Ohio Department of Health

Ohio Youth Suicide Prevention Strategic Plan

2022-2026

Ohio Youth Suicide Prevention Committee

Letter from the Ohio Youth Suicide Prevention Committee

The Ohio Youth Suicide Prevention Committee is pleased to present its 2022-2026 strategic plan. The Ohio Youth Suicide Prevention Committee is part of the Child Injury Action Group (CIAG), which operates under the statewide Ohio Injury Prevention Partnership (OIPP) coordinated by the Ohio Department of Health (ODH). The planned approach provides a guide to achieving the goals and objectives identified in the priority areas. This plan will lead the state's efforts in suicide prevention for youth, age 10-24, as identified in *The Suicide Prevention Plan for Ohio, 2020- 2022*. The development of this strategic plan was made possible through special COVID-19 funding the Ohio Department of Health received from the Centers for Disease Control and Prevention (CDC). This funding was received to address Adverse Childhood Experiences (ACEs) and suicide prevention in Ohio.

This strategic planning process included input from more than 50 participants, including representatives from the Ohio Department of Health, the Ohio Department of Mental Health and Addiction Services, the Ohio Suicide Prevention Foundation, local public health departments in Ohio, healthcare providers, behavioral healthcare providers, and more. This process included a series of planning sessions that occurred over an 8-month period. The workplans were developed to serve as tools to steer the direction of the organization in achieving the mission of reducing youth suicide in Ohio.

This plan will guide the work of the Youth Suicide Prevention Committee, which will leverage resources and funding as available, to meet the stated objectives. The Ohio Youth Suicide Prevention Committee reviewed existing work and programs and aligned this plan to be supportive, not duplicative, of existing work to reduce suicide among youth in Ohio.

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Executive Summary

The Ohio Youth Suicide Prevention Strategic Plan is the result of partnerships developed during the formation of The Suicide Prevention Plan for Ohio 2020-2022. During this process, led by the Ohio Suicide Prevention Foundation, youth ages 10-24 were identified as a priority group, with higher rates of suicide. The Suicide Prevention Plan for Ohio 2020-2022 recognized the Ohio Department of Health's existing Youth Suicide Prevention Committee as a platform to develop and implement a strategic plan to reduce youth suicide in Ohio.

The resulting plan sets forth strategies for the next five years to align existing efforts for youth suicide prevention by filling gaps in training and programming, working to raise awareness, addressing shared risk and protective factors, and reducing morbidity and mortality related to suicide and suicide ideation among Ohio youth. Equity is a key theme throughout the plan with an intentional focus on access to care and culturally competent strategies for at-risk populations. This strategic plan was written with the understanding that it must be agile and amendable to remain relevant to the committee and its partners. The strategic plan will be reviewed at least quarterly and monitored for success and challenges, and needed changes will be made to goals and objectives, as applicable.

Approach

In August 2020, the ODH Violence and Injury Prevention Section (VIPS) funded a contract with The Ohio State University College of Public Health's Center for Public Health Practice (OSU CPHP) to facilitate the strategic planning process. Planning began in August 2020 and involved a primary planning team from ODH VIPS, the Ohio Department of Mental Health and Addiction Services, and the Ohio Suicide Prevention Foundation. The Ohio Injury Prevention Partnership, Child Injury Action Group (CIAG) has an existing Youth Suicide Prevention Committee that is facilitated through ODH VIPS. The Youth Suicide Prevention Committee and its existing membership served as the platform to engage more than 50 partners in the development of this plan.

In September 2020, OSU CPHP distributed an online survey to the Youth Suicide Prevention Committee members to collect inputs to assess strengths, weaknesses, opportunities, aspirations, results, and challenges (SOAR/C). OSU CPHP also distributed an environmental scan survey in November 2020 to collect detailed information on the existing resources and conducted a gap analysis in December 2020 to identify the current status of youth suicide prevention in Ohio, what the ideal future state could be, and how to bridge the gap between the two. The results of these assessments informed the content of this plan and full results are available in Appendix B.

From December 2020 – January 2021, the Youth Suicide Prevention Committee developed priorities using themes from the gap analysis to brainstorm the ideal future state for youth suicide prevention in Ohio. Once priorities were selected, the Youth Suicide Prevention Committee met monthly from January – March 2021 to develop the priority areas, draft goals and objectives, and write work plans to guide implementation of the strategic plan.

Writing Team

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Strategic Priorities

This section lists the strategic priorities, key measures, goals, and objectives. More detailed work plans are included in Appendix A.

Strategic Priority #1:

Adverse Childhood Experiences (ACEs)/Resiliency

Adverse Childhood Experiences (ACEs) is a term used to describe a variety of events experienced by young people that can impact their health and social outcomes in adulthood[3]. Resiliency is a person's capacity to recover quickly from difficulties. ACEs and resiliency are inextricably linked, as ACEs directly impact a person's ability to develop resiliency later in life, including the teenage years and into adulthood. Exposure to ACEs is a pervasive problem affecting many children in Ohio and across the country. National data and analysis provide clear evidence that ACEs exposure is linked to suicide, poor health, and well-being through adulthood, including disrupted neurodevelopment, social problems, disease, disability, and premature death. In addition, ACEs exposure has severe long-term cost implications at the individual and societal levels, including increased medical, child welfare, criminal justice, and special education expenditures, as well as productivity losses.[4] This strategic plan calls for leveraging resources with a health equity approach to reduce the incidence of primary ACEs which contribute to an increased risk of youth suicide. This plan also seeks to increase resiliency to improve the health and wellness of Ohio's children today and for future generations by reducing the incidence of suicide and other mental and social issues.

Key Measure(s): Inventory of data sources established; Ohioans that reported exposure to at least one ACE; and presence of trusted adult in youth's lives.

Goal 1.1: *Increase Positive Childhood Experiences (PCE) and decrease ACEs among Ohio youth.*

Objectives

Objective 1.1.1: By December 31, 2024, Ohioans will increase use of existing evidence-based list of resources that focus on increasing PCE or decreasing ACES in their communities.

Objective 1.2.2. By December 31, 2026, Ohioans will have access to at least one new evidence-based resource to assist in increasing resiliency or decreasing ACEs in their communities.

Goal 1.2: *Enhance data-driven decision making across Ohio.*

Objectives

Objective 1.2.1 By December 31, 2022, create an initial inventory of existing data sources.

Objective 1.2.2 By July 1, 2023, Determine gaps in existing data.

Detailed work plan found here.

[4] Health Policy Institute of Ohio. (2020). Adverse Childhood Experiences (ACEs): Health impact of ACEs in Ohio. Policy Brief. https://www.healthpolicyohio.org/adverse-childhood-experiences-aces-health-impact-of-aces-in-ohio/. AccessedApril 14, 2021

Strategic Priority #2:
Prevention Strategies

From 2007-2018, the rate of youth suicide in Ohio increased 64.4%. To address this increase, the strategic planning group agreed to focus on prevention at various levels while addressing health equity across all levels. The focus on prevention strategies includes efforts to prevent the onset of suicidal thoughts and secondary prevention strategies to detect youth at risk for suicidal thoughts. Efforts under this strategy are aimed at reaching people prior to them needing to access the mental healthcare system. Comprehensive interventions will include educating parents, teachers, and youth; increasing support for those affected by youth suicide; screening for risk factors; and referrals to treatment. By addressing intervention, there will be an increased awareness regarding the signs of suicide and how to address it, increased access to treatment and support to prevent a suicide attempt, increased access to postvention services, and decreased rates of suicide and suicide attempts. The committee will leverage existing resources to enhance evidence-based interventions across the state, to reduce the stigma around suicide and mental health issues and save lives.

Key Measure(s): Number of annual Question, Persuade, Refer (QPR) trainings; percentage of youth who have considered attempting suicide; percentage of teachers who receive professional development on suicide prevention.

Goal 2.1: *Increase training in Ohio focusing on youth suicide prevention.*

Objectives

Objective 2.1.1: By December 31, 2026, expand the number of Ohio youth and young adult serving organizations implementing a suicide prevention training policy in high-burden areas, as identified by data.

