

# Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

## COMMUNITY READINESS ASSESSMENT REPORT CLERMONT COUNTY

Prepared by:  
Clermont 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>

# Clermont County FFY20 Community Readiness Assessment Report

## Introduction

During FFY20, Clermont 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 Clermont County's Community Readiness Assessment and provides details about how the assessment was conducted.

Members of the CRA team for Clermont County include:

- Cathy Krieg, M.A., Psychology Assistant, Assistant Director of Crisis Services, Child Focus, Inc.
- Melanie Palmer, M.A., I.M.F.T.-S., Director of Training, Child Focus, Inc.
- Anna Robinson, Pressley Ridge
- Lori Watkins, M.S.W., L.I.S.W.-S., Director, Behavioral Health Services, Clermont County Board of Developmental Disabilities
- Lee Ann Watson, Ph.D., C.R.C., L.P.C.-S., Associate Director, Clermont County Mental Health and Recovery Board
- Mary Wolff, M.S., Director, Coalition for a Drug Free Clermont County
- Anna Robinson, M.S.W., Program Manager, Pressley Ridge

## **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 Clermont County.
- 3) Conducting and recording structured interviews with key respondents in the Clermont 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 Clermont County were conducted in July 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 Clermont County

### Clermont County Problem Statement

How ready is Clermont 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

Clermont County conducted 7 community readiness interviews in July 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	7/14/2020	Other
2	7/17/2020	Other
3	7/20/2020	Local elected official (city/township council member, etc.)
4	7/21/2020	Business community leader/member
5	7/23/2020	Member of faith-based community
6	7/27/2020	Medical professional
7	7/30/2020	County commissioner or elected official

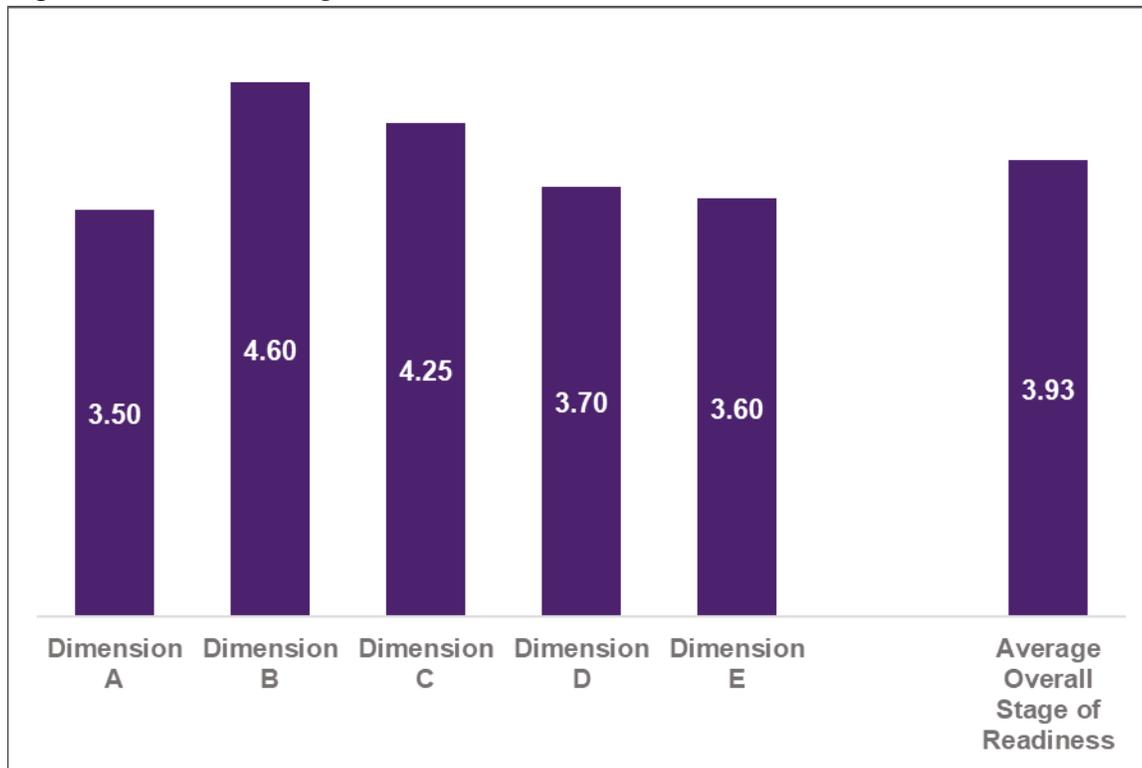
Clermont County then scored the interviews using the individual and consensus scoring guidance from the TE-CRM.

