



# ASHTABULA COUNTY SUICIDE PREVENTION COALITION

**COMMUNITY CONTEXT:** Ashtabula is the northeastern-most county and geographically the largest county in Ohio. With a predominantly Caucasian population of under 100,000, Ashtabula County includes a micropolitan area as well as a large rural area. Ashtabula has 48% of households either living in poverty or are members of the working poor, which is higher than the overall state data (37% of Ohio households). Some areas have limited or poor cell phone coverage, and many households lack internet connectivity, limiting connectivity of already marginalized populations. Poverty, meeting basic needs, connectedness, and transportation have been concerns consistently identified by the coalition and other community leadership groups. Ashtabula County leaders and organizations have a rich history of collaboration, allowing for positive changes, despite few resources or funding streams.

## LEAD AGENCY OR CONVENER GROUP

The Ashtabula County MHRS Board created the Ashtabula County Suicide Prevention Coalition with the help of local behavioral health providers and health departments to address suicide prevention as a separate issue from substance use prevention. The coalition's service area is all of Ashtabula County, serving all county residents across the lifespan. The MHRS Board provides meeting space, keeps records, and acts as the fiscal agent for the Coalition.

## COALITION MEMBERSHIP

We have made a concerted effort to recruit representation from all corners of our county. Parents, businesses, youth-serving organizations, healthcare professionals, government and treatment providers are diverse sectors that are currently represented on the Coalition. Moving forward, we intend to solicit involvement from those sectors not yet represented. We are seeking more effective strategies to not only engage high-risk populations in coalition activities, but encourage more coalition membership representing these priority populations.

## OPERATIONS AND PROCESSES

Monthly Coalition meetings are open to the public. Community members may seek the coalition by contacting the MHRS Board via the website or phone or through partner agencies. Membership engagement is measured by attendance at meetings, participation in projects, and/or financial and moral support. The Coalition makes decisions through group consensus. Benefits to individuals and their organizations represented on the Coalition include being able to share/market information about resources, programs, and services with other agencies.

## LEADERSHIP AND STAFFING

Currently, the Coalition's efforts are coordinated by the Coalition Chair, without a formal Leadership Team, paid staff, or officers. The Ashtabula County MHRS Board acts as the fiscal agent for the Coalition, and provides staff to chair the Coalition. Volunteer Coalition Members choose which Coalition activities to which they commit their time, resources, and leadership. Responsibilities are shared through communication, collaboration, and shared planning and programming. Coalition members act as ambassadors for the coalition.

## STRUCTURES

While not a non-profit entity nor an independent organization, the Coalition is developing by-laws and mission and vision statements. The Coalition oversees the LOSS Team, and the Incident Response Team. The LOSS Team provides postvention to survivors of suicide loss and other traumatic loss at the request of the Coroner's Office. The IRT provides a mental health response within the county school districts at the request of the schools.

## POOLED RESOURCES

Funding is provided by the MHRS Board (state and local allocations), as well as donations from the community and pooled resources from other agencies. Other sources of financial support include grant funding, donations, and sponsorships. Member organizations contribute human resources including volunteers and staff time, and collaborate with other community organizations to reduce duplication of efforts. Data resources come from the MHRS Board, health departments, behavioral health provider agencies, and the Coroner's Office.

## MEMBER ENGAGEMENT

Coalition members play the primary role of identifying potential new members, recruiting and on-boarding new members. We recognize the importance of formalizing these processes in order to increase buy-in and expand our ranks with motivated community members. Current members are personally or professionally passionate about and invested in the cause of suicide prevention. The Coalition promotes and encourages connectedness and communication through our shared sense of purpose.

## ASSESSMENT AND PLANNING

The Coalition does not have a formal framework for strategic planning, though many members are familiar with prevention specific strategic planning. We draw upon their experience when creating annual action plans. We use data on completed suicides from multiple sources (Coroner's Office, Health Department, Schools, MHRS Board) in determining the needs of the community and choosing the problem(s) of practice. The Coalition's annual action plan is available on the MHRS Board Website accessible to the public.

## IMPLEMENTATION OF STRATEGIES

We acquire resources for implementation of our strategies through Coalition members, identified community partners, and volunteers. There are often more resources available to us than we realize at the outset of a project, and our human capital gives us a way to access them. We give opportunities to our community members, volunteers, and Coalition members to dedicate themselves to the events and strategies that we are currently focusing on.

