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# BUTLER COUNTY SUICIDE PREVENTION PLAN AND RECOMMENDATIONS

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Completed in partnership with Community Development



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## **Executive Summary**

Suicide is a growing epidemic across the nation. Suicide is the 10<sup>th</sup> leading cause of death in the United States with twice as many people dying by suicide as by homicide. Suicides are disproportionately higher among older adults and middle-aged persons. 77% of deaths by suicide are male. In Butler County more than four times as many people die by suicide as by homicide. Butler County is the 7<sup>th</sup> most populous county in Ohio yet has the 4<sup>th</sup> highest incidence of suicide. Nationally and locally, about half of deaths by suicide are caused by firearms.

Butler County has several educational, prevention and intervention programs that deal with the issue of suicide; however there has not been a defined strategy or plan for how the community will address the issue. In 2017 Envision Partnerships contracted with the Butler County Mental Health and Addiction Recovery Services (BCMARS) Board to review local resources, gather data on federal, state and local suicide and prevention efforts and develop a plan and program recommendations for suicide prevention. Envision Partnerships used the evidence-based Strategic Prevention Framework Model to develop the approach and drive the process.

Early in the process Envision Partnerships conducted a Tri-Ethnic Community Readiness Survey with ten professionals representing different segments of the community including law enforcement, faith community, schools, nonprofits, healthcare, business and loss survivors. The result of the survey indicated a community readiness score of 3.4 which indicates Butler County lies between vague awareness and preplanning. This suggests that the development of a prevention plan is timely.

In January 2018 Envision Partnerships convened a task force of cross-sector representatives from more than 25 organizations with the goal to work collaboratively for a six-month planning period to gather data, assess current trends nationally, state-wide and locally, and make a plan for how to address suicide prevention in the community. The task force met monthly, assisted in providing data and participated in work group discussions around specific population groups and industry-specific challenges with the end goal in mind. This plan is the result of their collective work and will serve as a catalyst to address issues of suicide in the local community.

## **Relevant Results, Conclusions and Recommendations**

- Local data largely mirrors national data in deaths by suicide; therefore national data and evidence-based approaches based on national trends are instructive in considering how to address the issue locally.
- The highest incidence of death by suicide occurs among white males ages 45 – 64 but there is no specific demographic or socioeconomic group not impacted by suicide; therefore a broad approach for education and prevention is necessary.
- 50% of deaths by suicide are caused by firearms.

## **Butler County Suicide Prevention Plan & Recommendations**

### **Envision Partnerships June 2018**

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- Suicide prevalence in the community is on the rise, especially among young people.

*Recommendation #1:* Outline an action plan to guide efforts to educate the general public about risk and protective factors, warning signs and where to go for help.

*Recommendation #2:* Develop and implement a comprehensive social marketing campaign to increase awareness about suicide risk and where to seek help. Include strong emphasis on stigma-reduction for mental health. Messaging should appeal to youth, middle-aged men and the general public. Utilize state and community resources such as text crisis line and Butler County crisis line in campaign.

*Recommendation #3:* Strengthen current programming aimed at youth (bullying, asset development) by adding a suicide prevention component where appropriate.

*Recommendation #4:* Explore costs of implementation of suicide-specific prevention programming aimed at youth and coordinate with existing youth programs.

*Recommendation #5:* Outline a county-wide plan to make QPR (Question, Persuade, Refer) or comparable gatekeeper training available to community at large.

*Recommendation #6:* Convene a group to explore championing Red Flag laws and whether or not there is local support by first responders and others in community. Outline plan to craft language around local position and chart path to pursue at state level.

*Recommendation #7:* Continue quarterly meetings of Suicide Prevention Advisory Board/Task Force to tackle cross-sector involvement in issue and ensure implementation of community plan. Include use of committees (education, LGBTQ, healthcare, etc.) to pursue specific tasks.

## **Butler County Suicide Prevention Plan & Recommendations**

### **Envision Partnerships June 2018**

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#### **Development Team**

Lori Higgins, CEO of Envision Partnerships, led efforts to convene the development team and develop the suicide prevention plan. The team participating in the development of this strategy represents professionals from more than 28 different organizations across Butler County. In addition there was active participation from individuals through work groups, interviews and individual communications. The following individuals representing the identified community organizations participated in the process:

#### **Staff**

Hannah Deer, Envision Partnerships  
Brittney Dreier, Envision Partnerships  
Barb Forman, Envision Partnerships  
Sam Heister, Envision Partnerships  
Lori Higgins, Envision Partnerships  
Kristina Latta, Envision Partnerships  
Melinda Lee, Envision Partnerships  
Nathan Ortlieb, Envision Partnerships  
Jamie Simpson, Envision Partnerships  
Eileen Turain, Envision Partnerships  
Mindy Muller, Community Development Professionals  
Lorrie Newmister, Community Development Professionals

#### **Community Partners**

Kip Alishio, Miami Student Counseling Services  
Jenny Bailer, Butler Cnty Health Commissioner  
Aquila Beach, LifeSpan  
Rhonda Benson, NAMI  
Caroline Bier, Veteran Services Commission  
Becky Bradshaw, loss survivor  
Tyler Bradshaw, Miami University/ loss survivor  
Betsey Clark, Bethesda Butler ED  
Pastor Josh Colon, Princeton Pike West  
Melissa Elam, Butler County DD  
Marlene Esseck, retired educator  
Scott Fourman, Butler County MHARS  
Katie Furniss, LifeSpan  
Pat Gay, The Learning Center  
Patti Gray, loss survivor  
Jennifer Hamilton, Beckett Springs  
Mark Hoffman, Middletown Police Dept (ret.)  
Stacey Hoffman, CCHMC  
Linda Hoover, Serve City  
Kim McKinney, Butler County MHARS  
Jody Merrill, loss survivor  
Lisa Mannix, Butler County Coroner  
Susan Monnin, Butler Cnty Prosecutor's Office  
Sheila Munafa-Kanoza, Companions/Journey

Lauren Perry, Family and Children First Council  
Samantha Rhodes, Planned Parenthood  
Linda Richey, CCHMC  
Melissa Schultz, Miami Student Counseling Serv  
Pastor Aaron Simpson, Freedom Center  
April Smith, Miami Psychology Department  
Brian Wynn, Hamilton Police Department  
Lonnie Tucker, Butler County MHARS/Butler  
County United Way





## **Goals & Objectives for Action**

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### **Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities**

**GOAL 1.** Integrate and coordinate suicide prevention activities across multiple sectors and settings.

Objective 1.1: Integrate suicide prevention into the values, culture, leadership, and work of a broad range of organizations and programs with a role to support suicide prevention activities.

Objective 1.2: Establish effective, sustainable, and collaborative suicide prevention programming at the local level.

Objective 1.3: Explore public-private partnerships to advance suicide prevention.

**2018-19 Action Step/Task #1:** Convene and hold quarterly advisory board meetings around issue of suicide prevention to ensure ongoing cross-sector involvement.

**GOAL 2.** Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.

Objective 2.1: Develop, implement, and evaluate communication efforts designed to reach defined segments of the population.

Objective 2.2: Promote communication efforts conducted online that promote positive messages and support safe crisis intervention strategies.

Objective 2.3: Increase knowledge of the warning signs for suicide and of how to connect individuals in crisis with assistance and care.

