, with education on etiology, risk factors, warning signs, interventions, and postvention. Additionally, CareSource updated their Suicide Prevention Toolkit for Providers and resources for members available on the CareSource website.

Looking Ahead: ()



In 2022, the Suicide Prevention Plan, Be Present Ohio will be expanded to create a brand-new training for youth around mental wellness and the signs of suicide. This will be accomplished 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 various media outlets across Ohio to increase suicide prevention awareness among Ohio's youth.

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 2021, the Suicide Prevention Plan for Ohio Implementation Team worked with various media outlets and other partners to actively promote responsible media reporting. Through partnerships with NBC4 and iHeartRadio, safe media guidelines were integrated in all advertisements and promotions that were public facing to help promote responsibly reporting about suicide and suicide prevention. These guidelines addressed:

Inaccurate myths around suicide and suicide prevention which can fuel stigma and negatively change perceptions about suicide.

Sensationalizing or glamorizing suicide which can lead to unintentional suicide contagion and clusters;

Including images or graphic descriptions of suicides which can trigger at-risk and/ or vulnerable people.

The Ohio Department of Mental Health & Addiction Services continued to distribute the Ohio Suicide Reporting Guidelines as a resource to community partners and stakeholders.

Nationwide Children's Hospital consulted with WOSU on a grant submission that was awarded to support the training of journalism students and to share resources across newsrooms in Ohio in an effort to encourage an ongoing commitment to the suicide prevention education of iournalists.

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

In 2021, all suicide prevention campaigns referenced in Objective 1a included resources on healthy lifestyles and community connections. For example, promoting healthy lifestyles and community connections are key components of the Be Present Ohio and Life is Better With You Here campaigns. It is important to encourage the inclusion of mental health resources and healthy lifestyles in media reports on suicide-related stories because:

- Including mental health resources and relevant contact information can help at-risk people who are consuming media to make connections with a provider. All messaging campaigns provided the number to the National Suicide Prevention Lifeline (1-800-273-8255) and Crisis Textline (Text "4HOPE" to 741-741);
- Including stories of hope, healing, and recovery also may reduce the risk of suicide contagion.





Key Accomplishments: (0)



The Ohio Association for County Behavioral Health Authorities (OACBHA) invested in paid social media ads promoting Crisis Text Line targeting parents of youth/teens (on Facebook) and youth/teens (on Snapchat and Instagram) through State GRF and federal covid-relief funding. Ads appeared 3.2 million times across all 88 counties. Paid radio ads running on hip-hop and Latin-American stations in Cleveland, Cincinnati, and Columbus were amplified by organic social posts by station DJs. The number of self-reported Black texters increased by about 5 percent and Latino texters by four percent compared to the same period in SFY20.

CareSource added a suicide prevention section on their mobile app and their member portal /website. The 'Need to Talk' tile describes what the National Suicide Prevention Lifeline is and how to access it. In addition, CareSource offered the myStrength evidence-based self-management resource for mental health and overall well-being to members and employees.

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 2022, the Suicide Prevention Plan for Ohio will expand its process of tracking the number of family members that have access to suicide prevention education and information by surveying community-based organizations that provide these types of trainings. Additionally, work in 2022 referenced in Goal 3 (below) will address the lethal means education component.

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 2021, the Suicide Prevention Plan for Ohio Implementation Team and other community-based organizations continued to offer evidence-based gatekeeper trainings to those working with higher-risk groups. Suicide prevention gatekeeper trainings teach community members how to identify people 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 (CJCCoE) and NAMI Ohio reported that 1,598 law enforcement personnel completed the full CIT training in calendar year 2021. This is an increase of 802 law enforcement personnel trained compared to 2020.
 - This represents **356 law enforcement jurisdictions** that participated in these CIT training opportunities. Eight of these jurisdictions were new in 2021.
 - Additionally, 25 Advanced CIT Trainings were held. These trainings are intended to further enhance the skills of those already trained in CIT.
- The CJCCoE held 94 Patrol Officer Training Courses (these are the typically 40-hour training courses held locally by a CIT Program and attendees are the 1,598 law enforcement personnel cited above).
- The CJCCoE held 30 Public Safety Telecommunicators Trainings. This training focuses on preparing public safety telecommunicators (or dispatchers/call takers) to better identify if a call is a mental health crisis, verbal de-escalation, suicidal callers, and working with first responders being dispatched to a scene.
- New initiatives to provide free Question, Persuade, Refer (QPR) training for first responders were implemented in 2021. The Ohio Department of Mental

Health & Addiction Services and the Ohio Department of Public Safety trained 249 first responders on how to recognize suicide warning signs, how to have a conversation with an at-risk person, and how to refer them to appropriate mental health services. Disciplines included law enforcement, fire, EMS, school safety, and the Ohio Bureau of Workers' Compensation (Ohio BWC).

 OSPF trained the Genoa Township Fire Department in Working Minds. Working Minds trains organizations to proactively address the early warning signs of suicide in the workplace. This two-hour free virtual training educates and equips businesses with tools to address mental health and suicide concerns within the workplace.

Foster-care parents

- The Ohio Department of Mental Health & Addiction Services funded The Ohio State University College of Social Work to provide a series of professional development trainings to Ohio CareLine staff in 2021. The Ohio Council of Behavioral Health & Family Services Providers helped promote these ongoing CareLine trainings.
 - The Ohio State University College of Social Work trained 8,046 people over the course of 23 live CareLine trainings and 22 self-paced CareLine trainings (built from the live recordings). Of those 45 trainings, seven were explicitly focused on suicide prevention. These trainings were marketed to all crisis lines in Ohio, as well as a broader behavioral health provider audience.

In 2021, there were 9,128 calls to the Ohio CareLine. Out of these calls, 4,653 callers were provided information and resources, 2,372 were provided brief interventions, 977 were referred to a behavioral health agency, and 929 were referred elsewhere. These professional development trainings equipped crisis workers with the skills and expertise necessary to handle carefully and refer a diverse variety of Ohioans in crisis, which will be essential as Ohio transitions to the 988 crisis response system.

Veterans and active-duty military personnel

- According to the Ohio Veteran Suicide Data Sheet, 257 veterans died by suicide in Ohio in 2019. In 2021. the Ohio Suicide Prevention Foundation and other community partners trained 321 veterans and/or active-duty military service members in Mental **Health First Aid (MHFA)** through a Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Awareness Training (MHAT) Grant. This represents an increase of 269 veterans and/or military members from the previous year.
- 3,016 Ohio National Guardsmen & Women were trained in Ask, Care Escort (ACE) in 2021. This is

- an increase of 125 soldiers trained in ACE compared to 2020 training numbers. ACE is the army-approved suicide awareness and prevention training.
- 185 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 provided QPR training to Ohio Senate legislative aides to assist them in helping constituents in crisis who may call their elected official's office.

Nationwide Children's Hospital

 NCH delivered the recently developed suicide prevention virtual gatekeeper programs: Families of first responders, Boys and Girls Clubs Staff, Faith-Based communities, Youth of Color, Black youth, Foster/ adoptive caregivers and Guardian ad Litem (GALs), families of teens ready to leave home, and youth with elevated medical risk.



SUCCESS STORY [7]

Through the SAMSHA Mental Health Awareness Training (MHAT) Grant, MHFA trainers conducted a series of classes for Ohio Army Reserve National Guard soldiers. The trainings generated overwhelmingly positive feedback as evidenced by the below testimonial:

"This was one of the best experiences that I have ever had since becoming an MHFA instructor. The interaction and feedback we got from these soldiers were incredible and honest. They expressed so much gratitude that we would bring this training when they really needed it. I think we got here at just the right time. Thank you so much for believing in us and advocating for us to take this risk and bring the training down here. I know that we made a difference, and I think we may have saved some of these Soldiers."

- Jeremy Streem, MHFA Instructor

Looking Ahead: ()

In 2022, nearly 2,000 Kognito At-Risk training licenses will be available for any K-12 education faculty and/or staff member in Ohio. Kognito At-Risk is an evidence-based suicide prevention training that equips K-12 teachers with skills to have a helpful and caring conversation with a student experiencing mental health distress.

Some Nationwide Children's Hospital (NCH) virtual trainings have been recorded but could easily be replicated and disseminated at scale; initial discussions are in process with OSPF to create a series of virtual presentations to run statewide in collaboration with other organizations.