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

*Table 3. Combined Interview Scores by Dimension*

Dimension	Interview							Combined Total Score of 7 Interviews
	1	2	3	4	5	6	7	
<b>A</b> <i>Community Knowledge of Efforts</i>	4	3.25	2	3.75	2	3.25	6.5	24.75
<b>B</b> <i>Leadership</i>	4.25	6	5	4.5	3.75	4	5	32.5
<b>C</b> <i>Community Climate</i>	4.5	4.25	5	4.5	4.5	3	4	29.75
<b>D</b> <i>Knowledge about the Issue</i>	4	3.5	3	5	3	3.5	4	26
<b>E</b> <i>Resources Related to the Issue</i>	5.25	3	3.75	3	3.5	3.5	3.5	25.5

Figure 1. Calculated Stage Score for Individual Dimensions



Clermont County's Average Overall Stage of Readiness is: 3.93. This score indicates that their community is in Stage 3: Vague Awareness.

## 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>	I think there is a growing concern for suicide prevention, but I feel like people don't know what to do about it. I think there's not a large enough awareness for people to take advantage of the it
<i>B: Leadership</i>	Those that are heavily or at least engage in it, I think they're very passionate about it, very dedicated to it. And then I think the rest are ingoring it or unaware.
<i>C: Community Climate</i>	I think that it's something that we want to do. I just don't think it's something that we've been focused on because of the opiates...And I think suicide prevention is going to have to almost take the same path. Its going to have to take community involvement, its going to take funding...
<i>D: Knowledge about the Issue</i>	I don't think that most community members .... know what to do or where to go. I don't think that most folks realize the signs, symptoms.... unless it affects them or their family or their neighbor.
<i>E: Resources Related to the Issue</i>	No quotation provided.

## 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 Clermont 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 Clermont County team noted that Community Knowledge of Efforts scored the lowest of all the dimensions, which was surprising. The Coalition needs to spend time marketing to the community. Perhaps the fact that the Coalition was not active in the community for 3 years resulted in the low score. The interviewees also rank Community Knowledge of the Issue as lower than anticipated. The interviewees stated that the general public tends to not understand that suicide is a major health concern that occurs at a higher rate than is commonly known.

We were surprised to see the low score on community awareness of suicide and community awareness of the Coalition, but happy to see that the interviewees tended to know of the role of the Mental Health and Recovery Board. The lower score on leadership was also surprising.

## **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:



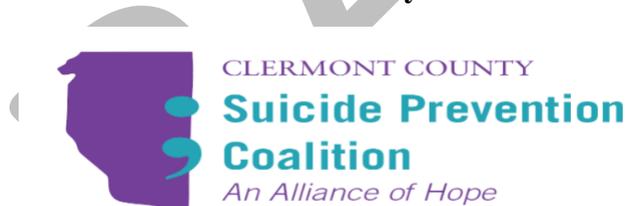
# Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

**Clermont County Suicide Prevention Coalition  
Clermont County**

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

**September 2020**

**Created by:**



**Coalition Chair**

Lee Ann Watson

**Members of the Community Readiness Planning Committee**

Cathy Krieg  
Melanie Palmer  
Anna Robinson  
Lori Watkins  
Mary Wolff

## 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 Clermont 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 three 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.

- Melanie Palmer
- Lee Ann Watson
- Mary Wolff

## **Brief Review of Community Readiness Assessment Results**

The Clermont County Suicide Prevention Coalition conducted the Community Readiness Assessment (CRA) during the months of July and August 2020. Seven key community partners were interviewed to determine community readiness in our County. The interviewees included representatives from: County Coroner's office; County Sheriff's Office; Board of County Commissioners; Faith-based entity; Chamber of Commerce; local hospital emergency room; and Fire/EMS.