## COMMUNITY CHANGE OUTCOMES

The Coalition's goal is to see a decrease in completed suicides, increased access to services in priority populations, and increased access to postvention and prevention services. We seek to achieve more utilization of prevention and postvention services, as well as an increased number of community members trained in gatekeeping.

## COMMUNITY CAPACITY

The Coalition has strengthened existing relationships, built new relationships, and increased community engagement. New relationships with local libraries and local school districts have been nurtured through the group's work. We have increased community engagement through the annual One Life Race and the Hope in Artistry Art Show. These opportunities have brought communities together, increasing the skills and abilities of community members through training and increasing grant funding and shared data.

## HEALTH AND SOCIAL OUTCOMES

Current changes in suicide prevention programming in our community include increased online trainings due to our current inability to provide in-person programming. The Coalition has increased social media visibility through the MHRS Board and Prevention Coalition, though the Coalition does not have its own website or social media. The Coalition has also increased outreach to more isolated areas and communities in the county due to stay-at-home orders and COVID-19 restrictions.

FORMATION

MAINTENANCE

INSTITUTIONALIZATION



## **Community Coalition Action Theory – Longer Narrative Ashtabula County Suicide Prevention Coalition Ashtabula County, Ohio**

### **Community Context**

Ashtabula, located in the far northeast of the state, is the largest geographic county in Ohio with a population of just over 97,000 (2019 estimate). According to 2010 United States Census data, Ashtabula County is 92.7% Caucasian. The northern 1/3 of the county is considered micropolitan, while the southern 2/3 of the county are more rural, including Amish communities.

Culturally, many families have been in the area for generations, leaving “newcomers” to feel marginalized at times. The county tends to exhibit conservative “small town” values and beliefs. While this allows for the “everyone knows everyone” connectivity, unfortunately it also allows stigma to perpetuate regarding mental health, substance use, and suicide.

Ashtabula has 48% of households either living in poverty or are members of the working poor, which is higher than the overall state data (37% of Ohio households). There are geographic areas that have limited or poor cell phone coverage, and many households lack internet connectivity, limiting connectivity of already marginalized populations. Poverty, meeting basic needs, connectedness, and transportation have been concerns consistently identified by the coalition and other community leadership groups, and therefore must inform how the Suicide Prevention Coalition approaches suicide prevention in our community. Ashtabula County leaders and organizations have a rich history of collaboration, allowing for positive changes despite few resources or funding streams.

### **Lead Agency or Convener Group**

The Ashtabula County Suicide Prevention Coalition’s lead agency is the Ashtabula County Mental Health and Recovery Services (MHRS) Board. The coalition’s service area is all of Ashtabula County, serving all county residents across the lifespan. The Suicide Prevention Coalition was formed by the MHRS Board in late 2011, separating from the Ashtabula County Prevention Coalition, due to a need to address suicide prevention separately from substance use prevention. Original members included representatives from Community Counseling Center, Signature Health, and Ashtabula County Health Department. The MHRS Board provides meeting space, keeps records, and acts as the fiscal agent for the Coalition.

### **Coalition Membership**

We have made a concerted effort to recruit representation from all corners of our county. Parents, businesses, youth-serving organizations, healthcare professionals, government, and treatment providers are diverse sectors that are currently represented on the Coalition. Moving forward, we intend to solicit involvement from those sectors not yet represented. We are seeking more effective strategies to not only engage high-risk populations in coalition activities, but encourage more coalition membership representing these priority populations.

### **Coalition Operations and Processes**

The Coalition meets monthly, and members of the community may seek the coalition by contacting the Mental Health and Recovery Services Board via the website or phone, through partner agencies, or by accessing one of the coalition’s community projects or trainings. Membership engagement is measured by attendance at meetings and participation in coalition projects, and/or financial and moral support. The Coalition makes decisions through group consensus. Benefits to individuals and their organizations represented on the Coalition include being of service to the community, and being able to share/market information about resources, programs, and services with other agencies.

## **Leadership and Staffing**

Currently, the Coalition's efforts are coordinated by the Coalition Chair, without a formal Leadership Team, paid staff, or officers. The MHRS Board acts as the fiscal agent for the Coalition and provides the staff to act as the Coalition Chair. Coalition members and volunteers take leadership of specific events and activities they are passionate about. Responsibilities are shared through communication, collaboration, and shared planning and programming. Coalition members act as ambassadors for the coalition, seek community resources, recruit members, distribute prevention and postvention information, and participate in educational events and community Coalition activities. The Coalition seeks out community leaders or resources to fill any identified gaps.