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).

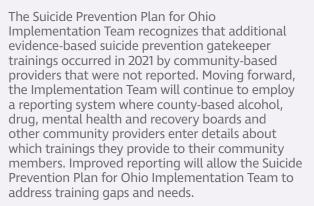
The Suicide Prevention Plan for Ohio Implementation Team continued to focus a tremendous amount of effort into expanding and providing evidence-based gatekeeper training for all Ohio community members. In 2021, The Implementation Team provided Question, Persuade, Refer (QPR), and Mental Health First Aid (MHFA) training opportunities for Ohio community members. Additionally, Ohio invested in Columbia Protocol training for general community members and Working Minds Training for the workplace.

- Question, Persuade, Refer (QPR): Ohio trained 1,684 community members in QPR in calendar year 2021. Notable accomplishments include:
 - The Ohio Suicide Prevention Foundation held 23 QPR trainings and trained 329 community gatekeepers.
 - 175 Franklin County residents were trained in QPR Suicide Prevention skills.
 - Cincinnati-based suicide prevention nonprofit 1N5 trained 341 Ohioans in QPR.
 - LOSS Community Services trained 510 community members in QPR across 52 trainings.
 - Prevention Awareness Support Services (PASS) trained 329 community members in QPR.

- Mental Health First Aid (MHFA): Ohio trained 7,706 community members in MHFA in calendar year 2021. This is an increase of 4,976 trainees from 2020 training numbers. Notable accomplishments include:
 - The Ohio Suicide Prevention Foundation trained 1,352 community members in MHFA in 2021 across 69 trainings.
 - Prevention Awareness Support Services (PASS) trained 913 community members in MHFA in 2021.
 - The MHFA Statewide Collaborative trained 5.364 community members in MHFA in 2021.
 - The Franklin County Suicide Prevention Coalition trained 77 community members in MHFA in 2021.
- Working Minds: Ohio trained 125 people in Working **Minds** in 2021. Working Minds is an evidence-based training that trains employers and staff to recognize and address early warning signs of suicide in the workplace, including how to respond after a suicide.
- Ocolumbia Protocol Training: In 2021, 1,063 community members and providers registered to participate in Columbia Suicide Severity Rating Scale (CSSRS) training through the Ohio Suicide Prevention Foundation in partnership with the Columbia Lighthouse Project and the Ohio Department of Mental Health & Addiction Services. CSSRS, also known as the Columbia Protocol, is a brief suicide risk assessment that helps identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs.

Additionally, CareSource continued to promote and facilitate MHFA trainings for both internal staff and external entities, as well as providing QPR instructor training for staff.

Looking Ahead:



GOAL 3

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

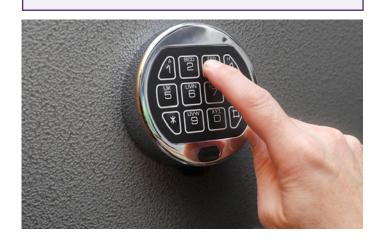
Objective 3a: Encourage providers who interact with people at risk for suicide to routinely assess for access to lethal means as part of an overall educational effort.

In 2021, research conducted by an AmeriCorps member focused on the reduction of access to lethal means involved in deaths by suicide. Sixteen other states across the country were contacted to examine what their lethal means restriction initiatives look like to gain a thorough understanding of what programs are most common across prevention efforts and what may be most likely to work in Ohio. This knowledge was used to craft a briefing paper to examine whole state of Ohio as well as any at-risk populations within the state. Effective programs at a broad level outside of Ohio were explored that may be effective within the state of Ohio.

Additionally, NCH trained Primary Care staff in means safety and Counseling on Access to Lethal Means (CALM) principles in all risk assessment and safety planning trainings as part of their Zero Suicide expansion to Primary Care.

Looking Ahead:

The Suicide Prevention Plan for Ohio Implementation Team will be focusing additional time and resources into lethal means safety and prevention in 2022. The Implementation Team will consider a Statewide campaign to promote Counseling on Access to Lethal Means (CALM) training for providers, as well as other effective initiatives implemented by other states. Moreover, NCH primary care has developed videos for families around firearm safe storage.





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:



In 2022, OSPF is launching an effort called Life Side Ohio that breaks new ground in Ohio with direct suicide prevention outreach to the firearms community. After researching best practices of similar campaigns in other states like Missouri, Utah, and New Hampshire, Life Side Ohio is just beginning its mission to reach oun owners in all corners of the state. The campaign will be consulting with hunters, collectors, enthusiasts, firearms instructors, and retailers. The campaign will also be consulting with gun owners who have been professionally trained in law enforcement and the U.S. military. The pillars of outreach begin with those previously mentioned firearms communities: retailers, veterans, and law enforcement.

The approach will ask gun owners to coalesce around the goal of saving lives. Life Side Ohio will equip firearms owners with resources on suicide awareness, prevention, mental health and education, as well as firearm safety strategies.

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 collaborating with Life Side Ohio and other community partners to implement effective lethal means safety techniques and strategies in 2022 and beyond.



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, Ohio aims to increase: leadership support for Zero Suicide implementation; collaboration among community partners; 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; identification of suicide risk level for patients who screen at high risk; the number of patients that transition safely through each level of care; number of at-risk patients who receive treatment for suicide ideation; the number of at-risk patients who receive followup services, and utilization of data analytics to make informed decisions related to the functionality of Zero Suicide programming.

Key Accomplishments:



In order to provide learning opportunities for Ohio's behavioral health workforce, various organizations have increased the availability of suicide risk assessment and suicide treatment trainings. Through these efforts, 783 Ohioans took 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. This included:

- 65 behavioral health providers in the **Collaborative Assessment & Management** of Suicidality (CAMS) for Teens (4Teens) **follow-up training.** The CAMS-4Teens training covers multiple aspects of youth suicide risk and treatment. Participants received up-todate information on prevalence rates and recent trends in youth suicide and self-harm, particularly for demographics with increasing rates and risk. Participants also received a brief review of the Collaborative Assessment and Management of Suicidality (CAMS) initial assessment and treatment framework, along with recommendations and numerous tips for implementing the CAMS model with teens. Issues specific to working with teens and their families were covered. The initial CAMS training is an evidence-based treatment framework used to assess suicidality and specifically treat suicide risk.
- 244 behavioral health providers in Assessing & Managing Suicide Risk (AMSR) for Substance Use Disorder Providers (SUD). AMSR-SUD 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 people involved in SUD treatment. The Ohio State University, with funding from an OhioMHAS State Opioid Response (SOR) Grant, trained 200 behavioral health professionals in AMSR-SUD in 2021. OSPF, with funding from a United Healthcare Foundation Empowering Health Grant, trained 44 behavioral health professionals in AMSR-SUD in 2021. The Ohio Council of Behavioral Health & Family Services Providers partnered with OSPF to promote the AMSR-SUD trainings for their SUD treatment provider members.
- Nationwide Children's Hospital Zero Suicide Training reached 474 behavioral health providers in various evidence-based practices.

OhioMHAS Zero Suicide grantees continued to progress in implementing all components of the Zero Suicide Framework. In 2021, grantees provided clinician training on core elements of the Zero Suicide Framework, followed by Cognitive Behavioral Therapy (CBT) certification training for Ohio's behavioral health workforce. This was in partnership with Nationwide Children's Hospital and The Beck Institute. Stipends were provided to those who engaged in the training process.

Ohio continued its partnership with the Ohio Children's Hospital Association and its member hospitals to implement the Zero Suicide framework across all Ohio children's hospitals. All of the Children's hospitals participated in a Zero Suicide community of practice where each were at different stages of implementing the framework. Much of the focus in 2021 was around surveillance data.

