

Suicide in Ohio: Facts, Figures, and the Future

Installment

2

Impact of Suicide
and Current
Responses in 7
Northeast Ohio
Counties

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MISSION STATEMENTS



The Mental Health & Addiction Advocacy Coalition (MHAC) is comprised of over 120 member organizations statewide, including health and human service agencies, the faith based community, government and advocacy organizations, courts, major medical institutions, the corporate arena, and behavioral health agencies serving children and adults. The MHAC's mission is to foster education and awareness of mental health and addiction issues while advocating for public policies and strategies that support effective, well-funded services, systems, and supports for those in need, resulting in stronger Ohio communities.

The Mental Health & Addiction Advocacy Coalition would like to thank its generous, philanthropic supporters including: Eva L. and Joseph M. Bruening Foundation, The Cleveland Foundation, Community West Foundation, Fairfield Community Foundation, George Gund Foundation, HealthComp Foundation, Interact for Health, The McGregor Foundation, Sally and John Morley Family Fund, Mt. Sinai Health Care Foundation, Network for Good, The Nord Family Foundation, Peg's Foundation, The Daniel and Susan Pfau Foundation, PNC Charitable Trust, Saint Luke's Foundation, Jacob G. Schmidlapp Trusts, Fifth Third Bank, Trustee, and Woodruff Foundation.

mhaadvocacy.org



The Ohio Alliance for Innovation in Population Health (The Alliance) is a groundbreaking statewide collaborative focused on improving the health of all Ohioans. It works collectively to combine the resources and expertise of administrators, healthcare practitioners, academic researchers and policy experts from Ohio University and more than 30 affiliated universities, hospital associations, and healthcare providers to solve the most complex and pressing population health concerns across the state.

ohiopopulationhealthalliance.com



The mission of the Ohio Suicide Prevention Foundation (OSPF) is to act as a catalyst and steward of statewide suicide prevention efforts by supporting community-based efforts to reduce stigma, promote education and awareness, and increase resources and programs to reduce the risk of suicide.

The Ohio Suicide Prevention Foundation would like to thank the Ohio Department of Mental Health and Addiction Services for continued funding and extend its sincerest gratitude to those touched by suicide that have generously donated to prevent suicide across Ohio.

ohiospf.org

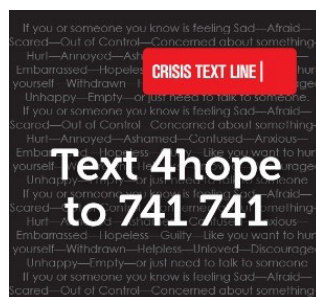
RESOURCES

Are you struggling with suicidal thoughts? Are you worried about a friend or loved one and need support? You are not alone. Your life is worth fighting for.



Get Support by Phone

The National Suicide Prevention Lifeline is free, confidential, and available 24/7. Skilled crisis workers answer incoming calls and will listen, provide support, and offer helpful resources to those in need.



You are not alone.

Get Support by Text

Text the keyword 4HOPE to 741 741 to chat with a skilled crisis worker at the Crisis Text Line.



Be Prepared with a Safety Plan

If you struggle with suicidal thoughts and would like to create a safety plan for yourself that you can share with those you trust, download the free MY3 app from the National Suicide Prevention Lifeline. MY3 is available in the Apple App Store and Google Play.

How to help someone who is considering suicide:

1. Ask “Are you thinking about suicide?”

If you suspect someone you know is considering suicide, ***it's okay to ask them directly***. Make sure to use clear language so there is no confusion as to what you're asking.

Other ways to ask:

- Do you ever feel so bad that you think about suicide?
- Do you have a plan to take your own life?
- Have you thought about when you might do it (today, tomorrow, next week)?

2. Show the person you care.

Many people who are suicidal feel as if they are a burden to those around them. This feeling is called perceived burdensomeness and prevents them from reaching out for help. Showing you care may help a person open up about how they are feeling.

3. Listen with zero judgement.

When a person is suicidal, they may be afraid to tell you how they are feeling because they fear being judged. Take some time and really listen when you think someone is in crisis and allow them to speak freely without interruption.

4. Refer them to appropriate resources.

Encourage your loved one to get in touch with a therapist, a family doctor, a friend, a spiritual leader, a family member, or the National Suicide Prevention Lifeline. Do not leave them alone. Call the Lifeline with your loved one, and be there when they call to make their appointments.

5. Don't be afraid to check-in.

After the initial referrals have been made and completed, continue to check in on your loved one as necessary. Try meeting them for coffee, sending an encouraging text, or calling them to make sure they're getting the help they need.

FOR MEMBERS OF THE MEDIA

The intent of this series of reports is to provide readers with insight about Ohio deaths by suicide and community responses. With additional knowledge, policy makers, clinicians, and community leaders will be able to take action to increase a focus on suicide prevention, diminish the number of deaths by suicide, and provide relief for survivors.

In some circumstances, media coverage may have unintentionally caused vulnerable individuals to consider suicide or re-traumatized the friends and families of individuals who died by suicide. The Ohio University E.W. Scripps School of Journalism prepared [guidelines for reporting on deaths by suicide](#). These guidelines focus on limiting suicide contagion through:

1. careful story formulation,
2. the use of language that doesn't trigger thoughts of suicide, and
3. providing resources that educate journalists and other writers about the complex array of conditions that cause suicide.

The American Association of Suicidology in partnership with the Ohio Department of Mental Health and Addiction Services (ODMHAS), Nationwide Children's Hospital, and the Ohio University E.W. Scripps School of Journalism produced [Suicide Reporting Recommendations](#), which is a helpful toolkit for media messaging in relation to suicide.

INTRODUCTION & HUB OVERVIEW

Examining suicide death data at a regional, county, and township level provides a deeper understanding of geographic trends and opportunities for targeted responses. The MHAC operates regional “Hubs” in the Northeast and Southwest corners of the state, working with members in thirteen counties. Installments 2 and 3 of this report will highlight narrative information about each of these counties and study data specific to these regions, counties, and townships.

The seven counties which make up the MHAC’s Northeast Hub provide examples of a range of population densities, geographical sizes, governmental structures, funding mechanisms, and availabilities and deliveries of mental health and substance use disorder prevention and treatment services.

According to the 2018 United States Census, these counties range in population from 94,031 (Geauga) to 1,243,857 (Cuyahoga) and fall into two categories: metropolitan and suburban. The counties in both the MHAC’s hubs were categorized this way using a modified version of the Ohio Medicaid Assessment Survey classification schema.^{1 2} Among the Northeast Hub counties, five out of the seven operate under a statutory form of government, led by three elected County Commissioners. These Commissioners are responsible for setting county priorities through adoption of the county budget and by leading economic development initiatives, workforce development, growth efforts, partnerships with other local governments, and ensuring accessibility of vital services for county residents.³ The remaining two counties operate under a charter form of government, with an elected County Executive and eleven-member County Council.

County-managed services across the Northeast Hub rely on various combinations of federal, state, and local dollars to operate. Local Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards are established and governed by state law, and hold responsibility for county-level planning and management of services. These local boards do not provide treatment or care services; however, they distribute federal, state, and local (if available) funding to providers in their respective communities.⁴

Common crisis services funded by counties include:

- **Mobile crisis units** – traveling units that respond to crisis calls by meeting individuals in their homes or in the community.⁵
- **Hotlines** – phone numbers individuals can call to get immediate crisis counseling.⁶

- **Text lines** – phone numbers individuals can text for immediate access to free, 24/7 support and information.⁷
- **Warmlines** – phone numbers individuals or family members can call to learn about available resources to support a mental health or substance use disorder need.⁸

Suicide Prevention Coalitions

Within each of the hub counties, work that specifically addresses suicide includes a variety of activities. A common thread among many counties is the existence of suicide prevention coalitions. These coalitions develop in response to the needs of a given community, with the intention of bringing community stakeholders in suicide prevention together to directly reduce local suicide rates. Members of these coalitions often include the local ADAMHS Board, behavioral health providers, schools, law enforcement, health departments, and other prevention organizations. Activities range from collecting suicide death data in order to inform prevention efforts, raising awareness through events such as walks, and providing suicide prevention education through evidence-based programming in local schools and the community. This includes the following:

- Offering evidence-based prevention training to professionals such as Assessing and Managing Suicide Risk (AMSR)⁹;
- Kognito's online simulations, which incorporate motivational interviewing techniques and realistic scenarios¹⁰;
- The Question, Persuade, and Refer (QPR) model;
- Mental Health First Aid (MHFA); and
- Postvention programs such as Local Outreach to Suicide Survivor (LOSS) Teams, which demonstrate how survivors of suicide loss can provide support to the newly bereaved and act as an effective referral resource for support in the grief process.¹¹

Budgets for coalitions vary widely across counties resulting in a major disparity in capacity and readiness across the state. OSPF currently provides Ohio's suicide prevention coalitions with technical support and a platform for networking and continuing education. OSPF also established the [Suicide Prevention Coalition Partnership](#) in order to bring existing coalitions together to better address the topic of suicide. Figure 1 depicts the counties where suicide prevention coalitions exist across Ohio, as well as which counties share coalitions.

In 2020, the Ohio Suicide Prevention Foundation (OSPF), with support from the Ohio Department of Mental Health and Addiction Services (OhioMHAS), offered a funding opportunity for suicide prevention coalitions interested in strengthening their local coalition and networking with other similar coalitions across Ohio. These grants allowed recipient coalitions to participate in an eight-month series

of virtual learning opportunities and to engage in a collaborative learning process to enhance coalition capacity. In the MHAC's Northeast Hub, Cuyahoga County, Lorain County, and Summit County received funding for this purpose.

Data Variables

The statistical information contained in this report is derived from a data extract, which was provided by the Ohio Department of Health (ODH) during the Spring of 2019. Our figures vary slightly from suicide statistics in *The Suicide Prevention Plan for Ohio*. A small number of 2018 records were added or amended after the production of the extract. Additionally, there are slight differences between suicide counts in our extract and the ODH data warehouse for previous years as well. Other variations between the two reports are accounted for by differences in time span, variations in handling missing data, data suppression, and rate calculation approaches.

We are deeply grateful to ODH for their technical support throughout the duration of this project.

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Northeast Hub

The MHAC's Northeast Hub consists of seven counties: Cuyahoga, Geauga, Lake, Lorain, Portage, Medina, and Summit. The data in this section compares suicide deaths within all seven counties in the MHAC's Northeast Hub to the remainder of Ohio. Due to the sensitive and specific nature of the local and regional data examined in this installment, numbers, percentages, and rates are suppressed when the number of deaths is fewer than ten. Suppression protects the privacy of individuals and families impacted by suicide.

REGIONAL HUB DATA

Figure 2 shows suicide deaths in the MHAC's Northeast Hub in comparison to the rest of Ohio over a ten-year timespan.¹² Both in the Northeast Hub and in the rest of Ohio, the number of male suicide deaths was consistently and significantly higher than the number of female suicide deaths.

FIGURE 2

Suicide Deaths by Gender 2009-2018
MHAC NE Hub Compared to Remainder of Ohio

	Ohio	NE Hub	Total
Female	2,484	764	3,248
Male	9,487	2,828	12,315
Total	11,971	3,592	15,563

Female	20.75%	21.27%	20.87%
Male	79.25%	78.73%	79.13%
Total	100%	100%	100%

Figure 3 shows the number and percentage of suicide deaths among specific age groups in the MHAC's Northeast Hub in comparison to the rest of Ohio. In both the Northeast Hub and the rest of the state, children ages 14 and under had the lowest number of deaths by suicide, while adults ages 60 and older had the highest number of deaths by suicide.