The average overall stage of readiness was 3.93, which indicates that the Clermont County community has a vague awareness of the issue of suicide. Vague awareness means the community recognizes that something should be done to address suicide but believes here is not an immediate effort to do so. The following scores were obtained on the five dimensions of the CRA: Community Knowledge of Efforts scored a 3.50; Resources related to the Issue scored a 3.60; Knowledge about the Issue dimension scored a 3.70; Community Climate scored a 4.25; and Leadership scored a 4.60. The Community Knowledge of Efforts dimension scored the lowest which involves the community's understanding of the presence of the Coalition and its prevention work. One interviewee stated, "I think there is a growing concern for suicide prevention, but I feel like people don't know what to do about it". Similarly, there was vague community knowledge related to the dimensions of Resources related to the Issue. The dimensions of Community Climate and Leadership scored in the preplanning stage of community readiness, indicating that there was clear awareness and support for suicide prevention efforts but that the efforts are not known by the community. The Leadership dimension scored the highest, indicating that the community believes that there are appointed leaders and influential community members that are supportive of suicide prevention efforts.

As the Clermont County Suicide Prevention Coalition works to develop a strategic plan, attention needs to be directed at educating the community about the issue of suicide and about the efforts, programs and policies and resources addressing suicide prevention. The Coalition needs to also assure that the prevention efforts are accessible to all segments of the community.

Based on the overall readiness score, the Coalition will work on the goals of increasing the community's knowledge of the need for suicide prevention and that the community together with the Coalition can make positive changes.

### **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**

**Strengths:** The Coalition and its members have strong partnerships which can assist with increasing community awareness of the issue. The Clermont County Mental Health and recovery Board's contract agencies have been trained to screen and assess for suicide. The Board worked with the agencies to standardize a screening process across the agencies which has increased knowledge of the risks of suicide. Education and trainings at local school districts have increased awareness of risks for suicide among school aged youth.

**Weaknesses:** In order to increase awareness, Coalition members will need to assist with outreach to engage new partners. Unfortunately, Coalition member's participation is inconsistent. The Coalition has not been successful at gaining access to Primary Care Physicians, faith-based entities, and businesses to reach a broader audience.

**Opportunities:** The Coalition has recently developed a relationship with the County's FQHC. This relationship will provide access to some of the identified high-risk groups. The OSPF grant funding allowed the Coalition to market the County Crisis Hotline and gear the marketing to the identified high-risk groups. OMHAS has made suicide prevention a priority and its focus can increase County level awareness. There is some marketing being done by OMHAS.

**Threats:** State implemented guidelines and health concerns due to COVID-19 have significantly impacted the Coalition's ability to engage community members while also increasing risk factors that are correlated with suicide.

### **Community Knowledge of Efforts**

**Strengths:** The Coalition has many prevention efforts currently occurring in the community. The Coalition has one annual event that is advertised throughout the County. The Coalition recently partnered with ASPF to increase the reach of the event.

**Weaknesses:** While there are many prevention efforts occurring, the community has vague knowledge of these efforts. The Coalition lacks access to the general population to increase awareness of our efforts. Historically, efforts have heavily focused on suicide prevention for school aged youth.

**Opportunities:** The OSPF grant provided funding to brand the coalition. Through grant funding the Coalition has developed a logo, a new brochure, and purchased Coalition t-shirts to market the Coalition.

**Threats:** COVID has decreased the ability to work on prevention efforts in the community. Funding to increase prevention efforts is severely limited.

## **Community Climate**

**Strengths:** Community partners appear to want to assist with suicide prevention efforts and understand the importance of the issue.

**Weaknesses:** There is still stigma around mental health treatment and suicide. Some community partners do not believe that suicide is preventable.

**Opportunities:** Public focus on the mental health impact of COVID can assist with increasing support for suicide prevention efforts and making it a priority for our community.

**Threats:** Increase in isolation from COVID is resulting in an increase in anxiety and depression for residents in Clermont County which further increases the risk for suicide.

## **Leadership**

**Strengths:** The Coalition has a strong backbone organization with the support of the Clermont County Mental Health and Recovery Board. There are also other entities in the County that are working on suicide prevention jointly with the Coalition. Many Coalition members have been trained in prevention strategies. The Coalition leadership has a strong commitment to the issue and the community has knowledge of the leadership.

**Weaknesses:** The Coalition Chair is not a paid position, and the Chair often has difficulty devoting the time needed to expand the work of the Coalition. The CRA interviews showed that the community understands the work of the Board but was vaguely aware of the work of the Coalition.

**Opportunities:** The Coalition is in the process of developing a strategic plan which might bring in other leaders to assist with the prevention efforts.