Apart from the overview of the Zero Suicide work with the Ohio Children's Hospital Association, Nationwide Children's Hospital (NCH) provided in-depth outcomes from this work. NCH continued their expansion of the Zero Suicide framework into non-Behavioral Health departments at the hospital. Primary Care and Developmental Behavioral Pediatrics are now screening at child wellness visits. Nationwide Children's Hospital Zero Suicide highlights include:

- In behavioral healthcare, a total of **146,179 ASOs (Asking Suicide Screening Ouestions** - an evidence-based suicide screener) were administered. 94 percent of new patients received the ASQ at the first visit (19,483). NCH's protocol is that, after the first visit, ongoing patients receive the ASQ on a monthly basis. Behavioral Health was 86 percent compliant with this expectation (= 126,696 ASQs). Also, the NCH protocol is that all patients screened who are acute positives (some level of imminent risk) receive a Columbia Suicide Severity Scale (C-SSRS) and safety plan on the same day unless the patient goes to a higher level of care. In 2021, BH was 94 percent compliant with this expectation.
- NCH expanded suicide-specific treatment for high-risk youth by implementing a skills group using Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP) and adapting the Multi-Family Psychoeducational Psychotherapy model (MF-PEP) to meet the needs of patients in crisis and their families in collaboration with Dr. Mary Fristad, the developer of MF-PEP. In 2021, an initial pilot of MF-PEP for crisis was completed along with various sessions of CBT-SP.

- 55 crisis clinicians were trained in SAFETY-A, a brief intervention designed for emergency services when treating suicidal youth.
- 33 behavioral health clinicians were trained in the Zero Suicide Home Study Module.
- 80 behavioral health clinicians were trained in the Teletherapy Series: Addressing & Managing Safety Concerns.
- 120 Community Mental Health Agency employees attended a Zero Suicide Workforce **Development series funded by OhioMHAS.**
- 31 clinicians were trained in Collaborative **Safety Planning (Team Based Training).**
- 30 Outpatient Psychiatry Nurses were trained in fundamental Safety Planning.
- With funding from OhioMHAS, NCH completed training series consisting of a one-day training focused on evidence-based suicide screening, assessment & safety planning; a 3-day CBT workshop delivered by the Beck Institute including a module on suicide-specific care; and five one-hour small group CBT consultations. 125 clinicians enrolled across Ohio.
- Additional funding from OhioMHAS has been earmarked for expanding and adapting Zero Suicide to target youth at risk and increasing community capacity to care for them in Ohio. Planning took place over the course of 2021 with implementation goals for 2022.

CareSource implemented a Transitions of Care Team and a Behavioral Health Case Management Team to promote safe transitions for members transitioning levels of care.

CareSource also implemented care plans for members who are determined to be a high suicide risk, express suicidal ideation, and/or demonstrate suicidal behaviors as well as integrating the Patient Safety Plan into CareSource's Guiding Care documentation system.

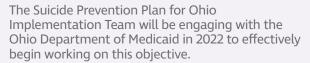
Looking Ahead:



OSPF will be hosting four additional AMSR-SUD training workshops across Ohio to increase the number of SUD treatment professionals equipped to conduct thorough suicide risk assessments.

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

Looking Ahead:



GOAL 2

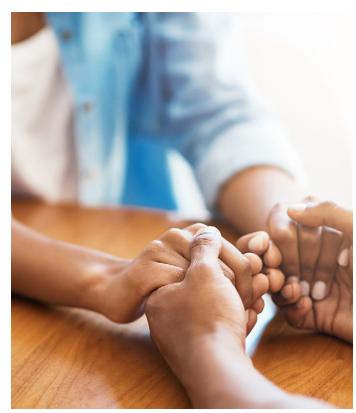
Provide training to clinical and social service providers on the prevention of suicide and other related behaviors.

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

Licensed counselors, clinicians, and other behavioral health providers typically do not receive adequate suicide prevention education and training. However, these are the professionals that those 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, & the University of North Carolina at Charlotte have created a course for colleges and universities to offer their undergraduate and graduate health profession students via funding from a SAMHSA Garrett Lee Smith (GLS) Youth Suicide Prevention Grant. 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.

OhioMHAS, the Ohio Department of Higher Education and Prevention Action Alliance, through the Ohio College Initiative, are guiding the development of campuscommunity partnerships to support behavioral health needs of students. Healthy Campus Framework is being used as a framework for the development of these partnerships. The primary objective is to begin shifting the focus beyond the individual health of students, to a campus environment where health and wellbeing are embedded across policies, cultures, and organizations. Key partners

include the Ohio University Voinovich School of Leadership and Public Service, PreventionFirst!, Higher Education Center for Alcohol and Drug Misuse Prevention & Recovery, and NEOMED.



Key Accomplishments: ()



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

In early 2021, OSPF received training from the developers of the course to provide consultation on the implementation of the Interprofessional Education Suicide Prevention College Curriculum with any institution of higher education in Ohio.

Based on the initial interest from 2020, the Ohio Program for Campus Safety and Mental Health (OPCSMH) in collaboration with OSPF and The Ohio State University Suicide Prevention Program, hosted a webinar in Spring 2021 to provide a more in-depth workshop on how to implement the Interprofessional Education Suicide Prevention College Curriculum.

Moreover, the OPCSMH awarded 10 mini-grants designed to promote campus-community

collaboration in 2020. These mini-grants support an array of campus programming, including suicide prevention trainings, mental health awareness campaigns, and depression screenings.

Institutions of higher education and community entities representing Clark, Greene, Madison, Hamilton, and Columbiana, Lisbon, Belmont, Harrison, and Monroe counties implemented Question Persuade Refer (QPR) trainings. In all, 68 Ohioans were trained in QPR and 39 in Mental Health First Aid (MHFA), and the OPCSMH concludes this number will continue to increase. Proposals for 2022 mini-grants also include requests to implement gatekeeper trainings. Counties represented include Clark, Greene, Madison, Hamilton, Wood, Lorain, Cuyahoga, and Wayne-Holmes. The OPCSMH has funded proposals for suicide prevention trainings and mental health promotion in 63 of Ohio's 88

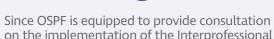
Additionally, The Ohio State University Counselor Education program continues to train all graduate students in suicide risk assessment and treatment as part of graduate course of study.



Challenges and Solutions

Several of the higher education institutions that participated in the OPCSMH indicated that administrative roadblocks are a challenge for swift adoption of the Interprofessional Education Suicide Prevention Course. For example, even though the course and all materials are free, costs associated with teaching compensation as well as designating staff to teach the course were reported.

Looking Ahead:



on the implementation of the Interprofessional Education Suicide Prevention College Curriculum, it will focus more of its efforts to partner with higher education institutions and programs to disseminate course materials.





SUCCESS STORY [77]

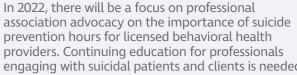
"The Ohio State University Suicide Prevention Program's involvement in helping to implement the Suicide Prevention Plan for Ohio has helped to advance stronger community partnerships between OSU's suicide prevention efforts and those in the local area and across the state. OSU has invested time in meeting and developing ideas with these partners, which is affording new opportunities to both grow the OSU program initiatives and staff, and to lend support, time, and energy toward state-based projects."

- Laura Lewis, Assistant Director for The Ohio State University Suicide Prevention Program

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 training offering in 2020 and will continue to discuss how to better incorporate this content area as well as broader behavioral health content in 2021 and 2022. The Committee will invite OSPF to become a member in 2021.

Looking Ahead:



providers. Continuing education for professionals engaging with suicidal patients and clients is needed for professionals to provide the best suicide care possible.

GOAL 3

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

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 system. Additionally, mass suicide-specific screening programs at schools may be beneficial in the early identification of suicidal youth.

In 2021, Ohio successfully expanded a number of these K-12 student and staff trainings including Sources of Strength, Signs of Suicide, and PAX Good Behavioral Health Game. Moreover, additional programs, initiatives, and communities of practice were implemented to augment suicide prevention resources.

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

Key Accomplishments: (0)



In partnership with the Boys and Girls Club Alliance, OhioMHAS and ODE supported the implementation of PAX Tools for Human Service Workers and PAX Tools for the Community across Ohio's clubs. This work is part of a larger initiative to address the behavioral health and wellness of children within this afterschool setting.

Nationwide Children's Hospital expanded the implementation of PAX Good Behavior Game (GBG) to four new districts (seven new schools with roughly 505 additional classrooms) in Southeast Ohio, which means approximately 10,000 elementary students received PAX GBG in 2021.