## **Structures**

The Coalition is not a non-profit entity, and is not an independent entity or organization. The Coalition currently does not have formal by-laws, but is in the process of developing by-laws and mission and vision statements. The organizational flow of the Coalition starts with the MHRS Board to the Coalition Chair, to Members of the Coalition, to the wider community. The Coalition provides general oversight to the LOSS Team and the Incident Response Team, and updates for both are provided at each Coalition meeting. The LOSS Team provides postvention to survivors of suicide loss and other traumatic loss at the request of the Coroner's Office. The IRT provides a mental health response within the county school districts at the request of the schools.

## **Pooled Resources**

Funding is provided by the MHRS Board (state and local allocations), as well as donations from the community and pooled resources from other agencies. Other sources of financial support include grant funding, donations, and sponsorships. Within the priority population served, the Coalition has a specific focus on youth, middle aged men, farming/rural community, veterans, and seniors. These priority populations are represented via representation from the VA, Seniors, and organizations serving both the Senior and Youth populations. We have recently expanded our collaborative reach to include the local Farm Bureau to connect with the rural/farming community, and Country Neighbor to reach the southern portion of our community. We work with local law enforcement for our Means Matter campaigns, the local technical school to educate nursing students, with a local hospital system to educate seniors, and others such as Kent State University Ashtabula, Community Action, and the Ashtabula County District Library to provide educational/informational outreach opportunities. Member organizations contribute human resources to efforts including volunteers and staff time. The MHRS Board, local health departments, behavioral health provider agencies, and the Coroner's Office provide data resources. The Health Department recognizes suicide prevention as a primary public health goal, but the Coalition is the only organization in the community with suicide prevention as the primary focus. Member updates at every meeting and members representing the Coalition's efforts at other groups' meetings allows discussion and collaboration on any potentially duplicate efforts.

## **Member Engagement**

Coalition members play the primary role of identifying potential new members, recruiting and on-boarding new members. We recognize the importance of formalizing these processes in order to increase buy-in and expand our ranks with motivated community members. Current members are personally or professionally passionate about and invested in the cause of suicide prevention. The Coalition promotes and encourages connectedness and communication by our shared sense of purpose and our shared sense of accomplishment when we meet goals like successfully completing a fundraiser or awareness activity.

## **Assessment and Planning**

The Coalition does not have a formal framework for strategic planning, though many members are familiar with prevention-specific strategic planning, and we draw upon their experience when creating

annual action plans. The Coalition votes to accept or change the Action Plan every SFY. We use data on completed suicides from multiple sources (Coroner's Office, Health Department, Schools, MHRS Board) in determining the needs of the community and choosing the problem(s) of practice. The Coalition's annual action plan is available on the MHRS Board Website accessible to the public.

### **Synergy**

When organizations come together and combine resources, knowledge, skills, and different points of view, they create something new that can accomplish more than the individual organizations could have accomplished on their own (Taylor-Powell, Rossing & Geran, 1998). There is something powerful in this partnership which researchers and others call synergy (Lasker, Weiss & Miller, 2001; Taylor-Powell, Rossing & Geran, 1998). In the CCAT, synergy occurs through the combination of: pooled resources, member engagement and assessment, and planning. Synergy is evident in our coalition in many ways, including the collaborative strategies required to plan and carry out our annual One Life 5K Race.

### **Implementation of Strategies**

We acquire resources for the implementation of our strategies through Coalition members, identified community partners, and volunteers. There are often many more resources available to us than we realize at the outset of a project, and our human capital gives us a way to access those resources. We try to give opportunities to our community members, volunteers, and Coalition members to dedicate themselves to the events and strategies that we are currently focusing on.

### **Community Change Outcomes**

The Coalition's goal is to see a decrease in completed suicides, increased access to services in priority populations, and increased access to postvention and prevention services. We seek to achieve more utilization of prevention and postvention services, as well as an increased number of community members trained in gatekeeping.

### **Health and Social Outcomes**

Current changes in suicide prevention programming in our community include increased online/virtual trainings due to coronavirus response and inability to provide in-person programming. The Coalition has increased social media visibility through the MHRS Board and Prevention Coalition, though the Coalition does not have its own website or social media. The Coalition has also increased outreach to more isolated areas and communities in the county due to stay-at-home orders and COVID-19 restrictions.

