

ERIE COUNTY SUICIDE PREVENTION COALITION MEETING AGENDA

DATE:

**Wednesday,
June 5**

TIME:

11:00 a.m. – 12:30 p.m.

MEETING LOCATION:

**Erie Co. Health District,
420 Superior St, Sandusky
Lower-Level Conf. Center**

WELCOME!

- ☒ **Re-initiation Coalition**
- ☒ **To Reach Consensus
to Establish Purpose**

CHERYL HUSS
ADAMHS Board of Erie County

TIME ALLOTTED: 60 MINS

UNDERSTANDING THE PURPOSE

PUBLIC EDUCATION

JULIE HAMMOND
LEAD
NAMI-ERIE COUNTY

**EXPERIENCES
- INPATIENT**

MARISSA MOORE, M. ED, LPCC-S
Emergency Services Coordinator
FIRELANDS HEALTH

**EXPERIENCES
- OUTPATIENT**

HENRIETTA WHELAN, MSW, LISW-S
Executive Director
BAYSHORE COUNSELING

COLLEGE AGE

LINDA WATERS, PHD, LPCC-S, LICDC-CS, LPSC
Teaching Professor-Psychology, Program Director-Human Services
BGSU FIRELANDS

SUBSTANCE USE

STEPHANIE SALYER
Chief Behavioral/Mental Health Officer
HEALTH DEPARTMENT

**PROTECTIVE
& RISK FACTORS**

CARRIE KENNEDY
MSSA, LSW
BAYSHORE COUNSELING

TIME ALLOTTED: 30 MINS

THE MISSION

GOALS

STRUCTURE

PARTNERS LEVELS OF INVOLVEMENT

QUESTIONS and ANSWERS





ERIE COUNTY SUICIDE PREVENTION COALITION

June 5, 2024

**Erie County Health Department, 420 Superior St, Sandusky
Lower-Level Conference Center**

STAGES for BUILDING an EFFECTIVE COALITION

Stage One: **PARTNERING**

☒ **Re-initiation Coalition Meeting, May 1**



To Reach Consensus to Establish Purpose

❖ Data-Driven/Suicide Prevention Worksheet/Discussion

1. Group with higher suicide risk:

- Substance misuse w/mental health-isolation, loneliness
- Access to cause of harm
- Homelessness/Housing

3. Why group(s) are a focus compared to the general population:

- Significant increase in suicide attempts or deaths in the last 3-5 years

2. Sub-group(s) most heavily impacted:

- Youth
- Geriatric
- Working Class, 25-45 age
- Males

4. List risk factors this group has:

- Firearms in Home
- Loneliness
- Substance Use
- Financial

REACHING CONSENSUS:

REVIEWED RESOURCES THAT ALREADY EXIST IN COMMUNITY

- ✓ Programs in Schools
- ✓ NAMI Family-to-Family
- ✓ Kaptur Crisis Center
- ✓ Peer Support
- ✓ Mobile Outreach Response Engagement (M.O.R.E.)

There are protective factors in the community:

- Brief list of programs for school for youth
- Youth have knowledge
- Youth go to therapy



The consensus is there are gaps in the community that the Coalition will have a significant role to play in suicide prevention.



UNDERSTANDING THE PURPOSE



JULIE HAMMOND
LEAD

NAMI-ERIE COUNTY

“PUBLIC EDUCATION”

Suicide in the school aged population

National Stats

([Children's Hospital Association](#))

2,000,000 attempt each year

25% of pediatric deaths are by suicide

Children's hospitals saw a 166% increase in self injury or suicide attempts from 2016 to 2022

Second leading cause of death in youth 10-24.

14% of all suicides are youth

Of those affected:

18% made a plan

10% made an attempt

14% (6,500) die by suicide

Ohio Stats

([Ohio Children's Hospital Association](#))

An Ohio youth dies by suicide every 33 hours.