CareSource entered in a partnership with Dayton Boys & Girls Club to provide life coaches, job services, care managements and behavioral health to the club. Another CareSource partnership with State Association of Boys & Girls Clubs for Social Emotional Learning (SEL) alignment and strategies for suicide prevention was implemented in 2021. Additionally, CareSource staff attended PAX Community Outreach Training.

Looking Ahead:



OhioMHAS was approved to utilized funding to provide PAX Good Behavior Game and PAX Tools trainings as part of the SAMHSA COVID Relief funding. These trainings will occur primarily in 2022.



SUCCESS STORY 77

Testimonial from the Nationwide Children' Hospital southeast Ohio PAX expansion:

"Maysville Elementary School continues the journey as a PAX school, which has elicited far-reaching benefits for children, teachers, and families! The implementation and sustainability of PAX GBG in our school has resulted in reduced classroom disruptions, diminished aggression, fewer referrals, and increased time for teaching and learning. Most importantly, PAX GBG enhances the ability for students to self-regulate their behavior, leading to intrinsic feelings of success in each child. Students love the reward of playing the game and the excitement it brings to our PK-5 classrooms."

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

Often, school districts are not equipped to effectively and appropriately incorporate evidence-based suicide prevention resources, polices, 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 programing, messaging, and guidelines within Ohio schools.

Sources of Strength (Sources) was chosen by the Ohio Department of Mental Health & Addiction Services and its partners to support this objective. Sources of Strength has a rigorous evidence base as a suicide prevention program and has been implemented in multiple states over the past twenty years. At the secondary level, Sources of Strength operates as a youth-led program whereby youth-adult teams implement messaging campaigns to promote protective factors and healthy norms. This kind of environmental strategy has demonstrated effectiveness in the literature as an approach to prevention with youth populations, but Sources of Strength groups have specifically been evaluated and proven effective. At the elementary level, Sources of Strength is implemented as a 12-unit curriculum. The curriculum is an evidenceinformed example of prevention education and supports Ohio's social-emotional learning standards for grades 3-5.

While other activities have been undertaken to support this objective, it is also worth noting that Sources of Strength has created ample opportunity to advance this objective. Sources of Strength Network Leaders as well as staff at OSPF and PreventionFIRST! have provided numerous technical assistance calls and visits to schools across the state to help them bring Sources of Strength to their communities. As indicated above, Sources of Strength is a complex, timeintensive program, and while the effort is worth it, care is required to maintain momentum in the face of the pandemic. staffing shortages, scheduling conflict, and other barriers to implementation. Through this personal touch, local champions can work with experts in Sources of Strength as well as suicide prevention advocates to design a program model that can make a difference within their unique school district.

Key Accomplishments: ()



Since funding for Sources of Strength was awarded in late 2020, 2021 represents a year of getting the word out, building school buy-in, finding training participants, and initiating implementation efforts. Bringing Sources of Strength to a school district is a multi-phase process that looks different depending on the school's needs and capacity, so universal metrics are difficult to define at this point. See below for a few key metrics to demonstrate the reach of Sources of Strength Ohio in 2021:

• 7 - The Ohio Suicide Prevention Foundation (OSPF!), PreventionFIRST!, and the Ohio Department of Mental Health & Addiction Services designated seven Sources of Strength Network Leaders in the summer of 2021. These Network Leaders include Educational Service Centers and community groups who are embedded in their local schools and responsible for expanding Sources of Strength within their

- regions. Network Leaders are trained to implement the secondary and elementary programs and know more than anyone else at the state level how students in their regions will benefit from Sources.
- 210 Over the past year, Sources of Strength has hosted multiple virtual trainings to empower local champions to implement Sources programming in their communities. 104 Ohioans have earned provisional certification in the secondary program for middle and high school, while 106 Ohioans have been trained as Coaches for the elementary curriculum.
- 42 Across the state, 22 secondary schools and 20 elementary schools implemented Sources of Strength in their buildings. This process includes multiple trainings, optional professional development for school staff, and either identification of adult advisors and youth peer leaders at the secondary level or selection of teachers at the elementary level to implement the program, plus planning and implementation of a program model that meets the need and capacity of each school.
- **59** In addition to schools who initiated the implementation process, 32 secondary schools and 27 elementary schools submitted letters of commitment stating their intentions to implement Sources during the 2021-2022 school year, or the 2022-2023 school year. These 59 schools have mostly completed the virtual trainings and are in the process of identifying participating staff and students as well as planning how Sources can be utilized within their building.
- **37,600 –** Over 23,000 secondary students and over 14,500 elementary students attend an Ohio school that is currently implementing or who intends to implement Sources of Strength. These students will be less likely than their peers at other schools to struggle with mental health problems, bullying, violence, drug misuse, or to die by suicide – all as a result of efforts in 2021 to expand this evidencebased program to their school.



The following table summarizes the Sources of Strength metrics:

Sources of Strength Ohio in 2021	Secondary	Elementary
Number of Sources of Strength Network Leaders	7	
Number of Sources of Strength Trainees	104	106
Number of Schools Implementing Sources	22	20
Number of Schools Committed to Implementing Sources	32	27
Student Population at Schools Committed to Implementing Sources	23,011	14,589
Maximum Number of Students Reached by Sources due to 2021 Actvities	37,600	



Nationwide Children's Hospital:

In 2021. 77 schools, 420 classrooms, and 9.314 students participated in the evidence-based Signs of Suicide (SOS) program via Nationwide **Children's Hospital**. This is an increase of 3,802 students participating in SOS compared to 2020. 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 that attend with resources for those screening high.

NCH's Center for Suicide Prevention and Research (CSPR) provided approximately 20 virtual suicide prevention gatekeeper trainings and risk assessment trainings to school partners, youth serving organizations, faith-based organizations, and community agencies in 2021.

NCH revised and piloted a suicide prevention and coping curriculum in collaboration with the Boys and Girls Clubs in Columbus and have trained over 200 staff and youth at 6 Ohio club locations with 6 additional sites planned for 2022.

The Ohio State University Suicide Prevention Program:

The Ohio State University Suicide Prevention Program often responds to requests to consult with local K-12 schools on how to implement suicide prevention education, advocacy, and outreach efforts. OSU frequently partners with and sits on local coalition and state foundation committees and boards to help promote community education strategies.

Additional Statewide Initiatives:

The Suicide Prevention Plan for Ohio Implementation Team continued to disseminate the Comprehensive School Suicide Prevention Program for schools as a resource through MHAS, ODE and Department of Public Safety (DPS) networks, as COVID continued to heighten the behavioral health needs of students and staff.

ODE, OhioMHAS, and DPS worked collaboratively to develop a resource for schools and families with the goal of increasing awareness of social media trends and providing adults with tips to start conversations with youth. The resources were shared on the Ohio School Safety Center's website and through digital newsletters.

The Ohio School Wellness Initiative was implemented through a partnership with ODE and Miami University. The Ohio School Wellness Initiative was designed to explore, implement, and sustain a full continuum of care including prevention, early intervention, and treatment practices for K-12 students within local districts who adopt student assistance programs, Tier II/III supports, and staff wellness frameworks.

Eighty (80) pilot schools participated in this initiative. Key components include the Ohio Model Student Assistance Program and the Staff Wellness Model. In 2021, Tiers II and III were strengthened. Tier II focuses on targeted supports such as social skills, self-management, and academic supports, while Tier III focuses on intensive, individualized supports such as functional behavioral assessments and wraparound services.

House Bill 123 Safety and Violence Education for Students Act—or SAVE Students Act, was passed in the 133rd General Assembly requiring Ohio public middle school and high school students to take an annual class in suicide and violence prevention. It also requires every public school to have a threat assessment team

composed of school staff, as well as to maintain a program to field. Through this legislation, a list of approved suicide prevention programs was listed on the ODE website which includes: Hope Squads, Lifelines, Sandy Hook Promise Say Something, Signs of Suicide, and Sources of Strength. In late 2021, the application to list programs under this website was reopened. Additional programs will be considered in 2022 based on application reviews.

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

The Ohio School Wellness Initiative implementation referenced in Objective 3b specifically applies to this objective as well.

Additionally, The Departments of Education, Mental Health & Addiction Services, and Public Safety collaborated to create a suicide prevention resources and referral bulletin. The bulletin provided school staff with guidance on the process of responding to a student with suicidal ideation and shared contact information for referrals. The Ohio School Safety Center shared the bulletin with stakeholders, and it was also shared through the EdConnection newsletter.