**2018-19 Action Step/Task #2:** Launch a strategic social marketing campaign focused on awareness and how to get help -- include messaging to appeal to youth, middle-aged men and the general public.

**2018-19 Action Step/Task #3:** Promote utilization of community resources such as text crisis line, crisis response and Butler County crisis line in campaign.

**GOAL 3.** Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.

Objective 3.1: Promote effective programs and practices that increase protection from suicide risk.

Objective 3.2: Reduce the prejudice and discrimination associated with suicidal behaviors, mental health, and substance use disorders.

Objective 3.3: Promote the understanding that recovery from mental health and substance use disorders is possible for all.

**2018-19 Action Step/Task #4:** Outline and begin implementation of plan to make QPR (Question Persuade, Refer) or comparable gatekeeper training available to community at large.

## **Strategic Direction 2: Clinical and Community Preventive Services**

**GOAL 4.** Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.

Objective 4.1: Strengthen the coordination, implementation, and evaluation of comprehensive suicide prevention programming.

Objective 4.2: Encourage community-based settings to implement effective programs and provide education that promote wellness and prevent suicide and related behaviors.

Objective 4.3: Intervene to reduce suicidal thoughts and behaviors in populations with suicide risk.

Objective 4.4: Strengthen efforts to increase access to and delivery of effective programs and services for mental health and substance use disorders.

**2018-19 Action Step/Task #5:** Strengthen current programming aimed at youth (bullying, asset development) by adding suicide prevention component.

**2018-19 Action Step/Task #6:** Implement new suicide prevention programming aimed at youth.

**2018-19 Action Step/Task #7:** Utilize subcommittees of larger advisory board to focus on creating additional prevention and intervention strategies in specific sectors including education and healthcare.

**GOAL 5.** Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.

Objective 5.1: Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.

Objective 5.2: Partner with firearm dealers and gun owners to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.

**2018-19 Action Step/Task #8:** Convene a group to explore championing of Red Flag laws and whether or not there is local support by first responders and others in community. Outline plan to craft language around local position and chart path to champion at state level.

**2018-19 Action Step/Task #9:** Explore other means to reduce access to lethal means including take back days and permanent drop boxes.

**GOAL 6.** Provide training to community and clinical service providers on the prevention of suicide and related behaviors.

Objective 6.1: Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors.

Objective 6.2: Provide training to mental health and substance abuse providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk.

Objective 6.3: Develop and implement protocols and programs for clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.

**2018-19 Action Step/Task #10:** Provide opportunities for local providers and professionals to receive ongoing training on suicide prevention strategies.

### **Strategic Direction 3: Treatment and Support Services**

**GOAL 7.** Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.

## **Butler County Suicide Prevention Plan & Recommendations**

### **Envision Partnerships June 2018**

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Objective 7.1: Develop guidelines for effective comprehensive support programs for individuals bereaved by suicide, and promote the full implementation of these guidelines at the state and community levels.

Objective 7.2: Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.

Objective 7.3: Engage suicide attempt survivors in suicide prevention planning, including support services, treatment, community suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups.

Objective 7.4: Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation.

Objective 7.5: Provide health care providers, first responders, and others with care and support when a patient under their care dies by suicide.

**2018-19 Action Step/Task #11:** Maintain active list of referrals sources for those impacted by suicide.

**2018-19 Action Step/Task #12:** Devise multi-sector strategy for providing clinical and supportive care for those bereaved by suicide.

## **Strategic Direction 4: Surveillance, Research, and Evaluation**

**GOAL 8.** Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.

Objective 8.1: Evaluate the effectiveness of suicide prevention interventions.

Objective 8.2: Evaluate the impact and effectiveness of the Butler County Strategy for Suicide Prevention in reducing suicide morbidity and mortality.

**2018-19 Action Step/Task #13:** Conduct annual assessment of achievement of actions steps and progress toward goals and objectives.

## Butler County Suicide Prevention Plan

Decrease suicide an average of 10% by June 30, 2021 through development and implementation of a Butler County suicide prevention plan.



Reduce adult and youth suicide rates



Risk and Protective Factors



Interventions



Risk- Stigma surrounding mental health disorders that put individuals at risk for suicide

Risk- History of alcohol and substance abuse

Risk- Impulsive or aggressive tendencies

Protective- Connectivity between individuals, family, and community

Protective- Healthy coping skills and effort to preserve an optimistic future outlook in life

Protective- Skills in problem solving, conflict resolution, and non-violent ways of handling disputes

Lead Team and Community Members to be trained as trainers in QPR

Facilitate QPR Training

Incorporate evidence based programming into classroom, education of support groups, and prevention

Advocate for suicide prevention policy and practice

Develop broad based support through public/private partnerships dedicated to implementing and sustaining suicide prevention efforts

Social marketing campaign focused on reducing stigma around mental health



## **Risk and Protective Factors, Warning Signs and Immediate Stressors**

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**Risk factors** are characteristics that make it *more likely* that individuals will consider, attempt, or die by suicide. **Protective factors** are characteristics that make it *less likely* that individuals will consider, attempt, or die by suicide. Risk factors are not the same as warning signs. **Warning signs** indicate someone is at *immediate risk of suicide*, whereas risk factors indicate someone is at heightened risk for suicide, but indicate little or nothing about immediate risk. Although risk factors generally contribute to long-term risk, **immediate stressors**, or tipping points, may create the final impetus for the suicidal act.

**Risk factors** for suicide include the following:

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mood or mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts

**Protective factors** include the following:

- Connectedness to individuals, family, community, and social institutions
- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

**Warning signs** for suicide include the following:

- Threatening to hurt or kill oneself
- Seeking a means to kill oneself
- Hopelessness
- Increasing alcohol or drug use
- Dramatic mood changes

## Butler County Strategy for Suicide Prevention

### Envision Partnerships June 2018

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**Immediate stressors** include the following:

- Relationship problems or break-ups
- Financial hardships
- Legal difficulties
- Public humiliation or shame
- Worsening medical prognosis

#### Unique Factors related to individual populations

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##### **Middle-aged men**

Unique risk factors

- Not willing to ask for or accept help
- Increased likelihood of having immediate stressor
  - Increasing physical problems
  - Job changes
  - Empty nest
  - Mid-life identity crisis

##### **LGBTQ**

Unique risk factors

- Vulnerability
- Increased likelihood of having immediate stressor
  - Coming out/identifying as LGBTQ
  - Concern for safety

##### **Seniors**

Unique risk factors

- Increased vulnerability
- Growing isolation
- Growing dependency on medications
- Decreased income/quality of life
- Limited healthcare options
- Increased likelihood of having immediate stressor
  - Death of spouse/friends/pet
  - Loss of independence

##### **Youth**

Unique risk factors

- Unstable home environments
- Strong dependence on peers (peers ill-equipped to help)
- Access and use of technology - unlimited availability
- Increased likelihood of dealing ineffectively with immediate stressor

##### **Military/veterans**

Unique risk factors

- PTSD/ strong dependency on medications
- Limited healthcare options
- Increased likelihood of dealing ineffectively with immediate stressor
- Increased likelihood of having immediate stressor
  - Integration into civilian life (income, family relationships)



### **Current Suicide Prevention Programming**

One of the challenges of the development of the plan was identifying all of the suicide prevention programming currently being used in the county. There are several programs that are evidence-based and some which are emerging programs. While likely not exhaustive, the following represents programs currently operating in the county:

Be the Difference, I.D. Project – a one day in school program focused around issues of bullying

Lifelines – suicide prevention program for teens for prevention, intervention and postvention

Kognito – specialized on-line training for educators about mental health and suicide prevention which supports improved student wellness and school safety.

