

Suicide in Ohio: Facts, Figures, and the Future

Installment

3

Impact of Suicide
and Current
Responses in 6
Southwest 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



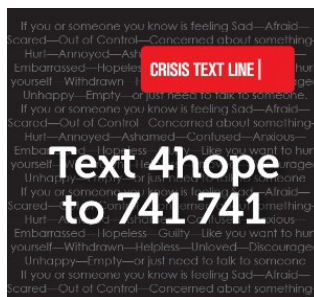
The mission of the Ohio Suicide Prevention Foundation (OSPF) is to act as a catalyst and steward of statewide suicide prevention efforts by supporting community-based efforts to reduce stigma, promote education and awareness, and increase resources and programs to reduce the risk of suicide.

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.



You are not alone.



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.

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 highlight narrative information about each of these counties and study data specific to these regions, counties, and townships.

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

According to the 2018 United States Census, these counties range in population from 43,602 (Brown) to 816,684 (Hamilton) and fall into three categories: metropolitan, rural, and Appalachian. 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} The declaration of an area being part of the Appalachian Region was based on Congress finding these areas around the Appalachian Mountains to be rich in natural resources and potential but lagging in economic growth and its people not benefiting from the countries prosperity.³ Forty-two percent of the Region’s population is rural, compared with 20 percent of the national population.⁴

All Southwest Hub counties 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.⁵

County-managed services across the Southwest 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.⁶

Common 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.⁷

- **Hotlines** – phone numbers individuals can call to get immediate crisis counseling.⁸
- **Text lines** – phone numbers individuals can text for immediate access to free, 24/7 support and information.⁹
- **Warmlines** – phone numbers individuals or family members can call to learn about available resources to support a mental health or substance use need.¹⁰

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)¹¹;
- Kognito's online simulations, which incorporate motivational interviewing techniques and realistic scenarios¹²;
- 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.¹³

Budgets for coalitions vary widely across coalitions 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 has 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 Southwest Hub, Butler County, Clermont County, and Hamilton County received funding for this purpose.

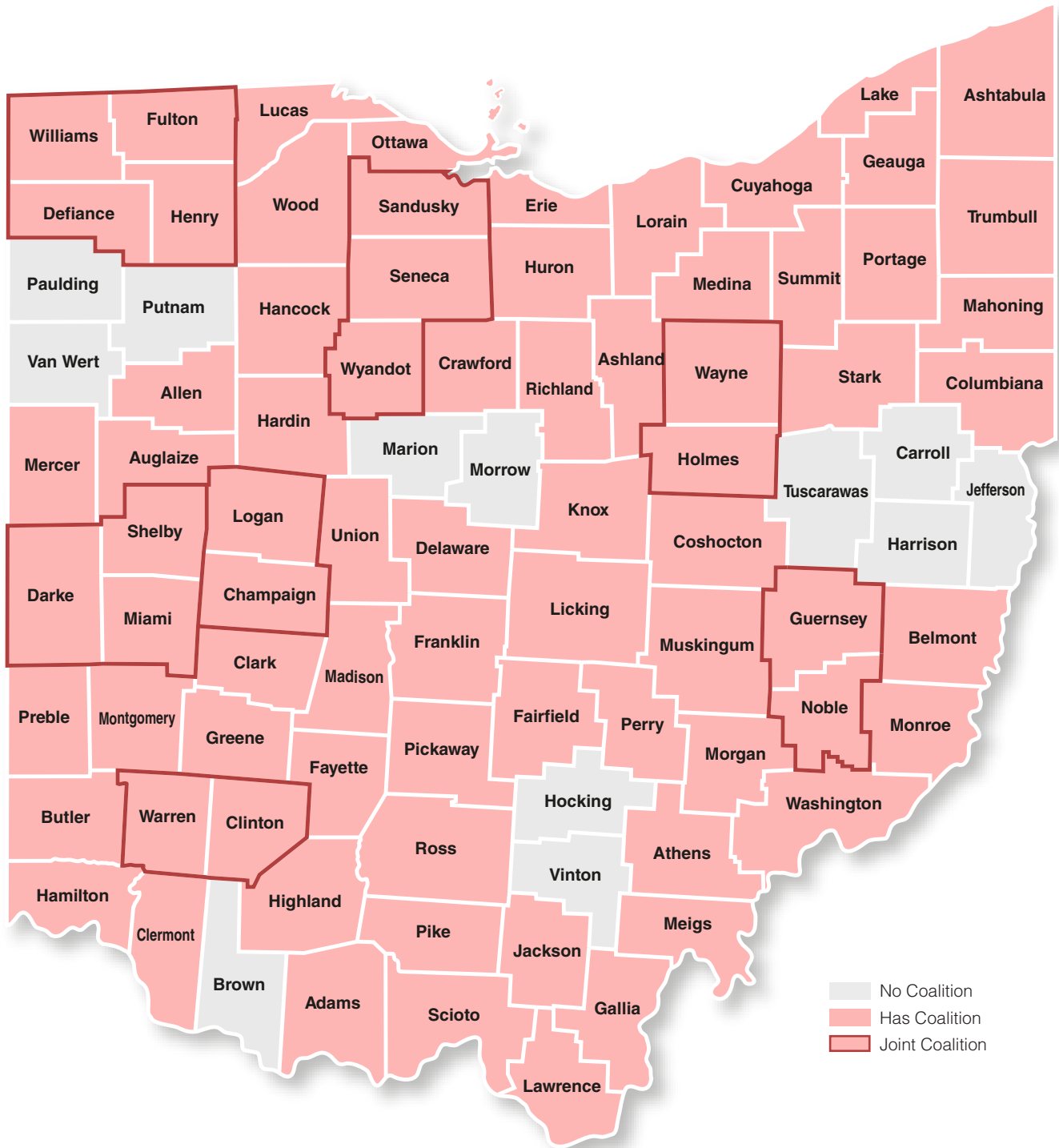
Data Variables

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.

FIGURE 1

Suicide Prevention Coalitions in Ohio



1 Southwest Hub

The MHAC's Southwest Hub consists of six counties: Brown, Butler, Clermont, Clinton, Hamilton, and Warren. The data in this section compares suicide deaths within all six counties in the MHAC's Southwest 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 few than 10. Suppression protects the privacy of individuals and families impacted by suicide.

REGIONAL HUB DATA

Figure 2 shows suicide deaths in MHAC's Southwest Hub in comparison to the rest of Ohio over a ten-year timespan.¹⁴ Both in the Southwest 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 SW Hub Compared to Remainder of Ohio

	Ohio	SW Hub	Total
Female	2,753	495	3,248
Male	10,673	1,642	12,315
Total	13,426	2,137	15,563
Female	20.50%	23.16%	20.87%
Male	79.50%	76.84%	79.13%
Total	100%	100%	100%

Figure 3 shows the number and percentage of suicide deaths among specific age groups in the MHAC’s Southwest Hub in comparison to the rest of Ohio over a ten-year period. In both the Southwest 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 SW Hubs Compared to Remainder of Ohio

	Ohio	SW Hub	Total
14 & Under	147	27	174
15 - 19	622	121	743
20 - 29	2,132	339	2,471
30 - 39	2,103	348	2,451
40 - 49	2,483	405	2,888
50 - 59	2,720	432	3,152
60+	3,219	465	3,684
Total	13,426	2,137	15,563
14 & Under	1.09%	1.26%	1.12%
15 - 19	4.63%	5.66%	4.77%
20 - 29	15.88%	15.86%	15.88%
30 - 39	15.66%	16.28%	15.75%
40 - 49	18.49%	18.95%	18.56%
50 - 59	20.26%	20.22%	20.25%
60+	23.98%	21.76%	23.67%
Total	100%	100%	100%

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

FIGURE 4

Suicide Deaths by Race 2009-2018
MHAC SW Hub Compared to Remainder of Ohio

	Ohio	SW Hub	Total
White	12,181	1,887	14,068
Black	853	190	1,043
Other	198	34	232
Hispanic	190	21	211
Total	13,422	2,132	15,554
White	90.75%	88.51%	90.45%
Black	6.36%	8.91%	6.71%
Other	1.48%	1.59%	1.49%
Hispanic	1.42%	0.98%	1.36%
Total	100%	100%	100%

Figure 5 shows both the total number and crude rates¹⁵ of suicide deaths from 2009 – 2018 among Ohioans grouped by marital status, in the MHAC’s Southwest Hub in comparison to the rest of the state. Both in Southwest 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 27.50 for the MHAC’s Southwest Hub and 28.16 for the rest of Ohio.