FIGURE 3

Suicide Deaths by Age 2009-2018

MHAC NE Hub Compared to Remainder of Ohio

	Ohio	NE Hub	Total
14 & Under	140	34	174
15 - 19	577	166	743
20 - 29	1,919	552	2,471
30 - 39	1,918	533	2,451
40 - 49	2,233	655	2,888
50 - 59	2,373	779	3,152
60+	2,811	873	3,684
Total	11,971	3,592	15,563

14 & Under	1.17%	0.95%	1.12%
15 - 19	4.82%	4.62%	4.77%
20 - 29	16.03%	15.37%	15.88%
30 - 39	16.02%	14.84%	15.75%
40 - 49	18.65%	18.23%	18.56%
50 - 59	19.82%	21.69%	20.25%
60+	23.48%	24.30%	23.67%
Total	100%	100%	100%

Figure 4 shows the number and percentage of suicide deaths among specific racial groups in the MHAC's Northeast Hub in comparison to the rest of Ohio. White Ohioans both in the Northeast Hub and in the rest of Ohio accounted for the highest number of suicide deaths.

FIGURE 4

Suicide Deaths by Race 2009-2018

MHAC NE Hub Compared to Remainder of Ohio

	Ohio	NE Hub	Total
White	10,963	3,105	14,068
Black	699	344	1,043
Other	161	71	232
Hispanic	139	72	211
Total	11,962	3,592	15,554

White	91.65%	86.44%	90.45%
Black	5.84%	9.58%	6.71%
Other	1.35%	1.98%	1.49%
Hispanic	1.16%	2.00%	1.36%
Total	100%	100%	100%

Figure 5 shows both the total number of deaths from 2009-2018 and the crude rates¹³ of suicide deaths among Ohioans, grouped by marital status, in the MHAC's Northeast Hub in comparison to the rest of the state. Both in Northeast Ohio and throughout the rest of the state, the rates of deaths by suicide were highest among individuals who were separated or divorced: a rate of 25.27 for the MHAC's Northeast Hub, and 27.95 for the remainder of Ohio.

FIGURE 5

Suicide Deaths by Marital Status 2009-2018
MHAC NE Hub Compared to Remainder of Ohio

	Ohio		NE Hub	
	Suicides	Rate	Suicides	Rate
Sep/Divorced	3,539	28.16	781	25.43
Married	5,274	11.78	1,145	11.09
Never Married	5,473	18.49	1,399	18.13
Widowed	1,016	16.98	211	14.07
Total	15,302	16.47	3,536	15.63

Figure 6 shows both the total number of deaths from 2009-2018 and the crude rates of suicide deaths among Ohioans grouped by educational status in the MHAC's Northeast Hub in comparison to the rest of the state. In Northeast Ohio, the suicide death rate was highest among those with a high school diploma or GED, while suicide death rates throughout the remainder of Ohio were highest among those with no high school diploma or GED.

FIGURE 6

Suicide Deaths by Educational Status 2009-2018
MHAC NE Hub Compared to Remainder of Ohio

	Ohio		NE Hub	
	Suicides	Rate	Suicides	Rate
No HS Diploma	1,721	21.36	327	17.64
High School/GED	9,446	19.15	2,149	18.72
College Degree	2,122	9.88	616	10.61
Total	13,289	16.85	3,092	16.15

Figure 7 shows both the total number and percentage of suicide deaths among Ohioans grouped by mechanism in the MHAC's Northeast Hub in comparison to the rest of the state. Both in the Northeast Hub and in the rest of Ohio, firearms were the leading mechanism in deaths by suicide.

FIGURE 7

Suicide Deaths by Mechanism 2009-2018
MHAC NE Hub Compared to Remainder of Ohio

	Ohio	NE Hub	Total
Intentional Overdose	1,310	417	1,727
Other Toxin	454	131	585
Firearm	6,354	1,698	8,052
Other	3,838	1,348	5,186
Total	11,956	3,594	15,550

Intentional Overdose	10.96%	11.60%	11.11%
Other Toxin	3.80%	3.64%	3.76%
Firearm	53.14%	47.25%	51.78%
Other	32.10%	37.51%	33.35%
Total	100%	100%	100%

COUNTY COMPARISON DATA

The following figures depict comparisons of suicide data among the seven counties in the MHAC's Northeast Hub: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, and Summit.

Figure 8 compares the rate of deaths by suicide between the seven counties. Within the Northeast Hub, Summit County has the highest crude rate of suicide deaths.

FIGURE 8

Average Suicide Rate by County OHIO, 2009-2018, 10 YEAR AVERAGE

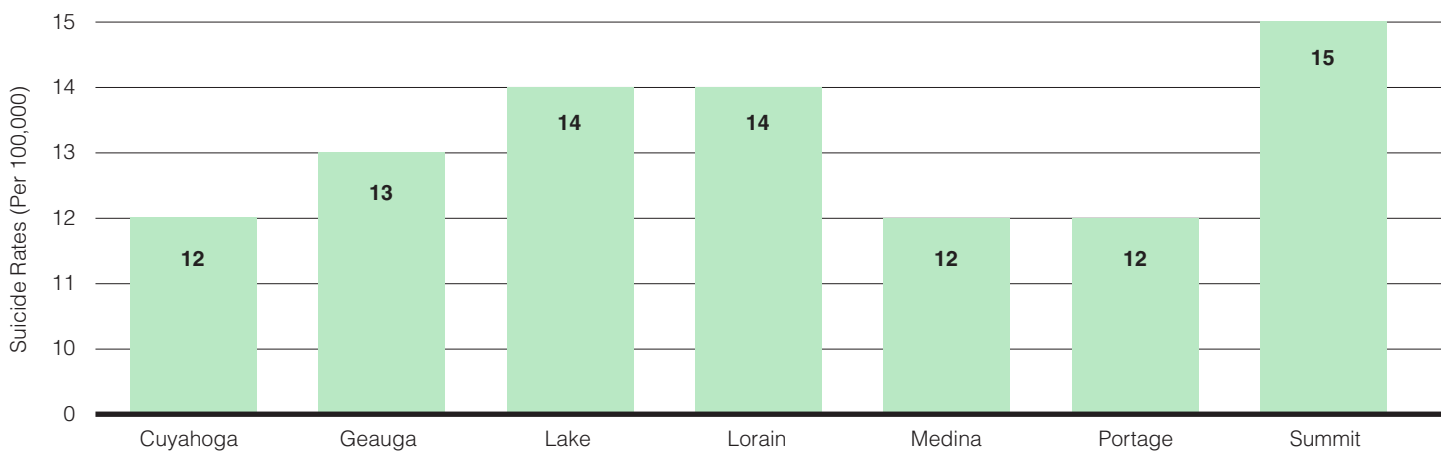


Figure 9 demonstrates both the number and percentage of deaths by suicide, categorized by gender, among the seven counties in the Northeast Hub. Every county had a higher number and percentage of deaths by suicide among males.

FIGURE 9

Suicide Deaths by Gender NE HUB COUNTIES, 2009-2018

	Cuyahoga	Gauga	Lake	Lorain	Medina	Portage	Summit	Total
Female	322	21	68	89	50	50	164	764
Male	1,181	101	263	345	164	151	623	2,828
Total	1,503	122	331	434	214	201	787	3,592

Female	21.42%	17.21%	20.54%	20.51%	23.36%	24.88%	20.84%	21.27%
Male	78.58%	82.79%	79.46%	79.49%	76.64%	75.12%	79.16%	78.73%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Figure 10 shows a breakdown of both number and percentage of deaths by suicide, categorized by age, among the seven counties in the Northeast Hub. The highest number of deaths by suicide occurred in the 50-59 age group or the 60+ age group in all of the Northeast Hub counties.

Throughout this report, numbers, percentages, and rates are suppressed when the number of deaths is fewer than ten. Due to the sensitive nature of this information, suppression protects the privacy of individuals and families impacted by suicide.

FIGURE 10

Suicide Deaths by Age NE HUB COUNTIES, 2009-2018

	Cuyahoga	Geauga	Lake	Lorain	Medina	Portage	Summit	Total
14 & Under	12	–	–	–	–	–	–	34
15 - 19	66	–	–	16	16	12	42	166
20 - 29	250	17	50	62	32	27	114	552
30 - 39	225	15	41	67	33	28	124	533
40 - 49	258	20	62	86	43	35	151	655
50 - 59	308	28	77	102	40	50	174	779
60+	384	35	93	93	46	47	175	873
Total	1,503	115	323	426	210	199	780	3,592
14 & Under	0.80%	–	–	–	–	–	–	0.95%
15 - 19	4.39%	–	–	3.76%	7.62%	6.03%	5.38%	4.62%
20 - 29	16.63%	14.78%	15.48%	14.55%	15.24%	13.57%	14.62%	15.37%
30 - 39	14.97%	13.04%	12.69%	15.73%	15.71%	14.07%	15.90%	14.84%
40 - 49	17.17%	17.39%	19.20%	20.19%	20.48%	17.59%	19.36%	18.23%
50 - 59	20.49%	24.35%	23.84%	23.94%	19.05%	25.13%	22.31%	21.69%
60+	25.55%	30.43%	28.79%	21.83%	21.90%	23.62%	22.44%	24.30%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Figure 11 demonstrates both the number and percentage of deaths by suicide, categorized by race, among the seven counties in the Northeast Hub. The percentage of deaths by suicide were significantly and consistently highest among white individuals in all of the Northeast Hub counties.

FIGURE 11

Suicide Deaths by Race NE HUB COUNTIES, 2009-2018

	Cuyahoga	Geauga	Lake	Lorain	Medina	Portage	Summit	Total
White	1,177	120	316	378	211	194	709	3,105
Black	254	–	–	32	–	–	48	344
Other	28	–	–	–	–	–	25	71
Hispanic	46	–	–	21	–	–	–	72
Total	1,505	120	316	431	211	194	782	3,592

White	78.21%	100.00%	100.00%	87.70%	100.00%	100.00%	90.66%	86.44%
Black	16.88%	–	–	7.42%	–	–	6.14%	9.58%
Other	1.86%	–	–	–	–	–	3.20%	1.98%
Hispanic	3.06%	–	–	4.87%	–	–	–	2.00%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Figure 12 shows the rate of deaths by suicide, categorized by marital status, among the seven counties in the Northeast Hub. Separated and divorced Ohioans accounted for the highest rate of deaths by suicide in all of the Northeast Hub counties.

FIGURE 12

Suicide Deaths by Marital Status (15 and older) NE HUB COUNTIES, 2009-2018

	Cuyahoga	Geauga	Lake	Lorain	Medina	Portage	Summit	Total
Separated/Divorced	21.03	35.62	29.51	31.30	33.14	22.50	29.29	25.43
Married	9.66	11.73	12.10	12.38	10.02	13.10	12.41	11.09
Never Married	16.46	21.32	22.93	21.10	19.41	12.84	20.52	18.13
Widowed	12.89	–	12.83	10.94	16.24	22.45	17.06	14.07
Total	14.13	16.36	17.41	17.53	15.38	14.69	17.63	15.63

Figure 13 displays the rate of deaths by suicide, categorized by educational status, among the seven counties in the Northeast Hub. The rate of deaths by suicide were highest among individuals with a high school diploma or GED in all of the Northeast Hub counties, with the exceptions of Lorain and Medina Counties, where the rates were highest among those with no high school diploma.

FIGURE 13

Suicide Deaths by Educational Status (25 and older) NE HUB COUNTIES, 2009-2018

	Cuyahoga	Geauga	Lake	Lorain	Medina	Portage	Summit	Total
No HS Diploma	13.70	–	16.11	27.40	21.94	17.80	23.67	17.64
High School/GED	17.33	20.98	21.82	19.52	17.10	18.52	20.12	18.72
College Degree	10.50	11.57	10.75	10.28	7.68	11.22	11.59	10.61
Total	14.79	16.31	18.35	18.15	14.37	16.46	17.73	16.15

Figure 14 demonstrates both the number and percentages of deaths by suicide, categorized by mechanism among the seven counties in the Northeast Hub. The percentage of suicide deaths by firearm was consistently highest in all of the Northeast Hub counties.

