

# Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

## COMMUNITY READINESS ASSESSMENT REPORT AUGLAIZE COUNTY

Prepared by:  
Auglaize County Suicide Prevention Coalition

September 2020

Wraparound training, technical assistance, and professional development for seventeen suicide prevention coalitions across Ohio to engage in the Community Readiness Assessment process was provided by Ohio University's Voinovich School of Leadership and Public Affairs, the Pacific Institute for Research and Evaluation, and YouThrive Consulting. Funding for the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions (SSOSPC) Initiative was provided by the Ohio Department of Mental Health and Addiction Services under Grant #20000309, "Ohio Suicide Prevention Foundation State Plan and Coalition Development."

Additional information about the Initiative can be found at:

<https://suicideprevention.ohio.gov/Communities/Coalitions>

<https://www.ohiospf.org/strengtheningsustaininginitiative>

# **Auglaize County SFY20 Community Readiness Assessment Report**

## **Introduction**

During SFY20, Auglaize County was one of seventeen suicide prevention coalitions funded as part of the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions (SSOSPC) Initiative. The Ohio Department of Mental Health and Addiction Services partnered with the Ohio Suicide Prevention Foundation and Ohio University's Voinovich School of Leadership and Public Affairs to enhance the work of suicide prevention coalitions across the state to align with the Suicide Prevention Plan for Ohio and the Centers for Disease Control and Prevention's (CDC) seven strategies for preventing suicide. The participating suicide prevention coalitions were funded in the spring of 2020 to engage in an eight-month learning community with peers and receive wraparound support services in order to strengthen local suicide prevention efforts and build community capacity to make a greater impact in suicide prevention across Ohio. Through participation in the learning community, coalitions:

- Conducted a Community Readiness Assessment (CRA) to better understand local conditions that guide appropriate suicide prevention strategies.
- Developed the knowledge and skills needed to increase infrastructure and support coalition sustainability.
- Enhanced strategic planning efforts through data-driven decision-making.
- Engaged in professional development and leadership skill-building opportunities.

This report provides the results of Auglaize County's Community Readiness Assessment and provides details about how the assessment was conducted.

Members of the CRA team for Auglaize County include:

- Cindy Friedrich, Prevention Marketing Specialist
- Joann Rosengarten, Associate Director

## **Community Readiness and Its Importance**

Community readiness is the degree to which a community is willing and prepared to take action on an issue that affects the health and well-being of the community. Community readiness extends traditional resource-based views of how to address issues in communities by recognizing that efforts must have human, fiscal, and time resources, along with the *support* and *commitment* of its members and leaders. Community readiness is issue-specific, community-specific, and can change over time.

As prevention science has developed, prevention practitioners have realized that understanding a community's level of readiness is key to selecting prevention programs, efforts, and strategies that fit the community and to realizing positive prevention outcomes. In addition, work by NIDA

(1997) highlights that community readiness is a process and factors associated with it can be objectively assessed and systematically enhanced (National Institute on Drug Abuse, 1997).

### **Tri-Ethnic Community Readiness Model**

The Tri-Ethnic Community Readiness Model (TE-CRM) is an innovative method for assessing the level of readiness of a community to develop and implement prevention and other intervention efforts. The TE-CRM was developed by researchers at the Tri-Ethnic Center for Prevention Research (Oetting, Donnermeyer, Plested, Edwards, Kelly, and Beauvais, 1995) to help communities be more successful in their efforts to address a variety of important issues, such as drug and alcohol use, HIV/AIDS prevention, intimate partner violence, obesity/nutrition, and other public health initiatives.

The TE-CRM measures five dimensions of community readiness:

- Community Knowledge of the Issue;
- Community Knowledge of Efforts;
- Community Climate;
- Leadership; and
- Resources

The TE-CRM assesses the five dimensions of community readiness using nine stages; ranging from “no awareness” of the problem to “high level of community ownership” in response to the issue. Table 1 presents a complete list of the stages of community readiness and a brief example of each stage.

*Table 1. Stages of Community Readiness*

Stage	Description	Example
1	No awareness	“It’s just the way things are.”
2	Denial/resistance	“We can’t do anything about it.”
3	Vague awareness	“Something should be done, but what?”
4	Preplanning	“This is important—what can we do?”
5	Preparation	“We know what we want to do and we are getting ready.”
6	Initiation	“We are starting to do something.”
7	Stabilization	“We have support, are leading, and we think it is working.”
8	Confirmation/expansion	“Our efforts are working. How can we expand?”
9	Community ownership	“These efforts are part of the fabric of our community.”

A community can be at different stages of readiness on each of the five dimensions of community readiness. The TE-CRM process results in readiness scores for each of the dimensions. The readiness scores for each of the dimensions are then combined to create a final overall readiness score for the community on a particular issue. This overall score provides a

snapshot of how willing the community is to address an issue. In addition, the readiness scores for the individual dimensions are useful for understanding more about community readiness around the issue and for identifying and developing strategies to increase readiness.