FIGURE 5

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

	Ohio		SW Hub	
	Suicides	Rate	Suicides	Rate
Sep/Divorced	3,539	28.16	475	27.50
Married	5,274	11.78	703	10.95
Never Married	5,473	18.49	782	18.03
Widowed	1,016	16.98	130	16.89
Total	15,302	16.47	2,090	15.77

Figure 6 shows both the total number and crude rates of suicide deaths among Ohioans grouped by educational status in the MHAC’s Southwest Hub in comparison to the rest of the state. Both in Southwest Ohio and throughout the rest of the state, the rates of deaths by suicide were lowest among individuals with a college degree: a rate of 22.31 for the MHAC’s Southwest Hub and 21.36 for the rest of Ohio.

FIGURE 6

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

	Ohio		SW Hub	
	Suicides	Rate	Suicides	Rate
No HS Diploma	1,721	21.36	238	22.31
High School/GED	9,446	19.15	1,195	21.81
College Degree	2,122	9.88	358	7.56
Total	13,289	16.85	1,791	15.88

Figure 7 shows both the number and percentage of suicide deaths among Ohioans grouped by mechanism in the MHAC’s Southwest Hub in comparison to the rest of the state. Both in the Southwest 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 SW Hub Compared to Remainder of Ohio

	Ohio	SW Hub	Total
Intentional Overdose	1,469	258	1,727
Other Toxin	487	98	585
Firearm	7,001	1,051	8,052
Other	4,457	729	5,186
Total	13,414	2,136	15,550

Intentional Overdose	10.95%	12.08%	11.11%
Other Toxin	3.63%	4.59%	3.76%
Firearm	52.19%	49.20%	51.78%
Other	33.23%	34.13%	33.35%
Total	100%	100%	100%

COUNTY COMPARISON DATA

The following figures depict comparisons of suicide data among the six counties in the MHAC’s Southwest Hub: Brown, Butler, Clermont, Clinton, Hamilton, and Warren.

Figure 8 compares the rate of deaths by suicide between the six counties. Within the Southwest Hub, Brown County has the highest crude rate of suicide deaths.

FIGURE 8

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

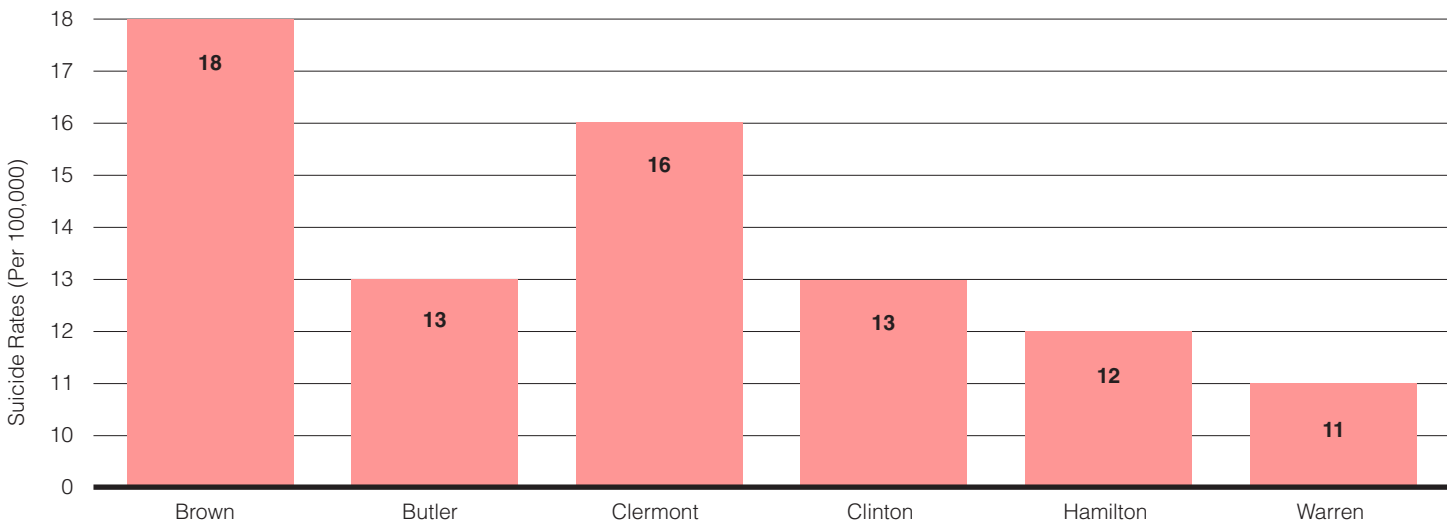


Figure 9 demonstrates both the number and percentage of deaths by suicide, categorized by gender, among the six counties in the Southwest Hub. Every county had a higher number of deaths by suicide among males.

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 9

Suicide Deaths by Gender SW HUB COUNTIES, 2009-2018

	Brown	Butler	Clermont	Clinton	Hamilton	Warren	Total
Female	18	109	72	–	232	56	495
Male	64	357	238	45	755	183	1,642
Total	82	466	310	53	987	239	2,137
Female	21.95%	23.39%	23.23%	–	23.51%	23.43%	23.16%
Male	78.05%	76.61%	76.77%	84.91%	76.49%	76.57%	76.84%
Total	100%	100%	100%	100%	100%	100%	100%

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

FIGURE 10

Suicide Deaths by Age SW HUB COUNTIES, 2009-2018

	Brown	Butler	Clermont	Clinton	Hamilton	Warren	Total
14 & Under	0	–	–	0	16	–	27
15 - 19	–	27	17	–	54	19	121
20 - 29	10	66	51	–	171	32	336
30 - 39	22	72	47	–	164	36	348
40 - 49	14	87	59	11	185	49	405
50 - 59	–	107	60	12	200	45	432
60+	25	100	74	13	197	56	465
Total	82	466	310	53	987	239	2,137
14 & Under	0.00%	–	–	0.00%	1.62%	–	1.26%
15 - 19	–	5.79%	5.48%	–	5.47%	7.95%	5.66%
20 - 29	12.20%	14.16%	16.45%	–	17.33%	13.39%	15.72%
30 - 39	26.83%	15.45%	15.16%	–	16.62%	15.06%	16.28%
40 - 49	17.07%	18.67%	19.03%	20.75%	18.74%	20.50%	18.95%
50 - 59	–	22.96%	19.35%	22.64%	20.26%	18.83%	20.22%
60+	30.49%	21.46%	23.87%	24.53%	19.96%	23.43%	21.76%
Total	100%	100%	100%	100%	100%	100%	100%

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

FIGURE 11

Suicide Deaths by Race SW HUB COUNTIES, 2009-2018

	Brown	Butler	Clermont	Clinton	Hamilton	Warren	Total
White	81	442	301	52	783	228	1,887
Black	0	10	–	–	169	–	190
Other	–	–	–	0	21	–	34
Hispanic	0	–	–	0	11	–	21
Total	81	466	310	53	984	238	2,132
White	100.00%	94.85%	97.10%	98.11%	79.57%	95.80%	88.51%
Black	0.00%	2.15%	–	–	17.17%	–	8.91%
Other	–	–	–	0.00%	2.13%	–	1.59%
Hispanic	0.00%	–	–	0.00%	1.12%	–	0.98%
Total	100%	100%	100%	100%	100%	100%	100%

Figure 12 shows the rate of deaths by suicide, categorized by marital status, among the six counties in the Southwest Hub. The highest rates of deaths by suicide occurred in the “Separated/Divorced groups in all of the Southwest Hub counties, except Brown County where “Never Married” has the highest rate.

FIGURE 12

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

	Brown	Butler	Clermont	Clinton	Hamilton	Warren	Total
Separated/Divorced	25.64	31.97	39.89	31.05	22.10	29.84	27.49
Married	18.72	10.42	12.56	11.94	10.65	9.48	10.95
Never Married	28.40	17.45	23.52	14.81	17.03	18.42	18.03
Widowed	–	15.70	27.91	–	13.37	20.14	16.89
Total	22.90	15.73	19.78	15.82	14.77	14.41	15.77

Figure 13 displays the rate of deaths by suicide, categorized by educational status, among the six counties in the Southwest Hub. The rate of deaths by suicide were highest among individuals without a college degree in all of the Southwest Hub counties.