FIGURE 14

Suicide Deaths by Mechanism NE HUB COUNTIES, 2009-2018

	Cuyahoga	Geauga	Lake	Lorain	Medina	Portage	Summit	Total
Intentional Overdose	184	–	33	65	19	23	85	409
Other Toxin	48	–	20	10	–	–	29	107
Firearm	698	62	166	200	105	101	366	1,698
Other	570	43	114	161	81	71	308	1,348
Total	1,500	122	333	436	214	201	788	3,594

Intentional Overdose	12.27%	–	9.91%	14.91%	8.88%	11.44%	10.79%	11.38%
Other Toxin	3.20%	–	6.01%	2.29%	–	–	3.68%	2.98%
Firearm	46.53%	50.82%	49.85%	45.87%	49.07%	50.25%	46.45%	47.25%
Other	38.00%	35.25%	34.23%	36.93%	37.85%	35.32%	39.09%	37.51%
Total	100%	100%	100%	100%	100%	100%	100%	100%

2

County Overviews and Data

The following section includes county-specific overviews of each county within the MHAC's Northeast Hub: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, and Summit. These overviews contain details on county government, funding for local mental health and addiction services, crisis response and suicide prevention coalition details, and more. Each county overview also contains data on suicide deaths at the township level across the county.

Information in this section specific to funding, services, and other suicide-related resources and activities was collected through two separate surveys, one to the ADAMHS Boards and one to the Suicide Prevention Coalitions in these counties, and is cited as such. As previously noted, ADAMHS Boards do not provide treatment or care services; however, they distribute federal, state, and local (if available) funding to providers in their respective communities^{14 15 16}

CUYAHOGA

Overview

Cuyahoga County is the second most populous county in Ohio, following Franklin County, with an estimated population of 1,243,857, according to 2018 United States Census estimates.¹⁷ Geauga, Lake, Lorain, Medina, Portage, and Summit Counties border Cuyahoga County to the East, West, and South, and Lake Erie borders it to the North. This county falls into the previously referenced category of "metropolitan," and is home to two of the state's ten most populous cities: Cleveland and Parma. Cleveland has an estimated population of 383,793, ranking second in size in the state, and Parma has a population of 78,751, ranking seventh in size in the state.

County Government and Public Funding

The City of Cleveland acts as the county seat for Cuyahoga County. In 2009, voters in Cuyahoga County approved the adoption of a new county charter, replacing

the traditional three-commissioner form of county government present in most Ohio counties with an elected County Executive and an 11-member County Council. Each member of County Council represents a specific geographic district within the county, rather than having any "at-large" council members.¹⁸ Summit County is the only other county in Ohio to operate under the County Executive/County Council form of government.¹⁹

The ADAMHS Board of Cuyahoga County receives local funding through annual allocations from the county Health & Human Services (HHS) Fund. The HHS fund collects tax revenue through two eight-year levies, noted in Figure 15.

Hospital System(s)

Greater Cleveland is home to over 700 biomedical companies and several nationally ranked medical research and educational institutions, employing more than 120,000

healthcare professionals.²⁰ Major hospital systems in Cuyahoga County include the Cleveland Clinic, the MetroHealth System, St. Vincent Charity Medical Center, and University Hospitals (including Southwest General Hospital).

FIGURE 15: Cuyahoga

County Background	
County Seat	Cleveland
Rural/Suburban/Metropolitan/Appalachian	Metropolitan
County Population Count	1,243,857 ²¹
ADAMHS Board Funding and Services	
Number of ADAMHS Board-Funded Agencies	65
Has a Local Levy for Mental Health and/or Addiction Services	Yes
Annual Dollar Amount of Board-Funded Services	\$68 million
Annual Dollar Amount for Suicide-related Crisis Services	\$7.3 million
Source of Funding for Suicide-related Crisis Services	Local
Annual Dollar Amount for Suicide Prevention	This spending is part of crisis service spending and cannot be separated.
Source of Funding for Suicide Prevention Services	Local
Suicide Prevention/Reduction explicitly stated priority in Board Strategic Plan or other County-Wide Health Plan	Yes, in Community Plan, Strategic Plan, and Advocacy Action Agenda
ADAMHS Board educates local media outlets on responsible reporting on suicide	Yes
Suicide Prevention Coalition	
Has a local Suicide Prevention Coalition	Yes
Paid Coalition Chair	Staff person from the ADAMHS Board of Cuyahoga County; part time Chair
Annual Budget and Funding Source	\$0; printed material and other resources provided in-kind from ADAMHS Board and donations gathered for specific suicide prevention projects

County ADAMHS Board

The ADAMHS Board of Cuyahoga County supports residents in crisis by contracting with local agencies that provide a county-wide crisis hotline and text line, along with in-person crisis counseling, support services for families, a mobile response team, St. Vincent Charity Medical Center's Psychiatric Emergency Department, FrontLine Service's Strickland Crisis Stabilization Unit, and crisis beds for children. In addition to specific Board-funded activities, a wide range of providers, including community behavioral health agencies, schools, and hospitals, participate in the local suicide prevention coalition.

The ADAMHS Board of Cuyahoga County values the collaborative nature of its community partners, along with the strength of the county's prevention and early intervention programming for children, the availability of multiple crisis services, and a strong Suicide Prevention Task Force/Suicide Prevention Campaign. However, the county lacks funding, staffing, and education for suicide-related crisis services, resulting in long wait times for in-person assessments. Additionally, suicide prevention education needs to broaden its focus to include all populations, specifically improving its focus on adult males. When asked how the Board would use additional crisis funding received from the state operating budget towards suicide-related services, the Board noted it could support increased staffing at FrontLine Service to decrease wait times and improve the mobility of mobile crisis team.

Suicide Prevention Coalition

The ADAMHS Board of Cuyahoga County oversees the Cuyahoga County Suicide Prevention Coalition, which works to organize suicide prevention efforts specific to Cuyahoga County. This coalition includes representatives from a variety of populations and sectors, including youth, parents, businesses, schools and colleges/universities, other youth-serving organizations, religious or fraternal organizations, civic or volunteer groups, healthcare professionals, government agencies, and other organizations involved in reducing suicide.

Currently, the suicide prevention coalition hosts meetings of its members to develop goals and take actionable steps towards reaching them. Their meetings and activities seek to engage with and support loss survivors, individuals in

justice and child welfare settings, suicide attempt survivors, individuals with mental illness and/or substance use disorders, lesbian, gay, bisexual, and transgender (LGBT) populations, members of the armed forces and veterans, middle aged men, elderly men, youth K-12 and 18-24, first responders, and gun owners. Other activities include hosting speakers, providing trainings for coalition members, schools, and community members, promoting the county crisis line, postvention efforts such as LOSS Team, and collaboration

with other prevention training programs such as AMSR, Kognito, QPR, MHFA, etc.).

The ADAMHS Board of Cuyahoga County also hosts an early childhood group, a trauma collaborative, and a problem gambling coalition and co-chairs the Cuyahoga County Opiate Task Force and the US Attorney's Heroin/Opioid Task Force, but these operate independently from the suicide prevention coalition.

FIGURE 16

Cuyahoga County - Average Annual Suicide Rate by Township/Municipality²²

OHIO, 2009-2018

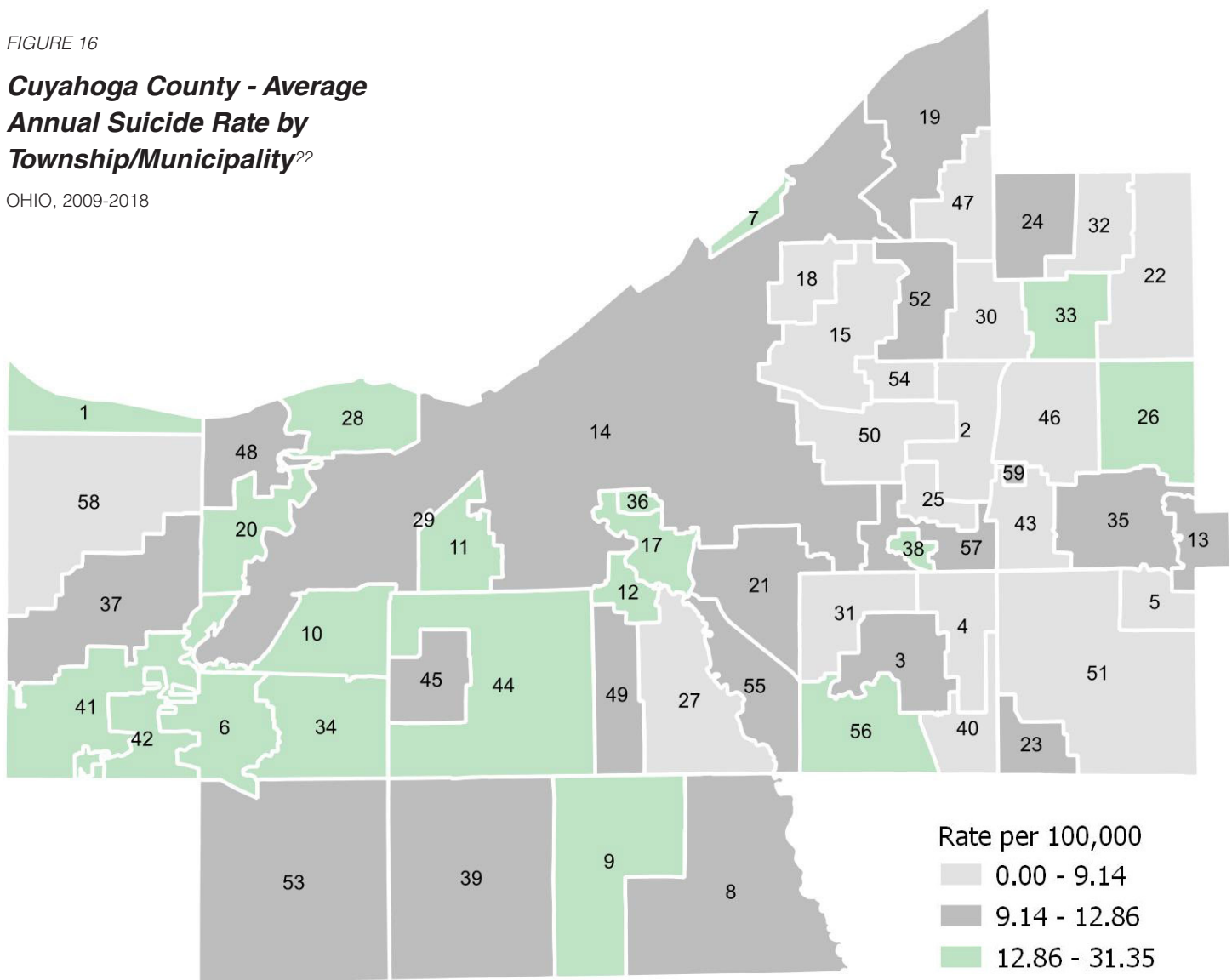


FIGURE 17

Cuyahoga County - Suicide Count and Average Annual Rate 2009-2018 (RATE PER 100,000 POPULATION)