Mental Health First Aid – program to teach the skills to respond to the signs of mental illness and substance use.

QPR (Question. Persuade. Refer) – program to reduce suicidal behaviors by providing suicide prevention training.

SOS (Signs of Suicide) – program to educate teens and raise awareness about suicide and depression, and includes a brief screening for depression.

Be Present - resources to help youth cope with life's stressors and take steps to share with and support others.

HOPE Squad – school-based peer-to-peer suicide prevention program

# SUICIDE: U.S. Facts and Figures - 2017

## Suicide Death Rates

	Number of deaths by suicide	Rate per 100,000	% of deaths
National	44,965	13.9	1.6
Males	34,727	21.8	2.5
Females	10,238	6.2	.8

Suicide rates are trending upwards for all age groups except the middle-aged (45 – 64) which remains constant.

## In U.S....

- 51% of deaths by suicide were caused by firearms.
- 26% of deaths were caused by suffocation.
- 77% of those who died by suicide were males.
- 89% of those who died by suicide were white.

After declining since 1986, the U.S. suicide rate increased during 2000–2015. Suicide rates are higher in less urban areas and lower in more urban areas.

Twice as many people die by suicide as by homicide.

Suicide is 10<sup>th</sup> leading cause of death in United States.

Average of one person dies by suicide every 11.7 minutes.

Suicide is 2<sup>nd</sup> leading cause of death for young adults ages 15-24.\*

*\*Leading cause is death by accident.*

Suicide attempts – 1.1 million reported in 2016

- 25 attempts for every fatal outcome
- 150 attempts by youth for every fatal outcome
- 4 attempts for older adults for every fatal outcome

- Older adults make up 15.2% of population and 18.2% of suicides.
- Young adults comprise 13.5% of population and 12.7% of suicides.
- Middle-aged are 26.1% of population but 36% of suicides.

# SUICIDE: OHIO 2017 FACTS & FIGURES

## Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Ohio	1,650	13.89	33
Nationally	44,193	13.26	

On average, one person dies by suicide **every five hours** in the state.



Based on most recent 2015 data from CDC. Learn more at [afsp.org/statistics](http://afsp.org/statistics).

30 YEARS STRONG



AMERICAN FOUNDATION FOR  
Suicide Prevention

[afsp.org](http://afsp.org)



Suicide cost Ohio a total of **\$1,736,643,000** of combined lifetime medical and work loss cost in 2010, or an average of **\$1,206,840** per suicide death.

## IN OHIO, SUICIDE IS THE...

**2nd leading**  
cause of death  
for ages 15-34

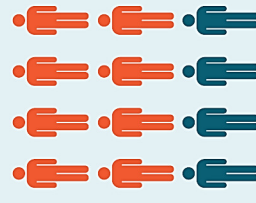
**3rd leading**  
cause of death  
for ages 10-14

**4th leading**  
cause of death  
for ages 35-54

**8th leading**  
cause of death  
for ages 55-64

**17th leading**  
cause of death  
for ages 65 & older

**More than twice as many** people die by suicide in Ohio than by homicide. Total deaths to suicide reflect a total of **32,940** years of potential life lost (YPLL) before age 65.



# SUICIDE: Butler County Facts and Figures - 2017

## Suicide Death Rates

	Number of deaths by suicide	Rate per 100,000	County Rank (# deaths)
Butler County	45	12.6	4
Ohio	1,650	13.89	
National	44,193	13.26	

Butler County is 7<sup>th</sup> most populous county in Ohio but 4<sup>th</sup> highest in number of suicides.

## In Butler County....

- 50% of deaths by suicide were caused by firearms.
- 78% of those who died by suicide were males.
- 89% of those who died by suicide were white.
- 89% of deaths by suicide occurred in the home.

In Butler County more than four times as many people die by suicide as by homicide.

Suicide is 10<sup>th</sup> leading cause of death in Butler County.

Suicide is 2<sup>nd</sup> leading cause of death by injury in Butler County\*

Suicide is leading cause of death by injury in Butler County for children/young adults ages 0-24.\*

*\*Leading cause is death by poisoning, which would include toxic levels of pharmaceuticals/illegal drugs.*

Self-harm is number one cause of hospitalization for child/young adult 0-24 in Butler County.

Suicide attempts – 105 reported in 2017

- 43% were ages 0 – 24 (25% were 15-19 year olds)
- 22% were 45-64 year olds.
- 57% were female

➤ Butler County data largely mirrors state and national patterns for suicide.

➤ Professionals suggest deaths by suicide are likely significantly underrepresented in elderly and deaths from drug use.

## **Appendix**

Recommended Annual Strategies with Budget  
Meeting Synopses  
Local Coroner's Three-Year Data  
Tri-Ethnic Community Readiness Survey Results



## Recommended Annual Strategies for Suicide Prevention in Butler County

### Education (Programming)

Integrate evidence-based suicide prevention program into Educational Support Groups (100) and Prevention Education classrooms/groups (50).

Approximate number served: 2,000 youth per year

Programs may include but not limited to: Signs of Suicide (SOS), Lifelines, Say Something

Cost estimate per year: \$45,000

### Training (Gatekeeper)

Utilize an evidence-based training for individuals who are in positions to identify, respond & refer those at-risk for suicide (youth and adults).

Approximate number served: 750-1000 adults per year

Programs may include but not limited to: Question, Persuade, Refer (QPR), Mental Health First Aid

Cost estimate per year: \$35,000

### Awareness (Social Marketing Campaign)

Utilized evidence based practice in area of social marketing of a public health program. To develop and implement a social marketing campaign that addresses awareness of the issue, stigma, our local crisis line with a prevention message that appeals to a general audience. If this proves to be unachievable then a more targeted group should be selected.

Campaigns may include already existing campaigns with positive outcomes and/or those developed.

Approximate number served: This will depend on the medium(s) selected and their reach.

Cost estimate per year: \$50,000

### Policy/Advocacy

To explore and support local legislation and policy that supports a prevention position.

Example legislation: Red Flag laws to support first responders

Example policy: All school districts include Gatekeeper training for all school personnel every 2 years.

Cost estimate per year: \$8,000

Advisory Board
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Transition planning task force into an ongoing countywide Suicide Prevention Advisory Board (known in our counties as Suicide Prevention Coalitions). Members will include a cross-section of the county including professionals and laypeople.

Approximate number of Advisory Board members: 20-30

Advisory Board will meet quarterly with subcommittees to pursue specific target groups and utilize the strength of the group.