**Threats:** The lack of a paid Chair position limits the work of the Coalition.

## **Resources**

**Strengths:** The County has many suicide prevention resources, including a variety of mental health treatment providers, a County Crisis Hotline and Mobile Crisis. The County also has a strong Crisis Intervention Team and over 80% of the county's police officers have been trained to recognize mental health crisis and refer to treatment. The Board together with FCF pools funding to offer mini grants to the community for suicide prevention activities/efforts.

**Weaknesses:** The Coalition does not have a budget beyond funding received through grants. This limits the ability to increase efforts.

**Opportunities:** OMHAS' focus on suicide prevention may increase grant funding to increase the capacity of the Coalition.

**Threats:** The Clermont County Mental Health and Recovery Board has limited funding and a large portion of the state funding is ear marked for opioid treatment.

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.

The Coalition has many strengths. There are resources available for suicide prevention; a strong leadership who is dedicated to suicide prevention; and community partners that are invested in suicide prevention. The CRA results also indicated that community partners believe the community climate is right to begin to address suicide prevention in Clermont County. The Coalition's weaknesses include a history of limiting prevention efforts to target school aged youth; a non-paid Coalition Chair; and lack of partners to access a broader portion of the community. With the current focus on developing a strategic plan, the Coalition can begin to plan and implement strategies and efforts to enhance the knowledge of the issue; and increase efforts aimed at the identified high-risk groups. Threats include restrictions related to in-person outreach due to COVID and the increase in isolation and depression that is currently being seen in our community, as well a lack of a Coalition budget.

## **Goals**

After the community readiness planning team completed the SWOT assessment, we developed two 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: Community Knowledge of Efforts

Increase community awareness of the Clermont County Suicide Prevention Coalition

### **Goal #2**

Dimension Being Addressed: Community Knowledge of the Issue

Increase community awareness of the warning signs of suicide in high risk groups

## 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 [two] approaches to increase community readiness.

### **Approach #1:** Increase Community Knowledge of Coalition

#### **Description**

To increase the community's knowledge of the Coalition and its suicide prevention efforts, the Coalition will begin promoting the coalition in the community through meetings with faith-based entities, physician offices, and the Chamber of Commerce. Coalition members will attend festivals and events when possible to share information on the Coalition.

1. **Who is the intended recipient of this approach?** The intended recipients of this approach are new partners in the community, such as faith-based entities, Primary Care Physicians, and businesses/Chamber of Commerce.
2. **What will be implemented?** A targeted outreach and marketing campaign will be implemented.
3. **Where will it be implemented?** The approach will be implemented in the community through contact with the identified entities listed above. Due to COVID restrictions, in person meetings may not be possible.
4. **When will it be implemented?** The approach will be implemented during FY21 and continue through FY22.
5. **How will it be implemented?** Outreach will be provided to the above entities to set up meetings to discuss the Coalition and its efforts in the community. Individuals interviewed for the Community Readiness Assessment (CRA) who represent one of those targeted sectors will be approached to assist with connecting with the identified entities.
6. **Who will implement it?** Coalition members. A subcommittee will be developed to work on this goal.

#### **Rationale**

**Please describe why your community chose this approach:** Based on the CRA, the community has a vague awareness of the Coalition and its prevention efforts. This dimension scored the lowest on the CRA. The Coalition just recently restarted and needs to focus on raising awareness in the community. The current climate might be helpful in engaging new partners since there has been an increase in suicide in Clermont County.

#### **Intended Results**

The intended results of this effort include:

1. Reaching a broader section of the community
2. Increasing membership in the Coalition
3. Reaching identified high risk groups

## Evaluation

The Coalition will know if the knowledge of the Coalition's efforts has increased by the number of community partners that join the Coalition and agree to work on increasing the knowledge of our efforts within the County. The Coalition will also conduct community surveys to measure increase in knowledge of the Coalition.

## Capacity Development

By increasing the community knowledge of the Coalition and its efforts, the Coalition will increase its membership and broaden its work in the community. In other words, Coalition capacity will be increased by increasing the number of Coalition members.

## Potential Barriers

Implementing this approach will require Coalition members to assist with engagement of entities for which we do not normally partner. This will require additional work to develop the relationships. Further, coalition members will need to volunteer to assist with the outreach. Members of the Coalition do not always volunteer to assist with the workload.

## Approach #2: Increase Community Knowledge of the Issue

Increase community awareness of the warning signs of suicide in high risk groups

## Description

The Coalition will work with the newly identified partners to increase awareness of the signs of suicide and the identified high-risk groups in Clermont County. The Coalition will provide the newly identified partners with information on screening for suicide as well as community resources for addressing suicidal ideation.