Leading Cause of death in children 10-14

Second leading in 14-24

1 in 10 students have attempted to take their lives

Suicide deaths among 10-12 year olds went from 1,058 in 2010 to 5,606 in 2020

Local Stats

([Erie County Health Department](#))

Erie County Suicide Death Rate						
	2017	2018	2019	2020	2021	Rate Change
Erie County	16.0	12.1	18.9	9.5	17.6	+1.6
Ohio	14.9	15.7	15.5	15.5	15.0	+0.1
Erie County Suicide Death Rate by Age Group						
5-14	0.0	0.0	12.0	0.0	0.0	0
15-24	11.4	23.1	58.9	24.0	36.0	+24.6

([Erie County Youth Health Assessment](#))

2021 Erie County Youth who seriously considered suicide:
15% were 13 or younger
23% were 14-17
8% were >17

Suicide Attempts:
9% 13 and younger
13% 14-17
4% >17

What is being done?

House Bill 123
SAVE (safety and violence education) Students Act ‘

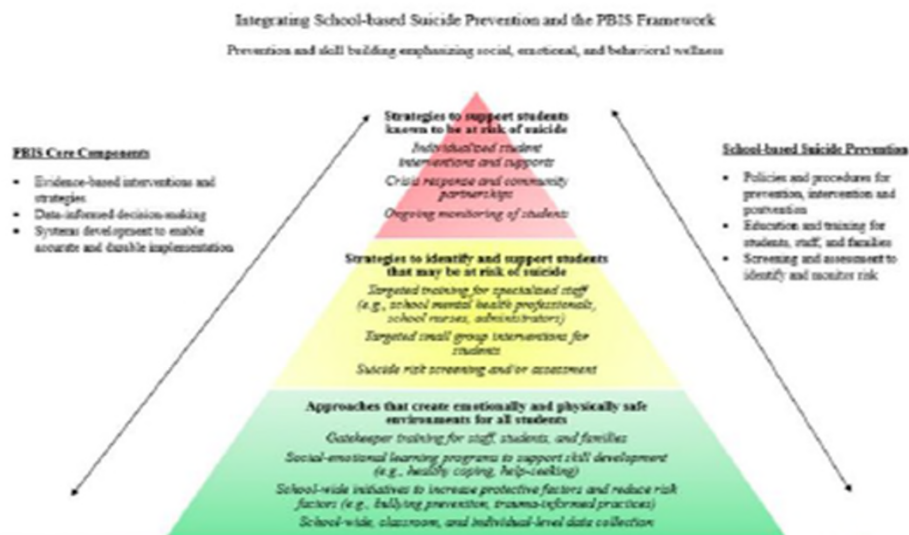
- Suicide prevention education for grades 6-12 (1 hour of education per school year)

Ohio Mental Health Training for School Success

- You can find a list of approved, evidence based programs for school success

PBIS -

- *Positive Behavior Intervention Supports
- *3 tiered system of interventions for behavior



What Can Be Done?

- Resilience and purpose building in students
- Educating & Equipping Families
- Educating the Educators



MARISSA MOORE, M.ED, LPCC-S
EMERGENCY SERVICES COORDINATOR

FIRELANDS COUNSELING AND RECOVERY
SERVICES OF ERIE COUNTY

“EXPERIENCES/INPATIENT”

Firelands counseling & recovery services in Erie, Ottawa, Huron, Sandusky, and Seneca counties provides crisis assessments in:

-
- FIVE COUNTY EMERGENCY ROOMS
 - SIX COUNTY JAILS
 - TWO DETENTION HOMES
 - SIX BEHAVIORAL HEALTH OUTPATIENT OFFICES
 - TELEHEALTH ASSESSMENTS IN THE CLIENT'S HOME IF APPROPRIATE.



Data compiled was collected from Q1 2024 (January 1 through March 31).

Firelands counseling & recovery staff completed a total of **758 CRISIS ASSESSMENTS IN Q1** across our system and counties.

Out of the Q1 report we could pull data from the crisis assessment check boxes of chief complaint.