Cost estimate per year: \$5,000

**TOTAL ESTIMATE PER YEAR TO SUPPORT THE BUTLER COUNTY SUICIDE PREVENTION EFFORTS AS OUTLINED BY THE B.C. SUICIDE PREVENTION TASK FORCE**

**= \$143,000**

*Current or proposed funding for SFY 19:*

- *Butler County Mental Health & Addiction Recovery Services Board = \$32,000*
- *Proposal submitted(6/5/18) to Ohio Mental Health & Addiction Service =\$30,000*





## **Suicide Prevention Task Force**

**Kickoff Meeting - January 25, 2018, 3:00pm**

### **Meeting Synopsis**

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The task force was welcomed by Lori Higgins, President/CEO of Envision Partnerships. Twenty-seven persons attended the meeting including Lauren Perry, Family and Children First Council; Stacey Hoffman, CCHMC; Linda Richey, CCHMC; Jenny Bailer, Butler County Health Commissioner; Jody Merrill, survivor; Scott Fourman, Butler County MHARS, Tyler Bradshaw, Miami University and survivor; Susan Monnin, Community Outreach Director; Becky Bradshaw, Envision Partnerships and survivor; Patti Gray, survivor; Marlene Esseck, retired educator; Kip Alishio, Miami University Student Counseling Services; Melissa Schultz, Miami University Student Counseling Services; Jennifer Hamilton, Beckett Springs; Samantha Rhodes, Planned Parenthood; Rhonda Benson, NAMI; and April Smith, Miami University Psychology Department. Additional Envision Partnerships staff who attended the meeting include Lori Higgins, Eileen Turain, Barb Forman, Kristina Latta, Melinda Lee, Brittney Dreier, Nathan Ortlieb, Jamie Simpson and Sam Heister. The meeting was facilitated by Mindy Muller.

Lori Higgins provided an overview about Envision Partnerships and the history of the organization. She introduced the suicide prevention project. Envision Partnerships has been contracted by the Butler County Mental Health and Addiction Recovery Services (BCMhARS) Board to review local resources, gather data on federal, state and local suicide and prevention efforts and develop a plan and program recommendations for suicide prevention to present to the BCMhARS Board. Envision Partnership has been involved in other planning processes and uses the best practice Strategic Prevention Framework Model to develop a plan. The Task Force has been convened to participate in this planning process.

The process will take six months and will have two overall phases. Phase I will consist of data gathering including suicide data, indicators, at-risk groups and resources available. During this phase information will be gathered from federal, state and local levels as well as anecdotal data to help “create the narrative” about the impact of suicide on the community. EP will also conduct a Community Readiness Assessment using key respondent interviews from the Tri-Ethnic Readiness Survey.

Phase II will focus on formulating a plan that outlines programs, practices and policy for suicide prevention in Butler County. EP will seek to identify risk and protective factors in Butler County. The plan will include next steps and recommendations to the BCMhARS Board.

Mindy Muller with CDP will help facilitate the process with the task force and provide some administrative support to Envision Partnerships.



There was discussion around several important factors and issues. One of the discussion points was HIPPA and its limitations when dealing with families. How do we eliminate this as a barrier to getting family members help?

There are limited resources for survivors. Where do survivors go for help? NAMI provides some support but what else is there? What about military families? What help is there through the VA or other resources for military?

Another discussion point was finding common definition around suicide and attempted suicide. What is considered an attempt? When is a death classified as a suicide? (By law enforcement, coroner, hospital.) How are overdoses classified? What about suicide by cop? What are the standardized policies for classifying a death as suicide?

Families need to know early warning signs. Education about warning signs is needed in the community. This process should help identify proper channels through which to provide education to the community.

There was some discussion around the stigma associated with suicide and mental health in general. There need to be programs and methods for talking about mental health and suicide in ways that decrease stigma.

There are existing resources that may give contributing data to discussion such as the Community Health Improvement Plan for Butler County.

There are groups with specific risk factors or correlations that need to be explored: military, LGBTQ, youth, and seniors (older adults). Other groups that need to be contacted for input are the faith community, clinicians and healthcare, first responders, education, media and survivors.

The meeting adjourned at 4:30pm. The next meeting is scheduled for Thursday, February 15, 2018 at 3pm at Envision Partnerships.



## **Suicide Prevention Task Force**

### **Strategy Work Session - February 15, 2018, 3:00pm**

### **Meeting Synopsis**

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The task force was welcomed by Lori Higgins, President/CEO of Envision Partnerships. Seventeen persons attended the meeting including Lauren Perry, Family and Children First Council; Scott Fourman, Butler County MHARS, Linda Hoover, Serve City; Kim McKinney, Butler County MHARS; Lonnie Tucker, Butler County MHARS; Kip Alishio, Miami University Student Counseling Services; Jennifer Hamilton, Beckett Springs; Samantha Rhodes, Planned Parenthood; Rhonda Benson, NAMI; Brian Wynn, Hamilton Police Department; and April Smith, Miami University Psychology Department. Additional Envision Partnerships staff who attended the meeting include Lori Higgins, Brittney Dreier, Nathan Ortlieb, Jamie Simpson and Sam Heister. The meeting was facilitated by Mindy Muller.

Lori Higgins provided a quick overview of the suicide prevention project. Envision Partnerships has been contracted by the Butler County Mental Health and Addiction Recovery Services (BCMHSARS) Board to review local resources, gather data on federal, state and local suicide and prevention efforts and develop a plan and program recommendations for suicide prevention to present to the BCMHSARS Board. Envision Partnership will use the best practice Strategic Prevention Framework Model to develop a plan. The Task Force has been convened to participate in this planning process.

Phase I involves data gathering including suicide data, indicators, at-risk groups and resources available. There has been significant information gathered thus far from task force members and from federal, state and local sources. CDP is in the process of gathering and compiling that information.

Lori Higgins reviewed data about the tri-ethnic readiness survey that was conducted with ten professionals in the community representing a cross section of different facets of the community. The results of the surveys indicate community readiness of 3.4 which would put the readiness between *vague awareness* and *preplanning*. The results of this readiness survey are attached to this synopsis.

Several other information data sheets were handed out and reviewed with the task force. These data sheets represent federal statistics, state data and local data. Mindy Muller explained that part of the challenge in gathering data is finding comparable data – not all data is gathered the same way. Those fact sheets are attached to this synopsis.

Mindy also shared an overview of the federal suicide prevention plan which will serve as the framework for the local plan. This plan includes identified strategic directions, goals and objectives.



One of the next steps in data gathering phase is scheduling workgroups to focus on specific aspects of the suicide issue. Ten workgroups are planned:

LGBTQ

Youth

Military

Seniors/mature adults

Faith community

Education

Clinicians/healthcare

Mental health/prevention

First responders/law enforcement

Media

Survivors

Task force members were provided the opportunity to participate in these work groups and provide additional contacts who may be interested in participating. CDP will work to schedule these groups over the next two – three weeks.

The meeting adjourned at 4pm. The next meeting is scheduled for Thursday, March 15 at 3pm at Envision Partnerships.



**Suicide Prevention Task Force**  
**Strategy Work Session - March 15, 2018, 3:00pm**  
**Meeting Synopsis**

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The task force was welcomed by Lori Higgins, President/CEO of Envision Partnerships. Eighteen persons attended the meeting including Lauren Perry, Family and Children First Council; Scott Fourman, Butler County MHARS; Linda Hoover, Serve City; Kim McKinney, Butler County MHARS; Lonnie Tucker, Butler County MHARS; Kip Alishio, Miami University Student Counseling Services; Jennifer Hamilton, Beckett Springs; Samantha Rhodes, Planned Parenthood; Marlene Esseck, retired educator; Melissa Elam, Butler County DD; Betsey Clark, Bethesda Butler ED; and Susan Monnin, Butler County Prosecutor's Office. Additional Envision Partnerships staff who attended the meeting include Lori Higgins, Becky Bradshaw, Brittany Dreier, Nathan Ortlieb, and Jamie Simpson. The meeting was facilitated by Mindy Muller.