## **The Tri-Ethnic Community Readiness Assessment Process**

The TE-CRM includes a six-step process for assessing community readiness to address an important issue. These steps include:

- 1) Identifying a problem of practice to focus the community readiness assessment
- 2) Defining the community. For this assessment, “community” was defined as Auglaize County.
- 3) Conducting and recording structured interviews with key respondents in the Auglaize County community.
- 4) Obtaining transcripts of the community readiness interview recordings.
- 5) Scoring the interviews and calculating overall and dimension-specific readiness scores.
- 6) Creating a report describing the community readiness assessment process and presenting the community’s readiness scores.

### **Selecting a Problem of Practice**

Because community readiness is issue specific, communities must first identify a problem of practice to guide the community readiness process. Under the scope of the SSOSPC Initiative, all seventeen participating coalitions were required to focus their assessment on a common problem of practice – How ready is my community to engage in a comprehensive approach to suicide prevention using the Centers for Disease Control and Prevention’s (CDC) strategies for preventing suicide? This problem of practice was selected because the Strengthening and Sustaining Ohio’s Suicide Prevention Coalitions (SSOSPC) Initiative seeks to align the work of Ohio’s suicide prevention coalitions with the Centers for Disease Control and Prevention’s (CDC) seven key strategies for preventing suicide. These strategies include:

1. Strengthening economic supports
2. Strengthening access and delivery of suicide care
3. Creating protective environments
4. Promoting connectedness
5. Teaching coping and problem-solving skills
6. Identifying and supporting people at risk
7. Lessening harms and preventing future risk

### **Key Informant Interviews**

A key component of the TE-CRM is conducting interviews with 5-8 key informants in the community. Key informants are often individuals in the community who are knowledgeable about the community, but not necessarily leaders or decision-makers. Good key informants for community readiness interviews are community members who are involved in community affairs and who know what is going on—those with “big ears.” It is important to note that the purpose

of the TE-CRM is to assess the readiness of the *community* and not the *individual* to address the problem of practice; as such, individuals with lived experience with the problem of practice often have difficulty balancing community perspectives with their own experiences. By using a cross section of individuals, a more complete and accurate measure of the level of readiness to address the problem of practice can be obtained. TE-CRM key informant interviews involve approximately 35-40 questions from a structured interview guide developed by the Tri-Ethnic Center that are adapted to the community and the issue being addressed. The TE-CRM interview guide is included in this report (see Appendix A). TE-CRM interviews are recorded so that a transcript can be created for the scoring process. Key informant interviews in Auglaize County were conducted in June 2020.

### **Scoring Community Readiness Interviews Using the TE-CRM**

After interviews are completed, each interview is transcribed. The TE-CRM community readiness interview transcripts are scored individually by at least two scorers following specific guidance developed by the Tri-Ethnic Center. Each interview is scored on a scale from 1-9 (depending on the stage of readiness) on each of the five dimensions and an overall community score is calculated. Individual scorers then come together and agree on the scores of each dimension for each interview (called a “consensus score” in the TE-CRM). Scores are then averaged across interviews for each dimension, and the final community readiness score is the average across the five dimensions. This final score gives the overall stage of readiness for the community to address this issue.

## Community Readiness Results for Auglaize County

### Auglaize County Problem Statement

How ready is Auglaize County to engage in a comprehensive approach to suicide prevention using the Centers for Disease Control and Prevention’s (CDC) strategies for preventing suicide?

This problem statement is the focus of this Community Readiness Assessment.

### Community Readiness Scores

Auglaize County conducted 5 community readiness interviews in June 2020. The table below summarizes the timeframe of when the interviews were conducted and the community sectors represented by the interview respondents.

*Table 2. Interview Information*

Interview	Date	Community Sector Represented
1	6/24/2020	School and/or education provider
2	6/24/2020	Medical professional
3	6/18/2020	Community member
4	6/23/2020	School and/or education provider
5	6/23/2020	Member of faith-based community