	Name	Pop	Count	Rate		Name	Pop	Count	Rate
1	Bay Village city	15,651	22	14.06	31	Maple Heights city	23,138	17	7.35
2	Beachwood city	11,953	10	8.37	32	Mayfield village	3,460	–	–
3	Bedford city	13,074	16	12.24	33	Mayfield Heights city	19,155	25	13.05
4	Bedford Heights city	10,751	–	–	34	Middleburg Heights city	15,946	24	15.05
5	Bentleyville village	864	–	–	35	Moreland Hills village	3,320	–	–
6	Berea city	19,093	31	16.24	36	Newburgh Heights village	2,167	–	–
7	Bratenahl village	1,197	–	–	37	North Olmsted city	32,718	37	11.31
8	Brecksville city	13,656	16	11.72	38	North Randall village	1,027	–	–
9	Broadview Heights city	19,400	29	14.95	39	North Royalton city	30,444	39	12.81
10	Brook Park city	19,212	28	14.57	40	Oakwood village	3,667	–	–
11	Brooklyn city	11,169	20	17.91	41	Olmsted township	13,513	20	14.80
12	Brooklyn Heights village	1,543	–	–	42	Olmsted Falls city	9,024	18	19.95
13	Chagrin Falls township	4,233	–	–	43	Orange village	3,323	–	–
14	Cleveland city	396,815	437	11.01	44	Parma city	81,601	105	12.87
15	Cleveland Heights city	46,121	39	8.46	45	Parma Heights city	20,718	25	12.07
16	County subdivisions not defined*	–	–	–	46	Pepper Pike city	5,979	–	–
17	Cuyahoga Heights village	638	–	–	47	Richmond Heights city	10,546	–	–
18	East Cleveland city	17,843	11	6.16	48	Rocky River city	20,213	26	12.86
19	Euclid city	48,920	53	10.83	49	Seven Hills city	11,804	12	10.17
20	Fairview Park city	16,826	24	14.26	50	Shaker Heights city	28,448	26	9.14
21	Garfield Heights city	28,849	27	9.36	51	Solon city	23,348	13	5.57
22	Gates Mills village	2,270	–	–	52	South Euclid city	22,295	25	11.21
23	Glenwillow village	923	–	–	53	Strongsville city	44,750	44	9.83
24	Highland Heights city	8,345	10	11.98	54	University Heights city	13,539	12	8.86
25	Highland Hills village	1,130	–	–	55	Valley View village	2,034	–	–
26	Hunting Valley village	589	–	–	56	Walton Hills village	2,281	–	–
27	Independence city	7,133	–	–	57	Warrensville Heights city	13,542	13	9.60
28	Lakewood city	52,131	88	16.88	58	Westlake city	32,729	29	8.86
29	Linndale village	179	–	–	59	Woodmere village	884	–	–
30	Lyndhurst city	14,001	–	–					

* In Figure 17, #16 denotes a small geographic area in Cuyahoga County that is not included in townships or other political subdivisions. This area is labeled by the census bureau as "County Subdivisions Not Defined." No suicides were recorded in this area over the ten-year study period.

GEAUGA

Overview

Geauga County is home to an estimated population of 94,031, according to 2018 United States Census estimates.²³ Cuyahoga, Lake, Portage, Summit and Trumbull Counties border Geauga County to the North, South, East, and West.²⁴ This county falls into the previously referenced category of “suburban,” and covers 404 square miles.²⁵

County Government and Public Funding

The City of Chardon acts as the county seat for Geauga County. Since 1806, the county has operated under a statutory form of government, led by three elected County Commissioners.²⁶

The Geauga County Board of Mental Health & Recovery Services (MHRS) receives local funding annually through two dedicated behavioral health levies, noted in Figure 18.

Hospital System(s)

The sole major full-service hospital in Geauga County is University Hospital Geauga Medical Center in Chardon. This hospital has been in existence since 1925, and joined the UH system in 1995.²⁷

County ADAMHS Board

The Geauga County Board of Mental Health & Recovery Services (GCBMHRS) supports residents in crisis through a crisis hotline and text line, along with in-person crisis counseling and support services for families. Ravenwood Health provides county-contracted crisis intervention services, and the National Alliance on Mental Illness (NAMI) Geauga receives state funding to provide suicide prevention services.

GCBMHRS values the excellent working relationships among the county’s service providers, and the high number of Crisis Intervention-trained first responders in the County. However, Geauga County lacks a mobile crisis team that can be available 24/7. When asked how the Board would use additional crisis funding received from the state operating budget towards suicide-related

services, the Board noted it could enhance the county’s mobile crisis response capability or provide additional peer support to the county’s crisis bed facility.

FIGURE 18: Geauga

County Background	
County Seat	Chardon
Rural/Suburban/Metropolitan/Appalachian	Suburban
County Population Count	94,031 (based on 2018 census estimates) ²⁸
ADAMHS Board Funding and Services	
Number of ADAMHS Board-Funded Agencies	11
Has a Local Levy for Mental Health and/or Addiction Services	Yes
Annual Dollar Amount of Board-Funded Services	\$3.8 million
Annual Dollar Amount for Suicide-related Crisis Services	\$192,000
Source of Funding for Suicide-related Crisis Services	Local & State
Annual Dollar Amount for Suicide Prevention	\$22,025
Source of Funding for Suicide Prevention Services	Local & State
Suicide Prevention/Reduction explicitly stated priority in Board Strategic Plan or other County-Wide Health Plan	No
ADAMHS Board educates local media outlets on responsible reporting on suicide	Yes
Suicide Prevention Coalition	
Has a local Suicide Prevention Coalition	Yes
Paid Coalition Chair	No
Annual Budget and Funding Source	Not applicable

Suicide Prevention Coalition

Representatives from Ravenwood Health in Chardon chair the Geauga County Suicide Prevention Coalition, which works to organize suicide prevention efforts specific to Geauga County. This coalition includes representatives from a variety of populations and sectors, including schools, youth-serving organizations, law enforcement, healthcare professionals, and government agencies.

The suicide prevention coalition's activities specifically focus on preventing suicide among middle age men, elderly men, and youth ages 18 – 24. These activities include planning a walk/run, hosting speakers, providing trainings for coalition members, schools, and community members, promoting the county crisis line, postvention efforts such as LOSS Team, and collaboration with other prevention training programs such as AMSR, Kognito, QPR, and MHFA.

FIGURE 19

Gauga County - Average Annual Suicide Rate by Township/Municipality

OHIO, 2009-2018

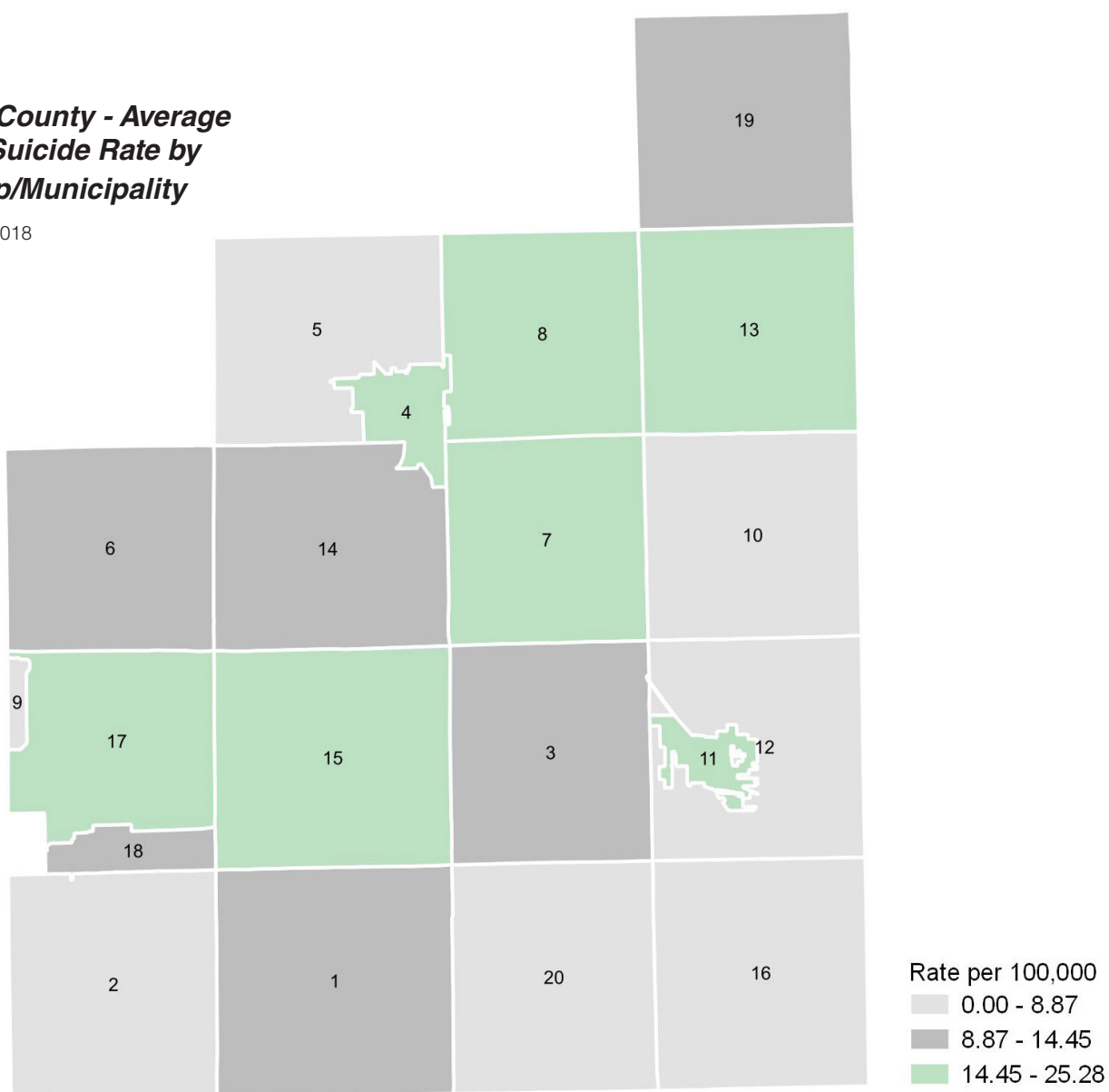


FIGURE 20

Geauga County - Suicide Count and Average Annual Rate 2009-2018 (RATE PER 100,000 POPULATION)

	Name	Pop	Count	Rate		Name	Pop	Count	Rate
1	Auburn township	6,443	–	–	11	Middlefield village	2,694	–	–
2	Bainbridge township	11,395	10	8.78	12	Middlefield township	4,493	–	–
3	Burton township	4,412	–	–	13	Montville township	1,991	–	–
4	Chardon city	5,148	–	–	14	Munson township	6,621	–	–
5	Chardon township	4,585	–	–	15	Newbury township	5,537	14	25.28
6	Chester township	10,255	14	13.65	16	Parkman township	4,131	–	–
7	Claridon township	3,200	–	–	17	Russell township	5,190	–	–
8	Hambden township	4,661	–	–	18	South Russell village	3,810	–	–
9	Hunting Valley village	116	–	–	19	Thompson township	2,269	–	–
10	Huntsburg township	3,637	–	–	20	Troy township	2,801	–	–

LAKE

Overview

Lake County is home to an estimated population of 230,514, according to 2018 United States Census estimates.²⁹ Cuyahoga, Geauga, and Ashtabula Counties border Lake County to the East, South, and West, and Lake Erie borders it to the North.³⁰ This county falls into the previously referenced category of “suburban,” and covers 228.2 square miles.³¹

County Government and Public Funding

The City of Painesville acts as the county seat for Lake County. Formally established in 1840, the county operates under a statutory form of government, led by three elected County Commissioners.³²

The Lake County Alcohol, Drug Addiction, and Mental Health Services Board (ADAMHS) receives local funding annually through two dedicated behavioral health levies, noted in Figure 21.

Hospital System(s)

Major hospital systems in Lake County include the Cleveland Clinic, Lake Health, TriPoint Medical Center, and University Hospitals. These hospitals are all located within seven miles of one another, resulting in a variety of accessible options for those in need of medical care.³³

County ADAMHS Board

The Lake County ADAMHS Board supports residents in crisis through a crisis hotline and text line, along with in-person crisis counseling, support services for families, a mobile response team, and an emergency department-based crisis team. The Lake County ADAMHS Board contracts with Crossroads Health to provide school-based suicide prevention, and the Lake County Suicide Prevention Coalition operates out of the Lake County ADAMHS Board.