FIGURE 13

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

	Brown	Butler	Clermont	Clinton	Hamilton	Warren	Total
No HS Diploma	33.48	21.60	23.76	–	22.04	21.67	22.31
High School/GED	27.71	22.83	26.69	21.08	20.29	18.57	21.81
College Degree	–	6.69	6.71	–	8.00	7.40	7.56
Total	24.77	16.67	18.82	17.20	14.98	13.12	15.88

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

FIGURE 14

Suicide Deaths by Mechanism SW HUB COUNTIES, 2009-2018

	Brown	Butler	Clermont	Clinton	Hamilton	Warren	Total
Intentional Overdose	–	60	30	–	127	31	258
Other Toxin	–	18	–	–	49	15	98
Firearm	45	230	162	27	482	105	1,051
Other	31	157	110	14	330	88	729
Total	82	465	310	51	987	239	2,136
Intentional Overdose	–	12.90%	9.68%	–	12.87%	12.97%	12.08%
Other Toxin	–	3.87%	–	–	4.96%	6.28%	4.59%
Firearm	54.88%	49.46%	52.26%	52.94%	48.83%	43.93%	49.20%
Other	37.80%	33.76%	35.48%	27.45%	33.43%	36.82%	34.13%
Total	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 Southwest Hub: Brown, Butler, Clermont, Clinton, Hamilton, and Warren. 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.^{16 17 18}

BROWN

Overview

Brown County is positioned along the Ohio River halfway between Cincinnati and Portsmouth, with its Southern perimeter the Ohio-Kentucky state line, Clinton and Highland Counties to the North, Clermont County to the West, and Adams and Highland Counties to the East. Brown County is one of 32 Appalachian counties in Ohio and a part of the larger, previously referenced, Appalachian region, which spans 420 counties in 13 states.¹⁹ Based on estimates, the largest community is Perry Township, surpassing Georgetown the county seat, due to a decline in population. Unlike many rural Ohio counties, Brown County experienced tremendous growth between 1990 and 2010, with approximately ten thousand people moving to Brown County, increasing the county's 2010 population to 44,846.²⁰ However, the United States Census Bureau estimates a decline in population over the following eight years, with an estimated population of 43,602 for 2018.²¹

County Government and Public Funding

Formally established in 1817, Brown County operates under a statutory form of government, led by three elected County Commissioners.²² Brown County is one of twelve counties in Ohio that does not have a Mental Health Levy.²³

Hospital System(s)

In 2014, the only hospital in Brown County, Southwest Regional Medical Center in Georgetown, closed their doors. Mercy Health – Mt. Orab Medical Center is the only Emergency Room in the County. The nearest hospitals are to the West, Mercy Health – Clermont Hospital in Batavia and to the East, Adams County Regional Medical Center. The closed Southwest Regional Medical Center facility was purchased in 2016 and became Georgetown Behavioral Health Institute.²⁴

FIGURE 15: Brown

County Background	
County Seat	Georgetown
Rural/Suburban/Metropolitan/Appalachian	Appalachian
County Population Count	43,602 ²⁵
ADAMHS Board Funding and Services	
Number of ADAMHS Board-Funded Agencies	2
Has a Local Levy for Mental Health and/or Addiction Services	No
Annual Dollar Amount of Board-Funded Services	\$675,000
Annual Dollar Amount for Suicide-related Crisis Services	Varies
Source of Funding for Suicide-related Crisis Services	State
Annual Dollar Amount for Suicide Prevention	\$20,000
Source of Funding for Suicide Prevention Services	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	No
Paid Coalition Chair	N/A
Annual Budget and Funding Source	N/A

County ADAMHS Board

The Brown County Mental Health and Addiction Services Board (Brown County MHASDB) supports residents in crisis with a crisis hotline and textline, as well as support services for families. Though how much funding goes towards suicide-related services varies, funding for prevention services is \$20,000. Signs of Suicide (SOS) and QPR training are the prevention services provided in the county. The Brown County MHASDB relies on their strong partnerships regarding their suicide-related crisis services but wants to improve community awareness. When asked how the Board would use additional crisis funding received from the state operating budget towards suicide-related services, the Board noted it would most likely be spent on expanding prevention programming in the county.

Suicide Prevention Coalition

Brown County does not currently have a Suicide Prevention Coalition.

FIGURE 16

Brown County - Average Annual Suicide Rate by Township/Municipality²⁶

OHIO, 2009-2018

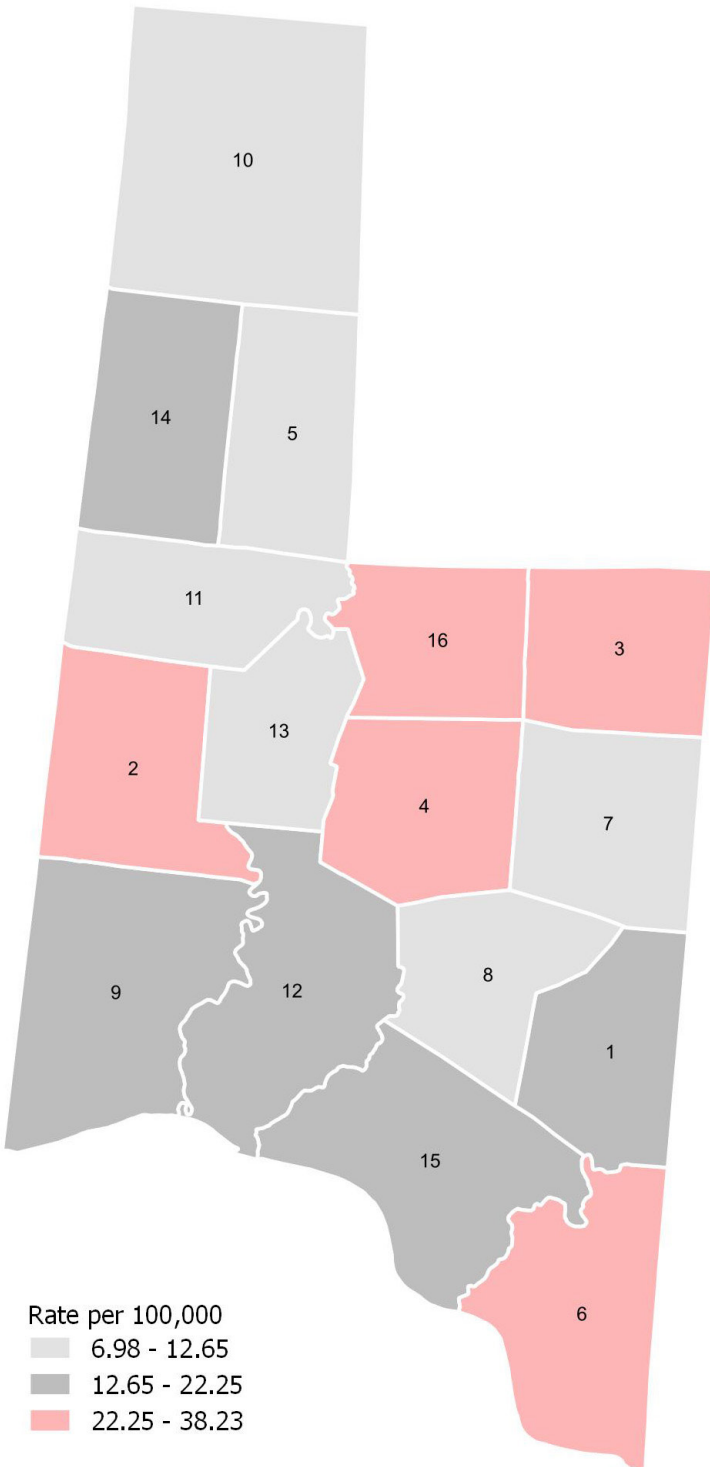


FIGURE 17

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

	Name	Pop	Count	Rate
1	Byrd township	739	-	-
2	Clark township	3,121	-	-
3	Eagle township	1,344	-	-
4	Franklin township	1,654	-	-
5	Green township	3,652	-	-
6	Huntington township	2,763	-	-
7	Jackson township	1,581	-	-
8	Jefferson township	1,433	-	-
9	Lewis township	2,697	-	-
10	Perry township	4,735	-	-
11	Pike township	4,243	-	-
12	Pleasant township	5,745	10	17.41
13	Scott township	1,294	-	-
14	Sterling township	4,427	-	-
15	Union township	3,064	-	-
16	Washington township	2,354	-	-

BUTLER

Overview

Butler County is just North of the Greater Cincinnati region, with its Western perimeter along the Indiana-Ohio state line, Preble and Montgomery Counties to the North, Warren County to the East, and Hamilton County to the South. With 467.3 square miles, the county is home to Miami University in Oxford, with large populations living in the City of Fairfield, Hamilton, and Middletown. The population has been on the rise steadily over the last seventy years.²⁷ However, the United States Census Bureau estimates a decline in population over the past eight years, with an estimated population of 382,378 for 2018.²⁸ The county falls into the previously referenced category of “metropolitan.”