Lori Higgins provided a quick overview of the suicide prevention project. Envision Partnerships has been contracted by the Butler County Mental Health and Addiction Recovery Services (BCMHSARS) Board to review local resources, gather data on federal, state and local suicide and prevention efforts and develop a plan and program recommendations for suicide prevention to present to the BCMHSARS Board. Envision Partnership will use the best practice Strategic Prevention Framework Model to develop a plan. The Task Force has been convened to participate in this planning process. Through this process EP will identify both risk and protective factors, existing programs and what else is needed. EP will identify evidence-based practices, programs and protocols exist and make recommendations to the MHARS board on what to implement or explore moving forward. EP has been working to gather data including suicide frequency, indicators, at-risk groups and resources available. Collected data will be presented at the April task force meeting.

Lori Higgins shared that Social Sentinel is software that is being explored as a possibility for local schools to uncover possible threats posted on social media. There may be need for larger social marketing campaign as a result of this planning process.

Other general comments made: The stigma of suicide needs to be addressed. Peer support groups can be effective but caution needs to be exercised to manage these well. Hope Squads are being established in Talawanda Schools (and perhaps Lakota), which is a peer-to-peer program being run by the nonprofit Grant Us Hope. It is an evidence-based practice but there wasn't information shared about its effectiveness. It is important to build rapport with those at risk in order to serve them well. There is a strong link between mental health and suicide prevention. Injury Control Research Center for Suicide Prevention has significant information on the issue of suicide prevention and community-based planning initiatives. (<http://suicideprevention-icrc-s.org/>) There is a need to ensure program fidelity which involves multi-day training, evaluation, and follow-up to ensure implementation. There is a need to develop behavioral intervention teams in schools. It is important to educate families and the community about adolescent depression. Elderly often experience depression and loneliness. The

Uplift Program is available through ESP. The Jason Foundation provides curriculum material to schools for suicide prevention.

The task force was asked to describe the screening tools, process for identifying those who are at risk of suicide and or the programs they have that touch on suicide prevention or treatment.

Good Life Networks is a family-driven organization that looks at issues of isolation and loneliness as indicators of at-risk individuals.

Family and Children First Council provides suicide prevention training -- QPR, which is a 90-minute training to recognize signs and indicators for those at risk of suicide. This training has been provided to Asset Builders Network, Area Council on Aging, Focus on youth and in schools.

DD has universally trained its staff to be trauma-informed. DD assess families of those diagnosed as DD for possible mental health/trauma intervention.

All healthcare providers screen for suicide ideology in emergency rooms.

Miami University has mental health allies which helps students identify those at risk and make referrals.

Kip Alishio shared that at Miami Student Counseling Services there is a three-step process:

1. Early identification and referral
2. Resiliency building
3. Education about resources

The need for counseling services at Miami has increased greatly. Five new staff have recently been added. On-line at-risk training is available for faculty and staff. About 20% of faculty has been trained. Mental Health First Aid training is also available.

Those being released from jail are screened. Connections is a program (operated by CBH) designed to help bridge the mental health gap for those being released from incarceration to keep them on their meds until they can get under a doctor's care after release from jail.

EP uses the hopefulness scale through pre and post tests to identify youth at risk.

Beckett Springs (treatment provider) screens everyone for suicide ideology. They also operate the heroin hotline and the crisis hotline for Butler County.

Workgroups have been scheduled over the next few weeks to focus on specific aspects of the suicide issue. Ten workgroups are planned: LGBTQ, Youth, Military, Seniors/mature adults, Faith community, Education, Clinicians/healthcare, Mental health/prevention, First responders/law enforcement, Media and Survivors. The task force broke up into four groups to discuss specifics related to (1) elderly/mature adults; (2) LGBTQ; (3) youth and (4) middle-aged men. Notes from those discussions are attached to this synopsis.

The meeting adjourned at 4:45pm. The next meeting is scheduled for Thursday, April 19 at 3pm at Envision Partnerships.

## Youth Small Group Notes

1. Family dynamics/stress- There are a lot of non-traditional families now (grandparents, siblings, etc.) and the stress of having a child possibly unexpectedly. Parents are both working and the work day is not just a 8-4 job for many anymore. A lot of the schools dismiss as early as 1:45-2:30 and with parents not getting home until 5 or after there is a lot of alone time.

Technology- There are so many apps that children have access to and they are constantly coming out with new ones. Parents have a difficult time keeping up with all of the new technology. Meanwhile children are involved with the new and it can be detrimental to them (bullying).

2. We were not sure that these were unique to our population because they can be seen in other populations as well. Cutting, change in appearance/affect, decline in grades at school, getting in trouble at school when it was not an issue before, loss of friend base, withdrawing from preferred activities.

3. A program that not only involves the parent but the children as well. A program named "Charting the Life Course" was mentioned.



## Butler County Suicide Prevention Task Force Work Group Conversation Work Sheet

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### Middle-aged Men Assessing Risk and Protective Factors\*

#### Discussion Questions:

1. What unique challenges occur for this population? (What traits, qualities or circumstances might place this population at higher risk of suicide?)
  - Not willing to accept help
  - Private
  - Increasing physical problems – not able to do what they used to do
  - Mid-life challenges – job changes, empty nest
  - Slow-creep; “house of cards”
2. What are unique warning signs for this population? (What are indicators of suicide risk?)
  - Drinking, isolation
  - Loss of interest in normal activities, depression
  - Gambling – increase in risky behaviors
3. What type of program/practice will increase protection from suicide risk?
  - Hobby
  - Intervention

### Assessing Readiness and Resources

#### Discussion Questions:

1. What resources are you aware of that exist to serve this population? Where are they? How do we know about them?
  - Unsure/none
2. What communication tool/medium or social structure do you think best reaches this population?
  - Gun shops
  - Sports
  - Medical doctors/screenings
  - Animal clubs, civic associations
  - YMCA/gyms
  - Physical therapy offices
  - churches





## Butler County Suicide Prevention Task Force Work Group Conversation Work Sheet

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### **LGBTQ**

#### **Assessing Risk and Protective Factors\***

##### **Discussion Questions:**

1. What unique challenges occur for this population? (What traits, qualities or circumstances might place this population at higher risk of suicide?)
  - Fear of rejection/acceptance
  - Disappointment from family
  - Safety issues
  - Public opinions/reinforcements of school, societal norms
  - Burden to educate others or be a spokesperson for the LGBTQ community
2. What are unique warning signs for this population? (What are indicators of suicide risk?)
  - Lack of setting boundaries, including confusion of what pronouns to be called, sexual experiences, etc
  - Normal suicidal indicators
  - Self harm
  - Correlation between an individual coming out and the increase of suicide
3. What type of program/practice will increase protection from suicide risk?
  - Support group
  - Assets
  - glsen.org

#### **Assessing Readiness and Resources**

##### **Discussion Questions:**

1. What resources are you aware of that exist to serve this population? Where are they? How do we know about them?
  - Glsen (safe place stickers)
2. What communication tool/medium or social structure do you think best reaches this population?
  - Twitter, social media, dating apps