Please provide a concise description of your approach to increase community readiness including the following elements:

1. **Who is the intended recipient of this approach?** The intended recipients of this approach are identified high risk groups in Clermont County: youth between 18-25; middle aged men 40-55; and older adults.
2. **What will be implemented?** A marketing campaign will be implemented targeted at the high-risk groups.
3. **Where will it be implemented?** The approach will be implemented through distribution of Crisis Hotline posters targeted at different age group in high traffic areas where the high-risk groups can see it. The posters will be placed in faith-based organizations; doctor's offices; businesses; grocery stores; libraries and gyms. A social media campaign will also be utilized using the same messaging.
4. **When will it be implemented?** The approach will be implemented during FY21 and continue through FY22.

5. **How will it be implemented?** The approach will be implemented through distribution in the community and social media posts.
6. **Who will implement it?** The Coalition members will implement the approach.

### **Rationale**

The Community Knowledge of the Issue dimension scored the third lowest on the CRA, indicating a vague knowledge of the importance of the issue. Due to the increase in suicide in Clermont County, the Coalition believes that this area is a priority. The community needs to understand the risk factors for suicide and that help is available for those that are at risk for suicide.

### **Intended Results**

The intended results of the approach will be:

- 1) Increased knowledge by the community of the high-risk groups
- 2) Increased use of the County Crisis Hotline and Mobile Crisis by the high-risk groups
- 3) Decrease in suicide among the high-risk groups

### **Evaluation**

The Coalition will begin tracking the number of calls that the County Crisis Hotline receives from the high-risk groups. An increase in the number of calls from those high-risk groups will indicate that the community is increasing knowledge of the issue.

### **Capacity Development**

Through community outreach, the Coalition will build its capacity to reach a broader audience and hopefully have a broader impact.

### **Potential Barriers**

The barriers for implementation of this approach are the same as identified for the first goal area. Implementing this approach will require Coalition members to assist with engagement of entities for which we do not normally partner. This will require additional work to develop the relationships. Further, coalition members will need to volunteer to assist with the outreach.

## Action Plan

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
<b>Approach 1: Increase Community Knowledge of Efforts</b>				
Develop outreach plan (who, what, when, where)	October 31, 2020	December 31, 2020	Coalition Chair Coalition members	Plan developed with detailed steps of entities to contact and which member will do the contacting
Develop marketing plan	October 31, 2020	December 31, 2020	Coalition Chair Coalition members	Plan developed with detailed steps of where marketing will occur and who will be distributing the materials
Contact entities by phone to set up meeting	January 2, 2021	March 31, 2021	Coalition Chair Coalition members	Entities identified will be contacted and a meeting will be set up
Hold meeting with the identified entities. Provide information on the Coalition, its efforts and invite to Coalition.	January 2, 2021	April 30, 2021	Coalition Chair Coalition members	Meeting was held and information given to the entity  Entity agrees to participate in Coalition and/or its efforts
Continue outreach to new partners	March 31, 2021	Ongoing	Coalition Chair Coalition members	Partners are fully engaged with the effort and participating in Coalition work

Distribute Coalition materials to new partners	January 2, 2021	Ongoing	Coalition Chair Coalition members	New partners reach out to Coalition for additional educational materials
Distribute Coalition materials through community events	October 31, 2020	Ongoing	Coalition Chair Coalition members New Partners	New partners invite Coalition to their events
<b>Approach 2: Increase Community Knowledge of Issue</b>				
Develop marketing plan	October 31, 2020	December 31, 2020	Coalition Chair Coalition members	Plan developed with detailed steps of where marketing will occur and who will be distributing the materials
Distribution of materials	January 2, 2021	Ongoing	Coalition Chair Coalition members	Materials are posted in identified spots throughout the County
Publish newspaper articles on a quarterly basis	October 31, 2020	Ongoing	Coalition Chair Coalition members	Newspaper articles are published quarterly
Conduct survey of community members	March 31, 2021	April 30, 2021	Coalition Chair Coalition members	Community members participate in survey
Conduct town hall meetings throughout the county	May 1, 2021	July 30, 2021	Coalition Chair Coalition members	Town hall meetings are conducted
Development of Social Media Campaign	January 2, 2021	March 1, 2021	Coalition Chair	Social media campaign posted