



OSPFF

Ohio Suicide Prevention Foundation

STRATEGIC PLAN

2017 - 2020

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EXECUTIVE SUMMARY

2017 brings an era of change and opportunity to the Ohio Suicide Prevention Foundation (OSPF).

Suicide prevention efforts have grown in Ohio over the past 10 years with a vast array of networks, services, approaches, and partnerships at the federal, state, county, and local levels. (See the Suicide Prevention Landscape attachment). In 2015 Dr. Yvette Jackson was hired as OSPF executive director and brought new energy and direction for OSPF as a contributor, coordinator, monitor, and evaluator of suicide prevention activities throughout Ohio. Most importantly, the relationship between OSPF and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) has undergone a critical change. Prior to 2016, OSPF was designated as Ohio's lead organization responsible for creating Ohio's state suicide prevention plan, activities, and approaches. In 2016, OhioMHAS, with legislative directive and specific funding, became responsible for statewide prevention planning and funding; including suicide prevention. Additionally, over the past decade, while many questions remain about suicide prevention, science and practices have increased our knowledge of how suicide can be prevented.

To meet the challenges and opportunities inherent in these changes over the next three years, OSPF will focus on four priority areas:

- Strengthen local Coalitions
- Improve Organizational fitness
- Promote Suicidology
- Advance Evidence based programs

Three themes permeate the four strategic priorities outlined in this plan. First, a deep and consistent focus on strengthening coalition efforts to promote locally determined suicide prevention efforts and reduce suicides. OSPF plans to reenergize relationships with and between local coalitions. Engaging local coalitions in co-sponsored activities, providing online and site based consultation, and developing coalition guidelines and data summaries will help support robust local entities that foster healthy communities

Second, target knowledge dissemination of evidenced-based and promising practices. An emphasis of OSPF's mission is to promote suicide prevention education and awareness. A great deal of suicide and suicide prevention research, registries, and program information exists and is helpful to Ohio's efforts. Many milestones in this strategic plan envision OSPF as a hub and disseminator of the most relevant knowledge and data in a timely and technologically effective manner.

The third theme prominent throughout this plan is the realignment of structures, functions, and responsibilities at the organizational and board levels to support accomplishment of

the strategic priorities. OSPF board and staff engagement, accountability, performance measurement, and financial stability are noted throughout the plan as is the need to increase the breadth and depth of diversity of board members and involvement of community and business leaders.

The OSPF board of directors and staff are committed to pursuing these priorities and demonstrating that by 2020 Ohio communities will have the resources and capacity to reduce the risk of suicide, reduce the effects of suicide on families and communities, and positively impact the health of communities.

BACKGROUND | HISTORY

The Ohio Suicide Prevention Foundation (OSPF), is a non-profit 501 (C)(3) whose mission, since 2005, is to serve Ohio as a focus and a catalyst for suicide prevention efforts and to bring about change in attitudes and perceptions regarding the stigma attached to suicide, mental illness, alcohol and drug abuse, and addiction. The foundation does not provide direct services to people but is a resource for professionals and agencies that do.

In 2002, Ohio's suicide prevention plan was created. In 2003, Michael Hogan, PhD, former director of the Ohio Department of Mental Health, and chair of the president's New Freedom Commission, set suicide and the prevention of suicide as goal number one for the commission to address. In 2004, Congress passed the Garrett Lee Smith Memorial Act. Ohio's commitment to suicide prevention was confirmed formally in September 2005 with the formation of the Ohio Suicide Prevention Foundation. Prior to 2016, OSPF was recognized as Ohio's lead organization responsible for creating and implementing the state's suicide prevention plan, activities, and approaches. In 2016, OhioMHAS, with legislative directive and specific funding, became responsible for statewide prevention planning and funding including suicide prevention.