## Senior Small Group Notes

### Unique Challenges of the Elderly

- Loneliness/ isolation related to family no longer being close or unwilling to be involved
- Mistreated or taken advantage of by family members/ caregivers
- Afraid of being alone after loss of spouse
- Brought up to be independent and not show or admit that there are problems
- “Shrinking world” due to loss of friends, job, activities, family
- Start to focus on the bad instead of the good.
- Too trusting- multiple scams
- “Caregiver stress” from caring for others
- Medication problems- interactions, missed doses, extra doses, etc
- Long history of Alcohol and substance abuse

### Unique Warning Signs

- Decreased interest in hobbies and activities
- Avoiding contact with others/ driving them away
- No longer caring for self- unkempt
- Frequent emotional problems (crying, anger)
- Not eating or drinking
- Frightened after being taken advantage of/ unable to trust others
- Mad at self
- “Hide the signs”- have a sense of peace after making the decision to end it
- Withdrawing from family and friends

### Programs

- Increase awareness of available government run services
- Increase awareness of community services
  - TriHealth Outreach Ministries
  - Community Health Workers
- Faith based services
  - Stephen’s Ministry
  - Support Groups
  - Older Adult Activities



## **Suicide Prevention Task Force**

### **Strategy Work Session – April 19, 2018, 3:00pm**

### **Meeting Synopsis**

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The task force was welcomed by Lori Higgins, President/CEO of Envision Partnerships. Eighteen persons attended the meeting including Lauren Perry, Family and Children First Council; Linda Hoover, Serve City; Kim McKinney, Butler County MHARS; Lonnie Tucker, Butler County MHARS; Kip Alishio, Miami University Student Counseling Services; Jennifer Hamilton, Beckett Springs; Marlene Esseck, retired educator; Melissa Elam, Butler County DD; Rhonda Benson, NAMI; Katie Furniss, LifeSpan; Aquila Beach, LifeSpan; Pastor Aaron Simpson, Freedom Center; and Susan Monnin, Butler County Prosecutor's Office. Additional Envision Partnerships staff who attended the meeting include Lori Higgins and Becky Bradshaw. The meeting was facilitated by Mindy Muller.

Lori Higgins provided a quick overview of the suicide prevention project. Envision Partnerships is working to gather data and create a narrative around suicide in Butler County. EP hopes to develop a plan and provide program recommendations to BCMHARS Board. Envision Partnership is using the best practice Strategic Prevention Framework Model to develop a plan. The Task Force has been convened to participate in this planning process. Through this process EP will identify both risk and protective factors, existing programs and what else is needed.

The task force was presented with a data sheet reflective of national, state and local data that has been obtained through the process (attached to this synopsis for reference). Mindy Muller reviewed the data with the task force, highlighting areas of particular interest or consistency. Lori Higgins added that there didn't seem to be a specific part of the county with higher incidence of suicide. She did find it significant that from 2015 to 2016 there was an increase in youth suicide from one to seven including two 15-year olds.

Also presented to the task force was information about risk and protective factors, warning signs and immediate stressors. Information included on these fact sheets was gleaned through research, work group discussions and interviews with professionals in the field. There were six people groups that were identified as high risk: LGBTQ, middle-aged white males, youth, seniors/mature adults, military/veterans, and survivors. Workgroups met to discuss specific issues relative to these people groups. Five additional groups were convened as well to discuss the system and community response to suicide risk and prevention: education, healthcare/clinicians, behavioral health, criminal justice/law enforcement, and faith community.

Comments made during the general overview included: Regarding mature adults/seniors - they are also at risk because they are no longer able to contribute to society and often not able to adequate care-give for their partner/mate. There was some discussion about trauma-informed care and specifically the ACES score as an indicator of suicide risk. Regarding military/veterans - some

studies indicate that some people are predisposed to PTSD, especially if they have some of the risk factors prior to military experience.

The task force was asked to divide into small groups to review the data and comment on the following questions:

1. What else do you think needs to be included on the list of risk factors, protective factors, warning signs and/or immediate stressors? What's missing?
2. Identify what group(s) you think needs to be prioritized for Butler County's Suicide Prevention Plan. Explain.
3. Identify what protective factors should be prioritized for each group. Outline recommendations for how that might look in the community.
4. What other comments, responses or concerns do you have about risk factors, protective factors, warning signs, and/or immediate stressors?

The meeting adjourned at 4:45pm. The next meeting is scheduled for Thursday, May 17 at 3pm at Envision Partnerships.

## Butler County Suicide Prevention Task Force

Small group discussion 4/19/18

Submitted by Kip Alishio on behalf of group members

What else needs to be included on list of risk factors, protective factors, warning signs and/or immediate stressors?

--Chronic pain: this is a risk factor that often leads to abuse of pain killers which leads to abuse of other substances, addiction, suicidal and high-risk behaviors.

--Seasonality: Statistics consistently show that deaths by suicide peak in Fall and Spring, concurrent with spikes in depression and other symptoms of mental illness. Another period of predictable high stress may be major holidays.

--Supplementing the list provided re: youth: (1) emphasize the susceptibility to bullying and the lack of youth ability often to express themselves to adults re: the bullying they experience and how they feel about it, and (2) youth unlimited access to social media puts them at constant risk of being bullied unless limits are placed on same.

--A protective factor is lack of access to lethal means of suicide, just as access to same is a risk factor. For example, research shows that college students are less likely to die by suicide than their same-age peers who are not in college primarily because guns are not allowed on most college campuses.

What groups need to be prioritized for the BC Suicide prevention Plan?

--There was general agreement that the info and data gathered do not lead to identification of any one group or set of groups as being more at risk in BC than other groups. However, the following observations were made relative to this issue:

--Adults middle age and older may be less open to change than youth, especially through educational or marketing interventions and thus require more active interventions.

--First responders may be uniquely at risk due to the nature and chronicity of the trauma they are exposed to.

--College students in Ohio and Butler County specifically may be a lower priority for additional interventions due to fact that HB 28, passed three years ago, mandates that all Ohio colleges provide a significant set of interventions including education, information, access to services, etc. Further, the primary college in Butler County, Miami University including its Regional Campuses, has developed and implemented a comprehensive suicide prevention program for its students as a result of a substantial SAMHSA Grant completed two years ago. Indeed, HB 28 and the MU suicide prevention programs may serve to inform or provide a model for developing similar such mandates and programs for youth at the middle and high school levels.

What protective factors should be prioritized for each group? Outline recommendations for how that might look in the community.

--Community awareness should be enhanced re: suicide warning signs, stigma reduction of receiving mental health services, etc. via community wide educational programs (e.g. billboards, access through faith communities, etc. ).

--Police departments and other First Responders, should receive specialized and in-depth training on responding to the mentally ill (e.g. through completion of Mental Health First Aid trainings). Given the heightened risk to first responders themselves, this training should include module on self assessment and self care, how to access mental health services for self when needed.

--The BC Task Force should consider partnering with local law reinforcement to support passage and/or implementation of Extreme Response Law Enforcement, or “Red Flag Laws”, to enable them to temporarily remove lethal means such as firearms from an individual identified as at risk for suicidal/homicidal behavior.

--Given the obvious and consistent linkage of easy firearm access with risk for suicide, consider developing a program in which education and mental health gatekeeper training is included as a part of training in how to safely utilize a firearm when purchased/licensed. Also, mental health gatekeeper training, e.g. QPR training, could be offered to all families with a registered firearm in the home. Short of participation in such a training, brochure literature on recognizing signs of suicidality could be provided to all such families or individuals licensed to own a firearm along with info on how to access services.