Moreover, the Comprehensive School Suicide Prevention Program continued to be disseminated by the Suicide Prevention Plan for Ohio Implementation Team in 2022. Comprehensive School Suicide Prevention describes a set of school-based strategies aimed at preventing and addressing adolescent suicide on multiple levels. Effective comprehensive school suicide prevention programs consist of three levels: Primary Prevention (prevention), Secondary Prevention (intervention), and Tertiary Prevention (postvention). All three levels are needed for schools to comprehensively address adolescent suicide. This manual provides an overview of these prevention levels and provides practical steps to ensure that each level is effectively addressed by a school system.



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

In 2021, OhioMHAS and the Ohio Department of Education (ODE) 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. OHYES! is administered by OhioMHAS in partnership with ODE, and ODH. OHYES! is available annually and previously recruited participation every four years (school years 2015-2016, and 2019-2020).



COVID impacts: Because of COVID, data collection was cut short in spring 2020. The survey was not available in fall 2020 and resumed availability in March 2021. To ensure schools had access to collecting recent risk and protective factor data for students, the departments initiated a special recruitment for late-spring 2021, and 22,634 students completed the OHYES! in 41 counties, 84 school districts, and 138 schools. Reports are produced once per school year. Public reports are available for all participants, and counties where more than one district participated, on the OHYES! website: https://ohyes.ohio.gov/Results/.

Changes in OHYES! recruitment and timing: The OHYES! is available upon request for the 2021-2022 school year and schools are currently participating. Beginning fall 2022, OHYES! is moving to a fall-only administration; this ensures that results will be available to schools about six months sooner, in time for spring strategic planning needs. Furthermore, the departments have decided to increase recruitment efforts from every four years, to every two years, beginning fall 2022; so recruitment for OHYES! will occur in the fall of every even-numbered year.

Additionally, ODH and OhioMHAS are partnering to increase participation in OHYES! with schools with higher percentage minority populations, populations that have been under-represented in needs assessments and population-based surveys in the past. Additionally, ODE's Chiefs for Change initiative is assisting with marketing and promotion of OHYES! in Ohio K-12 schools.

Looking Ahead:

The Ohio Department of Education and the Ohio Educational Service Center (OESC) Association will work together via the Suicide Prevention Plan for Ohio Implementation Team in 2022 to develop a clear K-12 school district marketing strategy for the OHYES! Survey. Since participation in the survey is completely voluntary, many schools choose to opt out due to time constraints. However, data gathered from the OHYES! survey can be instrumental to

GOAL 4

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

inform local suicide prevention strategies.

■ 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: (0)



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), 1,598 Ohio law enforcement officers were trained in CIT in 2021. This metric, along with the metrics listed below, are also referenced in Strategy 1, Objective 2a.

This represents 356 law enforcement jurisdictions that participated in these CIT training opportunities. Eight of these jurisdictions were new in 2021.

Additionally, 25 Advanced CIT Trainings were held. These trainings are intended to further enhance the skills of those already trained in CIT.

The CJCCoE held 94 Patrol Officer Training Courses (these are the typically 40-hour training courses held locally by a CIT Program and attendees are the 1,598 law enforcement personnel cited above).

The CJCCoE held 30 Public Safety Telecommunicators Trainings. This training focuses on preparing public safety telecommunicators (or dispatchers/call takers) to better identify if a call is a mental health crisis, verbal de-escalation, suicidal callers, and working with first responders being dispatched to a scene.

Looking Ahead:



NEOMED will join the Suicide Prevention Plan for Ohio Implementation Team in 2021 to coordinate efforts and align CIT implementation goals. Currently, approximately 76 percent of all law enforcement jurisdictions in Ohio have at least one CIT-trained 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 evidencebased suicide care, including secondary trauma.



Key Accomplishments: ()



In 2021, The Suicide Prevention Plan for Ohio Implementation Team designed the first-ever Sample Suicide Awareness and Prevention Policy for First Responder Agencies in consultation with additional first responder leaders across the state, including law enforcement, fire, and EMS professionals. This sample policy, once published, will be the first-ever suicide prevention-specific policy for first responder personnel of this type in the United States.

The goal is to have this sample policy readily available and easily customizable depending on the specific needs and staffing size of the agency/department. The sample policy includes the following core components:

- 1 Important suicide prevention definitions.
- 2 Purpose and scope of a suicide prevention policy for agencies/departments.
- 3 The overall policy.
- 4 Importance of training personnel in suicide prevention programs to be able to identify fellow first responders at-risk and how to refer them to appropriate mental health services.
- **5** Postvention protocols in the event of a suicide death within an agency/department.
- **6** References and resources.

Additionally, the CJCCoE also purchased 200 slots for law enforcement officers to complete the online "OPR for Law Enforcement" training through the OPR Institute. In 2021, 158 law enforcement officers completed training.

The CJCCoE also held the following trainings:

- CIT Advanced Training Conference (virtual) had 270 attendees. This statewide conference included topics on resilience and veterans in
- Public Safety Telecommunicators Training of Trainers (virtual) had 29 attendees on Day 1 and 31 attendees on Day 2. This training focused on helping CIT Programs understand what content to include in a training for public safety telecommunicators. The intention was to assist attendees in being able to set up their own local training opportunities. Topics included suicidal callers, vicarious trauma, and verbal de-escalation.
- CIT Probation Officer Trainings (virtual) had 88 attendees over two training events. This two-day training assists Probation Officers in understanding mental health disorders, identifying safety concerns, verbal deescalation, crisis response, and includes a role play scenario with a suicidal probationer.



Looking Ahead:



The Sample Suicide Awareness and Prevention Policy for First Responder Agencies will be shared widely with first responder professional associations across Ohio beginning in 2022. If an agency/department does not have an internal suicide prevention-specific policy already, these departments will be encouraged to use this sample policy as a template.

The Training Program section of this sample policy references implementing suicide prevention gatekeeper training within first responder agencies/ departments. The goal is that additional first responder agencies/departments around Ohio will begin requesting evidence-based suicide prevention gatekeeper training, such as QPR, beginning in 2022. Grant programs will be pursued in 2022 to provide these types of trainings free-of-cost to prepare for an increase in training requests.



Strategy 3 Goals & Objective

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 2021, there were 57 active suicide prevention coalitions representing 65 counties in Ohio. 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:



As part of the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions (SSOSPC) Initiative, three coalitions across Ohio (Auglaize, Lake and Union) received funding in 2021 to study and apply the Community Coalition Action Theory (CCAT) to enhance the efforts to their coalitions. Moreover, this brings the number to 21 suicide prevention coalitions covering 24 counties that have participated in the SSOSPC training series which began in 2020. In 2021, seven coalitions (Ashtabula, Clermont Knox, Lawrence, Sandusky/ Seneca, Wyandot, Butler, and Wayne/Holmes) participated in the Strategic Planning Study Group to learn how to plan and develop coalition capacity and planning toward an implementation phase of development.

These 21 coalitions, since 2020 were funded to engage in an eight-month learning community with peers and receive wraparound support services 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

- Conduct strategic planning for the coalition and develop an understanding of evidenced based programs which have the greatest impact on community level change.
- Develop the knowledge and skills needed to increase infrastructure and support coalition sustainability;
- Enhance strategic planning efforts through datadriven decision-making;
- Engage in professional development and leadership skill-building opportunities.



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. In 2021, a plan has been developed and is in the process of being adopted into the State Plan in 2022.

Ohio continued its investment in SSOSPC initiative. This included:

This represents 356 law enforcement iurisdictions that participated in these CIT training opportunities. Eight of these iurisdictions were new in 2021.

Additionally, 25 Advanced CIT Trainings were held. These trainings are intended to further enhance the skills of those already trained in CIT.

Community Coalition Action Theory (CCAT) learning community developed their local coalition CCAT that grounds the coalition in theory and provides a coalition evaluation tool.

After the completion of the above learning communities, the next scope and sequence was developed for the next fiscal year. This work began October 2021 and coalitions had the opportunity to apply for funding to engage in the following:

Strategic Planning Continuation Application to complete their strategic plan, implement an evidence-based intervention utilizing the CDC technical package.