There are **5 categories** that include:

Suicidal ideation reported with specific plan

Suicidal ideation reported without a plan

Suicidal ideation reported with vague plan

None reported

Other (chief complaint other than suicidal ideation)

- ☐ 203 individuals reported suicidal ideation with specific plan- 26%
- ☐ 88 individuals reported suicidal ideation without a plan- 11%
- ☐ 48 individuals reported suicidal ideation with a vague plan- 6%
- ☐ 326 individuals none reported- 43%
- ☐ 93 individuals other- 12%



HENRIETTA WHELAN, MSW, LISW-S
EXECUTIVE DIRECTOR

BAYSHORE COUNSELING SERVICES

“EXPERIENCES/OUTPATIENT”

Like any other health emergency, it's important to address a mental health crisis like suicide quickly and effectively.

Research has found that **46%** of people who die by suicide had a known mental health condition.

Comments or thoughts about suicide, also known as suicidal ideation, can begin small — for example, “I wish I wasn’t here” or “Nothing matters.” But over time, they can become more explicit and dangerous.

We have learned through our coordinated efforts with other providers in Erie County that with the use of the Columbia Suicide Severity Rating Scale, a unique suicide risk screening tool; we can establish criteria to determine what to do next for each person screened. Decisions about hospitalization, counseling, safety plans to address coping strategies, and referrals are determined. We know that there are the following known factors that may put a person at risk of suicide, including but not limited to:

- ☐ A family history of suicide
- ☐ Substance use: Drugs can create mental highs and lows that worsen suicidal thoughts.
- ☐ Intoxication: Analysis from the CDC indicates around **1 in 5** people who die by suicide had alcohol in their system at the time of death.
- ☐ Access to firearms
- ☐ A serious or chronic medical illness
- ☐ Gender: Although more women than men attempt suicide, men are **4x** more likely to die by suicide.
- ☐ A history of trauma or abuse
- ☐ Prolonged stress
- ☐ A recent tragedy or loss



LINDA WATERS

TEACHING PROFESSOR-PSYCHOLOGY,
PROGRAM DIRECTOR-HUMAN SERVICES

BGSU FIRELANDS

“COLLEGE AGE”

College-age Adults

Healthy Minds Study (2023) surveyed college students (N = 427).

Demographic Information

N = 427

White = 82%

Black = 5%

Latino = 5%

Women = 52%

Men = 41%

Other gender = 6%

Depression Screen – PHQ9

Minimal symptoms = 21%

Mild symptoms = 32%

Moderate = 24%

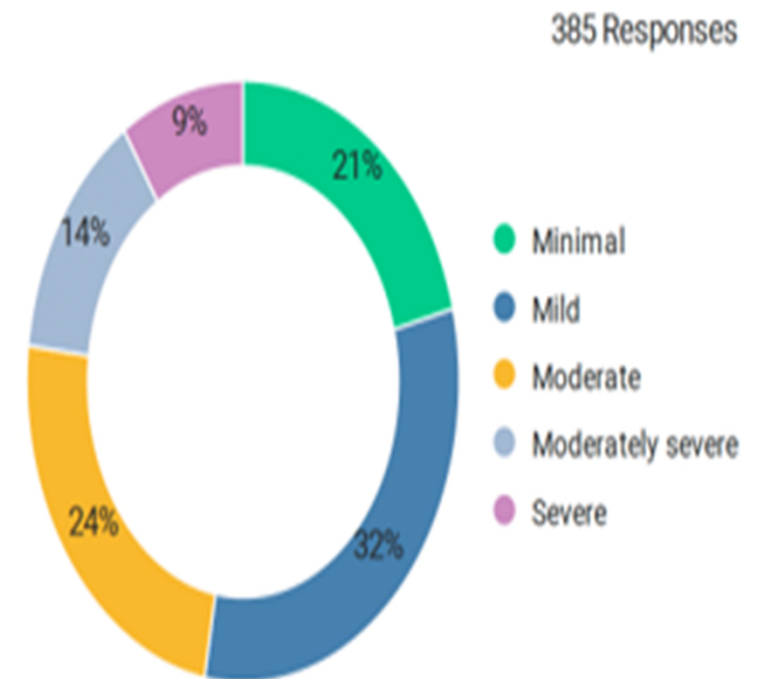
Moderately severe = 14%

Severe = 9%

DEPRESSION SCREEN

Depression is measured using the Patient Health Questionnaire-9 (PHQ-9), a nine-item instrument based on the symptoms provided in the Diagnostic and Statistical Manual for Mental Disorders for a major depressive episode in the past two weeks (Spitzer, Kroenke, & Williams, 1999).

