



Ohio Department of Mental Health and Addiction Services

Program Name: Zero Suicide in Ohio
Grant Type: Zero Suicide
Grant Status: Active
Year Awarded: 2018
State: Ohio

Abstract: In 2015, 1,426 Ohioans aged 25 or older died by suicide and accounted for 86.4% of all Ohio suicide deaths. The suicide rates for Ohioans aged 25 and older was 18.05 compared to the U.S. rate of 17.68. Ohio's data surveillance system, which currently consists of Ohio Department of Health (ODH) death certificate files and National Violence Data Reporting System (NVDRS) data, Medicaid service utilization data, and a state-wide gap analysis of available services throughout Ohio, indicates a need to develop a continuity of care model to treat suicide ideation by integrating behavioral health (BH) services with physical health (PH) services. The purpose of Ohio's proposed project is to prevent suicide deaths and attempts among Ohioans ages 25 and older. Ohio's project is intended to prevent suicide deaths and attempts among Ohioans ages 25 and older by focusing on the implementation of the Zero Suicide framework across the system of care. The system includes behavioral health organizations (BHO), primary care (PC) providers, crisis lines, and Veterans Administration (VA) outpatient clinics. BHOS include community-based BHOs and state-operated BH hospitals. The key priority areas are: 1) Leadership/Planning, 2) Care Coordination/Care Transition, 3) Screening/Assessment, 4) Safety Planning and Harm Reduction Counseling, 5) Treatment, 6) Prevention/Postvention Strategies, and 7) Workforce Development. Ohio's project specifically addresses the implementation of the Zero Suicide framework's seven components: lead, identify, engage, treat, transition, and improve. Broadly, in order to implement this framework, Ohio will attempt to attain the goals of increasing

- 1) collaboration among community partners about suicide risk for adults ages 25 and older;
- 2) BH and PC staff skills in identifying and treating at-risk adults;
- 3) rapidly transition of at-risk adults to treatment in the least restrictive setting;
- 4) number of at-risk adults who are identified and treated;
- 5) treatment and supportive service adherence;
- 6) improved access to treatment and supportive services, including support groups; and
- 7) use of evidence-based and promising practices.

With the involvement of a state and local advisory boards, the Ohio Department of Mental Health and Addiction Services will partner with three BH organizations (BHOs), Coleman Professional Services, Consolidated Care Inc. and Hopewell to serve 13,324 individuals. Key activities to achieve project goals include the implementation of a care coordination/transition model that will involve linkages with hospitals, ERs, crisis lines, FQHCs, and the Veterans' Administration Community Outreach clinics. Staff across the system of care will be trained on how to identify, screen, assess, and treat at-risk adults; linkages will occur among BHOs, hospitals, ERs, FQHCs, VA community outreach clinics, and crisis lines; and collaboration with the local Boards, suicide prevention coalitions, and survivors will result in public awareness campaigns. The project emphasizes evidenced-based and/or best practices including Cognitive Therapy for Suicide Prevention, Dialectical Behavioral Therapy, and Collaborative Assessment and Management of Suicidality. These EBPs were selected with the goal of increasing the number of at-risk adults receiving treatments specific to suicidal thoughts and behaviors, are appropriate for adults receiving



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treatment in BH settings, promote timely access to assessment, intervention, and effective care for at-risk individuals.

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