Objective 2.1.2: By December 31, 2026, 20 Ohio pediatric and family healthcare practices will receive youth suicide prevention training to increase screenings and referrals.

Objective 2.1.3: By June 30, 2025, 5% of Ohio mental health undergraduate and/or graduate programs will require youth suicide prevention training program.

Objective 2.1.4: By December 31, 2026, develop a youth suicide prevention training plan for Ohio's vulnerable populations.

Goal 2.2: *Increase youth suicide prevention resources in Ohio.*

Objectives

Objective 2.2.1: By December 31, 2026, support an awareness campaign for parents on reducing access to lethal means, particularly firearms, household products, and medications.

Objective 2.2.2: By December 31, 2026, increase the use of crisis text lines by 33% to support at-risk people.

Objective 2.2.3: By March 31, 2023, Ohio will provide a training that includes an overview of Suicide and Overdose Fatality Reviews, details on the structure, current law, processes, partnerships, and resources.

Goal 2.3: *Increase awareness of youth suicide in Ohio.*

Objectives

Objective 2.3.1: By December 31, 2026, implement an education/awareness campaign focusing on youth suicide prevention for Ohio's vulnerable populations.

Goal 2.4: *Increase youth suicide risk screenings and referral to services in Ohio.*

Objectives

Objective 2.4.1: By December 31, 2025, expand the use of the Zero Suicide Model in Ohio.

Objective 2.4.2: By December 31, 2026, 33% of Ohio schools will implement an evidence-based youth suicide risk screening program.

Objective 2.4.3: By December 31, 2026, 33% of Ohio primary care providers will implement an evidence-based youth suicide risk screening program.

Detailed work plan found here

Strategic Priority #3:
Mental Health Treatment

Mental health, like physical health, is a critical component of overall wellness. The state of Ohioans' mental health impacts every aspect of their lives – relationships, productivity, physical health, etc. Addressing the stigma related to seeking mental healthcare, and increasing clinical care access for youth, has overall positive implications for Ohioans throughout their lifetime. From 2007-2018, the rate of youth suicide in Ohio increased 64.4%, and addressing mental health for Ohio's youth will lead to a decrease in youth suicide. The committee will leverage resources and work to enhance equitable access to mental healthcare, mental health resources, and treatment options for Ohio's youth to prevent suicide. Improving the mental health of Ohio youth will improve the overall quality of life for all Ohioans.

Key Measure(s): Parents report unmet mental healthcare need; youth feeling hopeless.

Goal 3.1: *Increase supports to families accessing the mental healthcare system while decreasing stigma related to accessing mental health treatment.*

Objectives

Objective 3.1.1: By December 31, 2026, Ohioans will have increased access to support programs for families and friends of youth who have diagnosed mental health disorders.

Objective 3.1.2: By December 31, 2026, increase support resources for families of Ohioans who have attempted suicide, including reducing stigma as a barrier to accessing healthcare.

Goal 3.2: *Increase access to clinical care in schools.*

Objectives

Objective 3.2.1: By December 31, 2026, every public-school student in Ohio will have access to a licensed mental health clinician every school day.

Objective 3.2.2: By December 31, 2025, all clinicians working in Ohio's public schools will have received evidence-based cognitive training (suicide prevention modality).

Goal 3.3: *Increase access to telehealth services.*

Objectives

Objective 3.3.1: By December 31, 2023, implement campaign to promote awareness of available telehealth services in Ohio.
Objective 3.3.2: By December 31, 2024, CIAG will sponsor a statewide telehealth training.

Detailed work plan found here.

Appendix A: Priority Work Plans

This section includes the detailed work plans that resulted from the strategic planning process. Using the information from the environmental scan inputs, the group considered the current state of the priorities and how this group could make a positive impact on the prioritized health issues. The following pages include work plans with measurable goals and objectives, aimed at improving the programs and resources available to Ohio's youth for suicide prevention and mental well-being.

All timelines are tentative as the Youth Suicide Subcommittee will determine timelines each year from 2022-2027.

Adverse Childhood Experiences (ACEs)/Resiliency Work Plan

Priority Definition: Why is this an issue?

ACEs is a term used to describe a variety of events that occur when a person is young, that can impact their health and social outcomes in adulthood[5]. Resiliency is a person's capacity to recover quickly from difficulties. ACEs and resiliency are intricately linked, as ACEs directly impact a person's ability to develop resiliency later in life, including the teenage years and into adulthood. Exposure to ACEs is a pervasive problem affecting many children in Ohio and across the country. National data and analysis provide clear evidence that ACEs exposure is linked to suicide, poor health, and well-being through adulthood, including disrupted neurodevelopment, social problems, disease, disability, and premature death. In addition, ACEs exposure has severe long-term cost implications at the individual and societal levels, including increased medical, child welfare, criminal justice, and special education expenditures, and productivity losses.[6] We will leverage our resources with a health equity approach to reduce the incidence of primary ACEs and help reduce the risk of youth suicide. This strategic plan also calls for increasing resiliency to improve the health and wellness of Ohio's children today and for future generations by reducing the incidence of suicide and other mental and social issues.

Strategic Priority #1:

Adverse Childhood Experiences (ACEs)/Resiliency

Goal 1.1:
Increase Positive Childhood Experiences (PCE) and decrease ACEs among Ohio youth.

Measure of Success/Outcome Evaluation:	**Alignment**
• 52.88% of youth report having adults to talk to about important issues. (2018-2019 YRBSS Survey Report).	**OIPP Goals:** Training/Workforce; Evidence-Based Strategies; Collaboration/Engagement **Cross Cutting Themes**: Equity-minded; Ecological, Data Driven, Shared Risk/Protective Factors **State Plan Alignment:** *The Suicide Prevention Plan for Ohio (2020-2022):* Strategy 3, goal 4; Strategy 4, goal 1; *RecoveryOhio Recommendations:* 19, 63, 67, 73-74.

Steps	**Implementing Organizations and Partners**	**Implementation Timeline**		**Progress/Status**
		Begin	**End**	
Objective 1.1.1. By December 31, 2024, Ohioans will increase use of existing evidence-based list of resources that focus on increasing PCE or decreasing ACEs in their communities.				
Create inventory of existing resources, models, and best practices.	CIAG Youth Suicide Committee Co-Chairs Chairs, ODH	1/1/2023	12/31/2023	
Include mechanism for updating inventory on a regular basis.	CIAG Youth Suicide Committee Co-Chairs Chairs, ODH	7/1/2023	6/30/2023	

Utilize Youth Suicide data inventory to determine gaps in evidence-based/informed resources.	CIAG Youth Suicide Committee Co-Chairs Chairs, ODH	1/1/2024	12/31/2024	
Determine method to promote resources to communities.	CIAG Youth Suicide Committee Co-Chairs Chairs, ODH	1/1/2024	12/31/2024	
Objective 1.1.2. By December 31, 2026, Ohioans will have access to at least one new evidence-based resource to assist in increasing resiliency or decreasing ACEs in their communities.				
Assess agencies implementing evidence-based strategies in their communities via a survey.	CIAG Youth Suicide Committee Co-Chairs Chairs, ODH	1/1/2025	12/31/2025	
Share resources available.	CIAG Youth Suicide Committee Co-Chairs Chairs, ODH	1/1/2026	6/30/2026	
Conduct follow-up survey to determine if any additional strategies were implemented.	CIAG Youth Suicide Committee Co-Chairs Chairs, ODH	7/1/2026	12/31/2026	
Goal 1.2: Enhance data-driven decision making across Ohio.				

Measure of Success/Outcome Evaluation:

- Inventory of data sources.
- Compiled data on ACEs and resiliency.
- Plan for addressing data gaps.
- Plan for utilizing results of needs assessment to increase data-driven decision making.