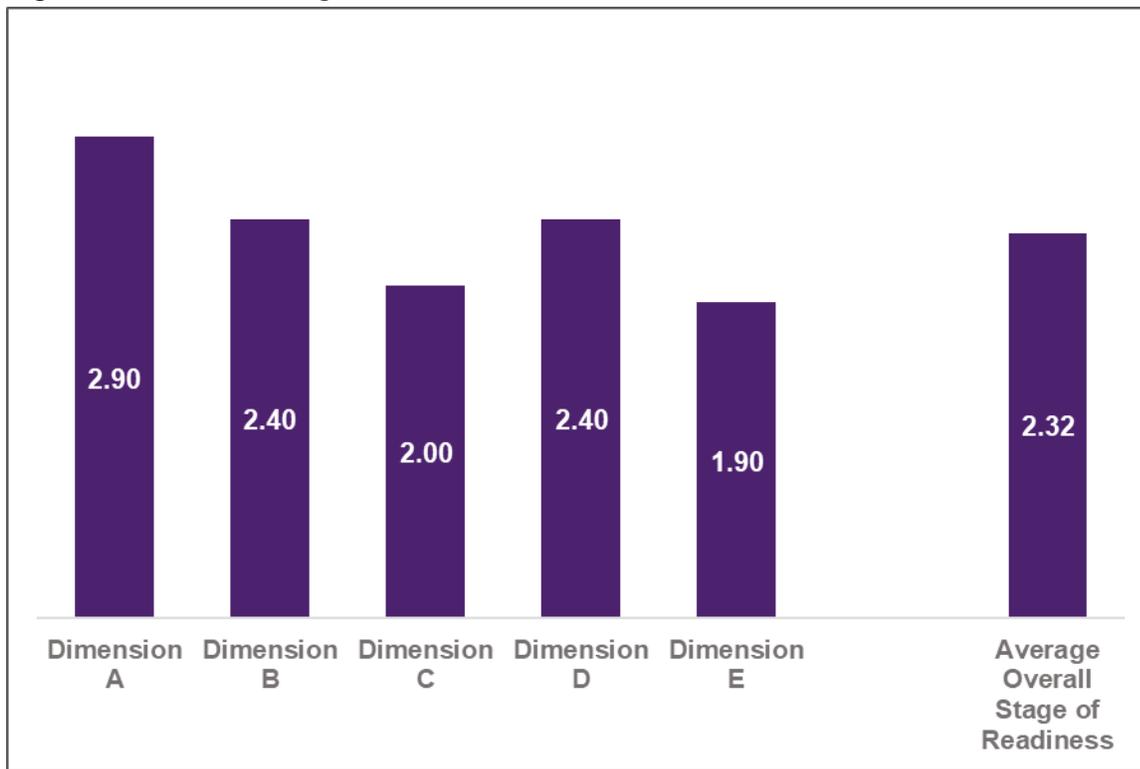
Auglaize County then scored the interviews using the individual and consensus scoring guidance from the TE-CRM.

The following table is a summary of Auglaize County’s interview scores for each dimension.

*Table 3. Combined Interview Scores by Dimension*

Dimension	Interview					Combined Total Score of 5 Interviews
	1	2	3	4	5	
<b>A</b> <i>Community Knowledge of Efforts</i>	3.5	5	3	1	2	14.5
<b>B</b> <i>Leadership</i>	2.5	1.5	3	2	3	12
<b>C</b> <i>Community Climate</i>	2.5	2.5	3	1	1	10
<b>D</b> <i>Knowledge about the Issue</i>	3	3.5	2	2	1.5	12
<b>E</b> <i>Resources Related to the Issue</i>	2.5	3	2	1	1	9.5

Figure 1. Calculated Stage Score for Individual Dimensions



Auglaize County's Average Overall Stage of Readiness is: 2.32. This score indicates that their community is in Stage 2: Denial/Resistance.

## Highlights from Interview Participants about Readiness to Address Suicide Prevention

The quotations below are included to illustrate the scores in Table 3.

<i>A: Community Knowledge of Efforts</i>	"They just don't see as being a story a small town issue. They just don't believe it can happen here."
<i>B: Leadership</i>	"I don't know of any concern, I just think it's until something happens, you don't hear of anything."
<i>C: Community Climate</i>	"I really don't think there is a lot of effort. I don't believe that it's an issue here in St. Mary's."
<i>D: Knowledge about the Issue</i>	"I just don't think they understand. I don't think there's enough knowledge out there."
<i>E: Resources Related to the Issue</i>	"I would say they're at a one, however, if we come up with a plan, and have a program in place, I feel like that would be much higher."

## Using Assessment Results to Develop Strategies to Build Readiness

With the information from this assessment, strategies can then be developed that will be appropriate for Auglaize County. The first step in determining possible strategies to build readiness is to look at the distribution of scores across the five readiness dimensions. Generally, to move ahead with prevention programs, strategies, and interventions, community readiness levels should be similar on all five dimensions. If one or more dimensions have lower scores than the others, efforts should be focused on identifying and implementing strategies that will increase the community's readiness on that dimension (or those dimensions).

After reviewing these results, the Auglaize County team noted that Knowledge of Efforts scored the highest and Resources came in with the lowest score. We believe that Knowledge of Efforts scored the highest because it was mentioned more than once about the programs that are facilitated in the schools. The Gatekeeper groups are very popular and have been proven to make a difference with the youth in Auglaize County. We also offer Lifelines and RRR to students and MHFA to adults.

There wasn't much knowledge about the available resources. Gatekeepers was mentioned and the thought was that it was made possible through a grant. Despite the Suicide Awareness Coalition, Suicide Awareness Walks and other materials delivered by PASS, the only thing mentioned by those interviewed were the school programs.

We were surprised by the readiness score of a two. As mentioned above, there is knowledge regarding the programs that are taught in the schools and these are well attended. The coalition has been around for years and participation seems to have dwindled recently, even prior to COVID. The common theme amongst those interviewed was that the topic is pushed under the rug until there is a suicide in the community. When this happens, especially if the suicide is a school student, word travels quickly, people are shocked and want to step into action to why this happened. As with other types of tragedies, the passion to help fizzles until the next occurrence. If the students were in county leadership, resources would be readily available.