County Government and Public Funding

Formally established in 1803, Butler County operates under a statutory form of government, led by three elected County Commissioners. The county seat is the City of Hamilton. In May 2015, Butler County Mental Health Board merged with Butler County Alcohol and Drug Addiction Services to become Butler County Mental Health and Addiction Recovery Services Board.²⁹ The County has a Mental Health Levy, but none of those levy dollars can be spent for addiction recovery services.³⁰

Hospital System(s)

There are several hospitals throughout Butler County. West Chester is home to UC Health West Chester Hospital and Cincinnati Children’s Liberty Campus. In Hamilton, Fort Hamilton Hospital, a part of Kettering Health, has been a staple to the Butler County residents for almost one hundred years. TriHealth Bethesda Butler Hospital is also in Hamilton. Mercy Health’s Fairfield Hospital is the largest hospital in the county. The college town of Oxford is home to McCullough-Hyde Memorial Hospital, a TriHealth hospital. Beckett Springs in West Chester is the only psychiatric hospital in the county.³¹

County ADAMHS Board

The Butler County Mental Health and Addiction Recovery

FIGURE 18: Butler³²

County Background	
County Seat	Hamilton
Rural/Suburban/Metropolitan/Appalachian	Metropolitan
County Population Count	382,378 ³³
ADAMHS Board Funding and Services	
Number of ADAMHS Board-Funded Agencies	19
Has a Local Levy for Mental Health and/or Addiction Services	Yes
Annual Dollar Amount of Board-Funded Services	\$16.2 million
Annual Dollar Amount for Suicide-related Crisis Services	\$1.2 million; \$700,000 Local; \$200,000 State; \$200,000 Federal
Source of Funding for Suicide-related Crisis Services	Local, State, and Federal
Annual Dollar Amount for Suicide Prevention	\$100,000
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, it's also an outcome measure
ADAMHS Board educates local media outlets on responsible reporting on suicide	No
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	\$32,000, from local levy funds

Services Board (Butler County MHARSB) supports residents in crisis with a crisis hotline and textline, in-person crisis counseling, a youth and family warm line service, a mobile response team, as well as support services for families through partnerships with Butler

Behavioral Health and Beckett Springs Hospital. The Mobile Crisis Team works 24 hours, 7 days a week, 365 days a year and can be at a location anywhere in the county in less than an hour. Butler County MHARSB is looking at adding a crisis stabilization center. 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 go to support mobile crisis and hotline services.

Suicide Prevention Coalition

Supported and chaired by Envision Partnerships, the Butler County Suicide Prevention Coalition works to organize suicide prevention efforts specific to Butler County. This coalition includes representatives from a variety of populations and sectors, including parents, media, schools, youth-serving organizations, law enforcement, religious organizations, healthcare

professionals, and government agencies.

The suicide prevention coalition's activities specifically focus on preventing suicide among youth K-12 and any population that can benefit from QPR as much of their work is to collaborate with other coalitions and drug free task forces in Butler County to provide QPR training. Other coalition 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, MHFA. Much of their annual budget covers the direct service of evidence-based suicide prevention programs, Lifelines and Signs of Suicide (SOS) with youth. The suicide prevention coalition has a comprehensive plan to guide their work, but needs more engaged members to implement the plan.

FIGURE 19

Butler County - Average Annual Suicide Rate by Township/Municipality

OHIO, 2009-2018

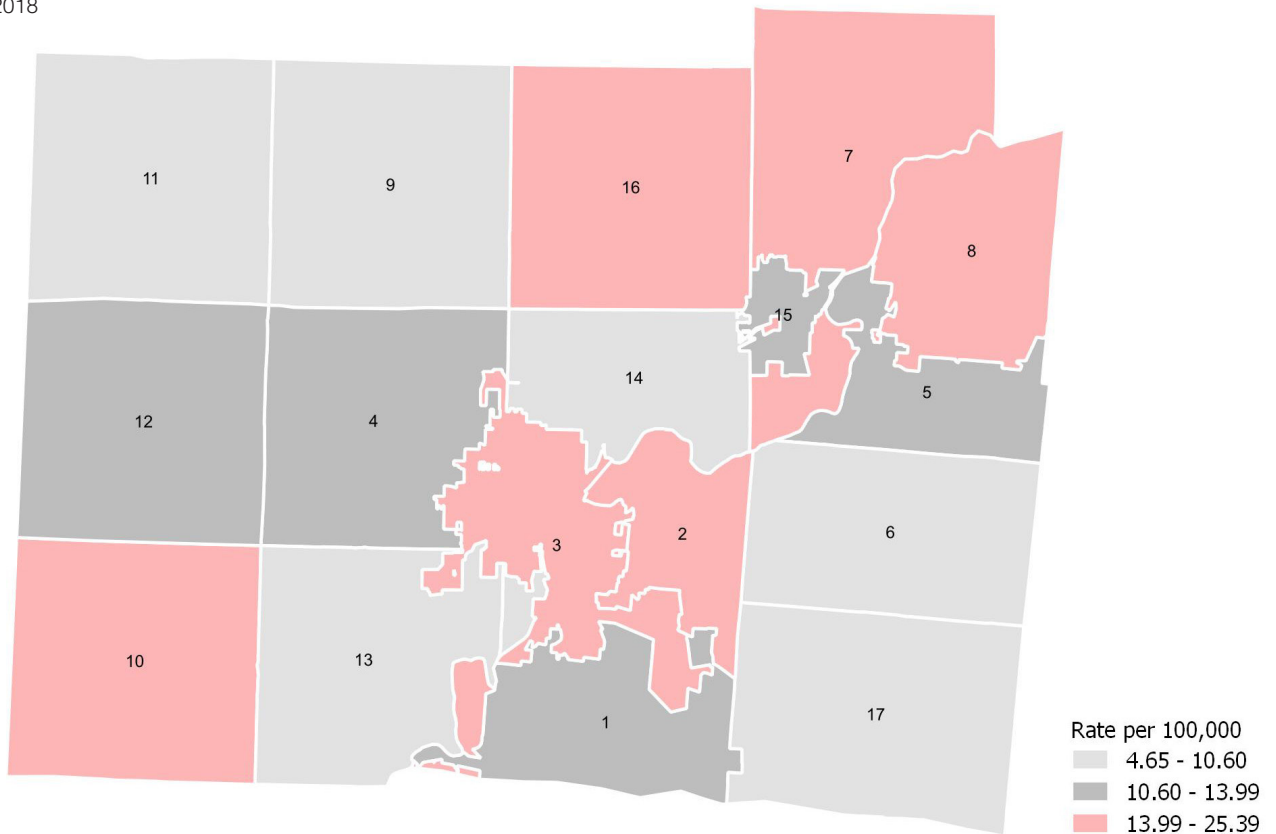


FIGURE 20

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

	Name	Pop	Count	Rate
1	Fairfield city	42,510	51	12.00
2	Fairfield township	21,373	32	14.97
3	Hamilton city	62,477	94	15.05
4	Hanover township	8,311	10	12.03
5	Lemon township	13,875	15	10.81
6	Liberty township	37,259	23	6.17
7	Madison township	8,448	13	15.39
8	Middletown city	45,994	76	16.52
9	Milford township	3,550	-	-

	Name	Pop	Count	Rate
10	Morgan township	5,515	14	25.39
11	Oxford township	23,661	11	4.65
12	Reily township	2,624	-	-
13	Ross township	8,355	-	-
14	St. Clair township	6,908	-	-
15	Trenton city	11,869	13	10.95
16	Wayne township	4,443	-	-
17	West Chester township	60,958	64	10.50

CLERMONT

Overview

Clermont County’s Southern perimeter is along the Ohio River and Ohio-Kentucky state line, with Warren County to the North, Hamilton County to the West, and Brown County to the East. Clermont County is the farthest West of the 32 Appalachian counties in Ohio, as previously referenced, and a part of the larger 420 counties in the 13 state Appalachian region.³⁴ In this county of over 250 square miles, the population has more than doubled from 1950 to 2010 and is projected to continue to rise.³⁵ The United States Census Bureau estimates a population of 205,466 for 2018.³⁶

County Government and Public Funding

Formally established in 1800, Butler County operates under a statutory form of government, led by three elected County Commissioners. The county seat is the Village of Batavia. Clermont County Mental Health and Recovery Board receives local funds from 10-year levies that support services for mental health and addiction recovery services.³⁷

Hospital System(s)

Clermont County is home to Mercy Health – Clermont Hospital, located in Batavia. This hospital has served the community since 1973³⁸ and has 178 registered short-term acute care beds, including forty-two psychiatric beds.³⁹