Alignment

OIPP Goals: Training/Workforce: Evidence-Based Strategies; Collaboration/Engagement

Cross Cutting Themes: Ecological, Data Driven. Shared Risk/Protective Factors

State Plan Alignment:
The Suicide Prevention Plan for Ohio (2020-2022): Strategy 4, Goal 1; Strategy 5, Goals 1 & 2; *RecoveryOhio Recommendations*: Prevention: 19, 63, 67, 73-74.

Steps	Implementing Organizations and Partners	Implementation Timeline		Progress/Status
		Begin	End	
Objective 1.2.1. By December 31, 2022, create an initial inventory of existing data sources.				
Identify key partners to create inventory and/or data sources.	ODH - Maternal Child Health (MCH), Violence & Injury Prevention Section (VIPS) and Violence and Injury Epidemiology and Surveillance Section (VIESS)	12/1/2022	12/31/2022	
Define ACES data sources for inventory.	ODH - MCH, VIPS, VIESS	12/1/2022	12/31/2022	
Leverage available qualified staff to analyze current data systems.	ODH - MCH, VIPS, VIESS	12/1/2022	12/31/2022	
Compile current data available on ACEs and resiliency.	ODH - MCH, VIPS, VIESS	12/1/2022	12/31/2022	
Identify how to best communicate current data with stakeholders.	ODH - MCH, VIPS, VIESS	12/1/2022	12/31/2022	
Share inventory with CIAG Youth Suicide Prevention Subcommittee	Subcommittee Chairs	1/1/2023	6/30/2023	

Objective 1.2.2. By July 1, 2023, determine gaps in existing data.				
Review inventory to determine what gaps exist.	CIAG ACES/Resiliency Workgroup	1/1/2023	7/1/2023	
Create plan to fill gaps.	CIAG ACES/Resiliency Workgroup	1/1/2023	7/1/2023	
Create plan to communicate data with stakeholders.	CIAG ACES/Resiliency Workgroup	1/1/2023	7/1/2023	
Using gap analysis and results from 1.1.1 identify ways to compile data to inform and evaluate strategies.	CIAG ACES/Resiliency Workgroup	1/1/2023	7/1/2023	
Create plan to utilize results of needs assessment and GAP analysis to increase data driven decision making. Make sure the plan includes: Guidance for locals on how to access data, including the ODH Data Warehouse; considerations on how to make sure locals are aware of data updates; considerations on how to make sure locals are aware of specific important data sources, including the ACEs module on CDC assessment; guidance for locals on how to utilize data to implement comprehensive programming based on CDC guidance; guidance for locals on how to use data to improve grant applications.	CIAG ACES/Resiliency Workgroup	1/1/2023	7/1/2023	

Prevention Strategies Work Plan

Priority Definition: Why is this an issue?

From 2007-2018, the rate of youth suicide in Ohio increased 64.4%. To address this increase, the strategic planning workgroup agreed to focus on prevention at different levels, while addressing health equity across all levels. The focus on prevention strategies includes efforts to prevent the onset of suicidal thoughts, and secondary prevention strategies, which include efforts to detect youth at risk for suicidal thoughts. Efforts under this strategy are aimed at reaching people prior to them needing to access the mental healthcare system. Comprehensive interventions will include educating parents, teachers, and youth; increasing support for those affected by youth suicide; screening for risk factors and referrals to treatment. By addressing intervention in a variety of ways, there will be an increased awareness of signs of suicide and how to address it, increased access to treatment and support to prevent a suicide attempt, increased access to postvention services, and decreased rates of suicide and suicide attempts. The committee will leverage existing resources to enhance evidence-based interventions across the state, therefore reducing the stigma around suicide and mental health issues and saving lives.

Strategic Priority #2:
Prevention Strategies

Goal 2.1:
Increase training in Ohio focusing on youth suicide prevention.

Measure of Success/Outcome Evaluation:	**Alignment**
• Number of QPR trainings in Ohio (data and source TBD). • Number of policies adopted.	**OIPP Goals:** Training/Workforce; Evidence-Based Strategies; Collaboration/Engagement **Cross Cutting Themes**: S.E.E.D.S. (Sustainable, Equity Minded, Ecological, Data-Driven, Shared Risk/Protective Factors) **State Plan Alignment:** *The Suicide Prevention Plan for Ohio (2020-2022):* Strategy 1, Goal 2; Strategy 2, goals 1-4; Strategy 3, goals 1, 2 and 4. *RecoveryOhio Recommendations:* 1, 3, 15, 20, 27, 33-34 and 37

Steps	**Implementing Organizations and Partners**	**Implementation Timeline**		**Progress/Status**
		Begin	**End**	
Objective 2.1.1. By December 31, 2026, expand the number of Ohio youth and young adults serving organizations implementing a suicide prevention training policy in high-burden areas as identified by data.				
Determine what organizations are currently implementing suicide prevention training policies.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members	1/1/2024	6/30/2024	

Gather their policies for review.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members	7/1/2024	12/31/2024	
Develop a model policy for distribution.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members	1/1/2025	6/30/2025	
Distribute model policy to youth and young adult serving organizations.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members	7/1/2025	12/31/2025	
Track/assess number of new policies implemented.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members	1/1/2026	12/31/2026	
Objective 2.1.2. By December 31, 2026, 20 Ohio pediatric and family healthcare practices will receive youth suicide prevention training to increase screenings and referrals.				
Establish baseline of pediatric and family healthcare practices who have received training in youth suicide prevention.	ODH - MCH, VIPS; Ohio AAP; OhioMHAS	12/1/2022	12/31/2022	
Establish baseline of pediatric providers universally screening patients.	ODH - MCH, VIPS; Ohio AAP; OhioMHAS	12/1/2022	12/31/2022	
Share information regarding training to networks.	CIAG Youth Suicide Committee Members	1/1/2023	12/31/2026	
Provide training and resources.	ODH - MCH, VIPS; Ohio AAP; OhioMHAS	1/1/2023	12/31/2026	
Track follow-up data & share results.	ODH - MCH, VIPS; Ohio AAP; OhioMHAS	1/1/2023	12/31/2026	

Objective 2.1.3. By June 30, 2025, 5% of Ohio mental health undergraduate and/or graduate programs will require youth suicide prevention training program.				
Establish a baseline of undergraduate and/or graduate schools that currently require youth suicide prevention training programs. *Focus on programs preparing future school counselors, social workers, and other counseling professionals.*	OSPF	1/1/2024	6/30/2025	
Determine what gaps exist.	OSPF	1/1/2024	6/30/2025	
Create plan to increase training programs across state. Include: *Inventory of acceptable and evidence-based trainings, determine method to disseminate information, and determine methods to increase training programs.*	OSPF	1/1/2024	6/30/2025	
Implement the plan.	OSPF	1/1/2024	6/30/2025	
Objective 2.1.4. By December 31, 2026, develop youth suicide prevention training plan for Ohio's vulnerable populations.				
Determine vulnerable target populations based on available data, consider: *Youth with disabilities, LGBTQI+ youth, minority youth, rural youth.*	TBD	1/1/2025	12/31/2026	
Create inventory of evidence-based trainings that are currently available.	TBD	1/1/2025	12/31/2026	
Create a plan for reaching vulnerable populations.	TBD	1/1/2025	12/31/2026	
Release statewide recommendations identify gaps.	TBD	1/1/2025	12/31/2026	

Determine methods of disseminating training.	TBD	1/1/2025	12/31/2026	
Implement plan.	TBD	1/1/2025	12/31/2026	

Goal 2.2:
Increase youth suicide prevention resources in Ohio.

Measure of Success/Outcome Evaluation:
- 13.12% of youth seriously considered attempting suicide (2019-2020 OHYES! Survey report).

Alignment

OIPP Goals: Evidence-Based Strategies; Collaboration/Engagement

Cross Cutting Themes: S.E.E.D.S. (Sustainable, Equity Minded, Ecological, Data-Driven, Shared Risk/Protective Factors)

State Plan Alignment:
The Suicide Prevention Plan for Ohio (2020-2022): Strategy 1; goals 1-3; Strategy 3, goals 1 & 3; Strategy 4; goal 1
RecoveryOhio Recommendations: 1, 3, 15, 20, 27, 33-34 and 37

Objective 2.2.1.
By December 31, 2026, support an awareness campaign for parents on reducing access to lethal means, particularly firearms, household products, medications.