The most recent Ohio Violent Death Reporting System (OVDRS) report found that 1,455 individuals died by suicide in Ohio in 2014. The overall state suicide rate is 12.3 deaths per 100,000 individuals. However, men are 3 times more likely to die by suicide than females with an Ohio male suicide rate of 19.6 per 100,000 individuals and a female suicide rate of 5.6 per 100,000 individuals. In addition, the highest suicide rates exist within older adult men 65+, who make up the majority of suicide deaths in Ohio. Despite the large proportion of Ohio suicide deaths made up by adults, on average 187 youth (10-24) died by suicide each year in Ohio from 2012-2014 with three quarters of youth suicide deaths being male. Finally, the state's suicide rate remained relatively stable across all age groups from 2012 to 2014 with small increases in both youth and older adult suicides, demonstrating a need for increased efforts to lower our state's suicide rates for both the young and old. (Ohio Violent Death Reporting System. Suicides in Ohio. Ohio Department of Health. [Online]. 2015. [Cited: December 6, 2016]. <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/OHVDRS-2014-annual-report-final-electronic.pdf?la=en>) (Ohio National Violent Death Reporting System. Youth suicide in Ohio: a fact sheet from the Ohio violent death reporting system. Ohio Department of Health. [Online]. October 2016. [Cited: December 6, 2016]. <http://www.healthy.ohio.gov/-/media/HealthyOhio/ASSETS/Files/injury-prevention/Youth-Suicide-in-Ohio---Final.pdf?la=en>)

OSPF works to reduce the lives lost to suicide by targeting its energy and activity on:

- Promoting suicide prevention as a public health issue,
- Supporting evidence-based practices in awareness, intervention and methodology, and
- Working for the elimination of stigma and the increase of help-seeking behavior that surrounds the brain illnesses of depression, other mental illness and addiction.

There are many definitions of prevention and suicide prevention. OSPF adheres to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) construct that prevention is different from intervention and treatment in that it is aimed at general population groups who may differ in their risk for developing behavioral health problems.

The Institute of Medicine defines three broad types of prevention interventions:

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

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

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

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

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

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

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

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

MISSION

The mission of OSPF is to act as a catalyst and steward of statewide suicide prevention efforts by supporting community based efforts to reduce stigma, promote education and awareness about suicide prevention, and increase resources and programs to reduce the risk of lives lost to suicide.

VISION

All Ohio communities will have the resources and capacity to reduce the risk of suicide, reduce the effects of suicide on families and communities, and positively impact the health of communities.

Ohio Suicide Prevention Foundation 2013 - 2016 Highlights

2013

- National LOSS Team Conference
 - SAMHSA GLS Grant: KOGNITO
 - Bereavement Conference
 - 8,000 Children Screened for Suicide Risk
 - OSPF Introduces Campaign for Hope, A Youth Suicide Prevention Program
-

2014

- SAMHSA Grant: 5 Year Award \$3,680,000
 - CAMS Training
 - Model Study: Continuity of Care Cleveland Clinic
 - Yvette Jackson, D.Min. New Exec. Dir. Hired
 - Expanded Kognito
 - Local Coalitions Process Evaluation Completed
-

2015

- Local Coalition and LOSS Team Meetings
 - MAN Therapy Project
 - Expanded Board of Directors
 - OhioMHAS designated \$2M for Prevention
 - Shawna Hite, MPH, CHES, SAMHSA GLS Project
-

2016

2017-2020 STRATEGIC PRIORITIES AND MILESTONES

1. REFOCUS, STRENGTHEN, AND SUPPORT THE EFFORTS OF LOCAL COALITIONS TO IMPACT THE HEALTH AND WELLNESS OF LOCAL COMMUNITIES.

Currently, most Ohio counties have established community coalitions that provide the structure for allied groups to pursue coordinated strategies and programs for education and increased public awareness of suicide prevention. Some of these coalitions are struggling with decreasing local commitment, programming, and impact. It has also been difficult to coordinate, network, learn from, and measure the impact of coalition activities.

OSPF will work to deepen its supportive relationship with local coalitions changing this relationship from developmental funding of coalitions to one of assisting and collaborating on local projects and programs that contribute to the overall health and wellness of the community. This will mean focusing OSPF and local coalition efforts on strength and performance assessments, impact measurement and resources building activities. In addition, OSPF will support the use of OhioMHAS Strategic Prevention Framework (SPF) a community-based risk and protective factors approach to prevention, and a series of guiding principles that can be utilized at the federal, state/Tribal and community levels. One of the strengths of many local coalitions is their work with Local Outreach for Suicide (LOSS) teams. Ohio has more local LOSS Teams than any other state. OSPF will promote and disseminate resources for LOSS teams that can help progress post-vention approaches throughout Ohio.