The Lake County ADAMHS Board values the county’s strong partnerships with law enforcement and non-profits, its 24/7 hotline staffed with clinical experts, its dedication to research-based community education, including Mental

FIGURE 21: Lake

County Background	
County Seat	Painesville
Rural/Suburban/Metropolitan/Appalachian	Suburban
County Population Count	230,514 (based on 2018 census estimates) ³⁴
ADAMHS Board Funding and Services	
Number of ADAMHS Board-Funded Agencies	14
Has a Local Levy for Mental Health and/or Addiction Services	Yes
Annual Dollar Amount of Board-Funded Services	\$13 million
Annual Dollar Amount for Suicide-related Crisis Services	\$1.3 million
Source of Funding for Suicide-related Crisis Services	Local & State
Annual Dollar Amount for Suicide Prevention	\$40,000
Source of Funding for Suicide Prevention Services	Local & State
Suicide Prevention/Reduction explicitly stated priority in Board Strategic Plan or other County-Wide Health Plan	Yes, In the Strategic Plan, Community Plan, and in CHIP*
ADAMHS Board educates local media outlets on responsible reporting on suicide	Yes
Suicide Prevention Coalition	
Has a local Suicide Prevention Coalition	Yes
Paid Coalition Chair	Yes
Annual Budget and Funding Source	No formal budget; Lake County ADAMHS Board funds projects/marketing materials when needed.

*County’s Community Health Improvement Plan

Health First Aid, ASIST and QPR, and is committed to professional development of network agency staff. When asked how the Board would use additional crisis funding

received from the state operating budget towards suicide-related services, the Board noted it could allow the county to open a 72-hour crisis unit.

Suicide Prevention Coalition

The Lake County ADAMHS Board oversees the operation of the Lake County Suicide Prevention Coalition, which began in 2004. This coalition works to organize suicide prevention efforts specific to Lake County. This coalition includes representatives from a variety of populations and sectors, including parents, schools, youth-serving organizations, ADAMHS network agencies, law enforcement and other first responders, religious or fraternal organizations, healthcare professionals, government agencies, and survivors of suicide loss.

The suicide prevention coalition's activities specifically focus on several populations: loss survivors, individuals with mental illness and/or substance use disorders, members of the Armed Forces and veterans, middle age men, elderly men, youth ages K-12, youth ages 18 – 24, first responders, and gun owners. These activities include a Survivors of Suicide Loss support group, community trainings on depression and suicide risk, awareness events for National Suicide Prevention Day each September, a school-based education program called Give a Hand, Take a Hand, school resource fairs, collaborations with OSPF, the Kognito program, and memorials for those who have died by suicide.

FIGURE 22

Lake County - Average Annual Suicide Rate by Township/Municipality

OHIO, 2009-2018

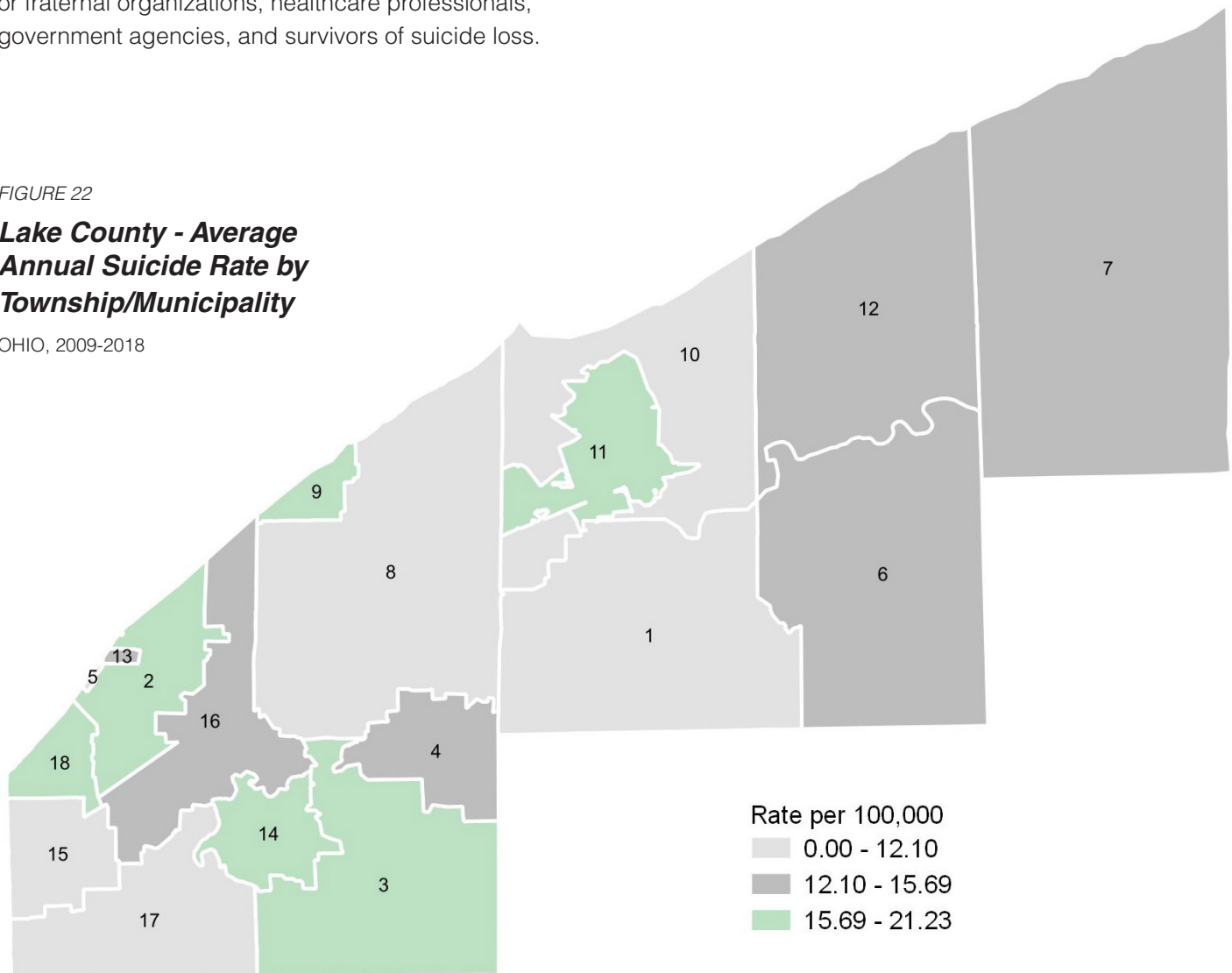


FIGURE 23

Lake County - Suicide Count and Average Annual Rate 2009-2018 (RATE PER 100,000 POPULATION)

	Name	Pop	Count	Rate		Name	Pop	Count	Rate
1	Concord township	18,201	20	10.99	10	Painesville township	20,399	22	10.78
2	Eastlake city	18,577	39	20.99	11	Painesville city	19,563	34	17.38
3	Kirtland city	6,866	12	17.48	12	Perry township	8,999	11	12.22
4	Kirtland Hills village	646	–	–	13	Timberlake village	675	–	–
5	Lakeline village	226	–	–	14	Waite Hill village	471	–	–
6	Leroy township	3,253	–	–	15	Wickliffe city	12,750	13	10.20
7	Madison township	18,889	26	13.76	16	Willoughby city	22,268	32	14.37
8	Mentor city	47,159	56	11.87	17	Willoughby Hills city	9,485	10	10.54
9	Mentor-on-the-Lake city	7,443	12	16.12	18	Willowick city	14,171	24	16.94

LORAIN

Overview

Lorain County is home to an estimated population of 309,461, according to 2018 United States Census estimates.³⁵ Ashland, Cuyahoga, Erie, Huron, and Medina Counties border Lorain County to the East, South, and West, and Lake Erie borders it to the North.³⁶ This county falls into the previously referenced category of “metropolitan,” and covers 492.6 square miles.³⁷

County Government and Public Funding

The City of Elyria acts as the county seat for Lorain County. Formally established in 1822, the county operates under a statutory form of government, led by three elected County Commissioners.³⁸

In 2019, Lorain County became the last county in Ohio to merge its Alcohol and Drug Addiction Services Board with its Board of Mental Health. The merged body, known as the Mental Health, Addiction and Recovery Services (MHARS) Board of Lorain County, was formally established in July 2019. Previously, the Lorain County Board of Mental Health received local funding annually through two dedicated mental health levies, noted in Figure 24, while the Alcohol and Drug Addiction Services Board received no local levy funding. The ways in which local funds will be collected and allocated for the newly formed MHARS Board of Lorain County are yet to be determined.

Hospital System(s)

Major hospital systems in Lorain County include Mercy Health, University Hospitals, Cleveland Clinic, and the MetroHealth System.³⁹

County ADAMHS Board

The Mental Health, Addiction and Recovery Services Board of Lorain County (MHARS) supports residents in crisis through a crisis hotline and text line, along with in-person crisis counseling, support services for families, a mobile response team, Crisis Intervention Team (CIT)^{41 42} for law enforcement/first responders, Applied Suicide Intervention Skill Training (ASIST),^{43 44} a warmline, and

FIGURE 24: Lorain

County Background	
County Seat	Elyria
Rural/Suburban/Metropolitan/Appalachian	Metropolitan
County Population Count	309,461 (based on 2018 census estimates) ³⁴
ADAMHS Board Funding and Services	
Number of ADAMHS Board-Funded Agencies	20
Has a Local Levy for Mental Health and/or Addiction Services	Yes ⁴⁰
Annual Dollar Amount of Board-Funded Services	\$16 million
Annual Dollar Amount for Suicide-related Crisis Services	\$2.8 million
Source of Funding for Suicide-related Crisis Services	Local
Annual Dollar Amount for Suicide Prevention	\$1.2 million
Source of Funding for Suicide Prevention Services	Local
Suicide Prevention/Reduction explicitly stated priority in Board Strategic Plan or other County-Wide Health Plan	Yes, In CHIP and Mental Health Network Plan
ADAMHS Board educates local media outlets on responsible reporting on suicide	Yes
Suicide Prevention Coalition	
Has a local Suicide Prevention Coalition	Yes
Paid Coalition Chair	No
Annual Budget and Funding Source	Not applicable

a navigator line. MHARS of Lorain County contracts with the Nord Center to provide the county's crisis hotline and mobile crisis unit. Applewood provides the Crisis Liaison and connection services for young people. Additionally, the local chapter of American Foundation for Suicide

Prevention provides advocacy and awareness work.

While the MHARS Board values the exceptional collaboration among the county's various partners, the county lacks 24/7 community based mobile crisis services and a 72-hour crisis unit. When asked how the Board would use additional crisis funding received from the state operating budget towards suicide-related services, the Board noted it could allow the county to open a 72-hour crisis unit.

Suicide Prevention Coalition

The MHARS Board oversees the Lorain County Suicide Prevention Coalition, which works to organize suicide prevention efforts specific to Lorain County. This coalition includes representatives from a variety of populations and sectors, including schools, youth-serving organizations,

healthcare professionals, government agencies, and other organizations involved in reducing suicide.

The suicide prevention coalition's activities focus on several specific populations, including survivors of suicide loss, individuals in justice and child welfare settings, individuals with mental illness and/or substance use disorders, middle age men, elderly men, youth K-12, youth 18-24, and first responders. These activities include hosting speakers, providing trainings for coalition members, schools, and community members, promoting the county crisis line, postvention efforts such as LOSS Team, providing LOSS trainings, and collaboration with other prevention training programs such as AMSR, Kognito, QPR, and MHFA.