Steps	Implementing Organizations and Partners	Implementation Timeline		Progress/Status
		Begin	End	
Compile existing resources and campaign materials available.	CIAG Youth Suicide Committee Co-Chairs, ODH, Ohio Mental Health and Addiction Service (OhioMHAS)	12/1/2022	12/31/2022	
Identify potential methods (including QR Codes, websites, surveys) for distribution of materials.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members, ODH, OhioMHAS	12/1/2022	12/31/2022	

Disseminate resources on more platforms for dissemination (videos, GIFs, etc.)	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members	1/1/2023	12/31/2026	
Disseminate materials through partners.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members	1/1/2023	12/31/2026	
Work with partners on a list to include resources on their websites.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members	1/1/2023	12/31/2026	
Track reach of campaigns.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members, ODH, OhioMHAS	1/1/2023	12/31/2026	
Share results of campaigns.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members, ODH, OhioMHAS	1/1/2023	12/31/2026	
Objective 2.2.2. By December 31, 2026, increase the use of crisis text lines by 33% to support at-risk people.				
Establish a baseline by determining usage rate of text lines.	OhioMHAS	12/1/2022	12/31/2022	
Promote materials for crisis text line.	CIAG Youth Suicide Committee Members	1/1/2023	12/31/2026	
Track uptake of crisis text line usage.	CIAG Youth Suicide Committee Members, OhioMHAS	1/1/2023	12/31/2026	

Objective 2.2.3. By December 31, 2025, Ohio will provide a training that includes an overview of Suicide and Overdose Fatality Reviews, details on the structure, legislation, processes, partnerships, and resources.				
Consult with Ohio Suicide Prevention Foundation to determine status.	TBD	7/1/2023	12/31/2025	
Determine how boards would operate.	TBD	7/1/2023	12/31/2025	
Advocate for legislative policy change. *Determine what steps are needed, consider establishment of MOUs.*	TBD	7/1/2023	12/31/2025	
Timeline for action for inclusion in a budget bill.	TBD	7/1/2023	12/31/2025	
Work with a team of epidemiologists to develop tools for boards to use, including forms for data collection.	TBD	7/1/2023	12/31/2025	
Goal 2.3: Increase awareness of youth suicide in Ohio.				
Measure of Success/Outcome Evaluation: • 13.12% of youth seriously considered attempting suicide (2019-2020 OHYES! Survey report).		**Alignment** **OIPP Goals:** Training/Workforce; Evidence-Based Strategies; Collaboration/Engagement **Cross-Cutting Theme**s: S.E.E.D.S. (Sustainable, Equity Minded, Ecological, Data-Driven, Shared Risk/Protective Factors) **State Plan Alignment:** *The Suicide Prevention Plan for Ohio (2020-2022):* Strategy 1, goal 1; Strategy 2; goal 3; Strategy 3, goals 1 &3; Strategy 4, goal 1 *RecoveryOhio Recommendations:* 1, 3, 15, 20, 27, 33-34 and 37		

Steps	**Implementing Organizations and Partners**	**Implementation Timeline**		**Progress/Status**
		Begin	**End**	

Objective 2.3.1. By December 31, 2026, implement an education/awareness campaign focusing on youth suicide prevention for Ohio's vulnerable populations.				
Compile existing resources and campaign materials available.	CIAG Youth Suicide Committee Co-Chairs, ODH, OhioMHAS	1/1/2024	12/31/2024	
Assess vulnerable populations and identify target for campaign.	CIAG Youth Suicide Committee Co-Chairs, ODH, OhioMHAS	1/1/2024	6/30/2024	
Identify potential methods (including QR Codes, websites, surveys) for distribution of materials.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members, ODH, OhioMHAS	7/1/2024	12/31/2024	
Disseminate resources on more platforms for dissemination (videos, GIFs, etc.)	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members	1/1/2025	6/30/2025	
Disseminate materials through partners.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members	7/1/2025	12/31/2025	
Work with partners on list to include resources on their websites.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members	7/1/2025	12/31/2025	
Track reach of campaigns.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members, ODH, OhioMHAS	1/1/2026	12/31/2026	

Share results of campaigns.	CIAG Youth Suicide Committee Co-Chairs, CIAG Youth Suicide Committee Members, ODH, OhioMHAS	1/1/2026	12/31/2026	

Goal 2.4:
Increase youth suicide risk screenings and referral to services in Ohio.

Measure of Success/Outcome Evaluation:
- Plan for establishing role in promoting Zero Suicide Model.

Alignment

OIPP Goals: Evidence-Based Strategies; Collaboration/Engagement

Cross Cutting Themes: Equity-minded: Ecological; Data-Driven; SR/PF

State Plan Alignment:
The Suicide Prevention Plan for Ohio (2020-2022): Strategy 2 goals 1-3. Strategy 3, goals 1-2; Strategy 4 goal 1
RecoveryOhio Recommendations 1,3,15,20,27,33-34, and 37

Objective 2.4.1.
By December 31, 2026, expand the use of the Zero Suicide Model in Ohio.

Steps	Implementing Organizations and Partners	Implementation Timeline		Progress/Status
		Begin	End	
Assess the use of Zero Suicide throughout Ohio.	CIAG Youth Suicide Committee Co-Chairs, ODH, OhioMHAS	12/1/2022	12/31/2023	
Provide resources to subcommittee members to share within the healthcare providers in their communities.	CIAG Youth Suicide Committee Co-Chairs, ODH, OhioMHAS	1/1/2024	12/31/2026	
Promote the use of Zero Suicide in counties with no implementation.	CIAG Youth Suicide Committee Co-Chairs, ODH, OhioMHAS	1/1/2024	12/31/2026	

Objective 2.4.2:

By December 31, 2026, 33% of Ohio schools will implement an evidence-based youth suicide risk screening program.				
Conduct environmental scan to determine baseline.	TBD	7/1/2023	12/31/2026	
Determine gaps based on environmental scan.	TBD	7/1/2023	12/31/2026	
Develop plan to increase screenings based on gap analysis.	TBD	7/1/2023	12/31/2026	
Implement plan.	TBD	7/1/2023	12/31/2026	
Evaluate effectiveness.	TBD	7/1/2023	12/31/2026	
Objective 2.4.3: By December 31, 2026, 33% of Ohio primary care providers will implement an evidence-based youth suicide risk screening program.				
Conduct environmental scan to establish baseline.	TBD	7/1/2023	12/31/2026	
Determine gaps based on environmental scan.	TBD	7/1/2023	12/31/2026	
Develop plan to increase screen based on gap analysis.	TBD	7/1/2023	12/31/2026	
Implement plan.	TBD	7/1/2023	12/31/2026	
Evaluate effectiveness.	TBD	7/1/2023	12/31/2026	

Priority Definition: Why is this an issue?
Mental health, like physical health, is a critical component of overall wellness. The state of a person's mental health impacts every aspect of their life – relationships, productivity, physical health, etc. Addressing the stigma related to seeking mental healthcare, and increasing clinical care access for youth, has overall positive implications for Ohioans throughout their lifetime. From 2007-2018, the rate of youth suicide in Ohio increased 64.4%, and addressing mental health for Ohio's youth will lead to a decrease in youth suicide. The strategic planning workgroup will leverage resources and work to enhance equitable access to mental healthcare, mental health resources, and treatment options for Ohio's youth to prevent suicide. Improving the mental health of Ohio youth will improve the quality of life for all Ohioans.

Strategic Priority #3:
Mental Health Treatment

Goal 3.1:
Increase supports to families accessing the mental healthcare system while decreasing stigma related to accessing mental health treatment.