## **Appendix A: TE-CRM Interview Guide**

## FFY20 CRA SSOSPC Community Readiness Interview Questions

**REMINDER:** Where you see “(community),” please make sure to insert the name of the county or community you are focusing on.

1. For the following question, please answer keeping in mind your perspective of what community members believe and not what you personally believe.

On a scale from 1-10, how much of a concern is readiness to engage in a comprehensive approach to suicide prevention to members of *(community)*, with 1 being “not a concern at all” and 10 being “a very great concern”? (*Scorer note: Community Climate*)

Can you tell me why you think it’s at that level?

*Interviewer: Please ensure that the respondent answers this question in regards to community members NOT in regards to themselves or what they think it should be.*

### COMMUNITY KNOWLEDGE OF EFFORTS

I’m going to ask you about current community efforts to engage in a comprehensive approach to suicide prevention using seven key strategies from the CDC. By efforts, I mean any programs, activities, or services in your community that address engaging in a comprehensive approach to suicide.

2. Are there comprehensive efforts in *(community)* that address suicide prevention using the CDC strategies?

*If Yes, continue to question 3; if No, skip to question 16.*

3. Can you briefly describe each of these?

*Interviewer: Write down names of efforts so that you can refer to them in #4-5 below.*

4. How long have each of these efforts been going on? *Probe for each program/activity.*
5. Who do each of these efforts serve (e.g., a certain age group, ethnicity, etc.)?
6. About how many community members are aware of each of the following aspects of the efforts - none, a few, some, many, or most?

- Have heard of efforts?
- Can name efforts?
- Know the purpose of the efforts?

- Know who the efforts are for?
  - Know how the efforts work (e.g. activities or how they're implemented)?
  - Know the effectiveness of the efforts?
7. Thinking back to your answers, why do you think members of your community have this amount of knowledge?
  8. Are there misconceptions or incorrect information among community members about the current efforts? *If yes:* What are these?
  9. How do community members learn about the current efforts?
  10. Do community members view current efforts as successful?

*Probe:* What do community members like about these programs? What don't they like?

11. What are the obstacles to individuals participating in these efforts?
12. What are the strengths of these efforts?
13. What are the weaknesses of these efforts?
14. Are the evaluation results being used to make changes in efforts or to start new ones?
15. What planning for additional efforts to engage in a comprehensive approach to suicide prevention is going on in (*community*)?

*Only ask #16 if the respondent answered "No" to #2 or was unsure.*

16. Is anyone in (*community*) trying to get something started to engage in a comprehensive approach to suicide prevention? Can you tell me about that?

### *LEADERSHIP*

I'm going to ask you how the leadership in (*community*) perceives (*issue*). By leadership, we are referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

17. Using a scale from 1-10, how much of a concern is a comprehensive approach to suicide prevention to the leadership of (*community*), with 1 being "not a concern at all" and 10 being "a very great concern"?

Can you tell me why you say it's a \_\_\_\_\_?

- 17a. How much of a priority is engaging in a comprehensive approach to suicide prevention to leadership?

Can you explain why you say this?

18. I'm going to read a list of ways that leadership might show its support or lack of support for efforts to engage in a comprehensive approach to suicide prevention.

Can you please tell me whether none, a few, some, many or most leaders would or do show support in this way? Also, feel free to explain your responses as we move through the list.

How many leaders...

- At least passively support efforts without necessarily being active in that support?
- Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?
- Support allocating resources to fund community efforts?
- Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)
- Play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding?

19. Does the leadership in the community support expanded efforts in the community to engage in a comprehensive approach to suicide prevention?

*If yes:* How do they show this support? For example, by passively supporting, by being involved in developing the efforts, or by being a driving force or key player in achieving these expanded efforts?

20. Who are leaders that are supportive of addressing this issue in your community?

21. Are there leaders who might oppose engaging in a comprehensive approach to suicide prevention? How do they show their opposition?

### *COMMUNITY CLIMATE*

For the following questions, again please answer keeping in mind your perspective of what community members believe and not what you personally believe.

22. How much of a priority is addressing this issue to community members? Can you explain your answer?

23. I'm going to read a list of ways that community members might show their support or their lack of support for community efforts to engage in a comprehensive approach to suicide prevention.

Can you please tell me whether none, a few, some, many or most community members would or do show their support in this way? Also, feel free to explain your responses as we move through the list.

How many community members...

- At least passively support community efforts without being active in that support?

- Participate in developing, improving or implementing efforts, for example by attending group meetings that are working toward these efforts?
  - Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)
  - Are willing to pay more (for example, in taxes) to help fund community efforts?
24. About how many community members would support expanding efforts in the community to engage in a comprehensive approach to suicide prevention that incorporates the seven CDC strategies? Would you say none, a few, some, many or most?
- If more than none:* How might they show this support? For example, by passively supporting or by being actively involved in developing the efforts?
25. Are there community members who oppose or might oppose engaging in a comprehensive approach to suicide prevention? How do or will they show their opposition?
26. Are there ever any circumstances in which members of (*community*) might think that comprehensive approaches to suicide prevention should not be attempted? Please explain.
27. Describe (*community*).