FIGURE 25

Lorain County - Average Annual Suicide Rate by Township/Municipality

OHIO, 2009-2018

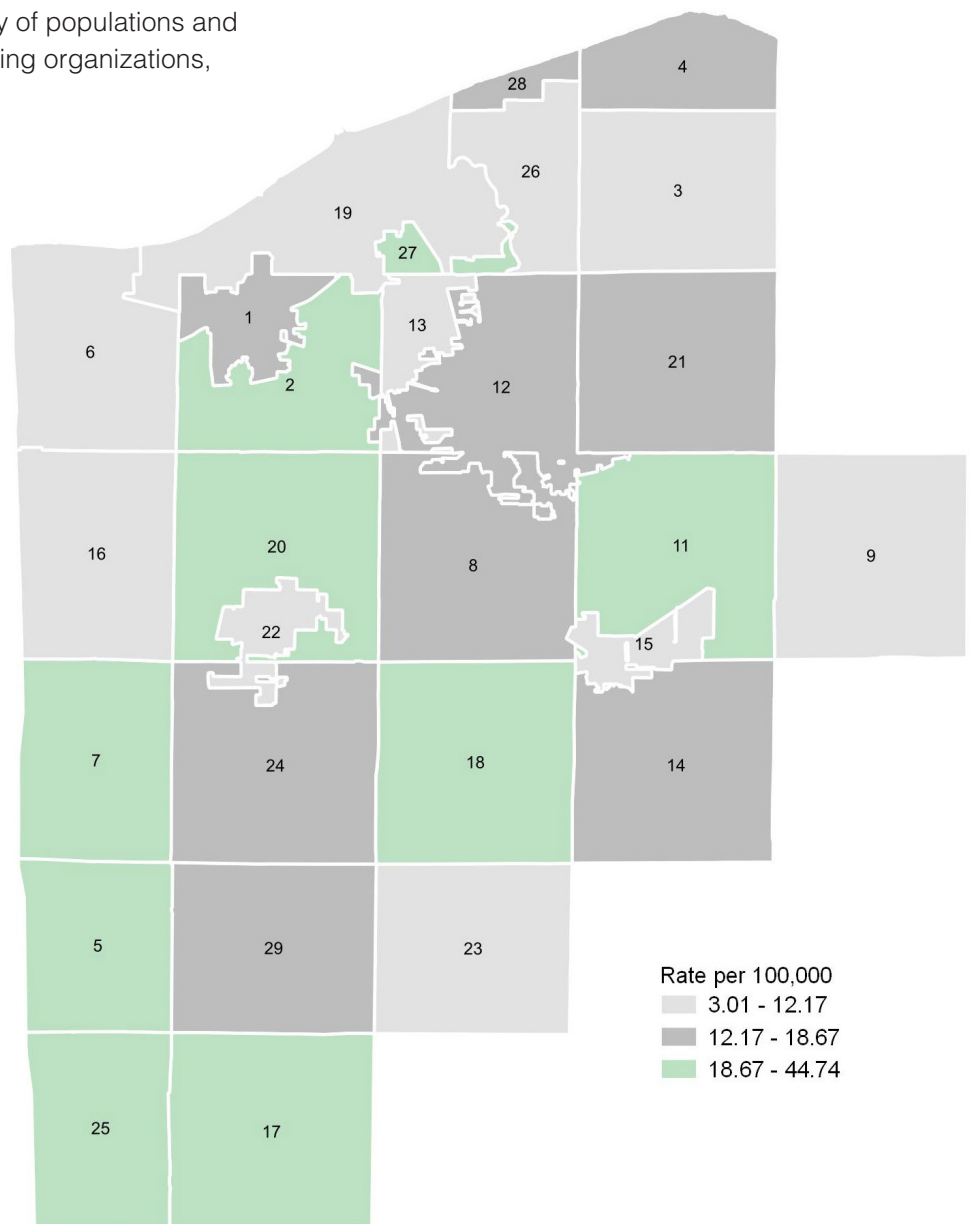


FIGURE 26

Lorain County - Suicide Count and Average Annual Rate 2009-2018 (RATE PER 100,000 POPULATION)

	Name	Pop	Count	Rate		Name	Pop	Count	Rate
1	Amherst city	12,021	21	17.47	16	Henrietta township	1,861	–	–
2	Amherst township	6,844	13	18.99	17	Huntington township	1,341	–	–
3	Avon city	21,193	19	8.97	18	LaGrange township	6,164	14	22.71
4	Avon Lake city	22,581	30	13.29	19	Lorain city	64,097	78	12.17
5	Brighton township	915	–	–	20	New Russia township	2,515	–	–
6	Brownhelm township	7,618	–	–	21	North Ridgeville city	29,465	38	12.90
7	Camden township	1,667	–	–	22	Oberlin city	8,286	–	–
8	Carlisle township	7,500	14	18.67	23	Penfield township	1,789	–	–
9	Columbia township	7,040	–	–	24	Pittsfield township	1,581	–	–
10	County subdivisions not defined*	–	–	–	25	Rochester township	799	–	–
11	Eaton township	5,750	17	29.57	26	Sheffield village	3,982	–	–
12	Elyria city	54,533	76	13.94	27	Sheffield township	3,720	10	26.88
13	Elyria township	3,266	–	–	28	Sheffield Lake city	9,137	15	16.42
14	Grafton township	2,833	–	–	29	Wellington township	6,222	11	17.68
15	Grafton village	6,636	–	–					

* In Figure 26, #10 denotes a small geographic area in Lorain County that is not included in townships or other political subdivisions. This area is labeled by the census bureau as "County Subdivisions Not Defined." No suicides were recorded in this area over the ten-year study period.

MEDINA

Overview

Medina County is home to an estimated population of 179,146, according to 2018 United States Census estimates.⁴⁵ Ashland, Cuyahoga, Lorain, Summit, and Wayne Counties border Medina County to the North, South, East, and West.⁴⁶ This county falls into the previously referenced category of “suburban” and covers 421.6 square miles.⁴⁷

County Government and Public Funding

The City of Medina acts as the county seat for Medina County. Formally established in 1812, the county operates under a statutory form of government, led by three elected County Commissioners.⁴⁸

At the local level, the Medina County Alcohol, Drug Addiction and Mental Health (ADAMH) Board contracts with behavioral health providers to offer mental health and addiction services to the county’s residents. In November 2019, voters in Medina County approved a new Human Services Levy to provide shared funding to the Medina County ADAMH Board, the Medina County Office of Older Adults, and the Medina County Department of Job and Family Services.

Hospital System(s)

Major hospital systems in Medina County include Cleveland Clinic, Summa Health, and University Hospitals.

County ADAMHS Board

The Medina County Alcohol, Drug Addiction and Mental Health Board (Medina ADAMH Board) supports residents in crisis through a crisis hotline and text line, along with in-person crisis counseling and support services for families. Medina ADAMH Board contracts with Alternative Paths to provide crisis services throughout the county.

Self-identified strengths in Medina County’s community crisis support system include strong collaborations, expanding and evolving suicide prevention services in schools, Hope Squad⁵⁰, Caring Contacts⁵¹, crisis service access in the jail and detention center, expansion of the

FIGURE 27: Medina

County Background	
County Seat	Medina
Rural/Suburban/Metropolitan/Appalachian	Suburban
County Population Count	179,146 (based on 2018 census estimates) ⁴⁹
ADAMHS Board Funding and Services	
Number of ADAMHS Board-Funded Agencies	3
Has a Local Levy for Mental Health and/or Addiction Services	Yes
Annual Dollar Amount of Board-Funded Services	\$3,890,000
Annual Dollar Amount for Suicide-related Crisis Services	\$138,936
Source of Funding for Suicide-related Crisis Services	State & Federal
Annual Dollar Amount for Suicide Prevention	\$2,500
Source of Funding for Suicide Prevention Services	State & Federal
Suicide Prevention/Reduction explicitly stated priority in Board Strategic Plan or other County-Wide Health Plan	Yes, in the Community Plan and Living Well Medina County
ADAMHS Board educates local media outlets on responsible reporting on suicide	Not stated
Suicide Prevention Coalition	
Has a local Suicide Prevention Coalition	Yes
Paid Coalition Chair	No
Annual Budget and Funding Source	Not applicable

county’s hotline to include a non-crisis helpline, prevention specialists, and embedded crisis workers at local hospitals providing 24/7 crisis coverage.^{52 53} However, no organizations in the county currently operate a mobile

crisis unit, and county residents do not have access to crisis stabilization or inpatient crisis services. When asked how the Board would use additional crisis funding received from the state operating budget towards suicide-related services, the Board noted it could allow the county to establish a mobile crisis and trauma team, a loss team, and add a peer support specialist to the crisis team.

Suicide Prevention Coalition

The Medina County ADAMH Board oversees the Medina County Coalition for Suicide Prevention, which works to organize suicide prevention efforts specific to Medina County. This coalition includes representatives from a variety of populations and sectors, including schools, youth-serving organizations, healthcare professionals,

government agencies, and other organizations involved in reducing suicide.

The suicide prevention coalition's activities focus on several specific populations, including survivors of suicide loss, individuals in justice and child welfare settings, individuals with mental illness and/or substance use disorders, middle age men, elderly men, youth K-12, youth 18-24, and first responders. These activities include hosting speakers, providing trainings for coalition members, schools, and community members, promoting the county crisis line, postvention efforts such as LOSS Team, providing LOSS trainings, and collaboration with other prevention training programs such as AMSR, Kognito, QPR, and MHFA.

FIGURE 28

Medina County - Average Annual Suicide Rate by Township/Municipality

OHIO, 2009-2018

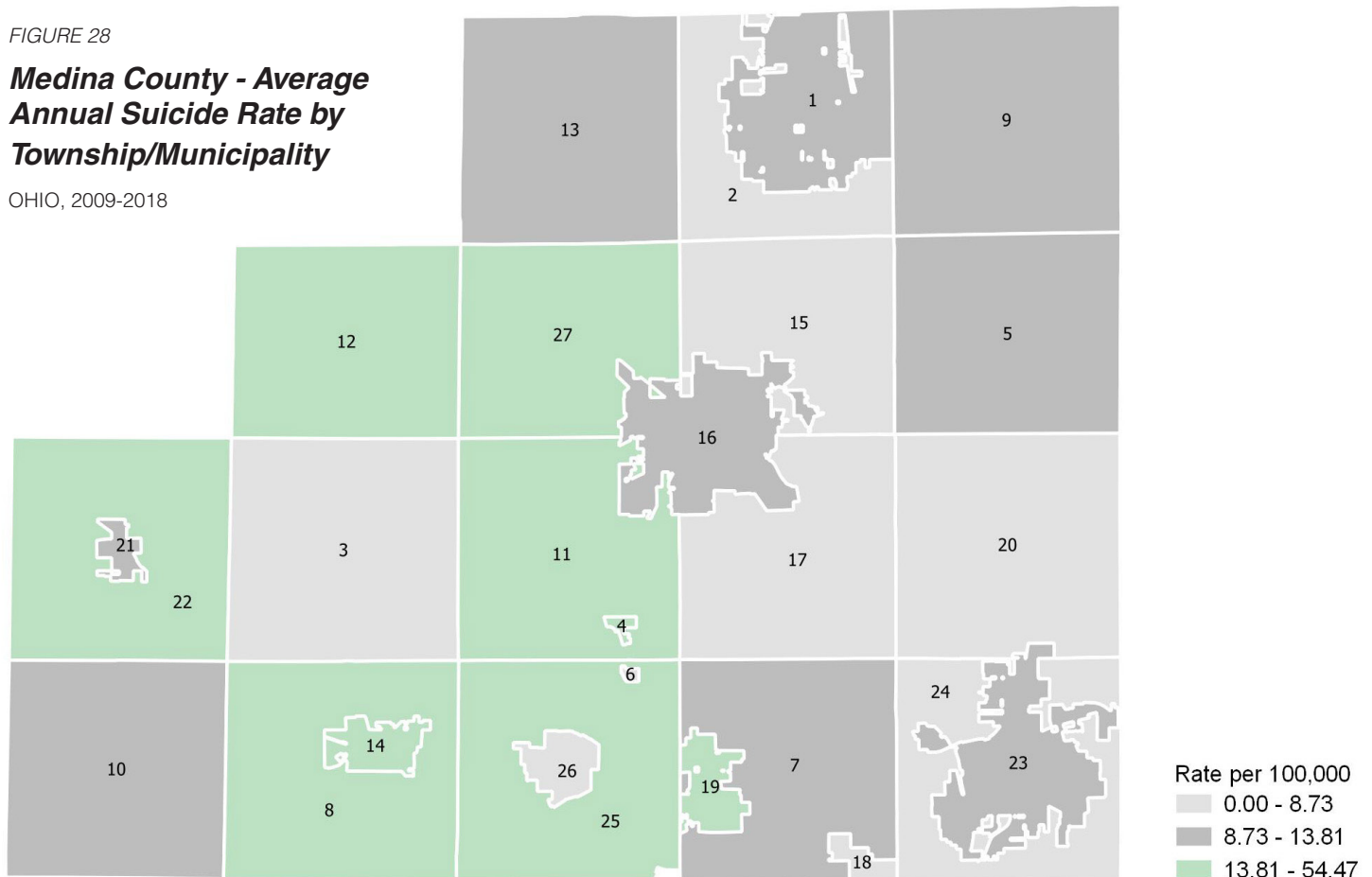


FIGURE 29

Medina County - Suicide Count and Average Annual Rate 2009-2018 (RATE PER 100,000 POPULATION)