Measure of Success/Outcome Evaluation:
- 25.9% of youth report feeling sad or hopeless almost every day for two weeks (2019-2020 OHYES Survey Report).

Alignment

OIPP Goals: Training/Workforce; Evidence-Based Strategies; Collaboration/Engagement

Cross-Cutting Themes: S.E.E.D.S. (Sustainable, Equity Minded, Ecological, Data-Driven, Shared Risk/Protective Factors**)**

State Plan Alignment:
The Suicide Prevention Plan for Ohio (2020-2022): Strategy 1, Goals 1 – 2
RecoveryOhio Recommendations: 3, 23, 43, 54, 67-68

Steps	Implementing Organizations and Partners	Implementation Timeline		Progress/Status
		Begin	End	
Objective 3.1.1: By December 31, 2026, Ohioans will have increased access to support programs for families and friends of youth who have diagnosed mental health disorders.				
Update CIAG Youth Suicide Environmental Scan.	CIAG Youth Suicide Committee Co-Chairs Chairs, ODH	1/1/2024	6/30/2024	
Utilize results from CIAG Youth Suicide Environmental Scan to determine gaps.	CIAG Youth Suicide Committee Co-Chairs Chairs, ODH	7/1/2024	12/31/2024	
Develop and co-brand resources of support programs.	CIAG Youth Suicide Committee Co-Chairs Chairs, ODH	1/1/2025	6/30/2025	
Share support programs in underserved communities.	CIAG Youth Suicide Committee Members	7/1/2025	12/31/2026	
Track implementation of support programs in Ohio.	CIAG Youth Suicide Committee Co-Chairs Chairs, ODH	7/1/2025	12/31/2026	
Objective 3.1.2: By December 31, 2026, increase support resources for families of Ohioans who have attempted suicide including reducing stigma as a barrier to accessing healthcare.				
Utilize results from Youth Suicide Environmental Scan to determine gaps.	CIAG Youth Suicide Committee Co-Chairs Chairs, ODH	7/1/2024	12/31/2024	
Develop and co-brand resources of support programs.	CIAG Youth Suicide Committee Co-Chairs Chairs, ODH	1/1/2025	6/30/2025	

Share support programs in underserved communities.	CIAG Youth Suicide Committee Members	7/1/2025	12/31/2026	

Goal 3.2:
Increase access to clinical care in Ohio schools.

Measure of Success/Outcome Evaluation:	**Alignment**
• 2.4% of parents report a child needing mental healthcare and not receiving treatment (2018-2019 National Survey of Children's Health).	**OIPP Goals:** Training/Workforce; Evidence-Based Strategies; Collaboration/Engagement **Cross-Cutting Themes:** S.E.E.D.S. (Sustainable, Equity Minded, Ecological, Data-Driven, Shared Risk/Protective Factors**)** **State Plan Alignment:** *The Suicide Prevention Plan for Ohio (2020-2022*): Strategy 2, goals 1-4 *RecoveryOhio Recommendations*: 3, 23, 43, 54, 67-68

Steps	**Implementing Organizations and Partners**	**Implementation Timeline**		**Progress/Status**
		Begin	**End**	
Objective 3.2.1: By December 31, 2026, every public-school student in Ohio will have access to a licensed mental health clinician every school day.				
Conduct an environmental scan to determine baseline. *Determine where gaps are and use information to complement current existing programs and services.*	TBD /Ohio Department of Education	12/1/2022	12/31/2025	

Work with ODE to advocate for legislative policy change. Policy considerations: *services should be Medicaid billing eligible; clinician availability should outline what counts as a licensed clinician, therapists, counselors, etc. Clinician should be trained in group, family, and individual therapy. Assurance that clinicians are used effectively and appropriately for the purposes of referrals.*	TBD	12/1/2022	12/31/2026	
Objective 3.2.2: By December 31, 2025, all clinicians working in Ohio's public schools will have received evidence-based cognitive training (suicide prevention modality).				
Conduct environmental scan to determine baseline. *Assess what the graduate schools are currently doing; create list of trainings (DBT, etc.), and create plan to make recommendations for needed trainings.*	TBD	7/1/2023	12/31/2025	
Work with ODE to advocate for legislative policy change.	TBD	7/1/2023	12/31/2025	
Goal 3.3: Increase access to telehealth services.				
Measure of Success/Outcome Evaluation: • 10.6% of parents report that mental healthcare was very difficult to get (2018-2019 National Survey of Children's Health).	**Alignment** **OIPP Goals:** Training/Workforce; Evidence-Based Strategies; Collaboration/Engagement **Cross Cutting Themes:** S.E.E.D.S. (Sustainable, Equity Minded, Ecological, Data-Driven, Shared Risk/Protective Factors**)** **State Plan Alignment:** *The Suicide Prevention Plan for Ohio (2020-2022):* Strategy 1, Goal 1 *RecoveryOhio Recommendations*: 3, 23, 43, 54, 67-68			

Objective 3.3.1: By December 31, 2023, implement campaign to promote awareness of available telehealth services in Ohio.				
Determine target audience.	TBD	1/1/2023	12/31/2023	
Develop messaging.	TBD	1/1/2023	12/31/2023	
Determine methods of disseminating messaging.	TBD	1/1/2023	12/31/2023	
Objective 3.3.2: By December 31, 2024, CIAG will sponsor a statewide telehealth training.				
Determine what type of training is needed.	TBD	7/1/2023	12/31/2024	
Plan training.	TBD	7/1/2023	12/31/2024	
Collaborate with state partners to produce training.	TBD	7/1/2023	12/31/2024	
Implement training.	TBD	7/1/2023	12/31/2024	
Evaluate for repeat training, if needed.	TBD	7/1/2023	12/31/2024	

Appendix B: Environmental Scan Results

An environmental scan is an intentional analysis of the environment in which an organization exists and aims to identify the internal and external forces on that organization. The primary method for this environmental scan was a series of two online surveys, a Strengths, Opportunities, Aspirations and Results/ Challenges (SOAR/C) analysis, and a survey gathering information about existing programs.

SOAR/C Analysis

As part of our overall strategic planning process, the committee conducted a SOAR/C analysis, assessing strengths, opportunities, aspirations, results, and challenges. In September 2020, electronic surveys were distributed to committee members and other applicable stakeholders. Twenty-two (22) responses were collected. Below is an overview of themes identified in the SOAR/C results.

Strengths	Opportunities
Collaboration Commitment Diversity Knowledge	Funding Stigma Limited resources
Aspirations	**Results**
Access to resources Reduced suicide More education and awareness	Reduction of suicide attempts Lower suicide rates Reduced stigma
Internal Weaknesses/Challenges	**External Challenges**
Funding Staffing changes	COVID-19 Funding

Existing Program Survey

In addition to the SOAR/C analysis, a second electronic survey was distributed to committee members and applicable stakeholders to identify a comprehensive list of existing programs throughout the state. This survey asked respondents to provide information on existing youth suicide prevention programs and services along with existing ACEs prevention programs and services. It also asked respondents to identify whether the program was evidence-based. Fifty (50) responses were collected.

Gap Analysis

Additionally, planning team members collaborated on the generation of a gap analysis, where they brainstormed the current status of youth suicide prevention in Ohio, what the ideal future state could be, and how to bridge the gap between the two. An analysis of the status of the organization assists in the identification of current strengths and challenges, while the future state identifies any opportunities. This helped to inform the current state of the issue in Ohio.