CCAT Study Group building off the previous cohorts to further assist coalitions in enhancing their infrastructure and sustainability.

Five-part Strengths-Based Transformational Leadership Study Group that will allow coalitions to effectively utilize strength-based leadership skills for the benefit of their coalitions and their communities.

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

In 2021, Ohio began to analyze the results of assessment data gathered by Ohio University and the Pacific Institute for Research and Evaluation (PIRE). This data is currently being evaluated by PIRE to assess which communities have well-formed coalitions and which coalitions are just beginning to develop.

In addition, a coaching and mentoring component has allowed coalitions to receive one-on-one support with a trained coalition expert. In 2021, 12 more coalitions were trained in strategic planning and Community Coalition Action Theory (CCAT).

Looking Ahead:



The Ohio Suicide Prevention Foundation will be contracting with an external evaluator in 2022 to aid in the evaluation of suicide prevention coalition performance. These evaluation reports will be sent to local suicide prevention coalitions 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 Public Affairs and Youth 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;
- Teaching coping and problem-solving skills;
- Strengthening access and delivery of suicide care;
- Identifying and supporting people at risk;
- Creating protective environments:
- Lessening harms and preventing future risk.
- Promoting connectedness;

The Suicide Prevention Plan for Ohio achieved this objective with the ongoing support of monthly coalition meetings. Additionally, OSPF received funding from OhioMHAS to fund and lead the development of a Statewide Coalition Institute to be developed starting in late 2021 and ending in 2023. This coalition training institute includes not just suicide prevention coalitions but also groups dealing with alcohol and other drugs (AOD), Gambling, Aging, and Violence Prevention since there is an overlap between risk factors.



GOAL 2

Assess and strengthen postvention programs in local communities.

Postvention is defined as activities implemented after a death by suicide in a community 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.

In 2021, a briefing paper titled, "Developing a Statewide Infrastructure for Suicide Postvention: A White Paper Briefing" written with consultation from the University of Cincinnati, assessed resource and services gaps of Local Outreach to Suicide Survivor (LOSS) teams and the Safe Storage of firearms.

Suicide Prevention Coalitions will be given access to the Life Side Ohio campaign for lethal means safety. There is coalition representation on the lethal means work group that contributes to culturally competent resource development.

Looking Ahead:



Based on information learned from the briefing paper, there is a lack of research and best practices in this area. The current work being developed by Ohio will contribute to improving resource and service gaps related to existing care transition services.

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

Key Accomplishments: (0)



Building from the Ohio Department of Mental Health & Addiction Services (OhioMHAS) Postvention Guide to Developing Local Outreach to Suicide Survivors (LOSS) Teams, the Ohio Suicide Prevention Foundation with funding from OhioMHAS and partnership with the University of Cincinnati, began the process of developing a full postvention model for Ohio grounded in best practices.

In 2021, the first step of developing the comprehensive postvention model for Ohio began with the creation and launch of the "Developing a Statewide Infrastructure for Suicide Postvention: A White Paper Briefing" paper. The briefing paper calls for investment and development of the full range of postvention best practices, including:

- Establishing Suicide Postvention as a Statewide Priority
- Establishing a Coordinated Statewide Structure
- Developing Partnerships with Key Stakeholders
- Adhering to Evidence-Based Strategies and **Best Practices**
- Enacting a Statewide Network of LOSS Teams
- Developing a Coordinated Listing of Postvention Support Groups

- Encouraging Dissemination of Evidence-Based Strategies by Peer Programs
- Developing a Statewide Map of Postvention Resources and Support Groups
- Ensuring that Strategies are Culturally Competent
- Evaluating the Statewide Infrastructure and Disseminate Findings
- Securing Ongoing Support for a Statewide Postvention Infrastructure

Additionally, OSPF created and began disseminating the Ohio Suicide Loss Survivors: A Resource Guide for families bereaving the loss of a loved one to suicide. This resource guide contains information on grief tips, how to care for yourself after a loss, and supplemental resources. This resource guide was also shared with funeral directors, coroners, and other community partners.

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 2022. Additionally, initiatives involving the development of Ohio's Comprehensive Postvention Model will begin to rollout starting with the creation of a Statewide map outlining what types of postvention services are offered in communities.

The Ohio Suicide Loss Survivors: A Resource Guide will continue to be disseminated free of cost to suicide loss survivors and organizations that serve loss survivors upon request. A tracking system will be implemented to keep record of the number of families reached.

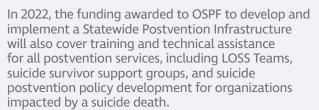


SUCCESS STORY 77

In 2021, LOSS Community Services attended 16 suicide scenes, called 95 newly bereaved families within 48 hours of their loved ones' death, and served 4,467 loss survivors (615 of these were new survivors).

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

Looking Ahead:



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: (0)



The passing of House Bill 110 in September 2021 allows for members of suicide death 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.

This legislation set the foundation for incorporating Psychological Autopsy reports into suicide fatality reviews. Please see Objective 3b for a description of Ohio's investment in Psychological Autopsy.

Looking Ahead:



Communication with coroners has been the primary barrier to the recruitment of other people to each review board. Contacting a member of the Ohio Coroners Association (OCA) would solve this problem, as well as identifying people with direct contacts to their coroners. The Suicide Prevention Plan for Ohio Implementation Team will focus efforts on developing relationships with key members of OCA in 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.

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. To aid in this process, Ohio invested in offering statewide Psychological Autopsy Training to mental health boards and suicide prevention coalitions to help support local suicide prevention efforts, especially with the development of suicide fatality review boards.

OSPF received funding from OhioMHAS to provide Psychological Autopsy Certification Training (PACT) for up to 100 candidates though June 30, 2022. OSPF will be hosting 5 trainings (three virtual, two in-person) with an average of 20 people per training. Only one of these

trainings occurred in 2021. Fourteen participants were trained in December 2021. Please see the Looking Ahead section below for a description of future trainings and plans moving forward. The goal of conducting Psychological Autopsies is to learn about why a person died by suicide to assess service gaps that may exist in a community. Lessons learned from psychological autopsy reports can inform both local and state suicide prevention initiatives.

Additionally, the Ohio Suicide Prevention Foundation funded a position in the Franklin County Coroner's Office to review suicide deaths. This is a pilot program for other counties to emulate, and it is the first full-time paid position of this type in the United States.

Looking Ahead: ()



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

Four PACT trainings will occur in 2022, which will create a large network of certified Psychological Autopsy Investigators across Ohio (up to 100). A learning community of practice will be implemented to build and strengthen this network of newly certified investigators. Investigators will learn from one another and discuss how to engage with existing and future suicide fatality review boards to increase the effectiveness of the boards.



SUCCESS STORY (77)

"In typical OSPF fashion, they have once again offered a state of the art, highly professional, empirically supported training for the benefit of the entire state of Ohio. I was able to participate in one of the best trainings I can remember in a long time, the Psychological Autopsy Certification Training conducted by the American Association of Suicidology (AAS). This takes the state of Ohio so much closer to understanding the dynamics of suicide specific to our region. Our goals are to prevent suicides."

- Josephine Ridley, Ph.D., PACT Participant & Suicide Prevention Plan for Ohio Implementation Team Member

GOAL 4

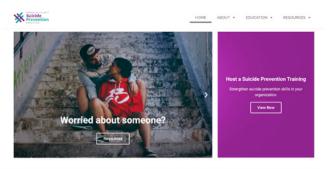
Explore opportunities to build capacity that addresses identified social determinants, barriers to care, and factors that contribute to the suicide rate.

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.



SUCCESS STORY 7

"The Franklin County Suicide Prevention Coalition (FCSPC) really appreciated having the Suicide Prevention Plan for Ohio as a fundamental resource to inform our 3-year strategic plan, along with the CDC Technical Package for Preventing Suicide. It been incredibly helpful to ensure that the FCSPC aligns it efforts with the plan, and to also communicate to others how our plan supports the Suicide Prevention Plan for Ohio."

- Michelle Vargas, FCSPC Director



Strategy 4 Goals & Objective

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:



OSPF successfully renewed their Temporary Assistance to Need Families (TANF) grant for SFY22 and SFY23. This grant involves OSPF working with Boys & Girls Clubs Ohio Alliance (BGCA) and Nationwide Children's Hospital (NCH) to focus on High-Risk Youth and Signs of Suicide training. Dr. Jane Timmons-Mitchell (Junction Psychological Services Corporation) completed the Year 1 TANF Report.