Following the standard algorithm for interpreting the PHQ-9, symptom levels are categorized as severe (scores ≥ 20), moderately severe (scores 15-19), moderate (scores 10-14), mild (scores 5-9). There is no name for the category of scores from 0-4, so we use "minimal."



College-age Adults

Healthy Minds Study (2023) surveyed college students (N = 427).

Demographic Information

N = 427

White = 82%

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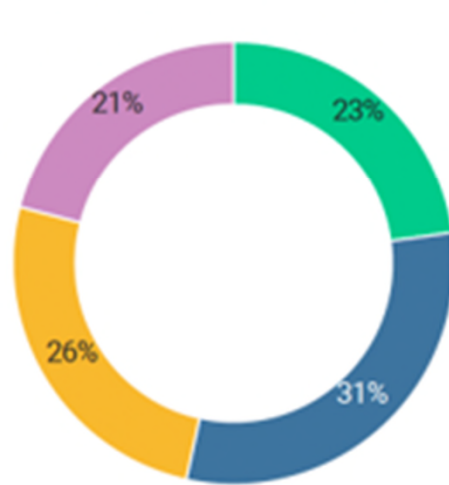
ANXIETY SCREEN – GAD 7

Minimal symptoms = 23%

Mild symptoms = 31%

Moderate = 26%

Severe = 21%



385 Responses

ANXIETY SCREEN

- Minimal
- Mild
- Moderate
- Severe

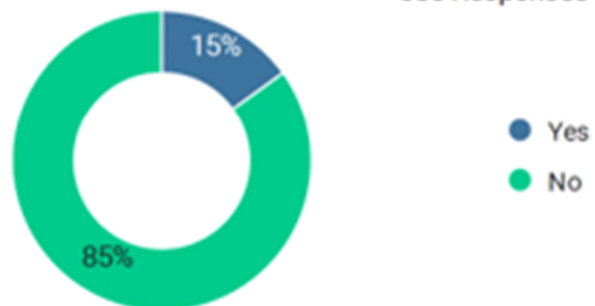
Anxiety is measured using the GAD-7, a seven-item screening tool for screening and severity measuring of generalized anxiety disorder in the past two weeks (Spitzer, Kroenke, Williams, & Lowe, 2006).

Following the standard algorithm for interpreting the GAD-7, symptom levels are categorized as severe (scores ≥ 15), moderate (scores 10-14), mild (scores 5-9), and minimal (scores 0-4).

SUICIDAL IDEATION

In the past year, did you ever seriously think about attempting suicide?

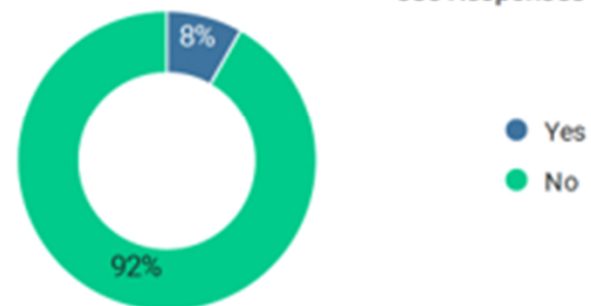
385 Responses



SUICIDE PLAN

In the past year, did you make a plan for attempting suicide?

385 Responses



SUICIDE ATTEMPT

In the past year, did you attempt suicide?