Full Results
The environmental scan is an intentional analysis of the environment in which an organization exists and aims to identify the internal and external forces on that organization. The Youth Suicide Prevention Environmental Scan occurred between September and December 2020 and included three main inputs: An analysis of the strengths, opportunities, aspirations, results, and challenges (SOAR/C) of the committee. This survey asked respondents to provide inputs for a mission, vision, and values statement, in case those needed to be updated to reflect Youth Suicide Prevention. They were also asked to think about the current internal and external state of the committee, and strategic aspirations that might exist for the committee. The mission, vision, and values inputs were also considered when thinking about the future of the committee. An additional survey was distributed that asked respondents to provide a list of the existing programs they know of in the state. This survey focused on collecting information about suicide prevention and ACEs prevention programs, both evidence-based and not evidence-based. Finally, a gap analysis was conducted with the committee to determine the current state, the ideal future state, and how to bridge the gap between the two. The results of these environmental scan inputs can be found on the following pages:

Next Steps:
The inputs were reviewed and analyzed by the committee over a two-month period in late 2020. Based on the group's review of the environmental scan, priorities were selected and associated goals and objectives were developed to improve upon the opportunities and challenges that were identified in the environmental scan. These priorities, goals, and objectives are the main components of the 2021-2025 strategic plan.

Note: The responses listed below are taken directly from the respondents. Content was not edited.

Strengths, Opportunities, Aspirations, Results, and Challenges Survey Report (SOAR/C Results)

Administered October 8, 2020

Part I: Mission, Vision, Values

A mission is a short (≤ 10 words) statement or tagline that describes the reason for the organization's existence. Key components include the target population served, key services delivered, and geographic domain. The mission statement should answer the question, "why do we exist?" ***Based on the description above, and your understanding of the organization, use the space***

provided below to share up to three keywords or phrases that you would like to see incorporated into the mission statement.

primary prevention	coordinate with other injury prevention partners	suicide prevention
prevention	prevention	prevent youth suicides
enhance suicide prevention efforts	Ohio	Ohio
The Summit County Youth Suicide Prevention Subcommittee will work collaboratively to instill hope through a proactive framework of advocacy, awareness, education, and increased accessibility to services to prevent youth suicide.		
data-driven	evidence-based	eliminate suicide deaths
statewide suicide initiatives	build systematic, comprehensive approaches	reduce the youth suicide rate in Ohio
community	collaborative	compassion
public health	reduce risk and increase protective factors	prevent youth suicide
youth suicide	prevention/prevent	statewide/Ohio

A vision statement describes the ideal future that you want to see created. It provides a picture of the future as seen through the eyes of members, customers, and stakeholders. A great vision statement will inspire and challenge; everyone will be able to see themselves in that future. ***Use the space provided below to capture up to three keywords or phrases that you would like to see incorporated into the vision statement.***

increase resiliency	stigma eliminated	stigma-free
free of suicide completions	zero suicide	prevent youth suicide
zero youth suicides	zero suicide	reduced suicides
The Summit County Youth Suicide Prevention Subcommittee aspires to end youth suicide by being a trusted community resource working alongside families and youth as a champion for hope, reducing stigma, and providing resources to all. *		
prevent all youth suicide deaths	reduce youth suicide deaths to zero	promote wellbeing
violence free	implement at the local level in all of Ohio	mental wellness
collaborative effort	comprehensive approach	healthier youth
physical and mental health	zero suicide	reduce/reduction
together/collaborative		

The final question in this survey asked for any additional information the respondent wanted to provide. The response to that question indicated that someone had entered their organization's mission and vision they wanted considered in creating this plan's mission and vision statements.

Values are the core philosophies describing how an organization conducts itself in carrying out its mission. Values reflect "how" the organization conducts business. They are the organization's most basic beliefs. Values often cover three major areas:

People: how people internal and external to the organization are treated.
Process: the way the organization is managed, how decisions are made, and products and/or services are provided.
Performance: expectations concerning the organization's responsibilities and the quality of its programs/services.

Considering the three items described above, as well as your responses to questions #1 and #2, share up to five key words or phrases that you feel capture your values.

equity	social justice	access	transparent	equitable
compassionate	dedicated	integrity	provide education	respect
inclusive	equity	embrace differences	value	always improving
evidence-based	data-driven	diverse	respectful	aligned
healthy equity in our public health approach	respect	LGBTQ+ and BIPOC inclusive	suicide can generally be prevented	inclusive of focus audience (in this case youth)
comprehensive	systematic	caring	high-quality	openness
fairness	action-oriented	nimble	promote hope	evidence-based
diverse	evaluate	accountable	collaborative	

Part II: Strengths, Opportunities, Aspirations, and Results

Strengths are internal to the organization and make us unique and good at what we do. ***What do you consider to be our three greatest strengths? (Up to three responses allowed.)***

interagency, interdisciplinary	high level of commitment	suicide prevention priority of the state
geographic diversity	collaborative spirit	communications
diverse membership	data-driven	partnering with practitioners in the community
data	partnership with state content experts	diverse resources
wide knowledge base	collaboration	good, workable model in the CIAG
statewide coalition	dedicated	sharing information
diverse stakeholders	experienced prevention practitioners	ODH support/processes/funding in place
partnerships	learning from others	experts in the field
innovative projects		

Opportunities are external forces and trends and impact how we best meet the needs of our stakeholders. ***Based on that, what are the top three opportunities where we should focus our efforts? (Up to three responses allowed.)***

Use data, momentum, and interest in this area to build out and implement a comprehensive plan.	Keep partners closely aligned so we do not duplicate efforts.	Focus population: LGBTQ+ youth and young Black males.
clear need	available data	funding opportunities
funding	stigma	time-constraints of staff
improving data collection	improve how data is disseminated	state suicide prevention plan
virtual programs and resources (COVID will end eventually, but virtual programs can still be good for creating a lasting resource?)	An intersection of Ohio children's hospitals, ODH, and OMHAS are all working on this issue.	Create in-person programming or resources for those w/o access to computers, internet, etc.
collaboration	committee involvement	resource sharing
Leverage funding for environmental scan.	advocacy on a state level	strong commitment from the governor
spread	environmental factors	teen involvement
universal screening	school-based programs	limiting lethal means

Aspirations are what we care deeply about and represent our preferred future. They are projects, programs, and processes that we want to implement in order to be the best we can be. Results are measurable and tell us whether or not we have achieved that preferred future. ***List up to three aspirations for the Youth Suicide Prevention Subcommittee and what result will let us know we have achieved them.***

Aspirations	Results
broad scope	creative programming
free of suicide	zero suicide deaths
Expand statewide youth suicide prevention behavior change campaigns.	Analytics show increase of utilization and reach across platforms.
Reduce suicide among youth 10-14.	Suicide would no longer be the leading COD for Ohioans 10-14.
comprehensive	obtain funding
reduced suicides	lower suicide rates
Increase funding for research and programs with underserved/ special populations.	increase in funding
access	reaching underserved
healthy mentally & physically	zero suicide ideations
Advance the use of evidence-based suicide-specific treatment modalities.	Increase in the number of clinicians utilizing suicide-specific screening and treatment modalities.
Creating a lasting decrease in the suicide rate of youth 10-24.	Decrease in suicide rate over the next 5 years (or more).
statewide	Leverage all existing efforts and identify/fill gaps.
better teen mental health	number of teens reporting depression/not treated for mental health issues
data collection and sharing	shared data collection policy
inclusion	Diverse participation in both planning and outreach.
stigma reduction	Open communications to discuss thoughts and feelings.
Youth have the ability to lead community-based change efforts with adult support and guidance.	Support local implementation efforts of youth-led programming in Ohio communities.
evidence-based	Align with CDC technical package.
connectedness of teens	fewer teens feeling alone/depressed
signs of suicide	More schools in Ohio implementing SOS.
Education of healthcare providers on screening for depression and suicidal ideation.	More youth are screened and referred to treatment, as necessary.
More youth are screened and referred to treatment, as necessary.	More caregivers store potential lethal means.

Part III: Challenges

Finally, please tell us what you consider to be our biggest challenges. ***What do you consider to be the three greatest internal challenges and the three greatest external challenges facing the health department in the next three years? (Up to three responses allowed.)***

Internal Challenges	External Challenges
Accountability: how is the work going to get done?	The pandemic has increased depression and anxiety and isolation.
lack of diversity	limited funding availability
staff time	COVID-19
potential change in leadership	other statewide efforts and initiatives
lack of buy-in	Factors that could increase the suicide rate (political tensions, racial discrimination).
hiring qualified staff	Public perception of public health.
leadership	COVID-19
multiple challenges on our time	Pandemic has altered procedures and practices to reach families.
funding	funding
Potential limitations set up the funding authority.	funding
infrequent meetings	Stigma surrounding mental health and suicide.
dedicated funding	unfavorable legislators
funding	teen mental health
infrastructure needs built	lack of qualified applicants
loss of experienced staff	COVID-19
the pandemic	community buy-in
Lack of specific tasks for members to help on.	cohesiveness/synergy
Competing priorities/limited bandwidth.	Key stakeholders missing/not engaged.

