



Children and Human Services Committee Testimony

February 26, 2025

3:00 pm

Chair White, Vice Chair Salvo, Ranking Member Lett, and members of the Children and Human Services Committee, thank you for allowing me to testify in favor of the Governor's Budget Proposal on behavioral health and suicide prevention.

My name is Tony Coder, and I am the Executive Director of the Ohio Suicide Prevention Foundation (OSPF), a 501c3 non-profit focused on preventing suicide in Ohio, as well as attending to the needs of individuals, families, and communities to assist in preventing suicides at the local level. Our programs range from youth-based suicide prevention through Sources of Strength, which serves over 170,000 youth in over 400 schools across Ohio, to middle-aged men through our Man Therapy program to older adults and everyone in between.

As you know, suicide is a significant health issue in Ohio, with 1777 people dying by suicide in 2023 –nearly five people every day. The ODH Ohio Emergency Department Suspected Self-Directed Summary report that I receive weekly shows that approximately 25-30 people are seen every day in Ohio's emergency rooms with a suicide attempt, and approximately 200 people every day in Ohio's ERs come in with suicide ideation and thoughts of suicide. Nearly 81% of our suicide deaths are adult men, with both young men and women aged 25-34 having the highest numbers of suicides. And even though we think of suicide as a "young person's issue," our older adults are struggling as well. This issue impacts children, youth, young adults, middle-aged adults and older adults. No one is truly immune.

But, while all these numbers seem overwhelming, I also want to share that your investments in suicide prevention are beginning to pay dividends. From 2022-2023, we saw a 1% decrease in suicide deaths in Ohio, from 1797 in 2022 to 1777 in 2023. Since Covid, we had seen an increase every year from 2019 to 2022, but we now see that these numbers are turning, and we need to keep our foot on the gas and continue the downward trend. Even more exciting is that we have seen a 6% decrease in youth suicides from 2022 to 2023, which makes all of us want to work harder for our kids.

Investment in behavioral health and prevention not only saves lives, but it also has been shown to save costs to employers in lost time and productivity, costs saved for emergency room visits, later treatment costs, and first responder time and effort.

Through the Suicide Prevention Plan for Ohio, coordinated by OSPF and funded through OhioMHAS, we have created a comprehensive state plan that included more than 40 partners. Those partners ranged from behavioral healthcare providers to mental health boards, chambers of commerce, managed-care plans, loss survivors, and even gun shops took part in writing this plan. Everyone has a role in suicide prevention, and many traditional and non-traditional partners in behavioral health are working with OSPF on suicide prevention.

We have been proud to partner with African-American leaders on Black youth suicide, and we have seen a 2% decrease from 2022-2023 in suicides after nearly two decades of alarming increases of suicides in the Black community. We have been honored to work with the firearms community, including private businesses like BlackWing Shooting Center, Vance Outdoors, LEPA, Fin, Feather and Fur, and many others on suicide prevention. We have proven that we can talk about mental health and reduce suicides without impacting 2nd Amendment rights. We work with schools, coroners, suicide prevention coalitions, city and community leaders, hospitals, ADAMH boards, health care providers, suicide loss and suicide attempt survivors, the Ohio Chamber of Commerce, and all sorts of industries and organizations. Suicide prevention has no enemies, only partners.

We are asking this committee and the Ohio House to support the investments that the Governor is making in suicide prevention, 988, and crisis care. Suicide prevention programs are such a small investment with such significant dividends in lives saved, but we must also make sure that we have the system in place to truly reach the potential of curbing suicides until not one life is lost.

988 has been a resource to just over 456,000 people in Ohio through its call, chat, and text system, with an average of over 18,000 contacts per month. I don't want us to think of these as just calls, though – I want us to understand that nationally, it is estimated that 988 handles about 80% of the crises on the phone, chat, or text, which means that these are people who are given resources to live another day, but also are not going to our emergency rooms or taking the time of first responders. Of course, when those services need to be reached, they are there, but if we can better address and alleviate a person's crisis on a 988 contact, we save time, money, and heartache.

However, when crisis services are needed, we must have those in place to prevent suicides. A study by Keith Hawton, a renowned suicide researcher from Oxford in the UK, asked the question of suicide attempt survivors, “how much time passed between the time you decided to complete suicide and when you attempted suicide?” and one in four of those suicide attempt survivors said that the time was less than five minutes and nearly 70% said it was less than an hour. When crisis services are needed, they are needed immediately. We don’t expect heart patients who are in cardiac arrest to wait for care – people in a potential suicide crisis shouldn’t have to wait, either.

I had a pharmacist call me about 2 ½ years ago and said that he found razor blades and a suicide note in his 10-year-old daughter’s room. He took his daughter to the hospital, and they said that it would take six weeks to get his daughter into care. He called me because we had met at one of her classmate's funerals, and I had given him my card. I spoke with him and made calls to folks that I knew and was told that the girl was either too young for treatment, had the incorrect insurance, and that six weeks was probably how long it would take. The only advice I could give him was to hide the knives and the razor blades, lock up any firearms, and sleep in her room for six weeks.

I received an email three weeks ago from someone from a dating app company who shared that one of their users from Ohio shared on his profile that he was going to take his life on Feb. 17, 2025, and wanted just one person to spend his last days with him. They gave me an email and his name, and between the police and the suicide prevention coalition, we were able to get crisis services to that young man, and that young man is alive today. He admitted it was a cry for help, and help came to him. We see these issues in communities across Ohio.

For us to continue to prevent suicide, we have to stay measured, and we have to remain committed to the cause. By funding only a third or a half or three-fourths of the behavioral health system, we will pour dollars into a system destined for failure, and I will give you bad news each time we meet. 1777 lives are too many, and we must continue to lower that number. Crisis care is more than just people; it is a commitment to the very future of Ohio. Your investments in both long-term suicide prevention programming and strategy and the immediate needs of those in crisis both pay high dividends in lives saved and the economic return to businesses, communities, and systems across Ohio.

Thank you for your time and I will be happy to answer any questions.