County ADAMHS Board

The Clermont County Mental Health and Recovery Board supports residents in crisis with a crisis hotline and textline, in-person counseling, mobile crisis team, as well as support services for families and a crisis response team. Of the \$474,650 spent for suicide-related crisis services, \$160,000 is through a OhioMHAS Engage SAMHSA grant for individuals with developmental disabilities. Of the \$139,000 spent in suicide prevention, about \$43,000 goes to schools. Child Focus receives funds to provide prevention, intervention and postvention services. NAMI also provides a suicide prevention program. Providing these services, aligning agencies to use the same screening assessment, and partnering with

FIGURE 21: Clermont ⁴⁰

County Background	
County Seat	Batavia
Rural/Suburban/Metropolitan/Appalachian	Appalachian
County Population Count	205,466 ⁴¹
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	\$6.3 million
Annual Dollar Amount for Suicide-related Crisis Services	\$474,650
Source of Funding for Suicide-related Crisis Services	Local, State, and Federal
Annual Dollar Amount for Suicide Prevention	\$139,000
Source of Funding for Suicide Prevention Services	Local, State, and Federal
Suicide Prevention/Reduction explicitly stated priority in Board Strategic Plan or other County-Wide Health Plan	Currently does not have a strategic plan, but is a priority of the Board and Health Department
ADAMHS Board educates local media outlets on responsible reporting on suicide	Not currently
Suicide Prevention Coalition	
Has a local Suicide Prevention Coalition	Yes
Paid Coalition Chair	No
Annual Budget and Funding Source	Annual funding for a candlelight vigil

schools to provide school-based services are strengths that exist in the county. 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 go toward expanding mobile crisis

to be available around the clock, or to establish a crisis stabilization center with the local hospital.

Suicide Prevention Coalition

The Clermont County Suicide Prevention Coalition is managed by the Clermont County ADAMHS Board. As of September 2019, the Coalition has not met and the Clermont County ADAMHS Board is in the process of restarting the Coalition, establishing a new vision and mission statement, and a new strategic plan. This coalition includes representatives from a variety of populations and sectors, including media, schools, youth-serving organizations, law enforcement, healthcare professionals, and government agencies.

The suicide prevention coalition's activities have mainly been building awareness and providing education campaigns. Other coalition activities include providing trainings for the community members and schools, promoting the county crisis line, and collaboration with prevention training programs such as AMSR, Kognito, QPR, MHFA. The coalition focuses on survivors of suicide, individuals with mental and/or substance use disorders, youth 18-24, and first responders. The resources available for youth are strong, while adult suicide prevention services need improvement.

FIGURE 22

Clermont County - Average Annual Suicide Rate by Township/Municipality

OHIO, 2009-2018

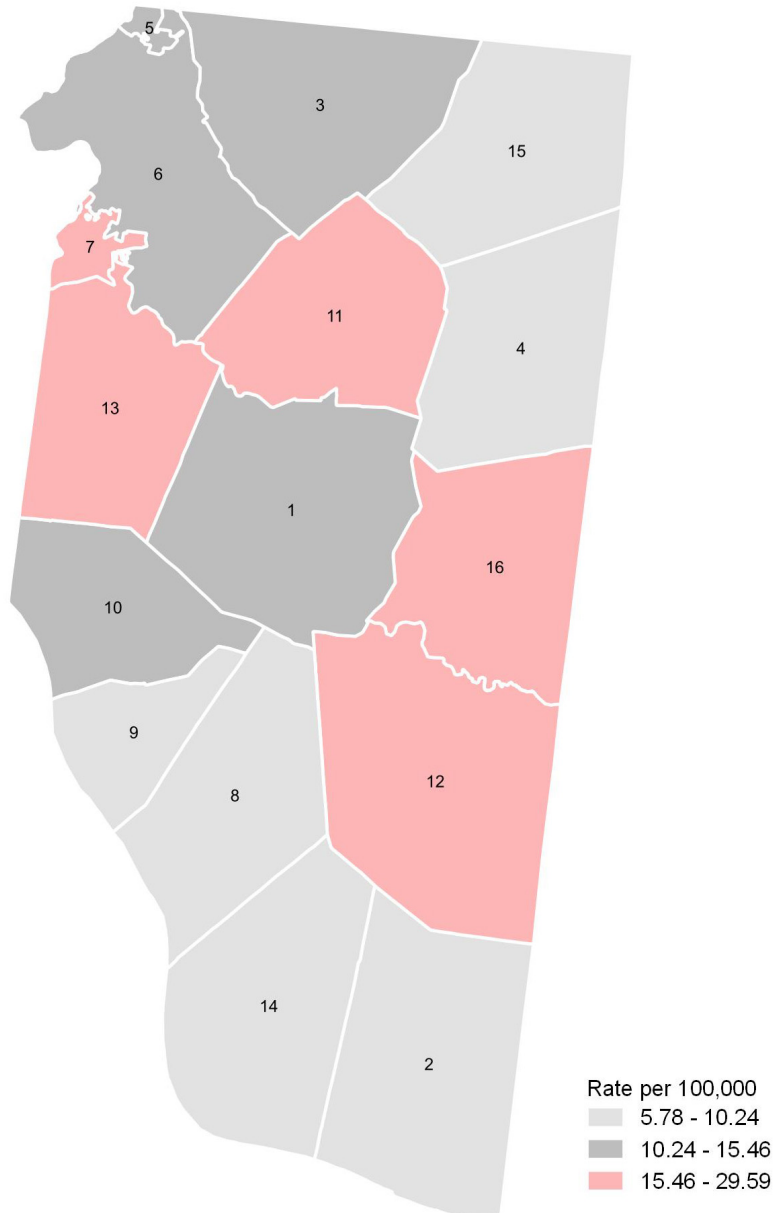


FIGURE 23

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

	Name	Pop	Count	Rate
1	Batavia township	23,280	31	13.32
2	Franklin township	4,188	–	–
3	Goshen township	15,505	21	13.54
4	Jackson township	2,980	–	–
5	Loveland city	1,941	–	–
6	Miami township	40,848	54	13.22
7	Milford city	6,680	12	17.96
8	Monroe township	7,828	–	–

	Name	Pop	Count	Rate
9	Ohio township	5,192	–	–
10	Pierce township	14,349	19	13.24
11	Stonelick township	5,890	14	23.77
12	Tate township	9,357	18	19.24
13	Union township	46,416	84	18.10
14	Washington township	2,278	–	–
15	Wayne township	4,885	–	–
16	Williamsburg township	5,746	17	29.59

CLINTON

Overview

Covering 410.9 square miles, Clinton County is along Interstate 71, with Greene County to the North, Fayette County to the Northeast, Highland County to the Southeast, Brown County to the South, and Warren County to the West. Similar to Clermont County, the population has more than doubled from 1950 to 2010 peaking at 44,846.⁴² However, the United States Census Bureau estimates a decline in population over the following eight years, with an estimated population of 42,057 for 2018.⁴³ The county falls into the previously referenced category of “rural.”

County Government and Public Funding

Formally established in 1810, Clinton County operates under a statutory form of government, led by three elected County Commissioners. The county seat is the City of Wilmington. Mental health and addiction recovery services are provided through the Mental Health Recovery Services of Warren and Clinton Counties. Local funds from 10-year levies support these services.⁴⁴

Hospital System(s)

Clinton Memorial Hospital, located in Wilmington, is the only hospital in the county. This hospital has been serving residents for over 60 years with 165 beds of which 14 are psychiatric.⁴⁵

County ADAMHS Board

The Mental Health Recovery Services of Warren and Clinton Counties (MHRS of Warren and Clinton Counties) supports residents in both Warren and Clinton counties. Services provided for residents in crisis include a crisis hotline and textline, in-person counseling, a mobile crisis team, as well as crisis-specific jail services. Of the \$385,000 for suicide-related crisis services, \$97,075 is for mobile crisis services. MHRS of Warren and Clinton Counties contracts with Solutions Community Counseling and Recovery Centers to provide a wide array of suicide prevention services. While pre-hospital screening and mobile crisis have had an impact, there is still room for

FIGURE 24: Clinton ⁴⁶

County Background	
County Seat	Wilmington
Rural/Suburban/Metropolitan/Appalachian	Rural
County Population Count	42,057 ⁴⁷
ADAMHS Board Funding and Services	
Number of ADAMHS Board-Funded Agencies	4
Has a Local Levy for Mental Health and/or Addiction Services	Yes ⁴⁰
Annual Dollar Amount of Board-Funded Services	\$13,805,602 (FY20 Estimate)*
Annual Dollar Amount for Suicide-related Crisis Services	\$385,000*
Source of Funding for Suicide-related Crisis Services	Local and State
Annual Dollar Amount for Suicide Prevention	Not able to provide
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
ADAMHS Board educates local media outlets on responsible reporting on suicide	No
Suicide Prevention Coalition	
Has a local Suicide Prevention Coalition	Yes (shared with Warren County)
Paid Coalition Chair	No
Annual Budget and Funding Source	Less than \$2,500

* This information is for both Clinton and Warren counties as shared by Mental Health & Recovery Services of Clinton and Warren Counties

improvement, especially in providing suicide-related crisis services for residents under 18 years old. 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 go towards crisis stabilization and to retool crisis and mobile crisis response. MHRS of Warren and Clinton Counties is also always looking for other innovative solutions.