	Name	Pop	Count	Rate		Name	Pop	Count	Rate
1	Brunswick city	34,255	46	13.43	15	Medina township	8,537	–	–
2	Brunswick Hills township	9,898	–	–	16	Medina City township	26,678	36	13.49
3	Chatham township	2,265	–	–	17	Montville township	11,185	–	–
4	Chippewa Lake village	711	–	–	18	Rittman city	115	–	–
5	Granger township	4,445	–	–	19	Seville Village township	2,296	–	–
6	Gloria Glens Park village	425	–	–	20	Sharon township	5,111	–	–
7	Guilford township	3,203	–	–	21	Spencer village	753	–	–
8	Harrisville township	1,836	10	54.47	22	Spencer township	1,942	–	–
9	Hinckley township	7,646	–	–	23	Wadsworth city	21,567	20	9.27
10	Homer township	1,462	–	–	24	Wadsworth township	4,191	–	–
11	Lafayette township	5,580	–	–	25	Westfield township	2,482	–	–
12	Litchfield township	3,250	–	–	26	Westfield Center village	1,115	–	–
13	Liverpool township	5,127	–	–	27	York township	3,438	–	–
14	Lodi village	2,746	–	–					

PORTAGE

Overview

Portage County is home to an estimated population of 162,927, according to 2018 United States Census estimates.⁵⁴ Cuyahoga, Geauga, Mahoning, Summit, Trumbull, and Wayne Counties border Portage County to the North, South, East, and West.⁵⁵ This county falls into the previously referenced category of “suburban,” and covers 492.4 square miles.⁵⁶

County Government and Public Funding

The City of Ravenna acts as the county seat for Portage County. Formally established in 1807, the county operates under a statutory form of government, led by three elected County Commissioners.⁵⁷

The Mental Health & Recovery (MHR) Board of Portage County receives local funding annually through two dedicated behavioral health levies, noted in Figure 30.

Hospital System(s)

Major hospital systems in Portage County include Akron Children’s Hospital and University Hospital.

County ADAMHS Board

The Mental Health & Recovery Board of Portage County (MHR Board) supports residents in crisis through a crisis hotline and text line, along with in-person crisis counseling and support services for families. Family members are part of the suicide prevention coalition, and the MHR Board funds a Suicide Survivor Loss support group position. Additionally, a crisis stabilization unit operates within Portage County, and although the county’s crisis response team is not officially a mobile crisis team, it has the ability to provide mobile response and make wellness checks where appropriate. Coleman Professional Services and Townhall II provide county-contracted crisis intervention services: Coleman offers 24/7 crisis calls, walk-in counseling, and screening for hospitalization, while Townhall II operates a 24/7 crisis helpline.

The MHR Board values the county’s solid network of Crisis Intervention Team (CIT) officers, its strong and diverse

FIGURE 30: Portage

County Background	
County Seat	Ravenna
Rural/Suburban/Metropolitan/Appalachian	Suburban
County Population Count	162,927 (based on 2018 census estimates) ⁵⁸
ADAMHS Board Funding and Services	
Number of ADAMHS Board-Funded Agencies	4
Has a Local Levy for Mental Health and/or Addiction Services	Yes
Annual Dollar Amount of Board-Funded Services	\$5.8 million
Annual Dollar Amount for Suicide-related Crisis Services	\$1.5 million
Source of Funding for Suicide-related Crisis Services	Local, State & Federal
Annual Dollar Amount for Suicide Prevention	Not quantifiable because staff provide suicide prevention activities as a portion of their overall jobs; \$30,000 spent annually on community awareness, which includes suicide prevention and other activities.
Source of Funding for Suicide Prevention Services	Local, State & Federal
Suicide Prevention/Reduction explicitly stated priority in Board Strategic Plan or other County-Wide Health Plan	Not stated
ADAMHS Board educates local media outlets on responsible reporting on suicide	Not stated
Suicide Prevention Coalition	
Has a local Suicide Prevention Coalition	Yes
Paid Coalition Chair	No
Annual Budget and Funding Source	Not applicable

suicide prevention coalition, and the ability of its agencies to continue improving and expanding crisis response in Portage County. However, the county could benefit from additional post crisis discharge follow up to make sure clients are actively linked and engaged, and to reduce crisis recidivism. When asked how the Board would use additional crisis funding received from the state operating budget towards suicide-related services, the Board noted it could allow the county to add staff with time dedicated to this post crisis discharge follow up.

Suicide Prevention Coalition

The MHR Board oversees the Suicide Prevention Coalition of Portage County, which works to organize suicide prevention efforts specific to Portage County. This coalition includes representatives from a variety of populations and sectors, including parents, media, schools, youth-serving organizations, law enforcement, civic or volunteer groups, healthcare professionals, and government agencies.

The suicide prevention coalition's activities focus on several specific populations, including survivors of suicide loss, individuals with mental illness and/or substance use disorders, middle age men, elderly men, youth K-12, first responders, and gun owners. These activities include planning a walk/run event, hosting speakers, providing trainings for schools, promoting the county crisis line, and collaboration with other prevention training programs such as AMSR, Kognito, QPR, and MHFA.

During 2019-2020, the suicide prevention coalition will conduct outreach to gun owners with gun safety information and suicide prevention materials. The group sponsors a monthly grief support meeting and holds a Suicide Loss Day video event annually in November. In addition, the suicide prevention coalition partners with the county's Incident Response Team for critical events and Crisis Incident Stress Management (CISM) for first responders.

FIGURE 31

Portage County - Average Annual Suicide Rate by Township/ Municipality

OHIO, 2009-2018

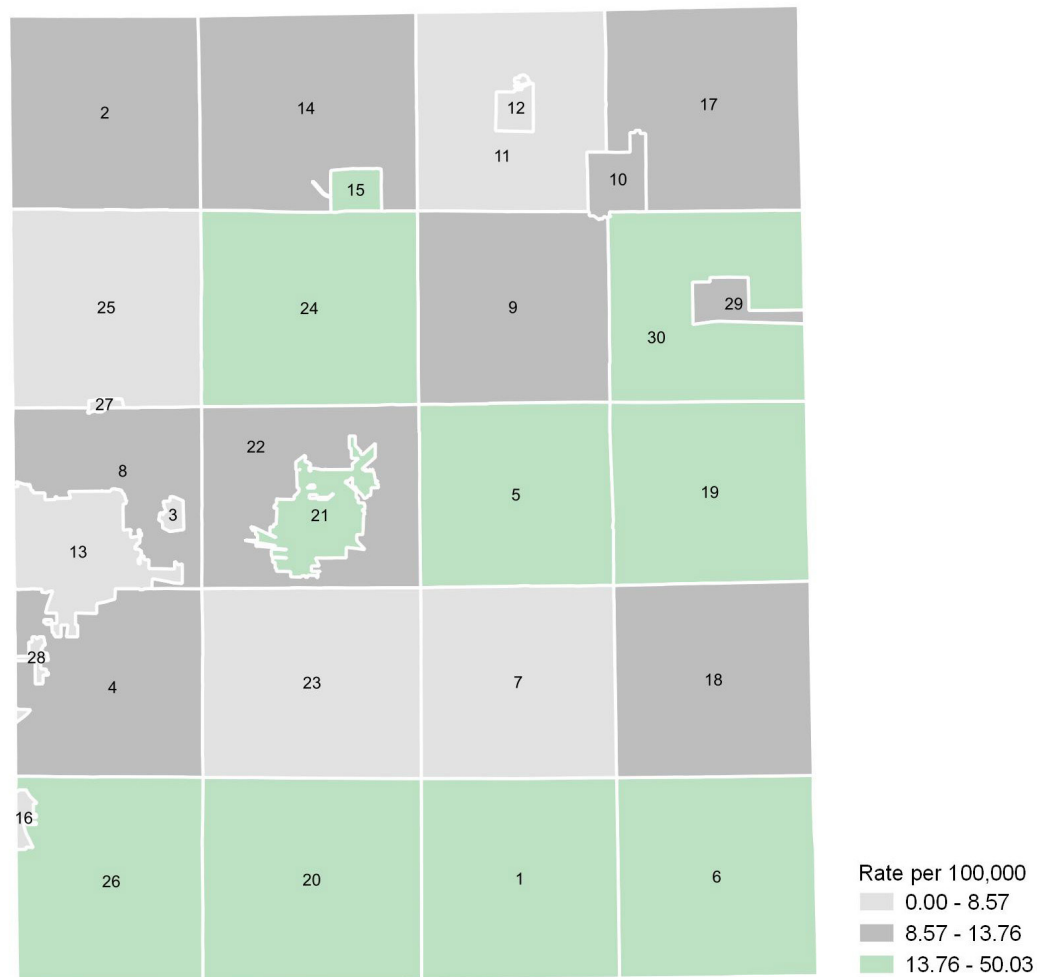


FIGURE 32

Portage County - Suicide Count and Average Annual Rate 2009-2018 (RATE PER 100,000 POPULATION)

	Name	Pop	Count	Rate
1	Atwater township	2,740	–	–
2	Aurora city	15,548	18	11.58
3	Brady Lake village	464	–	–
4	Brimfield township	10,376	12	11.57
5	Charlestown township	1,799	–	–
6	Deerfield township	2,822	–	–
7	Edinburg township	2,586	–	–
8	Franklin township	5,527	–	–
9	Freedom township	2,843	–	–
10	Garrettsville village	2,325	–	–
11	Hiram township	2,411	–	–
12	Hiram village	1,406	–	–
13	Kent city	28,904	21	7.27
14	Mantua township	4,811	–	–
15	Mantua village	1,043	–	–

	Name	Pop	Count	Rate
16	Mogadore village	1,007	–	–
17	Nelson township	3,148	–	–
18	Palmyra township	2,919	–	–
19	Paris township	1,744	–	–
20	Randolph township	5,298	11	20.76
21	Ravenna city	11,724	22	18.76
22	Ravenna township	9,209	12	13.03
23	Rootstown township	8,225	–	–
24	Shalersville township	5,670	–	–
25	Streetsboro city	16,028	13	8.11
26	Suffield township	6,311	10	15.85
27	Sugar Bush Knolls village	177	–	–
28	Tallmadge city	280	–	–
29	Windham village	2,209	–	–
30	Windham township	1,865	–	–

SUMMIT

Overview

Summit County is the fourth most populous county in Ohio, with an estimated population of 541,918, according to 2018 United States Census estimates.⁵⁹ Cuyahoga, Geauga, Lorain, Medina, Portage, Stark, and Wayne Counties border Summit County to the North, South, East, and West.⁶⁰ This county falls into the previously referenced category of “metropolitan” and is home to the mid-sized city of Akron. Akron has an estimated population of 198,006, ranking fifth in size in the state.⁶¹

County Government and Public Funding

The City of Akron acts as the county seat for Summit County. In 1979, Summit County voters approved the adoption of a new county charter, replacing the traditional three-commissioner form of county government present in most Ohio counties with an elected County Executive and an 11-member County Council. Eight members of Summit County Council represent specific geographic districts within the county, while the remaining three council members represent the county “at-large.”⁶² Cuyahoga County is the only other county in Ohio to operate under this charter form of government.⁶³

The County of Summit Alcohol, Drug Addiction & Mental Health (ADM) Services Board receives local funding annually through two dedicated behavioral health levies, noted in Figure 33.