#### KNOWLEDGE ABOUT THE ISSUE

28. On a scale of 1 to 10 where a 1 is no knowledge and a 10 is detailed knowledge, how much do community members know about engaging in a comprehensive approach to suicide prevention?
- Why do you say it's a \_\_\_\_?
29. Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to engaging in a comprehensive approach to suicide prevention? (*After each item, have them answer.*)
- Suicide prevention, in general (*Prompt as needed with "nothing, a little, some or a lot".*)
  - the signs and symptoms
  - the causes
  - the consequences
  - how often suicide occurs locally (or the number of people living with suicidality in your community)
  - what can be done to prevent suicide
  - the effects of suicide on family and friends?

**30.** What are the misconceptions among community members about suicide, e.g., why it occurs, how much it occurs locally, or what the consequences are?

**31.** What type of information is available in (*community*) about suicide prevention (e.g. newspaper articles, brochures, posters)?

*If they list information, ask: Do community members access and/or use this information?*

*RESOURCES FOR EFFORTS (time, money, people, space, etc.)*

*If there are efforts to address the issue locally, begin with question 32. If there are no efforts, go to question 33.*

**32.** How are current efforts funded? Is this funding likely to continue into the future?

**33.** I'm now going to read you a list of resources that could be used to engage in a comprehensive approach to suicide prevention in your community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address suicide prevention?

- Volunteers?
- Financial donations from organizations and/or businesses?
- Grant funding?
- Experts?
- Space?

**34.** Would community members and leadership support using these resources to address suicide prevention? Please explain.

**35.** On a scale of 1 to 5, where 1 is no effort and 5 is a great effort, how much effort are community members and/or leadership putting into doing each of the following things to increase the resources going toward engaging in a comprehensive approach to suicide prevention in your community?

- Seeking volunteers for current or future efforts to engage in a comprehensive approach to suicide prevention in the community.
- Soliciting donations from businesses or other organizations to fund current or expanded community efforts.
- Writing grant proposals to obtain funding to support engaging in a comprehensive approach to suicide prevention in the community.
- Training community members to become experts.
- Recruiting experts to the community.

**36.** Are you aware of any proposals or action plans that have been submitted for funding to engage in a comprehensive approach to suicide prevention in (*community*)?

*If Yes:* Please explain.

Additional policy-related questions:

**37.** What formal or informal policies, practices and laws related to this issue are in place in your community? (*Prompt:* An example of —formal would be established policies of schools, police, or courts. An example of —informal would be similar to the police not responding to calls from a particular part of town.)

**38.** Are there segments of the community for which these policies, practices and laws may not apply, for example, due to socioeconomic status, ethnicity, age?

**39.** Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain.

**40.** How does the community view these policies, practices and laws?

Demographics of respondent (optional)

**1.** Gender:

**2.** What is your work title? \_\_\_\_\_

**3.** What is your race or ethnicity?

\_\_\_ Anglo \_\_\_ African American

\_\_\_ Hispanic/Latino/Chicano \_\_\_ American Indian/Alaska Native

\_\_\_ Asian/Pacific Islander \_\_\_ Other \_\_\_\_\_

**4.** What is your age range?

\_\_\_ 19-24 \_\_\_ 25-34

\_\_\_ 35-44 \_\_\_ 45-54

\_\_\_ 55-64 \_\_\_ 65 and above

**5.** Do you live in (*community*)? YES NO If no: What community? \_\_\_\_\_

**6.** How long have you lived in your community? \_\_\_\_\_

**7.** Do you work in (*community*)? YES NO If no: What community? \_\_\_\_\_

**8.** Do you live in (*community*)? YES NO If no: What community? \_\_\_\_\_

Funding for the Strengthening and Sustaining Ohio’s Suicide Prevention Coalitions (SSOSPC) Initiative was provided by the Ohio Department of Mental Health and Addiction Services under Grant #20000309, “Ohio Suicide Prevention Foundation State Plan and Coalition Development.”

The SSOSPC Initiative is supported through a unique partnership of the following organizations:



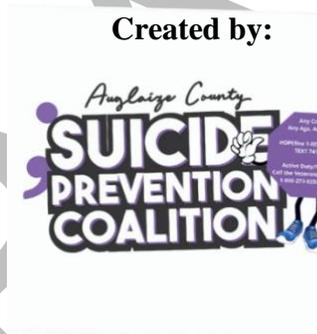
# Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

**Auglaize County Suicide Prevention Coalition  
Auglaize County**

**Plan to Increase Readiness in Auglaize to Address Suicide Prevention Using a  
Comprehensive Approach Guided by the CDC's Strategies for Preventing Suicide**

**September 2020**

**Created by:**



**Coalition Director**

Joann Rosengarten

**Members of the Community Readiness Planning Committee**

Joann Rosengarten

Cindy Friedrich

Jessica Mullenkamp

Pastor Rick Scheer

DRAFT

## Acknowledgements

The Ohio Suicide Prevention Foundation, with funding from the Ohio Department of Mental Health and Addiction Services (Grant# 2000309 – Ohio Suicide Prevention Foundation State Plan and Coalition Development), supports the Strengthening and Sustaining Ohio’s Suicide Prevention Coalitions Initiative. This initiative supported 17 suicide prevention coalitions, including the Auglaize County Suicide Prevention Coalition to engage in conducting a community readiness assessment and create a plan to develop community readiness to engage in a comprehensive approach to suicide prevention. The initiative also supported the [Pacific Institute for Research and Evaluation](#) (PIRE), [Ohio University’s Voinovich School of Leadership and Public Affairs](#), and the [Voinovich Academy for Excellence in Public Service](#), to provide training, technical assistance, and leadership development support for the suicide prevention coalitions across Ohio to engage in the community readiness assessment and planning process.