Suicide Prevention Coalition

The Suicide Prevention Coalition of Warren and Clinton Counties is managed by the Warren and Clinton Counties ADAMHS Board to provide residents with suicide prevention services. This coalition includes representatives from a variety of populations and sectors, including law enforcement, civic or volunteer groups, and

government agencies. The Coalition has been inactive but plans to restart in 2020. Capacity to do the work is low, except when partnered with other groups and coalitions. Where the group could focus is building capacity for the work through increasing membership and engagement.

The suicide prevention coalition's activities include the promotion of a crisis hotline and collaboration with prevention training programs such as AMSR, Kognito, QPR, MHFA. They have also worked with a local drug free task force to disseminate prevention information, hold a youth summit, and participate in Drug Take Back days. The coalition focuses on youth K-12.

FIGURE 25

Clinton County - Average Annual Suicide Rate by Township/Municipality

OHIO, 2009-2018

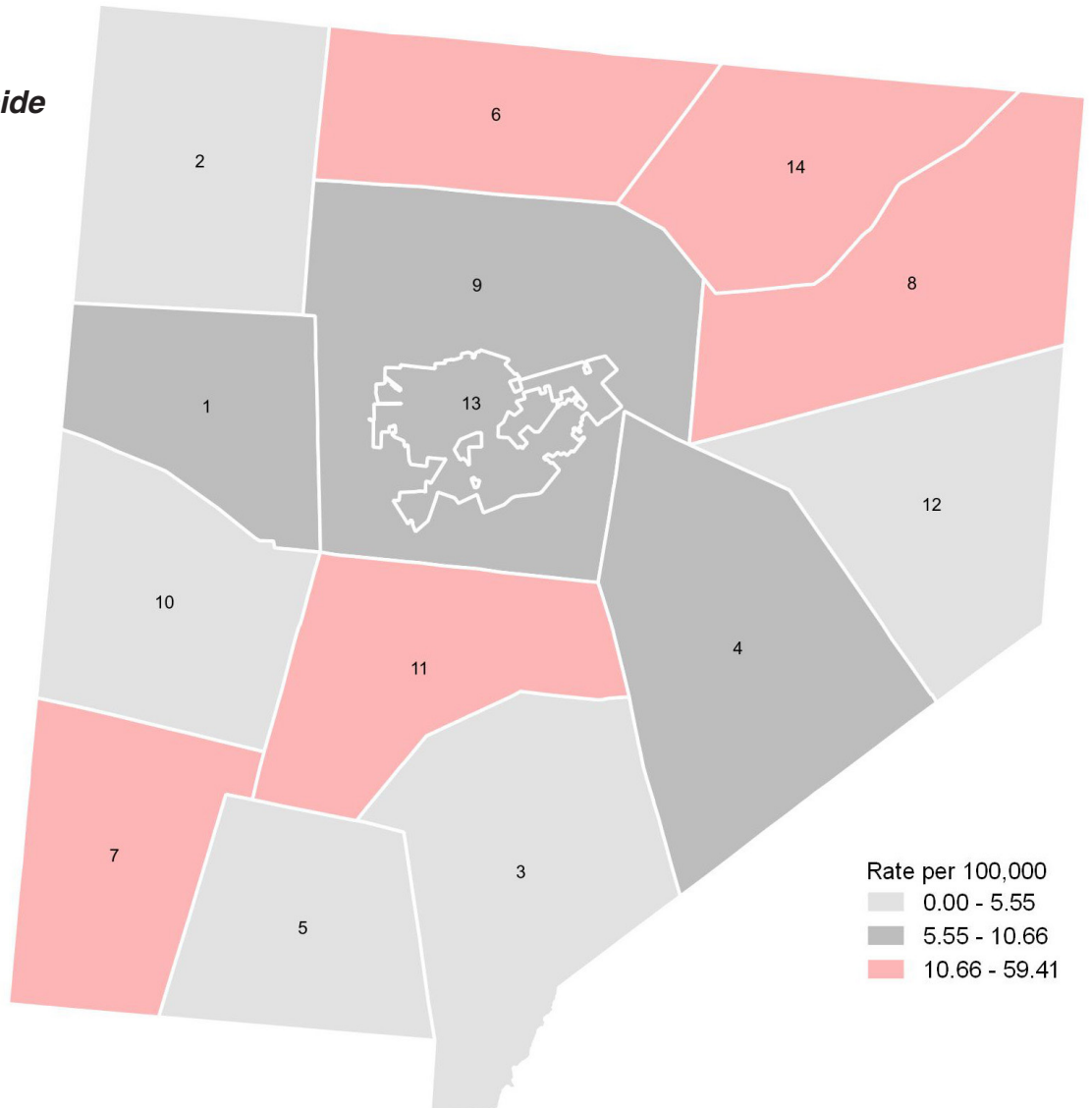


FIGURE 26

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

	Name	Pop	Count	Rate
1	Adams township	2,091	–	–
2	Chester township	1,967	–	–
3	Clark township	2,123	–	–
4	Green township	2,473	–	–
5	Jefferson township	1,399	–	–
6	Liberty township	1,067	–	–
7	Marion township	5,394	–	–

	Name	Pop	Count	Rate
8	Richland township	3,573	–	–
9	Union township	3,085	–	–
10	Vernon township	2,997	–	–
11	Washington township	2,130	–	–
12	Wayne township	716	–	–
13	Wilmington city	12,520	12	9.58
14	Wilson township	505	–	–

HAMILTON

Overview

Hamilton County is the most Southwestern county in the state, with Indiana to the West, the Ohio River and Kentucky to the South, Butler County to the North, and Clermont County to the East. The county, with 407.4 square miles, is home to the Ohio portion of the Greater Cincinnati tri-state region. The population has been on the rise over the last seventy years.⁴⁸ According to the United States Census Bureau, population has declined from 1970, where it was the highest at 924,018, to 2010 with a population of 802,374. However, the estimated population increased to 816,684 for 2018.⁴⁹ The county falls into the previously referenced category of “metropolitan.”

County Government and Public Funding

Formally established in 1790, Hamilton County operates under a statutory form of government, led by three elected County Commissioners. The county seat is the City of Cincinnati. There are several levies in Hamilton County that support health and human services. They include Mental Health, Family Services and Treatment, Children Services, Indigent Care, Developmental Disabilities Services, and Senior Services.⁵⁰ In 2019, these levies cost residents \$384.16 for every \$100K market value of their home.⁵¹

Hospital System(s)

Hamilton County is home to several health care networks. These include, TriHealth with four hospitals, Mercy Health with three hospitals, Cincinnati Children’s Hospital Medical Center with two children’s hospitals, UC Health with four hospitals, Encompass Health with two rehabilitation hospitals, The Christ Hospital, Blueridge Vista, Shriners Hospitals for Children, and Select Specialty Hospital with two hospitals that provide care for patients with respiratory disorders.^{52 53} Lastly, Hamilton County includes Summit Behavioral Health, the state psychiatric hospital that supports the Southwest Ohio region.

County ADAMHS Board

Hamilton County Mental Health and Recovery Services

FIGURE 27: Hamilton ⁵⁴

County Background	
County Seat	Cincinnati
Rural/Suburban/Metropolitan/Appalachian	Metropolitan
County Population Count	816,684 ⁵⁵
ADAMHS Board Funding and Services	
Number of ADAMHS Board-Funded Agencies	32
Has a Local Levy for Mental Health and/or Addiction Services	Yes
Annual Dollar Amount of Board-Funded Services	\$60 million
Annual Dollar Amount for Suicide-related Crisis Services	Approximately \$3.8 million
Source of Funding for Suicide-related Crisis Services	Local
Annual Dollar Amount for Suicide Prevention	Approximately \$4 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	No
ADAMHS Board educates local media outlets on responsible reporting on suicide	Yes, referred to resources when requested
Suicide Prevention Coalition	
Has a local Suicide Prevention Coalition	Yes
Paid Coalition Chair	No
Annual Budget and Funding Source	No

Board supports residents in crisis with a crisis hotline and textline, in-person crisis counseling, providing a mobile response team, crisis stabilization, as well as support services for families. These services are provided through contracts with Talbert House, which provides the crisis

hotline and text line, while Central Clinic provides a mobile crisis team and probate services. Crisis stabilization for youth is provided by St. Joseph Orphanage while crisis stabilization for adults is provided by Central Community Health Board. Note that all contracted agencies receive some funding to provide crisis services to their clients. While crisis services like the mobile crisis team, the hotline and textline, crisis stabilization services and crisis intervention team have made a positive impact for residents in the county, when asked how the Board would use additional crisis funding received from the state operating budget towards suicide-related services, the Board noted it views the creation and staffing of a crisis center as a priority. There also needs to be improvement in hospital access and capacity to serve, which includes the challenges created by workforce shortages.