OSPF added two Kognito contracts:

- 1 Unlimited licenses for the following counties Hocking, Morgan, Gallia, Jackson, Meigs, and Washington (ends in April 2022).
- 2 Statewide licenses (1,983) (ends in October 2022). Kognito is an Evidence-Based Health Simulations and Training resource for educators. Both licenses have access to the following courses: At-Risk for Early Childhood, At-Risk for Elementary School Educators, At-Risk for Middle School Educators, and At-Risk for High School Educators.

Males, Ages 25-55

OSPF successfully renewed their Man Therapy Contract (ends in December 2022). Man Therapy focuses on suicide prevention for men and has a reliable 20-point Head Inspection process. OSPF has full access to Man Therapy's Ohio Analytics Dashboard and can track the number of website

visits, the number of started Head Inspections, and the number of Completed Head Inspections. This data can assist with their social media marketing campaign. As of 12/31/2021, Man Therapy Ohio Analytics – Sessions: 4,967, Users: 4,078, New Users: 3,920, Pageviews: 21,735, Unique Pageviews: 8,836, Head Inspections Started: 1,640, and Head Inspections Completed: 923. (Please refer to Strategy 1, Objective 1a for a more detailed explanation of Man Therapy.)

Additionally, OSPF held a series of six focus groups around Ohio in 2021 to research men's mental health—including barriers to care, enablers to care, and suggestions of initiatives that would successfully reach men. After research analysis is concludes in early 2022, lessons learned from the overall themes that emerged out of the focus groups will be used to inform statewide men's mental health and suicide prevention programming. These programming initiatives will be developed and launched in 2022.



Be Present Ohio

Be Present Ohio has existed for several years as an online resource dedicated to young people's mental health. Through social media, social norming campaigns, and articles posted on BePresentOhio. org, this resource promotes healthy behaviors and provides accurate information on mental health to youth and young adults. In 2021, the Ohio Suicide Prevention Foundation partnered with Nationwide Children's Hospital's Center for Suicide Prevention Research (CSPR) to expand Be Present Ohio into an educational program. While this program won't launch until 2022, the groundwork completed in 2021 has the potential to revolutionize the way prevention education is delivered in Ohio.

Soon, young people in Ohio schools will be able to register an account with Be Present Ohio and complete a series of online courses to level up their suicide prevention skills. They'll design an avatar, earn points and prizes, and build a take-home copeahead plan they can rely on when times get tough. As of December 2021, the majority of the course content had been developed by subject matter experts from CSPR, and the project had signed on multiple vendors to support development of the online experience, including experts in curriculum development, gamification, and youth engagement.

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CareSource Successes

In 2021, CareSource engaged in the following activities related to high-risk Ohioans:

CareSource invested over \$4 million in youth services including \$1 million to Appalachia to launch first children's residential program in the region.

CareSource invested \$1 million into prevention initiatives via Youth to Youth.

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

Key Accomplishments:



The Suicide Prevention Plan for Ohio was downloaded 1,413 times via the OSPF website. The plan has been shared with the Ohio Governor's Challenge Team, ADAMH Boards, Suicide Prevention Coalitions, the Ohio Army National Guard, faithbased community organizations, schools (to include those working with Sources of Strength training), Veterans Affairs, and local governments.

As of 12/31/2021, the Suicide Prevention Plan for Ohio (2020-2022) has been viewed via the OhioMHAS website 10,751 times.



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: ()



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

OSPF started Year 2 of their AmeriCorps Program (2020-2025) – Serving Ohio Veterans.

Ohio added VA/SAMHSA Ohio Governor's Challenge Training Portal Data (Psych/Armor):

registered users:

registered who completed a course:

number of | number of | number of courses completed:

number of registered who completed three or more courses:

The Ohio Army National Guard (OHARNG) held a committee in April 2021 on suicide prevention efforts to review all prevention and integration strategies utilized by the OHARNG as well as review the data around losses over the last ten years for trends. Specific recommendations were for an increased integration of behavioral health staff in Brigade level discussions and regular briefings with the ATAG and Brigade Commanders. Here are the 2021 Suicide Prevention training numbers:

3,016 service members completed Ask Care Escort (ACE) training

155 service members completed Applied Suicide Intervention Skills Training (ASIST).

154 leaders completed the Better Relationships and Risk Assessment training.



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

Key Accomplishments: (0)



Nine Youth Suicide Prevention Coalition meetings occurred in 2021 with 206 professionals attending.

ODH contracted with The Ohio State University College of Public Health for strategic planning. The plan goes through 2025 and includes three sections: ACEs/Resiliency; Prevention; and Mental Health Treatment. The Plan was completed in June and has gone through numerous revisions based on state leadership feedback. This plan aligns with the Suicide Prevention Plan for Ohio.

Additionally, a resource guide was created by the coalition ad hoc group for Suicide Awareness month, which focused on youth and other populations. This was shared with several injury prevention networks. The coalition also worked with OhioMHAS, OSPF, and other partners to obtain a Governor's Proclamation for Suicide Awareness Month.

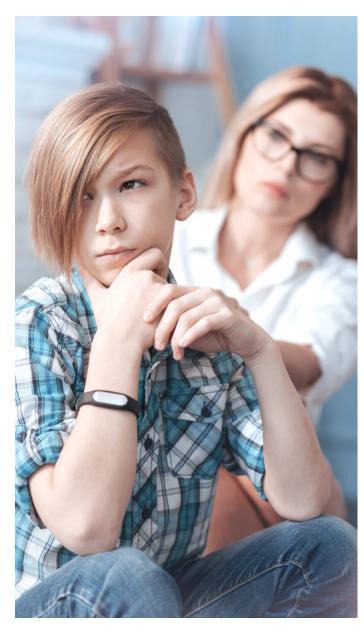
Objective 1d: Engage ADAMHS Boards as partners to improve the adequacy of suicide care in their provider networks for youth and other target populations as informed by local data.

OSPF has participated in discussions with the Ohio Association of County Behavioral Health Authorities (OACBHA) about the best course of action to engage local ADAMH Boards in 2022.

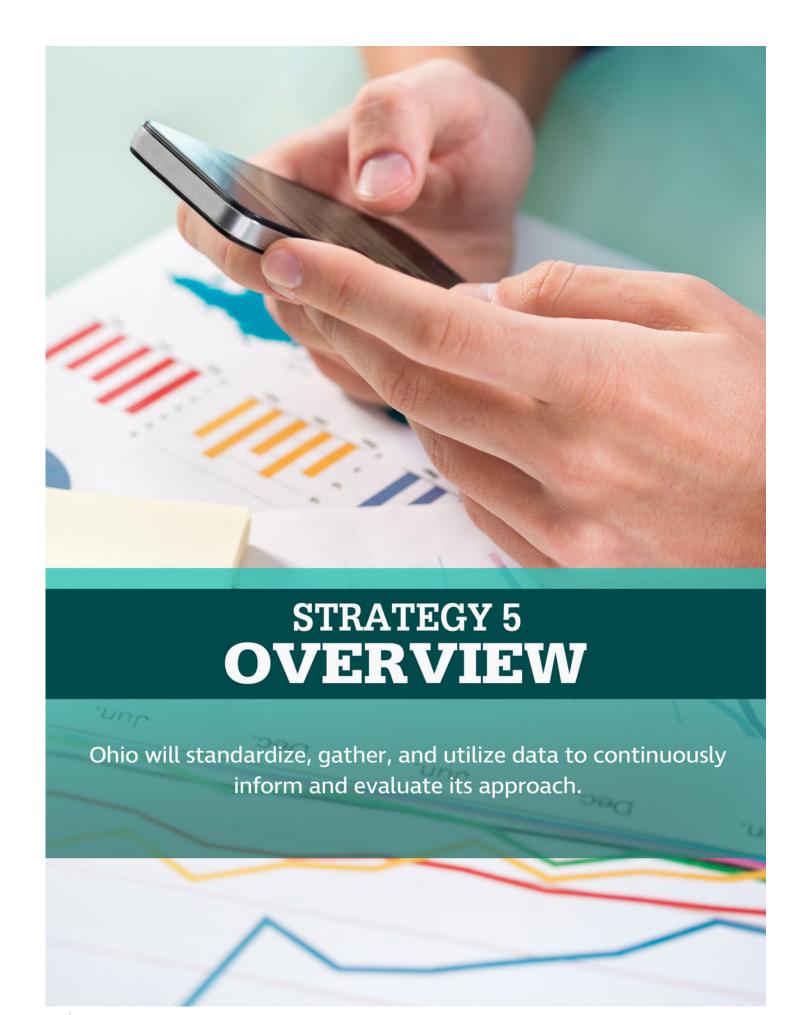
Key Accomplishments: (0)



OACBHA disseminated \$82,500 to ADAMH Boards to promote Crisis Text Line locally.