For more information, please see the Ohio Department of Mental Health and Addiction Services website: <https://suicideprevention.ohio.gov/> and the Ohio Suicide Prevention Foundation website: <https://www.ohiospf.org/>.

DRAFT

## Introduction

The Ohio Department of Mental Health and Addiction Services partnered with the Ohio Suicide Prevention Foundation to enhance the work of suicide prevention coalitions across the state to align with [the Suicide Prevention Plan for Ohio](#) and the [Centers for Disease Control and Prevention's \(CDC\) seven strategies for preventing suicide](#). Seventeen suicide prevention coalitions covering 23 counties were funded in the spring of 2020 to engage in an eight-month learning community with peers and receive wraparound support services in order to strengthen local suicide prevention efforts and build community capacity to make a greater impact in suicide prevention across Ohio. Through participation in the learning community, the coalitions:

1. Conducted a [Community Readiness Assessment \(CRA\)](#) to better understand local conditions that guide appropriate suicide prevention strategies.
2. Developed the knowledge and skills needed to increase infrastructure and support coalition sustainability.
3. Enhanced strategic planning efforts through data-driven decision-making.
4. Engaged in professional development and [leadership skill-building opportunities](#).

This plan represents the culmination of the Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative: the creation of a plan to increase readiness to address suicide prevention using a comprehensive approach guided by the CDC's strategies for preventing suicide. The CDC provides a technical package on preventing suicide, which highlights seven strategies based on the best available evidence to help states and communities prevent suicide, including:

- Strengthen economic supports;
- Strengthen access and delivery of suicide care;
- Create protective environments;
- Promote connectedness;
- Teach coping and problem-solving skills;
- Identify and support people at risk; and
- Lessen harms and prevent future risk.

### **Building the Community Readiness Planning Team**

The following individuals met 2 times during September 2020 to review the Community Readiness Assessment results and work toward creating a plan to increase readiness to address suicide prevention using a comprehensive approach guided by the CDC's strategies for preventing suicide.

- Joann Rosengarten
- Cindy Friedrich
- Jessica Mullenkamp
- Pastor Rick Scheer
- Melanie Woods

## Brief Review of Community Readiness Assessment Results

Our CRA consisted of five interviews and two focus groups. These residents were chosen from various areas throughout Auglaize County. The key sectors for those interviewed included two school educators, one medical professional, a community member and one faith-based leader. The interviews were scored, and our overall average was a **2.32**. This score indicates that we are in Stage 2: Denial/Resistance. In each dimension our scores were as follows:

**Dimension A:** 2.90

**Dimension B:** 2.40

**Dimension C:** 2.00

**Dimension D:** 2.40

**Dimension E:** 1.90

The implications of the scores were rather shocking and eye opening. All of those being interviewed had relatively the same thoughts about whether their community is ready to acknowledge the fact that education is needed for all age groups.

Aligning our approach with the CDC Strategies will give the coalition better insight and ideas on how to make changes and have a larger impact on the community. With our readiness score of **2**, it is obvious that the coalition can use an outline to incorporate those strategies that will make the biggest difference.

Auglaize County does have access to CISM for postvention and the crisis line for those who need help. We also offer classes in schools. These include Lifelines and Gatekeepers and Mental Health First Aid to our adult community members. We offer parenting classes such as ACT that encourages raising safe kids and Guiding Good Choices that stresses the importance of family bonds.

The coalition should meet with community leaders, educators, local agencies, faith-based leaders, law enforcement, government agencies, medical professionals, and community members to incorporate a list of what is most important regarding suicide education. From this group, we can talk about determinants such as financial aspects both individually and community wide and how this may affect suicide and suicide education/knowledge.

A common comment during the interviews was that when there is a suicide in the county, there is support and concern, but people forget soon thereafter, and it is never mentioned until it happens again.

Together, as a concerned community, we will spread the word and passion with a goal of decreasing suicide and offering help to those in crisis.

## **Results of the SWOT Analysis**

The Tri-Ethnic Model for Community Readiness measures five dimensions of community readiness:

- Community Knowledge of the Issue,
- Community Knowledge of Efforts,
- Community Climate,
- Leadership, and
- Resources.

For each dimension of readiness, the community readiness planning team completed a SWOT (strengths, opportunities, weaknesses, and threats) assessment using the results from the community readiness assessment. The results are summarized here.