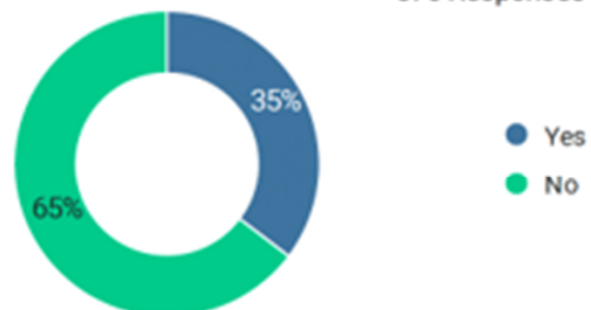
385 Responses



SELF-INJURIOUS BEHAVIOR

Non-suicidal self-injury (past year)

375 Responses



LIFETIME DIAGNOSIS OF MENTAL DISORDERS

Have you ever been diagnosed with any of the following conditions by a health professional (e.g., primary care doctor, psychiatrist, psychologist, etc.)? (Select all that apply)

Mental Health Diagnosis	383 Responses
	Percentage of Responses
Depression (e.g., major depressive disorder, persistent depressive disorder)	37%
Anxiety (e.g., generalized anxiety disorder, phobias)	42%
Eating disorder (e.g., anorexia nervosa, bulimia nervosa)	7%
Psychosis (e.g., schizophrenia, schizo-affective disorder)	0%
Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)	2%
Substance use disorder (e.g., alcohol abuse, abuse of other drugs)	1%
Bipolar (e.g., bipolar I or II, cyclothymia)	3%
Obsessive-compulsive or related disorders (e.g., obsessive-compulsive disorder, body dysmorphia)	7%
Trauma and Stressor related disorders (e.g., post-traumatic stress disorder)	12%
Neurodevelopmental disorder or intellectual disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, intellectual disability, autism spectrum disorder)	14%
Don't know	4%
No, none of these	44%

NAMI (2023)

1 in 3 experienced a mental illness

1 in 10 experienced a serious mental illness

3.8 million experienced thoughts of suicide



STEPHANIE SALYER
CHIEF BEHAVIORAL/MENTAL HEALTH OFFICER

ERIE COUNTY HEALTH DEPARTMENT

“DETOX: SUICIDE PREVENTION STRATEGIES”

Suicide and Substance Use

Every person requesting admission to detox is screened for suicide

Addressing “layers” to
being suicidal

Improved suicide
screening during detox
admission process;
Columbian SSRS tool

Utilizing Safety
Contracts

15 minute checks

Active suicidal patients=
HOPE line, from here
decide whether or not
to send to ER for
evaluation

Not cut and dry

Other resources/techniques



-ONSITE COUNSELORS
WITHIN THE ECCHC



-D/C PLANNING THAT TAKES
INTO ACCOUNT MENTAL
HEALTH NEEDS



-GROUPS/INDIVIDUAL
SESSIONS DAILY



-INCREASED STAFF
INTERACTION



CARRIE KENNEDY, MSSA, LSW
PREVENTION SUPERVISOR/ECMH CONSULTANT

BAYSHORE COUNSELING SERVICES

“RISK/PROTECTIVE FACTORS”



Families unclear of resources in the area

Lack of support within families

Housing

Firearms in Home

Access to substances

Incarceration

Loneliness

Substance Use

Financial struggles

Transportation

Struggles with insurance

Programs that support special needs

Need for more prevention services

Mental health stigma

Bullying

Protective Factors

Programs in school for youth.

- Sources of Strength, Sandy Hook Promise, etc. (promotes protective factors)
- Mentoring programs
- High school internships
- Youth have mental health knowledge
- Youth go to therapy

Agencies that assist families with basic needs

Food pantries

- WIC
- Health Department
- Metroparks
- Library
 - Provide activities for children and families
- Counseling agencies
- Churches
- Food Pantries
- Housing resources
- Shelters
- Community Action Commission
- CAC
- GLCAP

- Catholic Charities
- Social Security
- Education and Employment Assistance
 - EHOVE Career Center
 - Erie County Job and Family Services
 - OhioMeansJobs
 - Sandusky Career Center
 - GED- Sandusky City Schools- ASPIRE
 - Erie County Board of Developmental Disabilities
 - Sandusky Artisans
- Veteran Services





To decrease suicide attempts and deaths in Erie County through collaboration, advocacy, education, training, and evaluation.

MISSION

SHORT-TERM GOALS:
Collaboration and Training

INTERMEDIATE GOALS:
Education

LONG-TERM GOALS:
Advocacy and Evaluation



Structure.