--Access to services:

--Given the chronic difficulty reported throughout Butler County of getting persons at risk of suicide into treatment, especially through Emergency Departments, develop a coordinated effort among all regional ED's, law enforcement, and BBHS to identify problematic gaps in such services and develop a more effective means of evaluating such situations, emphasizing inclusion of family members. Such collaboration could potentially further empower the BBHS Crisis Response unit services as a priority referrer to regional ED's. Another potential outcome could be establishment of a new, more effective and efficient county wide emergency response system for mental health, including dedicated psychiatric service.

--Pursue development of practices and policies that ensure that all BC families have access to mental health services. Such practices might include determining how many families do not have such access and what the barrier is to this. Given the chronic wait times county-wide to schedule assessment/treatment with a psychiatrist, another element of this might include development of programs/incentives to attract psychiatrists to the area, e.g. expansion of psychiatric services through BBHS, incentives for psychiatrists to establish practice in the county, etc.

1. What else needs to be on the list of risk factors, protective factors? We thought this was a great list that was fairly comprehensive.
2. Identify what group you think needs to be prioritized for the Suicide Prevention Plan. We felt that Middle-aged men should be the priority since, according to the data you presented, they are the highest population attempting suicide. We also choose this group because we felt that there will be overlap with the military/veteran group. We continued to discuss the stigma of mental illness and depression and how men don't speak up about how they are feeling, which is a concern. Katie came up with an idea to market men (make them the face) and have signage or even spokesmen who look like them/an "average Joe." She stated that she heard an AD on WEBN with one of the radio hosts talking about his struggles and how he sought help. Given his personality, she felt the honesty and candor would probably be well received. We talked about how the marketing focus could be in health centers/gyms and doctors offices. We continued to discuss a significant concern with doctors offices and that when those questions are asked (perhaps it's the way they are asked that needs to be looked at) people tend to downplay or deny that any issues or symptoms are occurring. We discussed how this happens with seniors. We know that for teens/youth there are people asking those questions and trying to identify/check-in with what is going on and how they are doing but we don't see this when a senior or middle aged male goes to the doctor.
3. We had a hard time identifying specific protective factors as we felt they were all important and we were concerned that if you specify too much, you aren't looking at the "whole person" as everyone is different.
4. Other comments: Lonnie discussed end of life education for seniors and their families and how no one talks about that/wants to talk about that and if that has an effect on not addressing/looking at seniors and possibility of suicide.



## **Suicide Prevention Task Force**

### **Strategy Work Session – May 17, 2018, 3:00pm**

### **Meeting Synopsis**

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The task force was welcomed by Lori Higgins, President/CEO of Envision Partnerships. Persons attending the meeting included Lonnie Tucker, Butler County MHARS; Kip Alishio, Miami University Student Counseling Services (*retired*); Tyler Bradshaw, Miami University; and Betsey Clark, Bethesda Butler ED. Envision Partnerships staff who attended the meeting includes Lori Higgins, Jamie Simpson, and Becky Bradshaw. The meeting was facilitated by Mindy Muller.

Lori Higgins provided a quick overview of the suicide prevention project and presented additional statistics on local data. She noted there is an increase in number of youth suicides and the methodology of death by hanging.

There was discussion around the high number of deaths by suicide by males in their 40's who die by firearms. This is notable both nationally and locally. In discussion around conducting a general social marketing campaign, reaching this population is critical to include. The group should also look at the CCW requirements and application to see if adjustments are needed.

There was much discussion around knowing and understanding what resources are available locally. It wasn't clear how up-to-date 2-1-1 is currently. The groups discussed that the systems (behavioral health, education, healthcare, faith community, veteran services, etc.) are fragmented and that makes it difficult to know all resources that may be available to those in crisis. There was a suggestion that perhaps a virtual map could be developed to identify all available resources. Interact for Health has a relationship mapping tool that might be a model for how this might work.

There are several programs currently operating that touch on the issue of suicide prevention, intervention and postvention. A comprehensive list is being developed to include in the final plan and includes:

- Be the Difference – in-school curriculum focused around issues of bullying
- Lifelines
- Kognito – specialized on-line training for educators about mental health and suicide prevention which supports improved student wellness and school safety.
- Mental Health First Aid
- QPR
- SOS
- U ok?
- Be Present
- HOPE Squad
- App for youth in crisis to use is being explored in school districts
- App for schools to use to detect social media activity is being explored



Youth can be trained in after school clubs but training and education can also be integrated in classrooms such as health class. Education for youth and those at risk should be multiple sessions and include strong follow up support. The group agreed that everyone should be trained on warning signs, protective factors, risk factors and how to help someone in trouble.

Whatever message comes out of the process, there needs to be a strong emphasis on stigma-reduction for mental health. Males need to be visible when talking about mental health issues and there needs to be more male presence in facilitating groups around issues of mental health and suicide.

There also needs to be education about the signs and an understanding about where and how to refer people for help. This would be included in a social marketing campaign.

Significant discussion occurred around the issue of Red Flag laws and the implications in saving lives. There is significant data that suggests a strong correlation between impulsivity and suicide and Red Flag laws are designed to remove firearms from those at imminent risk of self harm. Data suggests that these laws decrease the number of deaths by suicide, and with the strong data showing death by firearms, the group felt that this was a policy worth championing in the State of Ohio.

By the June meeting, Envision Partnerships plans to have a draft plan for the county and outlined recommendations to present to the MHARS board about next steps. Specifics that will be included are:

#### Programming

Strengthen current programming aimed at youth (bullying, asset development) by adding suicide prevention component.

Implement new suicide prevention programming aimed at youth.

#### Training

Outline plan to make QPR (Question Persuade, Refer) or comparable training available to community at large.

#### Social marketing campaign

Launch a strategic social marketing campaign focused on awareness and getting help; include messaging to appeal to youth, middle-aged men and the general public. Utilize state and community resources such as text crisis line and Butler County crisis line in campaign.

#### Policy

Convene a group to explore championing of Red Flag laws and whether or not there is local support by first responders and others in community. Outline plan to craft language around local position and chart path to champion at state level.

#### Advisory Board

Continue to convene advisory board around issue of suicide prevention to tackle cross-sector involvement in issue. Include subcommittees (education, healthcare) to pursue specific tasks as outlined in final plan.

The meeting adjourned at 4:35pm. The next meeting is scheduled for Thursday, June 21 at 3pm at Envision Partnerships.