### **Community Knowledge of the Issues**

Based on scores and feedback received during interviews, focus groups, and discussion; our coalition believes that Auglaize County has little awareness of suicide as an issue. "I just don't think they understand. I don't think there's enough knowledge out there." As the COVID 19 virus continues to impact all areas of life, mental health matters have come to the forefront of everyone's attention providing opportunities for education regarding suicide prevention. The Mental Health Board of Allen, Auglaize, and Hardin Counties has many free mental health programs and resources available to the county. Ensuring that these programs and resources are promoted throughout the county through advertisements will need to be addressed. Our current coalition is low in numbers and participation. We need to actively grow the size of our coalition as "burnout" could threaten the few active members.

### **Community Knowledge of Efforts**

Our strengths include, an annual Suicide Awareness Walk, Responsible Serving Trainings, and prevention messaging placed in targeted areas have all done well. Getting advertisements to the rural areas for these events needs to be focused on. We can use mental health awareness during COVID 19 as an opportunity for more suicide prevention discussions. Threats in all dimensions are related to not being accepted into the more rural areas and non-evidence based messaging that is being circulated.

### **Community Climate**

Results from the key respondent interviews and focus groups showed the Auglaize County does not see suicide as something they need to address. "They just don't see as being a story a small town issue. They just don't believe it can happen here." We have found that law enforcement and faith-based communities are supportive of suicide prevention in Auglaize County and will use that as a strength. Auglaize County is a largely rural area, reaching out in some of these areas is a weakness. With the help of law enforcement and faith-based communities we have better opportunities to reach the rural areas. Suicide still has a strong stigma associated with it in some of the rural areas and efforts could be dismissed or shut down.

## **Leadership**

Our results showed that people do not hear any discussion of suicide from the government officials in Auglaize County. "I don't know of any concern, I just think it's until something happens, you don't hear of anything." We can use the support and contacts of the Auglaize County Sheriff to start discussions with government officials. We have opportunities for discussion when we are meeting about the sign placement in the counties. The threats that we may encounter, once again come from some of the smaller areas not allowing the signs to be placed there.

## **Resources**

Our coalition has many resources available through Prevention Awareness Support Services, The Mental Health and Recovery Services Board of Allen, Auglaize, and Hardin Counties, The LOSS Team of Allen, Auglaize, and Hardin Counties, and many partner agencies to pull from. We need to focus additional efforts to push the information through social media and in-person events with stronger plans in place. We can expect that we will not be accepted in the rural areas.

In addition to the dimension scores, the Tri-Ethnic Model for Community Readiness provides a summary score of overall readiness. The planning group also discussed the strengths, opportunities, weaknesses, and threats that the summary results revealed.

Overall, Auglaize County scored low on community readiness. Our planning committee agrees that our strengths are in the resources provided by the Mental Health Board of Allen, Auglaize, and Hardin Counties, and the passion / variety of backgrounds brought to the coalition from its' current members. We need to improve on the size of our coalition so that we may provide more to the community. We believe that this current time provides us many opportunities to get the messaging out there. We are prepared to face the threat of our messaging not being accepted and will plan accordingly.

## **Goals**

After the community readiness planning team completed the SWOT assessment, we developed three goals that we wish to accomplish in the next 3-5 years to increase our community's readiness to address suicide prevention using a comprehensive approach guided by the CDC's strategies for preventing suicide.

### **Goal #1**

Dimension Being Addressed: *Resources Related to the Issue*

The Auglaize County Suicide Prevention Coalition would like to place metal suicide awareness stop signs in all Auglaize County communities. These signs are bright purple in color and display the HOPELine phone and text numbers, and the Veteran's Crisis Line phone number. In addition to the metal signs, window cling signs will be placed in targeted county businesses (carryouts, hotels, high traffic retail). We believe that this goal will also provide a starter conversation for Goal #2.

## **Goal #2**

Dimension Being Addressed: *Leadership*

The Auglaize County Suicide Prevention Coalition's current members will meet with meet with Mayors, Council Members, and Township Trustees during their monthly meetings to present the purple signs, explain their importance, and request placement of the signs in each area throughout Auglaize County. During these meetings, the purpose of the coalition and the importance of leadership participation will be explained with invitations to join the coalition and its efforts extended.

## **Goal #3**

Dimension Being Addressed: *Community Climate*

The Auglaize County Suicide Prevention Coalition will continue to promote the Gatekeeper group programs and help to ensure their activity in all Auglaize County schools by QPR Training to Gatekeeper students. Gatekeepers are one of the most recognized effort known in Auglaize County. By aligning with and promoting Gatekeeper activities through social media, local television media, and event participation, the coalition will be in a better position to reach Auglaize County adults.

DRAFT

## **Approaches to Increase Community Readiness**

To increase our community's readiness to address suicide prevention using a comprehensive approach guided by the CDC's strategies for preventing suicide, the community readiness planning team is recommending 3 approaches to increase community readiness.