Suicide Prevention Coalition

The Hamilton County Suicide Prevention Coalition is lead by the Hamilton County Mental Health and Addiction Services Board and Talbert House. The coalition’s mission is to prevent suicides and to support survivors by providing information and resources, raising awareness, eliminating stigma, and increasing help-seeking behavior for Hamilton County residents. Members of the coalition are organizations that address suicide prevention through suicide specific services, mental health services, and alcohol and drug services, all of whom serve at-risk suicide populations.

The coalition assists organizations to reach their target populations and the general public through active participation at community events and referring persons for services. There are not specific activities sponsored by the coalition, but rather acts to support existing activities within community and representative organizations. Examples of such events are: the NAMI Walk, PRIDE event, Journey’s Youth Conference, Veteran’s Hospital Wellness Day, First Ladies Health Fairs, and the Cincinnati Public Schools Wellness Day for all tenth graders.

FIGURE 28

Hamilton County - Average Annual Suicide Rate by Township/Municipality

OHIO, 2009-2018

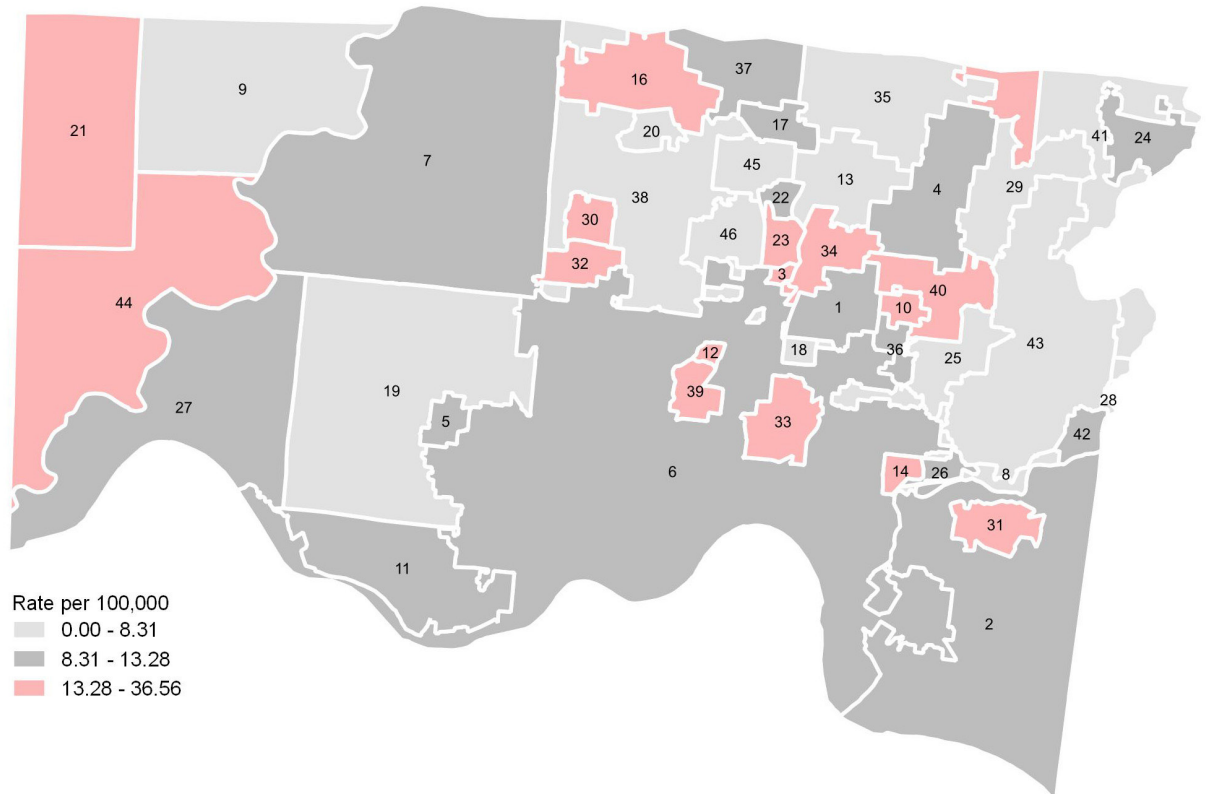


FIGURE 29

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

	Name	Pop	Count	Rate
1	Amberley village	3,585	-	-
2	Anderson township	43,446	46	10.59
3	Arlington Heights village	745	-	-
4	Blue Ash city	12,114	16	13.21
5	Cheviot city	8,375	-	-
6	Cincinnati city	296,943	354	11.92
7	Colerain township	58,499	69	11.80
8	Columbia township	4,532	-	-
9	Crosby township	2,767	-	-
10	Deer Park city	5,736	10	17.43
11	Delhi township	29,510	37	12.54
12	Elmwood Place village	2,188	-	-
13	Evendale village	2,767	-	-
14	Fairfax village	1,699	-	-
15	Fairfield city	0	-	-
16	Forest Park city	18,720	26	13.89
17	Glendale village	2,155	-	-
18	Golf Manor village	3,611	-	-
19	Green township	58,370	48	8.22
20	Greenhills village	3,615	-	-
21	Harrison township	13,934	21	15.07
22	Lincoln Heights village	3,286	-	-
23	Lockland village	3,449	-	-

	Name	Pop	Count	Rate
24	Loveland city	9,348	10	10.70
25	Madeira city	8,726	-	-
26	Mariemont village	3,403	-	-
27	Miami township	15,757	16	10.15
28	Milford city	29	-	-
29	Montgomery city	10,251	-	-
30	Mount Healthy city	6,098	-	-
31	Newtown village	2,672	-	-
32	North College Hill city	9,397	13	13.83
33	Norwood city	19,207	34	17.70
34	Reading city	10,385	18	17.33
35	Sharonville city	11,197	-	-
36	Silverton village	4,788	-	-
37	Springdale city	11,223	11	9.80
38	Springfield township	36,319	28	7.71
39	St. Bernard village	4,368	-	-
40	Sycamore township	19,200	36	18.75
41	Symmes township	14,683	12	8.17
42	Terrace Park village	2,251	-	-
43	The Village of Indian Hill city	5,785	-	-
44	Whitewater township	5,519	-	-
45	Woodlawn village	3,294	-	-
46	Wyoming city	8,428	-	-

WARREN

Overview

With 399.9 square miles, Warren County is adjacent to Greene and Montgomery Counties to the North, Clinton County to the East, Clermont County to the South, Butler County to the West, and is home to Kings Island. Just Northeast of I-275 that circles Cincinnati, Warren County includes Mason, Lebanon, Franklin, Springboro and East side of Middletown. The population of Warren County has more than doubled from 1980 to 2010, and is projected to continue to grow. The United States Census Bureau estimates the population at 232,173 for 2018.⁵⁶

County Government and Public Funding

Formally established in 1803, Warren County operates under a statutory form of government, led by three elected County Commissioners. The county seat is the City of Lebanon. Mental health and addiction recovery services are provided through the Mental Health and Recovery Services Board of Warren and Clinton Counties. Local funds from 10-year levies support these services.⁵⁷

Hospital System(s)

The hospitals in Warren County include Cincinnati Children’s Hospital Medical Center in Mason, Atrium Medical Center, part the health care system of Premier Health, and Lindner Center of Hope, a psychiatric hospital and mental health center.^{58 59}

County ADAMHS Board

The Mental Health Recovery Services of Warren and Clinton Counties (MHRS of Warren and Clinton Counties) supports residents in both Warren and Clinton counties. Services provided for residents in crisis include a crisis hotline and textline, in-person counseling, a mobile crisis team, as well as crisis-specific jail services. Of the \$385,000 for suicide-related crisis services, \$97,075 is for mobile crisis services. MHRS of Warren and Clinton Counties contracts with Solutions Community Counseling and Recovery Centers to provide a wide array of suicide prevention services. While pre-hospital screening and mobile crisis have had an impact, there is still room for

FIGURE 30: Warren ⁶⁰

County Background	
County Seat	Lebanon
Rural/Suburban/Metropolitan/Appalachian	Rural
County Population Count	232,173 ⁶¹
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	\$13,805,602 (FY20 Estimate)*
Annual Dollar Amount for Suicide-related Crisis Services	\$385,000*
Source of Funding for Suicide-related Crisis Services	Local and State
Annual Dollar Amount for Suicide Prevention	Not able to provide
Source of Funding for Suicide Prevention Services	Local
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

* This information is for both Clinton and Warren counties as shared by Mental Health & Recovery Services of Clinton and Warren Counties

improvement, especially in providing suicide-related crisis services for residents under 18 years old. When asked how the Board would use additional crisis funding

received from the state operating budget toward suicide-related services, the Board noted it could go toward crisis stabilization and to retool crisis and mobile crisis response. Warren and Clinton Counties ADAMHS Board is also always looking for other innovative solutions.