### **Community Capacity**

The Suicide Prevention Coalition has strengthened existing relationships between the Coroner's Office, the LOSS Team, and the MHRS Board. New relationships with local libraries and local school districts have been nurtured through the group's work. We have increased community engagement through the annual One Life Race for Suicide Prevention and the Hope in Artistry Art Show. Coalition sponsored movie screenings and training opportunities have brought communities together. The Coalition has increased the skills and abilities of community members through QPR, Mental Health First Aid Trainings, and trainings on LOSS Teams and complicated bereavement. The Coalition has increased grant funding in the county and has increased shared data between community organizations and agencies. The Coalition has also helped support the development of a local LGBTQ+ Community Club. The Coalition is anticipating further success as we initiate connections with local gun retailers and business owners, and as we continue to nurture and strengthen relationships with Law Enforcement and First Responders.

# **Community Coalition Action Theory – Shorter Narrative**

## **Ashtabula County Suicide Prevention Coalition**

### **Ashtabula County, Ohio**

#### **Community Context**

Ashtabula is the northeastern-most county, and geographically the largest county in Ohio. With a predominantly Caucasian population of under 100,000, Ashtabula County includes a micropolitan area as well as a large rural area. Poverty, meeting basic needs, connectedness, and transportation have consistently been identified as community concerns. We focus on youth, middle aged men, farming/rural community, veterans, and seniors.

#### **Lead Agency or Convener Group**

The Ashtabula County MHRS Board created the Ashtabula County Suicide Prevention Coalition with the help of local behavioral health providers and health departments to address suicide prevention as a separate issue from substance use prevention.

#### **Coalition Membership**

The community sectors currently represented on the Coalition are diverse. We are seeking more effective strategies to engage high-risk populations in coalition activities and to encourage more coalition membership representing these priority populations.

#### **Coalition Operations and Processes**

Monthly Coalition meetings are open to the public. Members of the community may seek the coalition by contacting the MHRS Board via the website or phone, through partner agencies, or by accessing one of the coalition's community projects or trainings. The Coalition makes decisions through group consensus.

#### **Leadership and Staffing**

The Ashtabula County MHRS Board acts as the fiscal agent for the Coalition, and provides staff to chair the Coalition. Volunteer Coalition Members choose which Coalition activities to which they commit their time, resources, and leadership.

#### **Structures**

While not a non-profit entity nor an independent organization, the Coalition is developing by-laws and mission and vision statements. The Coalition oversees the LOSS Team which provides postvention to survivors of suicide and other traumatic loss and the Incident Response Team which provides mental health response to county school districts.

#### **Pooled Resources**

Member organizations contribute human resources including volunteers and staff time, and collaborate with other community organizations to reduce duplication of efforts. Data resources come from the MHRS Board, health departments, behavioral health provider agencies, and the Coroner's Office.

#### **Member Engagement**

Coalition members play the primary role of identifying potential new members, recruiting and on-boarding new members. We recognize the importance of formalizing these processes in order to increase buy-in and expand our ranks with motivated community members.

**Assessment and Planning**

Members are familiar with prevention-specific strategic planning and have utilized elements of it when creating annual action plans. The Coalition adopts the Action Plan every SFY using local data to determine the needs of the community.

**Synergy**

Synergy occurs through the combination of: pooled resources, member engagement, and assessment and planning. Synergy is evident in our coalition in many ways, including the collaborative strategies required to plan and carry out our annual One Life 5K Race.

**Implementation of Strategies**

We acquire resources for the implementation of our strategies through Coalition members, identified community partners, and volunteers. There are often many more resources available to us than we realize at the outset of a project, and our human capital gives us a way to access those resources.

**Community Change Outcomes**

The Coalition's goal is to see a decrease in completed suicides, increased access to services in priority populations including postvention and prevention services, and train more community gatekeepers.

**Health and Social Outcomes**

The Coalition has increased online visibility of our suicide prevention programs. Although we don't have a website, the MHRS Board and Prevention Coalition have helped our outreach initiatives through their social media tools. This includes promoting virtual trainings to more isolated areas and communities.

**Community Capacity**

The Coalition has strengthened existing relationships, built new relationships, and increased community engagement. These opportunities have brought communities together and have increased the skills and abilities of community members through training along with increasing grant funding and shared data.