MILESTONES

| 2017 | 2018 | 2019 | 2020 |
|--|--|--|---|
| Implement a template and schedule for board member and advisory board member meetings with local coalitions | Identify evidenced-based programming for coalitions which is adaptable to local needs | Do a process evaluation for coalitions which would include, but not be limited to: inventory of activities, membership numbers, coalition leader satisfaction, penetration of coalition communications and activities, and costs | Collaborate with coalitions to make best practice trainings and resources sustainable within their local Ohio communities |
| Revise funding guidelines for local coalitions to focus on collaboration and the SPF model in preventing suicide | Determine baseline system reporting requirements for coalition services and initiatives based on the SPF Model | Provide training and resources on universal prevention approaches and SPF Model | Create a SPF information Hub on Ohiospf.org which coalitions can use to evaluate, monitor, and improve their use of the SPF framework |
| Collaborate with coalitions to bring SAMHSA GLS trainings and resources to local Ohio communities | Create separate information hubs for LOSS Teams and coalitions which would include appropriate lists of emerging practices, list-serves, best-practice programs, and funding opportunities | Create an annual coalition and LOSS Team Conference providing training in the most recent research, best-practice programs, and resources in Ohio | Provide ongoing support and funding opportunities to help coalitions effectively use the SPF model |
| Create an online means of communication and information exchange between and among coalitions and LOSS Teams | In collaboration with LOSS Teams, develop a structured debriefing that can be used for feedback, learnings, and LOSS Team process and quality changes | Work with coalitions already engaging in the SPF model to promote the use of SPF by additional coalitions | |
| Provide training and resources to coalitions on universal prevention approaches/the (SPF) model | Host a series of grant-funding opportunities for coalitions implementing the SPF model | | |

2. MAINTAIN A MISSION-DRIVEN AND OPERATIONALLY AND TECHNOLOGICALLY FIT ORGANIZATION WITH AN ACTIVE, INFORMED, AND ENGAGED BOARD OF DIRECTORS.

OSPF will realign its organization and responsibilities to coincide with the changing suicide prevention system. Suicide prevention, treatment, and public health practice has flourished, with OSPF instigation and funding, beyond planning and program development to an array of networks, services, approaches, and partnerships at the federal, state, county, and local levels. (See the Suicide Prevention Landscape attachment). In 2015, a new OSPF executive director was hired; Dr. Yvette Jackson brought new energy and a vision for OSPF as a contributor, coordinator, monitor, and evaluator of suicide prevention activities throughout Ohio.

Another transition element for OSPF is the changed relationship with OhioMHAS. Prior to 2016, OSPF was recognized as the Ohio's lead organization responsible for creating Ohio's state suicide prevention plan, activities, and approaches. In 2016, OhioMHAS, with legislative directive and specific funding, became responsible for statewide prevention planning and funding, including suicide prevention.

OSPF will remain a legal, autonomous, and fiscally sustainable and responsible non-profit entity. However, this different relationship with OhioMHAS and the growth of other state and local entities involved in suicide prevention activities will likely mean new funding and program requirements and new opportunities for OSPF. Consequently, the organization's structure, procedures, staffing, and responsibilities will need be aligned and, perhaps, revamped to support the mission of OSPF. Additionally, OSPF Board and committees will focus on policy and procedure oversight including, but not limited to, monitoring accomplishments outlined in this strategic plan.

The prominence of technology and social media in society and its organizations demands an assessment of the technological and digital capabilities of OSPF. An IT plan and electronic communication plan is needed to outline the upgrades and improvements that are needed to satisfy the communication, data decision-making, and access to resources that are required to accomplish many of the strategic changes presented in this plan.