Suicide Prevention Coalition

The Suicide Prevention Coalition of Warren and Clinton Counties is managed by the Warren and Clinton Counties ADAMHS Board to provide residents with suicide prevention services. This coalition includes representatives from a variety of populations and sectors, including law enforcement, civic or volunteer groups, and

government agencies. The Coalition has been inactive but plans to restart in 2020. Capacity to do the work is low, except when partnered with other groups and coalitions. An area where the group could focus is building capacity for the work through increasing membership and engagement.

The suicide prevention coalition's activities include the promotion of a crisis hotline and collaboration with prevention training programs such as AMSR, Kognito, QPR, MHFA, with a focus on youth K-12. They have also worked with the Substance Abuse Prevention Coalition of Warren County to disseminate prevention information, hold a youth summit and participate in Drug Take Back days.

FIGURE 31

Warren County - Average Annual Suicide Rate by Township/Municipality

OHIO, 2009-2018

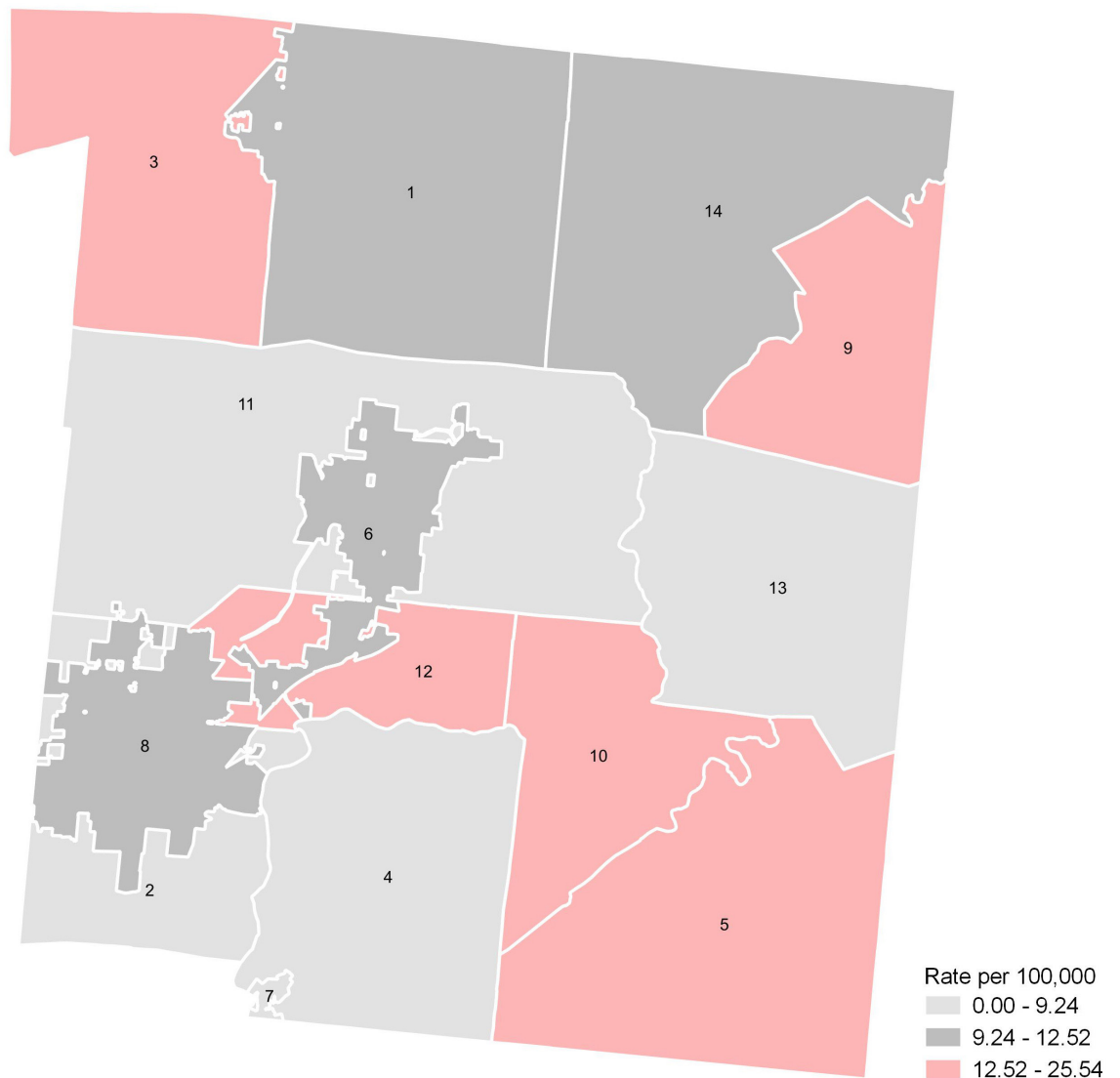


FIGURE 32

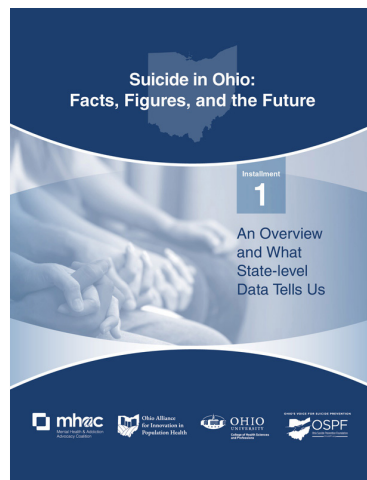
Warren County - Suicide Count and Average Annual Rate 2009-2018 (RATE PER 100,000 POPULATION)

	Name	Pop	Count	Rate
1	Clear Creek township	30,265	34	11.23
2	Deerfield township	36,059	27	7.49
3	Franklin township	30,312	38	12.54
4	Hamilton township	23,556	20	8.49
5	Harlan township	4,698	12	25.54
6	Lebanon city	20,033	25	12.48
7	Loveland city	792	-	-

	Name	Pop	Count	Rate
8	Mason city	30,712	33	10.74
9	Massie township	1,141	-	-
10	Salem township	4,389	10	22.78
11	Turtlecreek township	15,143	11	7.26
12	Union township	4,696	-	-
13	Washington township	2,717	-	-
14	Wayne township	8,180	-	-

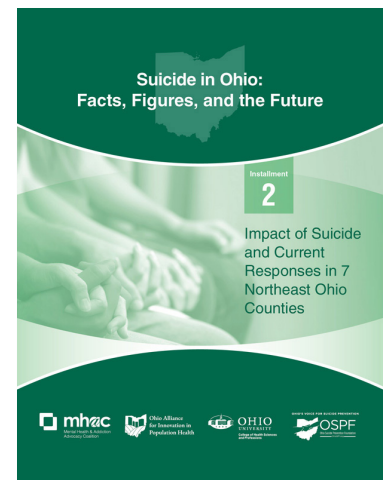
REPORT INSTALLMENTS

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.



Suicide in Ohio: Installment 2

[*Impact of Suicide and Current Responses in 7 Northeast Ohio Counties*](#), will delve into regional, county, and township level suicide death data in seven Northeast Ohio counties, including Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, and Summit Counties, and provide information on county-level systems and suicide prevention efforts.

END NOTES

1. The United States Census Bureau. "Quick Facts: United States." <https://www.census.gov/quickfacts>.
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15. 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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- gray denoting a moderate rate. Townships with rates starting at 22.25 and ending at 38.23 were assigned a red shade, denoting the highest grouping for Brown 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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