Survey Responses:

14 complete responses (13 current members)
8 incomplete responses (responses given were included in the report)

Survey administered by the Ohio State University Center for Public Health Practice, September 15 – October 8, 2020

Existing Program Survey Results

Administered November – December 2020

OPTIONAL: Please list your contact information.

Name	Agency	Email address
Alissa Huth-Bocks	University Hospitals Cleveland Medical Center	alissa.huth-bocks@UHhospitals.org
Angela Marvin	Ohio PTA	angelarmarvin@gmail.com
Ann Robson	Red Oak Behavioral Health	arobson@redoakbh.org
April Brewer	Greenleaf Family Center	bapril@greenleafctr.org
Beth Kuckuck	County of Summit ADM Board	Kuckuckb@admboard.org
Daniel Bennett	Greenleaf Family Center	bdaniel@greenleafctr.org
Devi Gursahaney	Red Flags National (RFN)	DeviG@redflags.org
Donna M Dickman	Prevention Awareness Support Services	ddickman@passaah.org
Doug Straight	Akron Children's Hospital	dstraight@akronchildrens.org
Dr. Phil Atkins	Mental Health & Recovery Board of Union County	drphil@mhrbuc.org
Hayley Southworth	Ohio Chapter, American Academy of Pediatrics	hsouthworth@ohioaap.org
Jason Zavodny	Bellefaire JCB	zavodnyj@bellefairejcb.org
Kat Solove	Lorain County Public Health	kevers@loraincountyhealth.com
Kristen Smith	Envision Partnerships	ksmith@envisionpartnerships.com
Laura Domitrovich	Trumbull County Mental Health and Recovery Board	Ldomitrovich@trumbullmhrb.org
Lt. Brian Sunderhaus	Delhi Township fire Department	bsunderhaus@delhi.oh.us
Mandy Whisman	Portsmouth City Health Dept.	amanda.whisman@portsmouthoh.org
Matt Simon	Alliance for Healthy Youth	msimon@all4youth.org
Matthew Krock	Antifragility Initiative	Matthew.Krock@uhhospitals.org
Nina Rains	Dayton Children's Hospital	RainsN1@childrensdayton.org
Rebecca Karns	Cuyahoga County Board of Health	bkarns@ccbh.net
Dr. Sarah Denny	Nationwide Children's Hospital	sarah.denny@nationwidechildrens.org
Sherry Blair	Akron Children's Hospital	sblair@akronchildrens.org
Zakariya Reed	Toledo Fire	zakariya.reed@toledo.oh.gov

Please list any evidence-based youth suicide prevention program or service you are aware of, the county in which it is implemented (please list Ohio programs only), and whether the program/service is a school or community based.

Name of evidence-based program/service	Ohio County	School or community program/service?
Lifelines	Allen, Auglaize, Hardin	School
Kognito	Allen, Auglaize, Hardin, Union	School
Mental Health First Aid; Question, Persuade, and Refer (QPR)		School & Community
Camp Mariposa	Butler	Community
Botvin Life Skills Training; Hope Squad; PAX Good Behavior Game		School
Lifelines; Signs of Suicide		School & Community
Botvin's Life Skills; Youth Led Prevention	Carroll	School
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)		School & Community
Second Step (Social-Emotional Learning) SEL	Cuyahoga	School
Nationwide Children's Hospital (NCH)	Franklin	School & Community
Youth First Aid Mental Health	Greene	School
Mental Health First Aid	Henry	Community
Signs of Suicide (SOS)		School
Life Act; OLWEUS Bullying Prevention Program; Red Flags; Response	Lorain	School
Applied Suicide Intervention Skills Training (ASIST); Mental Health First Aid for youth and teens; QPR; Signs of Suicide	Lorain	School & Community
Partial Hospitalization Program (PHP) Akron Children's Hospital	Mahoning & Summit	Community
PHP Dayton Children's Hospital; QPR; Store it Safe; Youth First Aid Mental Health; Zero Suicide	Montgomery	Community
Dialectical behavior therapy (DBT) Steps A; Screening, Brief Intervention, and Referral to Treatment (SBIRT); Signs of Suicide;		School
Signs of Suicide	Portage	School
Zero Suicide	Stark	Community
Ohio Chapter, American Academy of Pediatrics (Ohio AAP), Store It Safe	Statewide	Community
72-hour hold		n/a
"RFN is researched based"		School

Sandy Hook Promise Programs; Store it Safe; Youth Mental Health First Aid		School & Community
Believing. Liberating. Understanding. Empowering	Summit	Community
Counseling on Access to Lethal Means (CALM); CONNECT Postvention Training; CONNECT Prevention; Green leave; International Community Empowerment Project; Signs of Suicide; The Trevor Project, Youth Led Prevention; Zero Suicide		Community
Changing Actions to Change Habits (CATCH); CATS; I Care Mentoring; Pax Good Behavior Game; Referral Screening Verification Process (RSVP); Signs of Suicide	Not indicated	School
Caring Contacts; QPR		School & Community
CAMS Suicide Prevention; Signs of Suicide; Sources of Strength	Trumbull	School
Botvin's Life Skill; Youth Led Prevention	Tuscarawas	School
Relational Skill Building; TF-CBT		School & Community
Crisis Intervention Team (CIT); Mental Health First Aid (Veterans/Public Safety); Mental Health 1st Aid (Adult); QPR; Suicide Prevention Coalition	Union	Community
Gatekeeper Training; Local Outreach to Suicide Survivors (LOSS); PAX Good Behavior Game; Signs of Suicide		School
Mental Health 1st Aid Youth		School & Community
Healthcare screenings for depression using PHQ-2 and training for providers; Media Mental Health Campaign; Mental Health First Aid	Williams	Community
QPR; Signs of Suicide	Williams	School

Please list any other youth suicide prevention program or service you are aware of, the county in which it is implemented (please list Ohio programs only), and whether the program/service is school or community based.

Name of program/service	Ohio County	School or community program/service?
Suicide Prevention Coalitions	Allen, Auglaize, Hardin, Union	Community
Embracing All		School
youth involved in suicide prevention coalition	Butler	Community
Fierce Girls		School & Community
Highland Springs	Cuyahoga	Community
SBIRT; Start with Hello		School
Schools of Hope; You Belong-Middle School	Lorain	Community
Mahajan Therapeutics; Shawnee Mental Health	Scioto	Community
Coleman Professional - Youth Mobile Crisis Services	Stark	Community
Stark County Education Service Centers (ESC) - Care Teams		School
Crisis Hotline Service	Union	Community
Crisis MH Services; Text 4Hope		School & Community
Men of Honor	Williams	Community

Please list any evidence-based ACEs prevention program or service you are aware of, the county in which it is implemented (please list Ohio programs only), and whether the program/service is school or community based.