MILESTONES

| 2017 | 2018 | 2019 | 2020 |
|--|---|--|---|
| <p>Activate Board committees and ad hoc groups to monitor and report on the adherence to organizational responsibilities and progress. These include adherence to policy and procedures, operational planning, strategic plan progress, and funding and fiscal development</p> | <p>Add, at least, two members to the board of directors with business, corporate, fund- raising experience, or prevention expertise</p> | <p>Create and monitor a second social media outlet to promote suicide prevention</p> | <p>Develop 2021-2024 Strategic Plan</p> |
| <p>Establish protocols and procedures for OSPF to use when engaging in social media</p> | <p>Create and monitor at least one relevant social media outlet to promote suicide prevention</p> | <p>Develop three additional funding streams beyond governmental grants</p> <p>Identify at least two funding sources to continue SAMHSA GLS programs, trainings, and activities</p> | |
| <p>Establish an IT plan for OSPF</p> | <p>Identify partners to help invest in, support, and/or fund SAMHSA GLS programs, trainings, and activities</p> | <p>Implement new roles and responsibilities of advisory committee.</p> | |
| <p>Examine the role and future responsibilities of the OSPF advisory committee</p> | <p>Review the composition of the Board of Directors and increase the number, racial, ethnic diversity, and expertise on the board</p> | | |
| <p>Create for Board a Dashboard to monitor strategic plan activities, accomplishments, and administrative oversight</p> <p>Develop a Succession Plan for staff and board members</p> | <p>Make decision on how OSPF advisory committee will continue to function</p> | | |

3. PROMOTE THE SCIENCE AND ART OF SUICIDOLOGY THROUGHOUT OHIO BY DISSEMINATING RESOURCES AND RESEARCH ON THE STUDY AND PRACTICES OF SUICIDAL BEHAVIOR PREVENTION

OSPF currently champions prevention methodology and practices through its representation on several statewide physical and behavioral health committees, partnerships, and policy coalitions. In addition, OSPF has entered partnerships with Ohio universities to produce trainings, evaluations, and research that deepen the scientific field of suicidology. While there are many variables concerning suicide and suicide prevention, the past decade has witnessed an unprecedented growth in our knowledge of how suicide can be prevented. For example,

- Recent treatment breakthroughs include research on Dialectical Behavior Therapy (DBT) and Cognitive Behavioral Therapy (CBT), and the Collaborative Assessment and Management of Suicidality (CAMS), which all demonstrate reductions in suicide attempts for those at high risk for suicide. (Jobes, D. A. (2012). The Collaborative Assessment and Management of Suicidality (CAMS): an evolving evidence based clinical approach to suicidal risk. *Suicide and Life-Threatening Behavior*, 42(6), 640-653.)
- The National Suicide Prevention Lifeline (NSPL) recently created a best-practice guide for hospitals and crisis centers to use in providing follow-up services and/or Caring Contacts to individuals treated for suicidality in hospitals or calling into crisis lines for suicide-related concerns. This guide contains summaries of hospitals' and crisis hotlines' protocols from across the U.S. which have effectively helped prevent suicide in high-risk populations through both follow-up services and/or Caring Contact communication. Furthermore, a review of available research on follow-up services given to suicidal patients in hospital settings has shown that simply connecting with individuals exhibiting suicidal risk via print media or phone calls can reduce their likelihood of attempting (or re-attempting) suicide in the future. (National Suicide Prevention Lifeline (December 2014). *Crisis center guidance: follow-up with callers and those discharged from emergency department and inpatient settings*. SAMHSA.)
- A systematic review of studies evaluating suicide prevention gatekeeper trainings found these trainings successful in equipping adults with knowledge, skills, and attitudes conducive to identifying those at risk for suicide and referring them to appropriate services. However, to create long-term impacts in suicide prevention, education, communication, and outreach need to remain available and easily accessible over time within communities incorporating gatekeeper trainings. (Isaac, M., Elias, B., Katz, L. Y., Belik, S. L., Deane, F. P., Enns, M. W., & Sareen, J. (2009). Gatekeeper training as a preventative intervention for suicide: a systematic review. *The Canadian Journal of Psychiatry*, 54(4), 260-268. ;Shtivelband, A., Aloise-Young, P. A., & Chen, P. Y. (2015). Sustaining the effects of gatekeeper suicide prevention training. *Crisis*)

- Comprehensive public health initiatives (programs that address entire communities with multiple interventions) have shown reductions in serious suicide attempts in Native American Tribes and suicide deaths in the U.S. Air Force.
- A recently completed international study found that a brief emergency room intervention following a suicide attempt decreased suicide deaths for those who received the intervention over those who did not receive the intervention.
- A school-based program that trains peer leaders to model examples of help-seeking behavior has demonstrated an increased willingness on the part of students at risk for suicide to seek help from adults.

(Suicide Prevention Advancements: By Philip Rodgers, Ph.D., Evaluation Scientist, American Foundation for Suicide Prevention, 2017)

In the next three years, OSPF will work to be the recognized focal point for the dissemination of knowledge and information on the art and science of suicide prevention. Special focus will be given to measuring impact of suicide prevention activities at the local level.