## [STATISTICS OF SUICIDE IN BUTLER COUNTY 2015-2017]

	2015	2016	2017	<u>TOTAL</u>
Male	30	25	34	89 (75%)
Female	11	8	10	29 (25%)
	<b>41</b>	<b>33</b>	<b>44</b>	<b>118</b>
White	39	29	39	107 (91%)
Black	2	3	4	9
Asian	0	1	1	2
Hanging	6	12	14	32 (30%)
Gunshot	23	13	22	58 (44%)
Other	12	8	8	28 (26%)
Hamilton	10	NA	9	19
Middletown	5	NA	6	11
FF/FF Twp	7	NA	7	14
Trenton	1	NA	1	2
WC/Liberty	7	NA	10	17
Monroe	1	NA	1	2
Oxford	2	NA	-	2
Morgan Twp	1	NA	1	2
Okena	-	NA	1	1
Madison Twp	1	NA	1	2
Somerville	-	NA	1	1
Wayne Twp	-	NA	1	1
Lemon Twp	1	NA	1	2
St. Claire Twp	1	NA	-	1
Hanover Twp	1	NA	-	1
Hamilton County	2	NA	3	5
Morgan Twp	1	NA	1	2
Age Range:				
12-14	-	-	2	2
15-17	1	3	1	5
18-20	1	4	1	6
21-24	-	-	2	2
25-32	7	8	7	22
33-44	12	5	10	27
45-54	4	6	9	19
55-64	11	5	4	20
65-74	3	1	3	7
75-84	1	1	2	4
85+	1	-	3	4

## [STATISTICS OF SUICIDE IN BUTLER COUNTY 2015-2017]

	2015	2016	2017	<u>TOTAL</u>
Month:				
January	3	NA	7	10
February	2	NA	6	8
March	2	NA	5	7
April	3	NA	3	6
May	4	NA	2	6
June	5	NA	5	10
July	2	NA	1	3
August	5	NA	0	5
September	5	NA	6	11
October	1	NA	3	4
November	3	NA	4	7
December	6	NA	3	9
Day of the Week:				
Monday	5	NA	9	14
Tuesday	5	NA	6	11
Wednesday	8	NA	5	13
Thursday	6	NA	6	12
Friday	6	NA	7	13
Saturday	3	NA	3	6
Sunday	8	NA	9	17
Means of Suicide:				
Hanging	6	12	15	33
Gunshot	23	13	23	59
Carbon Monoxide Poisoning	-	-	2	2
Intentional Drug Overdose	-	-	4	4
Electric chainsaw	-	-	1	1
Other	12	8	-	20

## Tri-Ethnic Community Readiness Survey Results – Butler County

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Key Respondents were representative of:

- Law Enforcement
- Faith Community
- Schools
- Safety
- Drug Free Coalition
- Health Care
- Social Services
- Employment/Business
- Survivor

Communities represented were:

- Butler County
- Fairfield and FF Twp.
- West Chester and Liberty Twp.
- Middletown
- Madison

### Community Knowledge of Efforts = 3.6

- 3 At least **some** community members **have heard of local efforts, but little else.**
- 4 At least some community members have heard of **local efforts** and are **familiar with the purpose of the efforts.**

### Leadership = 3.5

- 3 At least **some** of the leadership **believes that this issue may be a concern in this community.** It may not be seen as a priority. They show no immediate motivation to act.
- 4 At least **some** of the leadership believes that this issue is a concern in the community and **hat some type of effort is needed to address it.** Although some may be at least passively supportive of current efforts, **only a few may be participating in developing, improving or implementing efforts.**

### Community Climate = 3.5

- 3 Some community members **believe that this issue may be a concern in the community, but it is not seen as a priority.** They show no motivation to act.
- 4 Some community members believe that this issue is a concern in the community and that **some type of effort is needed to address it.** Although some may be at least passively supportive of efforts, **only a few may be participating in developing, improving, or implementing efforts,** possibly attending groups meetings that are working toward these efforts.

### Knowledge of Issue = 3.3

- 3 **At least some** community members have **heard of the use, but little else.** Among **some** community members, they **may be misconceptions about the issue.** Community members **may be somewhat aware that the issue occurs locally.**
- 4 At least some community members **know a little about causes, consequences, signs and symptoms.** At least some community members are aware that the issue occurs locally.

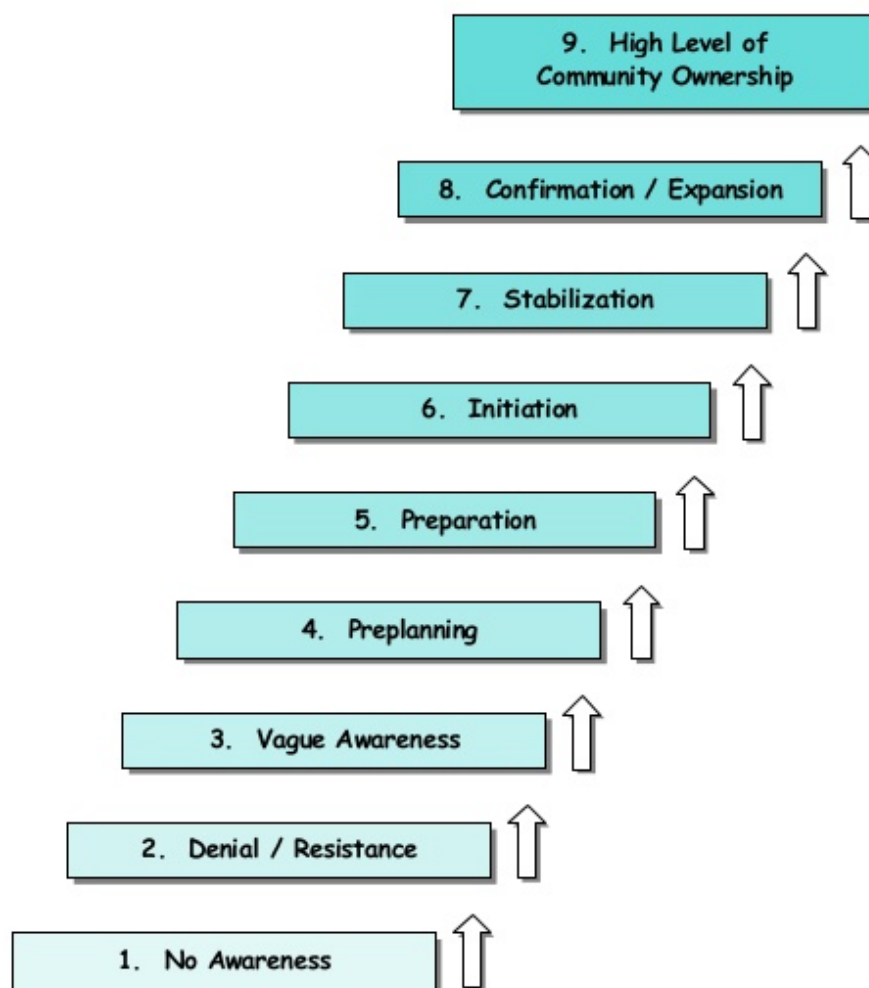
### Resources Related to the Issue = 3.3

- 3 There are **some** resources (such as a community room, volunteers, local professionals, or grant funding or other financial sources) that could be used for further efforts. There is **little or no** action to allocate these resources to this issue.
- 4 There are some resources identified that could be used for further efforts. **Some community members or leaders have looked into or are looking into using these resources** to address the issue.

## Average Community Readiness Score = 3.4

(Survey interviews were conducted by Envision Partnerships January 16 – February 13, 2018)

## Stages Of Community Readiness



Readiness levels for an issue can increase **and** decrease.

The amount of time to move to a higher readiness level can vary by the issue, by the intensity and appropriateness of community efforts, and by external events (such as an incident which creates focus on the issue).

Plested, B. A., Edwards, R. W., & Jumper-Thurman, P. (2006, April) *Community Readiness: A handbook for successful change*. Fort Collins, CO: Tri-Ethnic Center for Prevention Research.