Hospital System(s)

Major hospital systems in Summit County include Akron Children’s Hospital, Cleveland Clinic, and Summa Health.

County ADAMHS Board

The County of Summit Alcohol, Drug Addiction and Mental Health Services Board (County of Summit ADM Board) supports residents in crisis through a crisis hotline and text line, along with in-person crisis counseling and support services for families. Greenleaf Family Center provides county-contracted crisis intervention services, and the Summit County Suicide Prevention Coalition is

FIGURE 33: Summit

County Background	
County Seat	Akron
Rural/Suburban/Metropolitan/Appalachian	Metropolitan
County Population Count	541,918 (based on 2018 census estimates) ⁶⁴
ADAMHS Board Funding and Services	
Number of ADAMHS Board-Funded Agencies	23
Has a Local Levy for Mental Health and/or Addiction Services	Yes
Annual Dollar Amount of Board-Funded Services	\$30.1 million for mental health and addiction treatment; \$12.6 million for other contracts and allocations to community partners
Annual Dollar Amount for Suicide-related Crisis Services	\$4.1 million
Source of Funding for Suicide-related Crisis Services	Local
Annual Dollar Amount for Suicide Prevention	\$90,905
Source of Funding for Suicide Prevention Services	Local
Suicide Prevention/Reduction explicitly stated priority in Board Strategic Plan or other County-Wide Health Plan	Yes, in ADAMHS Board Plan and Health Department’s Plan
ADAMHS Board educates local media outlets on responsible reporting on suicide	Yes
Suicide Prevention Coalition	
Has a local Suicide Prevention Coalition	Yes
Paid Coalition Chair	Yes (only a part of their position)
Annual Budget and Funding Source	\$5,000 from local levy funds

housed within and funded by County of Summit ADM Board.

County of Summit ADM Board values the county's strong suicide prevention coalition (including the coalition's youth committee, developed through a grant from Akron Children's Hospital), its 24/7 crisis hotline, Akron Children's Hospital Psychiatric Intake Response Center, and strong relationships between county stakeholders. However, the county could benefit from a designated mobile crisis unit, additional crisis services for children, and data to inform additional crisis interventions for youth. County of Summit ADM Board is currently addressing the need for data through an Accountable Communities for Health (ACH) grant. When asked how the Board would use additional crisis funding received from the state operating budget towards suicide-related services, the Board noted it could allow the county to add mobile crisis services to its continuum of care and evaluate the current crisis structure, allowing for the adjustment of services to meet the current needs of the community.

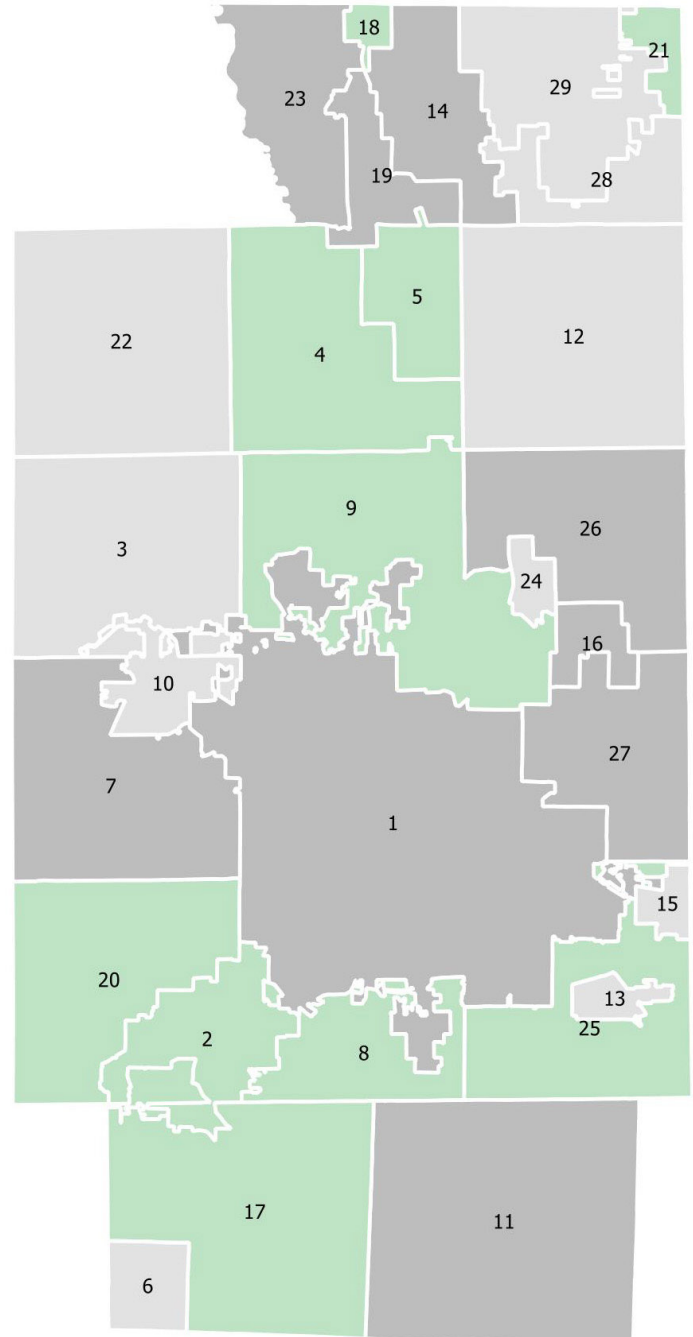
Suicide Prevention Coalition

The County of Summit Alcohol, Drug and Mental Health (ADM) Board oversees the Summit County Suicide Prevention Coalition, which works to organize suicide prevention efforts specific to Summit County. This coalition is made of up of community volunteers, ADM Board staff, and staff from ADM Board contract agencies. The Coalition provides training, education, data, and family supports.

FIGURE 34

Summit County - Average Annual Suicide Rate by Township/Municipality

OHIO, 2009-2018



Rate per 100,000
 0.00 - 10.82
 10.82 - 14.56
 14.56 - 31.45

FIGURE 35

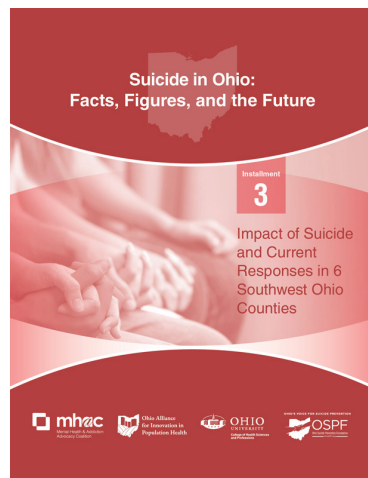
Summit County - Suicide Count and Average Annual Rate 2009-2018 (RATE PER 100,000 POPULATION)

	Name	Pop	Count	Rate
1	Akron city	199,110	285	14.31
2	Barberton city	26,550	60	22.60
3	Bath township	9,702	10	10.31
4	Boston township	1,272	–	–
5	Boston Heights village	1,300	–	–
6	Clinton village	1,214	–	–
7	Copley township	17,304	24	13.87
8	Coventry township	10,945	23	21.01
9	Cuyahoga Falls city	49,652	95	19.13
10	Fairlawn city	7,437	–	–
11	Green city	25,699	31	12.06
12	Hudson city	22,262	12	5.39
13	Lakemore village	3,068	–	–
14	Macedonia city	11,188	13	11.62
15	Mogadore village	2,846	–	–

	Name	Pop	Count	Rate
16	Munroe Falls city	5,012	–	–
17	New Franklin city	14,227	23	16.17
18	Northfield village	3,677	–	–
19	Northfield Center township	5,839	–	–
20	Norton city	12,081	22	18.21
21	Reminderville village	3,404	–	–
22	Richfield township	6,165	–	–
23	Sagamore Hills township	10,947	13	11.88
24	Silver Lake village	2,519	–	–
25	Springfield township	14,644	32	21.85
26	Stow city	34,837	39	11.19
27	Tallmadge city	17,257	23	13.33
28	Twinsburg township	2,828	–	–
29	Twinsburg city	18,795	20	10.64

REPORT INSTALLMENTS

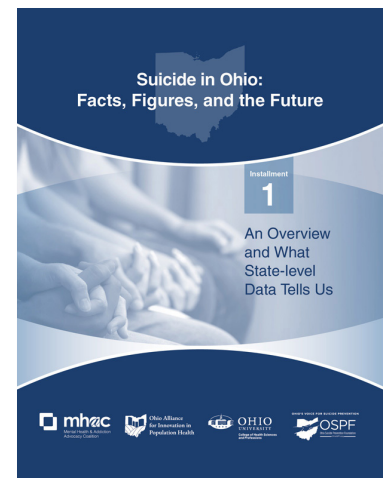
Up Next



Suicide in Ohio: Installment 3

[*Impact of Suicide and Current Responses in 6 Southwest Ohio Counties*](#), will delve into regional, county, and township level suicide death data in six Southwest Ohio counties, including Brown, Butler, Clermont, Clinton, Hamilton, and Warren Counties, and provide information on county-level systems and suicide prevention efforts.

What You Missed



Suicide in Ohio: Installment 1

[*An Overview and What State-level Data Tells Us*](#), outlines general information about suicide across Ohio and analyzes suicide death data according to various demographics, including county, age, gender, years of life lost, race, marital status, educational status, mechanism of death, seasonality, and day of the week.

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12. All Figures are based on Ohio mortality data, with the exception of Figures 15, 18, 21, 24, 27, 30, and 33. Source: Ohio Department of Health, Bureau of Vital Statistics, Ohio Death Certificate File. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.
13. Crude suicide rate per 100,000 describes the number of incidents reported per 100,000 population. It is calculated by dividing the number of reported suicides by the population, and the result is multiplied by 100,000. For example, in Meigs County from 2009 through 2018 there were 58 suicide deaths for the ten-year period or 5.8 deaths per year. and the population was 23,770. This equals an average annual suicide rate of 24.4 per 100,000 population (5.8 divided by 23,770 multiplied by 100,000).
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22. The equal count method was used to determine choropleth categories (map shading) for townships within Hub counties. This means that equal numbers of townships were grouped in shaded areas based on the rate of suicide deaths per 100,000 population. For example, in Cuyahoga County, all townships with rates up to 9.14 were assigned a light gray shade for a low rate, townships with rates starting at 9.14 and up to 12.86 were assigned a darker gray denoting a moderate rate. Townships with rates starting at 12.86 and ending at 31.35 were assigned a green shade, denoting the highest grouping for Cuyahoga County. Each county has different choropleth categories based on the range of suicide rates recorded by the township over the ten-year study period.
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41. The Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other advocates.
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43. Applied Suicide Intervention Skill Training (ASIST) is a two-day workshop designed for all caregiving groups, with the goal of teaching suicide first-aid to help a person at risk stay safe and seek further help as needed.
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2600 Victory Parkway | Cincinnati, OH 45206 | 513.751.7747 ext. 1718
4500 Euclid Ave. | Cleveland, OH 44103 | 216.432.7262
175 South Third St., Suite 350 | Columbus, OH 43215 | 614.745.0740 ext. 306



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