Name of program/service	Ohio County	School or community program/service?
PAX Good Behavior Game	Allen, Auglaize, Hardin, Union	Community
Camp Mariposa	Butler	Community
PAX Good Behavior Game; Botvin Life Skills Training; Hope Squad		School
Lifelines; Men of Honor; Fierce Girls		School & Community
Signs of Suicide; ACES Screening and Response	Cuyahoga	Community
Life Skills		Community

PAX Good Behavior Game; Restorative Practices; Thinking, Feeling, Behaving; Coping with Stress	Lorain	School
Zones of Regulation		School & Community
Antifragility Initiative; Structured Sensory Interventions for Traumatized Children, Adolescents and Parents (SITCAP); Trauma-Focused CBT; Eye Movement Desensitization and Reprocessing (EMDR); Wellness Recovery Action Plan; Seeking Safety	Stark	Community
Ohio Children's Trust Fund (OCTF) Family Interventions; Trauma-Informed Schools - awareness of ACE scores, staff training, screening	Statewide	Community
Child Guidance - Trauma Services; Strengthening Families	Summit	Community
Nurturing Families, Akron Children's Hospital (ACH) * ACH	Summit, Portage, Stark	Community
PAX Tools; Triple P Positive Parenting Program; Strengthening Families	Trumbull	Community
PAX Good Behavior Game; Botvin Life Skills; Too Good for Drugs; Rethink Emergency Department (ED); Random Acts of Kindness; BASE Education		School
40 Developmental Assets		School & Community
PAX Tools; Active Parenting; High Fidelity Wraparound	Union	Community
Safe Environment for Every Kid (SEEK) Screening; DBT Steps A; Guiding Good Choices; Project Alert		School
SBIRT		School & Community
Parent-Child Interaction Therapy; School QBIRT; Too Good for Drugs	Williams	School

Please list any other ACEs prevention program or service you are aware of, the county in which it is implemented (please list Ohio programs only), and whether the program/service is school or community based.

Name of program/service	Ohio County	School or community program/service?
R-Rules	Butler	School
Family mediation		School & Community
Creating Greater Destinies; Law Enforcement Referrals	Cuyahoga	Community
I CARE Mentoring		School
Handle With Care	Lorain	Community
Girls in Gear; Emerging Leaders Academy (staff and student focused); the DESSA Social Emotional Learning Assessment; Yoga 4 Classroom; Girls Council; Boys Council. Children of Divorce; Girls Rock		School
Alta - Trauma Services	Mahoning	Community
ACEs awareness - community messaging and training for agencies	Montgomery	School
Parent Cafes	Trumbull	Community
CALM Classroom; Positive Action Program; Leader in Me; 4 R's Reading Writing Respect and Resolution; Everfi Program; Second Step		School
Celebrate Me!	Williams	Community

Community Needs: Please let us know what type of evidence-based programs for either youth suicide prevention or ACEs prevention you think would benefit your area. **(Note: responses were taken directly from survey report and were listed as reported by respondents.)**

- I strongly believe that all the programs should begin with focusing on good mental health, just like good physical health and provide good skills to manage their emotions and develop resiliency.
- Culturally appropriate programs for African Americans and non-English speaking families.
- Providing training to first responders and making awareness to these programs so we could initiate early access to these programs would help.
- Primary prevention/universal prevention like parenting programs at pediatric practices.

Gap Analysis Results

Administered October 2020

Planning team members collaborated on the generation of a gap analysis in October 2020, where they brainstormed the status of youth suicide prevention in Ohio, what the ideal future state could be, and how to bridge the gap between the two. An analysis of the status of the organization assists in the identification of current strengths and challenges, while the future state identifies any opportunities. This helped to inform the current state of the issue in Ohio. Note: The responses listed below are taken directly from the respondents. Content was not edited.

Where we are
Rising youth suicide rates among very young (under 15).
As a state, very siloed lot of activity, but not connected or communicating. We don't know about them all – lot of unknowns. National injury prevention center (CDC) has recently put a focus onto suicide prevention, suicide as a public health issue. A lot of work still lives under mental health. Public health is a newcomer; we don't want to supplant anything already happening.
Data, we are seeing more deaths by suicide of Blacks in our country. Assumption that Black youth do not kill themselves, seeing increase in that, and not being identified before they attempt. Want to keep all vulnerable populations in mind. Suicide for young Black males is increasing, working on campaign with OSPF.
Social determinants of health, impact young African American men, minority communities, working to better equip communities. How do you develop strategic plans and data-driven decisions relative to social determinants of health and how to connect community?
Need to make sure people from threat risk populations are at the table when decisions about how to reach community are being made. Agencies want to do things (FB, community, civic orgs.) –They don't know what to do. (e.g...Stark county cluster – people wanted to help but didn't know where to turn.) When we're helping people determine what to do, we need to point them in the direction of the evidence.
There is real interest in how COVID-19 impacts community (anxiety, stress, youth, staff, teachers). We may not have a lot of large evidence-based practice (EBP) programs with certain populations but want to keep an open mind (evidence- based vs evidence-informed.)
Huge emphasis on comprehensive approaches. If a community is doing well in one area, need to target other areas – EBP or informed. A lot of agencies are having to shift e.g., schools) are not functioning in the normal way, learning to shift, lot of communities trying to pivot and shift.
Need to be aware of the good ways to do virtual and which we should avoid (e.g., SOS, taking screening out because of virtual nature of school, need to make sure programs are being implemented to fidelity.)
There aren't very many options for programs out there, schools don't like what's out there, need to build resiliency. (Resilience

programs are expensive – fiscal and capacity.) Need to support those who have attempted suicide, have stuff about prevention and postvention, but not enough out there for those kids who have attempted.

There is a structured program that addresses those who have attempted, we could implement it here.

Schools are not letting visitors in/virtual, avenues we've had to get into schools have been restricted, may be a way to open the doors.

We have a great data source, but not timely.

Not easy to get to at the local level for prevention planning.

Is there a new surveillance system to track ER?

Syndromic surveillance system (new) getting this, chief complaint box, have some info.

Similar to epi alert overdose (OD).

It is protected health data (sensitive at local level), more to look over time trends.

How we get there

Advocate to legislatures and law makers and other funding sources, they need to understand why this needs to be such a priority.

Policy changes are needed: payment for mental health screening, access to social determinants of health improvements, safe firearm storage, reducing other access to lethal means.

Funding.

Policy changes involving students early on in process, policy makers are more willing to talk with students.

Non-punitive policies at workplaces (sick time) if a parent needs to be off because their child needs them, they should be able to do that. Need paid time off for all, a lot of low-income people that cannot take off time because they can't afford it (manufacturing especially bad with this.)

Education and training.

Males, it's ok to show feelings, influencers say "it's OK to not be OK," sports figures, actors, local "celebrities."

It's OK to not be OK is a start, but for people that are really not OK, we need to encourage help seeking behavior. People who really need help are not always going to ask for help, encourage everyone to check in with each other and really talk about what it means to check-in with each other.

Training unconventional people (i.e., first responders). What does mental health crisis look like?

If there is awareness campaign, how do we get there? Make sure we do a focus group.

When you see something (i.e., a Facebook post with incorrect info) correct appropriately.

Where we want to be

Want to be a strong collaborative statewide database, relative real time data about suicide and what's happening, suicide attempts, reduced stigma, more open conversations.

There is an increase in domestic violence, half of suicides involve a firearm, access to lethal means should be more of a priority across the state.

Prevention is everyone's role. More training about how effective prevention works and how to implement it (lots of people out there with good hearts that want to help but they don't always have a safe impact.)

Understanding of prevention science is critical.

Training.

Less youth die by suicide, ideally no youth die by suicide.

More of an emphasis on early intervention (currently siloed in mental health and substance use) missing a large part of the population.

Increase resiliency opportunities for kids, normalize protective factors and resiliency interventions across the board.

Screening – how are we identifying kids? (Goal was to screen every youth. Kids stop going to wellness visits as they get older. Is there a place to do this in schools? How do we screen kids regularly? They get vision and hearing screenings.) Part of school sports screenings? Early intervention and resilience (really early – can't wait until 8-10), need to start building resilience in preschool.

Ties back to EBP.

Treatment that is free or affordable for all, also increase having those providers look like the communities they serve.

Need to be fully funded (don't know what that looks like) with whatever is needed at the state and local level.

Need to look at the workforce lens (straight into the workforce after high school, college aged young people).

Mental health treatment is given the same priority as other health issues (insurance has limits, some have no insurance).

Want to see a world where men and boys can talk about the struggles, and women and girls aren't treated as overly emotional (goes back to stigma).