MILESTONES

| 2017 | 2018 | 2019 | 2020 |
|---|---|---|--|
| Promote the use of Caring Contacts in reaching Ohio youth identified as at risk for suicide or treated for suicidality | Collaborate with Ohio medical schools to begin reviewing and updating suicide prevention curriculum and clinical practice guidelines. | Promote the use of Caring Contacts in a third Ohio youth treatment hospital and/or crisis line | In collaboration with state and federal information sites, maintain a Suicidology and Suicide Prevention Resource Center for research and evidence-based practices including, but not limited to CAMS, MHFA/QPR, & Zero Suicide programs |
| Gather support of, at least, one medical school to engage in updating its suicide prevention curriculum and clinical practices for medical students | Begin promoting the availability of a youth gatekeeper training app | Establish a Success Stories landing page on ohio.spf.org where coalitions and community members can share impacts of evidenced-based programs and trainings provided in collaboration with OSPF | Evaluate and promote the long-term impacts of Caring Contacts |
| Support the development of a gatekeeper training phone app for youth | Develop an online resource inventory for individuals who want to promote suicide prevention through social media | Collaborate with medical schools to gather student feedback on enhanced suicide prevention curriculum and clinical practices | Evaluate and promote the long-term impacts of the use of enhanced suicide prevention curriculum and clinical practice guidelines within medical schools |
| Increase in number and depth the collaborations with Ohio universities, research institutions, and local coalitions | Development of "Why Prove Impact of Prevention" brief | | Create and disseminate reports of SAMHSA GLS Programs and Activities |

4. ADVANCE THE IMPLEMENTATION AND DEVELOPMENT OF EVIDENCE-BASED SUICIDE PREVENTION PROGRAMS THROUGHOUT OHIO

OSPF continues to foster and support diverse suicide prevention programming through criteria set by federal grant requirements, OhioMHAS priorities, and locally assessed interests. These programs address different populations’ needs, e.g. clinical skills; school-based methodologies; and community public health education.

Over the next three years, OSPF will work to increase the number of implemented evidenced-based best practices throughout Ohio. Additionally, OSPF, in collaboration with local coalitions, OhioMHAS, and others will focus on program impact as well as program process. Emphasis will be placed on working with local communities to implement the OhioMHAS SPF model, a community-based risk and protective factors approach to prevention, and a series of guiding principles that can be utilized at the federal, state/Tribal and community levels.

MILESTONES

| 2017 | 2018 | 2019 | 2020 |
|--|--|--|---|
| Provide all regions of Ohio with trainings in evidence-based suicide prevention strategies and treatment models for behavioral health professionals | Create a public, online list of evidenced-based suicide practices and best practices being implemented across the state | Work with ADM Boards and Suicide Prevention Coalitions to establish continuation of suicide prevention training opportunities for behavioral health professionals | Develop, in partnership with appropriate institutions, a process for moving current best practices to evidence-based practices |
| Provide adults working with youth and young adults across the state with evidence-based, gatekeeper training in recognizing distress in youth, discussing concerns, and referring them to appropriate services | Work with behavioral health professionals across the state to expand awareness of suicide prevention strategies and treatment models | Evaluate and promote the effectiveness and long-term impact of online suicide prevention gatekeeper trainings when continuing education/ refresher courses are available | Establish a workforce development continuation committee to support the continuation of suicide prevention trainings provided to behavioral health professionals through the SAMHSA GLS Grant |
| Provide all regions of Ohio with access to evidence-based suicide prevention materials, resources, and media for adult men | Work with Ohio community members to expand awareness of suicide prevention gatekeeper trainings across the state | Evaluate the impacts and use of suicide prevention, gatekeeper phone app for youth | Establish a gatekeeper training continuation committee to support the continuation of suicide prevention trainings provided to community members across Ohio |
| | Select local communities who are working with the ODMHSASOhioMHAS SPF model and pilot impact measurement | | |

NEXT STEP

The OSPF board of directors charges the staff of OSPF to develop and present for review, within two months of board acceptance of this strategic plan, an operational level plan for the implementation of this strategic plan. This operational plan will include goals and tasks for both staff and board; milestones and deadline; and major financial considerations. The Milestone Action charts included in this strategic plan should be strongly considered as a starting point for the operational plan.