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Strategy 5 Goals & Objective

GOAL 1

Refine data systems including collection and evaluation.

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

The Ohio Department of Health (ODH) established a surveillance system in 2020. However, due to a transition in syndromic surveillance vendors, a surveillance system was not available for the first half of 2021.

Nationwide Children's Hospital, in partnership with the Ohio Children's Association and its members, established the Ohio Youth Suicide Prevention Collaborative. One goal for this collaborative is to produce a youth suicide report for Ohio. By aligning outcomes and metrics measured by each partner organization, the purpose of the report is to inform prevention, intervention, and postvention activities in the state.

Looking Ahead:

Due to a transition of syndromic surveillance vendor, a system was not available for the first half of 2021. In 2022 and beyond, this system will be live and available.





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

Looking Ahead:



ODH Syndrome Definition Validation Workgroup meetings with the Centers for Disease Control and Prevention (CDC) and states funded under Emergency Department Surveillance for Suicide Related Outcomes grant were postponed due to COVID-19. Continuation of workgroup meetings with the CDC are to be determined.

CareSource partnered with OSPF to utilize claims data pulls on self-harm and suicide attempts in Ohio. As a result of the findings and opportunities, all remaining CareSource Markets are following suit.

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

Looking Ahead:



The Suicide Prevention Plan Implementation Team will focus more effort into researching suicide billing codes and claims and how they 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!)

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Key Accomplishments:



The Depression and Suicidal Thoughts module was included on the 2021 Behavioral Risk Factor Surveillance System (BRFSS). As a result of advocacy in 2021, the Depression and Suicidal Thoughts module was added to the 2022 BRFSS. The Youth Risk Behavior Survey was administered in fall of 2021 and included questions on Depression and Suicidal Thoughts.

Per the update in Strategy 2, Objective 3a, the OHYES! will now be available every fall, and recruitment will occur in fall every even-numbered year. These changes are being coordinated with Ohio's YRBS administered by ODH. The Ohio Department of Health will administer the YRBS in fall every odd-numbered year, so the YRBS and OHYES! will alternate fall administrations of these surveys. The OHYES! will still be available upon request during YRBS administration for schools needing to collect data to meet federal grant reporting requirements.

Moreover, the Ohio Departments of Health, Education, Mental Health and Addiction Services, and Medicaid are:

Developing a combined website for YRBS and OHYES!

Exploring data visualization options for OHYES! and YRBS.

Conducting a pilot sample survey to determine feasibility of collecting countyrepresentative data with the OHYES!

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



Key Accomplishments: (0)



The annual Suicide Fact Sheet based on 2020 vital statistics mortality data was released in February 2021, titled Suicide Demographics and Trends, Ohio, 2019.

Additionally, ODH published "Preliminary Data Summary: Ohio Suicide Deaths", which is a report that includes preliminary vital statistics mortality data and is updated monthly. This report also has a section on the youth (10-24 years) population.

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 2022.

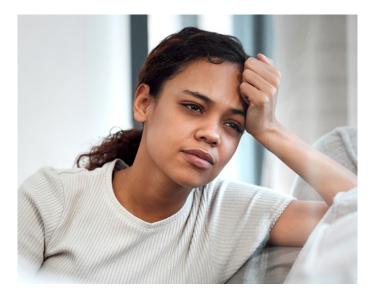
Objective 2b: Create and publicize a data dashboard for suicide and suicide-related outcomes.

Key Accomplishments: (0)



The Ohio Department of Health's Violence and Injury Prevention section is currently 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 the Ohio Department of Health's Violence and Injury Prevention section.



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

Key Accomplishments: (0)



As mentioned in Objective 1e, ODH published "Preliminary Data Summary: Ohio Suicide Deaths" which is a report that includes preliminary vital statistics mortality data and is updated monthly. This report also includes a section on the youth (10-24 years) population, an identified high-risk group.

In 2021, OSPF began creating informational onepagers on suicide prevention topics, including key high-risk groups facts. Two one-pagers were released in 2021:

- National Veteran Suicide Prevention
- How to Talk to Someone About Suicide

Looking Ahead:



In 2022, OSPF will continue creating and disseminating new monthly informational suicide prevention one-pagers on high-risk groups and issues.

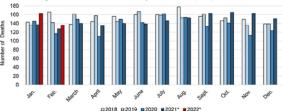
Objective 2d: Continuously monitor data to identify new/emerging high-risk groups.

Ohio Suicide Deaths

Data Notes

Analysis was conducted by the ODH Volence and Injury Epidemiology and Surveillance Section presented below includes Oftio residents who died due to suicide (underlying cause of death Int Classification of Diseases, Tenth Revision (ICD-10) codes X60-X64, Y87.0, *U03). Suicide deat presented for youth (ages 10-24) are age-specific. Rates presented for total suicide deaths are to the 2000 U.S. standard population to allow a comparison of the overall risk of dying between





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 Hen companing deaths per month by year, September (163 deaths), October (165 deaths), November (163 aths), and December (151 deaths) were the months for which 2021 had the highest number of deaths. In 22, sucide deaths were lighter in January (163 deaths) than any previous year show.

SUCCESS **STORY** 77

The Ohio Department of Health routinely publishes annual fact sheets on suicide data using finalized vital statistics mortality data. Vital statistics mortality data is updated daily, and aggregate data is available to the public on the Ohio Public Health Information Warehouse and line level data is available to select users on the secure Public Health Information Warehouse. ODH monitors preliminary suicide mortality data on a routine basis and shares findings with state leaders and partners. ODH met with leadership at RecoveryOhio and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) as they were concerned about the possibility of increases in youth suicide related to the pandemic. As a result of this discussion and reviewing preliminary mortality data, they requested this information be made available in a report and posted on the ODH Injury Surveillance and Data webpage and updated monthly. Having a written report also allows for ODH injury epidemiologists to include written interpretations and findings of the data. To provide the most complete preliminary data, the monthly reports are analyzed with a sixmonth delay for date of death. For example, the first published report included vital statistics data reported through May 4, 2021, but included 2020 deaths with a date of death through October 31, 2020.

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Next Steps



Evaluation of the Suicide Prevention Plan for Ohio

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

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 and 2022, 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 and 2022 Suicide Prevention Plan for Ohio Annual Reports.

During 2022, the Evaluator will conduct a combination of surveillance, quality improvement, research projects, and gather data from a variety of sources. The Evaluator will prepare a final report addressing each of the objectives, including directions for further work. Please refer to the attached Evaluation Plan document for more information.

Overall Strategy for 2022

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

In 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." It is anticipated that the Suicide Prevention Plan for Ohio Implementation Team will focus more efforts on expanding suicide prevention coalition development, lethal means safety work, and psychological autopsy certification training to supplement Ohio fatality review boards, as these are the remaining goals and objectives that require the most progress.

As this current edition of the Suicide Prevention Plan for Ohio (2020-2022) enters its final year of implementation, the Suicide Prevention Plan for Ohio Implementation Team will begin preparing for the second edition (2023-2025). In 2022, a survey will be created and distributed to the current Implementation Team members and other key stakeholders to assess which goals and objectives should carry over to the 2023-2025 Suicide Prevention Plan based on progress, practicality, and evaluation results. Additionally, new Strategies will be considered based on feedback provided from Implementation Team members and stakeholders.

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.



You are not alone.

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.



Presented by

The Suicide Prevention Plan for Ohio Implementation Team

Released: December 2022

OHIO'S VOICE FOR SUICIDE PREVENTION



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