Strategic Workgroup and Coalition

☐ Levels of Involvement.

Determine Distinct Roles for Meetings

Determine Participation



✓ Please fill out your Level of Involvement.

Either give to Cheryl before you leave today or send to cheryl@adamhserie.org Thank you!

STRUCTURE (AS OF JUNE 5, 2024)



STRATEGIC WORKGROUP TEAM

WORKGROUP SESSIONS

MEETS EVERY OTHER MONTH



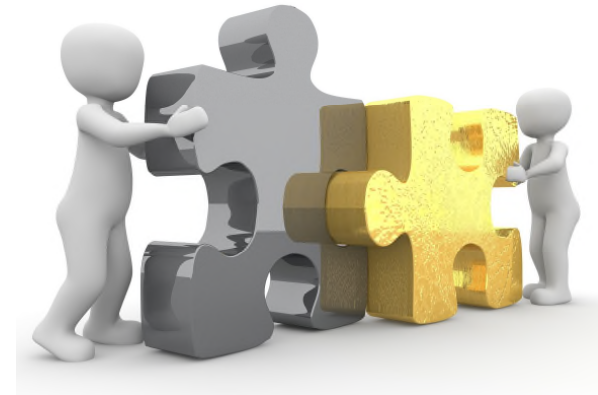
COMMUNITY PARTNERS

COALITION MEETINGS

MEETS EVERY OTHER MONTH

STRATEGY TEAM WORKGROUP SESSIONS - ROLES

- ❑ STRATEGIC PLANNING
- ❑ WHERE DATA-DRIVEN APPROACH BRINGS TO LIFE THE MISSION BY IDENTIFYING GOALS AND RESOURCES
- ❑ PRESENTS THE GATHERED INFORMATION AT COALITION MEETINGS
- ❑ CREATES THE AGENDA
- ❑ MANAGES THE MEETING PROCESS
- ❑ GUIDES NEXT STEPS



COALITION ROLES - BENEFITS

- ❑ NETWORK - EXCHANGE INFORMATION, RECRUIT, STAY INFORMED
- ❑ ENGAGE AND MOBILIZE COMMUNITY MEMBERS - INCREASED AWARENESS
- ❑ EQUITY - SHARING RESOURCES & INFORMATION; EDUCATION & TRAINING
- ❑ COMMUNICATE - MORE EFFECTIVE AND EFFICIENT DELIVERY OF PROGRAMS
- ❑ SUPPORT - BRING ABOUT SUSTAINABLE COMMUNITY CHANGE
- ❑ MONITOR AND EVALUATE — RECOGNIZE MILESTONES & ACHIEVEMENTS



PARTNERS LEVELS OF INVOLVEMENT

PARTNER LEVELS OF INVOLVEMENT DURING THE COALITION MEETINGS

THE FACILITATOR

During the meeting, will guide the Coalition through the discussion, ensure everyone participates, and keeps the discussion productive.

THE TIMEKEEPER

Ensures all time limits are respected, including time for discussing specific topics and for ending on schedule.

THE NOTE TAKER

Records key decisions, insights, action items, and other results. Will make sure these notes get sent to ADAMHS BOARD for publication.

THE VIBES WATCHER

Will watch the tone of the conversation and speaks up when things get off track.

THE DECISION MAKER

Responsible for confirming and stating the decision so it can be documented before the meeting ends.

THE PROMISE TRACKER

Keeps track of all the promises made during the meetings as a list of action items or tasks.

THE VOC (VOICE OF THE CUSTOMER)

Throughout the discussion, the VOC asks themselves “What would our clients think about this? How does what we are hearing serve our clients interests?”

THE ENFORCER

Calls out any violations of the meeting rules.

PARTNER LEVELS OF INVOLVEMENT DURING THE COALITION MEETINGS

The coalition member is willing to participate and take turns filling the distinct role(s) as marked:



- ☐ Facilitator
- ☐ Timekeeper
- ☐ Note-Taker
- ☐ Vibes Watcher
- ☐ Decision Maker
- ☐ Promise Tracker
- ☐ Voice of the Customer
- ☐ Enforcer

COALITION PARTNERS LEVEL OF INVOLVEMENT

Interest Group.