APPENDICIES

A | BOARD MEMBERS

B | ADVISORY TEAM

C | STAFF

D | OHIO SUICIDE PREVENTION LANDSCAPE

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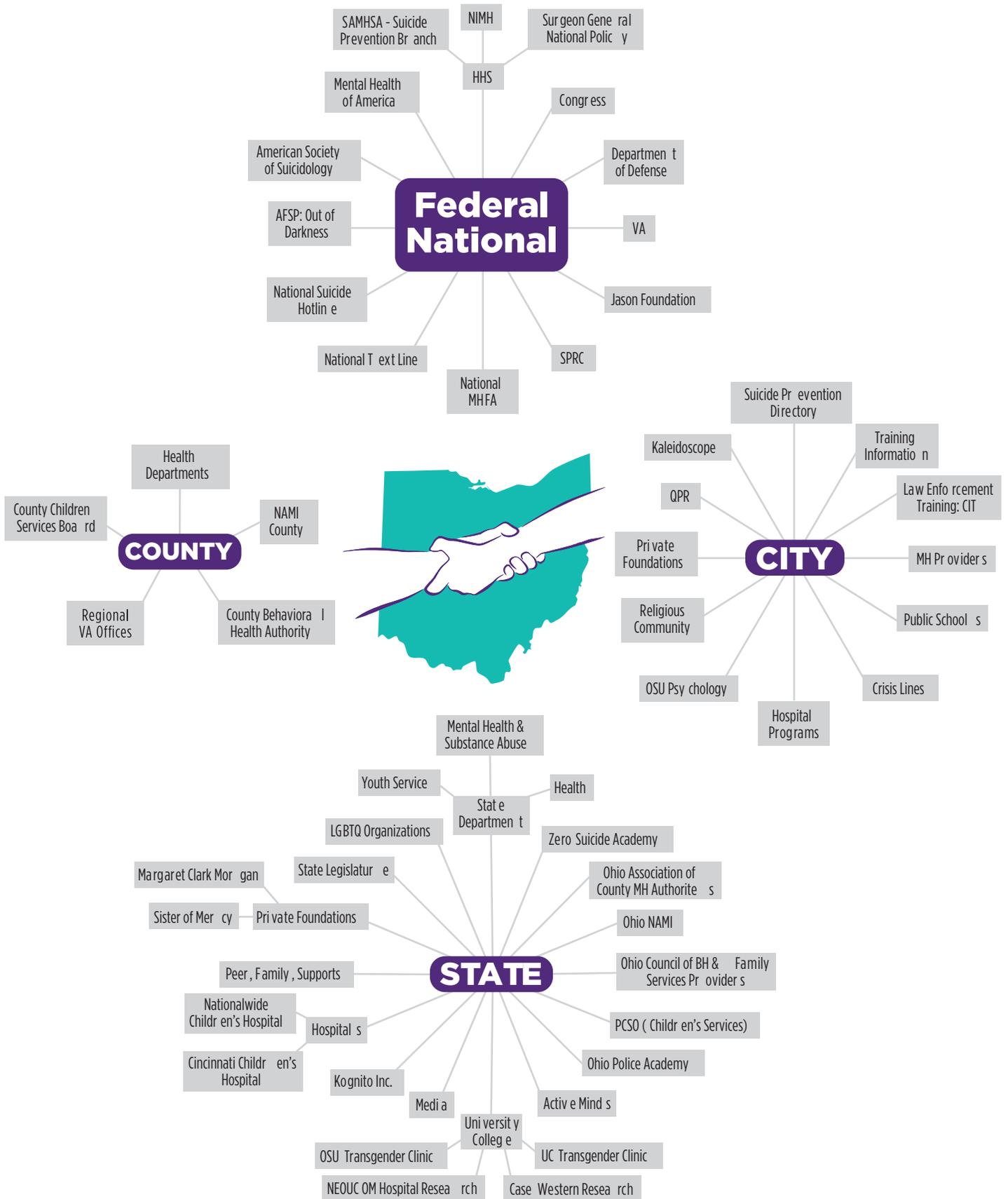
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D. Ohio Suicide Prevention Landscape 2017





OhioSPF.org