### **Approach #1: Suicide Awareness Stop Sign Placement**

#### **Description**

We have purchased 12 metal signs and 30 window decals (which include the crisis hotline number, the crisis text info, and the active duty/veterans crisis number) that will be placed in various local parks and hot spots in Auglaize County. These signs are intended to reach members in the community when they are walking by to give them resources that they may need. We have 5 out of 12 signs currently placed, but we are still actively working on this project. We would like to have this done by December 2020. Various members of the coalition are working to make sure that this goal is accomplished in a timely manner.

#### **Rationale**

We currently have the signs placed in St. Mary's State Park, a highly populated area in Auglaize County. We have a "Sign Ceremony" planned there with media coverage, Park Officials, the County Sheriff, clergy members, and many others scheduled to attend. We believe that the publicity will help other communities to allow us in with suicide prevention efforts.

#### **Intended Results**

We hope that by putting up these signs, people who may be struggling will reach out for help by calling the crisis lines that are displayed. We also hope that other communities will see the signs and want to bring the message into their area.

#### **Evaluation**

We hope to evaluate how the signs have made an impact by people reaching out to let us know that the signs are appreciated and used. We know from their placement in Allen County that they have been noticed and used through the testimonials that they have received. We can also hope to see an increase in calls to the HOPEline numbers because of people reach out for the help that they need.

#### **Capacity Development**

Our coalition will build capacity through the additional contacts that will be made throughout the county when we are seeking permission and locations for the signs. Our communities will be also gaining additional resources with the crisis numbers.

#### **Potential Barriers**

We may find that some communities will not give us to permission to post the signs in their parks, or that local businesses do not want the window clings placed on premises and we will need to seek alternative locations. We may also need to purchase additional hardware and posts for the metal signs and additional funding for that will need to be secured.

## **Approach #2: Leadership connections**

### **Description**

Results from the key informant interviews and focus group discussions showed that the leadership members in Auglaize County do not actively address suicide as a problem. We do have strong support from faith-based leaders and the County Sheriff, but not much interaction with government officials. We will seek to make those connections by attending monthly council meetings and township meetings throughout the county. We explain the purpose of our sign project and ask to place them in the community during these meetings. We will also invite members to join our coalition and its efforts. Meetings typically occur once a month in each community. Due to COVID, it is expected that a lot of these meetings will be occurring over zoom. Working around these barriers, we plan to have this done within the next year. Coalition members will be assigned various communities to address.

### **Rationale**

The coalition will need to meet with government officials in each community to seek permission for sign placement. Approaching the group during their meeting will allow access to more opportunities and will be more likely to be heard. Hopefully, they would be willing to have someone available to join in our coalition.

### **Intended Results**

We intend to gain more governmental/leadership connections throughout Auglaize County. We believe that with the support of governmental officials, we can raise the level of readiness in Auglaize County.

### **Evaluation**

We will evaluate by recording government responses to the sign placement and if we can get any officials to join our coalition.

### **Capacity Development**

The capacity that we will be building are the new connections and resources brought from the local governments.

### **Potential Barriers**

There are many cities, towns, and townships throughout Auglaize County. Many of them hold their meetings on the same day/night of the month. With COVID 19, many of these councils are not currently meeting in person. It may be harder than we would like to attend each of these meetings.

### **Approach #3: Gatekeepers and QPR**

The coalition supports suicide prevention by providing QPR training to the Gatekeeper programs in schools throughout Auglaize County. We will work with current school personnel and Gatekeeper advisors to plan the trainings . We plan to provide QPR training to all Gatekeeper students. This will be done within the next two school years. We currently have one certified QPR facilitator on our coalition and plan to have at least one more trained.

#### **Rationale**

We found that a lot of people in Auglaize County have already heard of the Gatekeeper program and is what the most associate with suicide prevention. We believe that we can build on this familiarity and use it to expand to adults.

#### **Intended Results**

Our intended results are to raise the level of readiness in Auglaize County through the familiarity of the Gatekeeper program. We hope to spread the message to adults by demonstrating the valuable information that the youth are gaining.

#### **Evaluation**

We will evaluate this goal by the number of Gatekeepers that we are able to train in QPR. If this is a successful number, we will expand to adults.

#### **Capacity Development**

Will be building capacity in our community by having a large part trained in QPR.

#### **Potential Barriers**

Working around COVID barriers may be a problem with the QPR trainings. Our coalition only has one facilitator trained to teach QPR. We will need to add additional facilitators to successfully implement the program in all the schools.

## Action Plan

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
<b>Approach 1: Stop Sign Placement</b>				
Develop list of Target Areas/communities	8/31/2020	10/31/2020	Coalition Director	
Get Permission to place signs	10/1/2020	8/31/2021	Coalition Members	
Place the signs	10/1/2021	8/31/2021	Coalition Members	
<b>Approach 2: Leadership Connections</b>				
Make list of Auglaize County Meetings	10/1/2020	10/15/2020	Coalition Director	
Make requests to be on meeting agendas	10/1/2020	1/31/2021	Coalition Members	
Attend Meetings	10/1/2020	Ongoing	Coalition Members	
<b>Approach 3: Gatekeepers and QPR</b>				
Continue to train Gatekeepers	10/1/2020	Ongoing	Facilitators	
Begin training new Gatekeepers	11/2/2020	Ongoing	And Coalition Members	