Individuals who have some interest in the suicide prevention issue. Will offer support behind the scenes. May or may not attend Coalition meetings.

Supporters.

Individuals that will have contact in some way with the Coalition. Will demonstrate meaningful support in both words and deeds. May or may not attend Coalition meetings.

Call Me Members.

Individuals that at one time or another have actively participated on a coalition, committee or project. They have expressed an interest in “doing some work”. Call if we need help. May or may not attend Coalition meetings.

Active Members.

Individuals that would like to be involved in planning and implementation efforts. They will attend Coalition meetings.

Strategy Workgroup.

Individuals that will serve in a leadership role for the Coalition and are committed to identifying goals and resources.



[check all that apply]

COALITION PARTNER LEVEL OF INVOLVEMENT

☐ Interest Group.

☐ Supporters.

☐ Call Me Members.

☐ Active Members.

☐ Strategy Workgroup.

Receive:

☐ All Meeting Invites.

☐ Only Coalition Meeting Invites.

☐ Only Strategic Workgroup Invites.

☐ All Correspondence and Minutes.

Contact for:

☐ Trainings.

☐ Events.

Strategic Workgroup Session, July 3

ADAMHS Board, Conf Rm 213, Sandusky

11:00 a.m. to 12:30 p.m.



- ☑ Review & Define Coalition Structure
- ☑ Review Short-Term Goal: Collaboration
- ☑ Discussion Short-Term Goal: Training

Next Coalition Meeting, August 7

Erie County Health Department, 420 Superior St, Sandusky
Lower-Level Conference Center

11:00 a.m. to 12:30 p.m.



STRATEGIC WORKGROUP TEAM

Carrie Kennedy

Bayshore Counseling
Prevention Supervisor

(419) 626-9156

ckennedy@bayshoreecs.org

1634 Sycamore Line
Sandusky, Ohio 44870

**Henrietta Whelan MSW, LISW-S**

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Executive Director

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**Julie Hammond**

NAMI
Lead

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**Marissa Moore**

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Business Development

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Huron OH 44839

**Stephanie Salyer**

Erie County Health Department
Chief Behavioral/Mental Health Officer

(419) 626-5623 x5232 Work

ssalyer@echdohio.org

420 Superior St
Sandusky, OH 44870



Welcome to the
Strategic Workgroup:

David White

Greater Sandusky Partnership
Director of Workforce and Policy

(706) 570-2491

Dwhite@greatersandusky.com

604 W. Washington Street
Sandusky, Ohio 44870



GREATER
SANDUSKY
PARTNERSHIP

Kerri Lone

Kalahari Resorts & Conventions
Human Resources Manager

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klone@kalahariresorts.com

7000 Kalahari Drive
Sandusky, Ohio 44870





SUICIDE PREVENTION COALITION

ORGANIZATIONS

REPRESENTING ERIE COUNTY, OH

ADAMHS BOARD OF ERIE COUNTY

GREATER SANDUSKY PARTNERSHIP

BAYSHORE COUNSELING

KALAHARI RESORTS & CONVENTIONS

BGSU FIRELANDS

NAMI, ERIE COUNTY

CEDAR POINT

SANDUSKY ARTISANS RECOVERY CENTER

ERIE COUNTY COMMUNITY FOUNDATION

SANDUSKY CITY SCHOOL DISTRICT

ERIE COUNTY HEALTH DEPARTMENT

SANDUSKY REGISTER

ERIE SHORE NETWORK

SERVING OUR SENIORS

FAMILY & CHILDREN FIRST COUNCIL

VA-CARL NUNZIATO YOUNGSTOWN/HEALTHCARE

FIRELANDS HEALTH



Contact Information:

Cheryl Huss

Office Coordinator of Erie County ADAMHS Board

2900 Columbus Ave

Sandusky Ohio 44870

Office: 419-627-1908 Ext. 2832

Fax 419-627-0769

cheryl@adamhserie.org



Thank you for all do for Erie County!