



House Finance Committee Testimony

March 13, 2025

10:30 am

Chair Stewart, Vice Chair Dovilla, Ranking Member Sweeney, and members of the Finance 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 Austin Lucas, and I am the Associate 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. Our work includes reducing the stigma of suicide, promoting evidence-based prevention strategies, and raising awareness about suicide's relationship to mental illness and substance use disorders, and other factors that contribute to suicide.

As you know, suicide is a significant health issue in Ohio, with 1,777 people dying by suicide in 2023 –nearly five people every day, and one youth every 34 hours. The ODH Ohio Emergency Department Suspected Self-Directed Summary report that we 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 individuals within working age 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—suicide does not discriminate.

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 1,797 in 2022 to 1,777 in 2023. Since Covid, we had seen an increase every year from 2019 to 2022, but we now see that these numbers are decreasing, and we need to continue our momentum toward the

downward trend. Even more exciting is that we have seen a 6% decrease in youth suicides from 2022 to 2023, which makes us want to work even 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 and medical claims, 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 organizations, those directly impacted by a suicide loss, 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 to implement initiatives contained in this plan. Ohio is a leader in our innovative implementation activities, and we need to keep prevention and mental health dollars in the forefront of our priorities to maintain that good standing.

We have been honored to work with the firearms community, including private businesses like BlackWing Shooting Center, Vance Outdoors, LEPD, Fin, Feather, 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.

About a year ago, I received a call from an individual who was crying and told me that he was going to jump from a bridge. While I was in the process of transferring him to 988, he explained that he didn't want to just be handed off to another person. He then hung up and then it went straight to voicemail when I tried calling him back. All I knew is that he had a 740-area code—which is a large portion of the State, so I didn't know exactly where he was at. I quickly called 911 and 988, gave them his phone number, and it is unknown what happened after that. While we have come a long way in terms of public knowledge and perception around 988, we still need to do more. If this individual called 988 directly, a trained crisis counselor could have handled the situation as the first person to answer the call, and if necessary, dispatch emergency and crisis personnel. Sustainable funding for 988 and crisis services is absolutely critical to saving lives.

I've also had the opportunity to teach QPR, a suicide prevention training that teaches everyday people how to have conversations with their loved ones about suicide and how to refer them to behavioral health providers. I've personally reached well over 5,000 Ohioans with this training. After these trainings, I've generally receive positive feedback saying they were able to successfully have a conversation with their loved ones and that has helped them feel connected in the meantime. However, I have also received feedback that while they were able to connect with their loved ones, they were unable to get their loved ones into treatment because the only options are the emergency room, or in extreme cases, a 6-plus month wait to get into services. This is a common theme 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. 1,777 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 from the committee.