

Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

COMMUNITY READINESS ASSESSMENT REPORT CUYAHOGA COUNTY

Prepared by:
Cuyahoga 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>

Cuyahoga County FFY20 Community Readiness Assessment Report

Introduction

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

Members of the CRA team for Cuyahoga County include:

- Chardé Hollins, Co-Chair – ADAMHS Board
- Jane Granzier, Co-Chair – Frontline
- Mary Wise, Member – Educational Service Center of Northeast Ohio
- Anna Pawlikowski, Member – Beech Brook

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 Cuyahoga County.
- 3) Conducting and recording structured interviews with key respondents in the Cuyahoga 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 Cuyahoga County were conducted in July and August 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 Cuyahoga County

Cuyahoga County Problem Statement

How ready is Cuyahoga 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

Cuyahoga County conducted 6 community readiness interviews in July and August 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	7/16/2020	Prevention/Treatment provider/professional
2	7/29/2020	Community member
3	8/8/2020	School and/or education provider
4	8/17/2020	Member of faith-based community
5	8/25/2020	Business community leader/member
6	8/27/2020	Community member

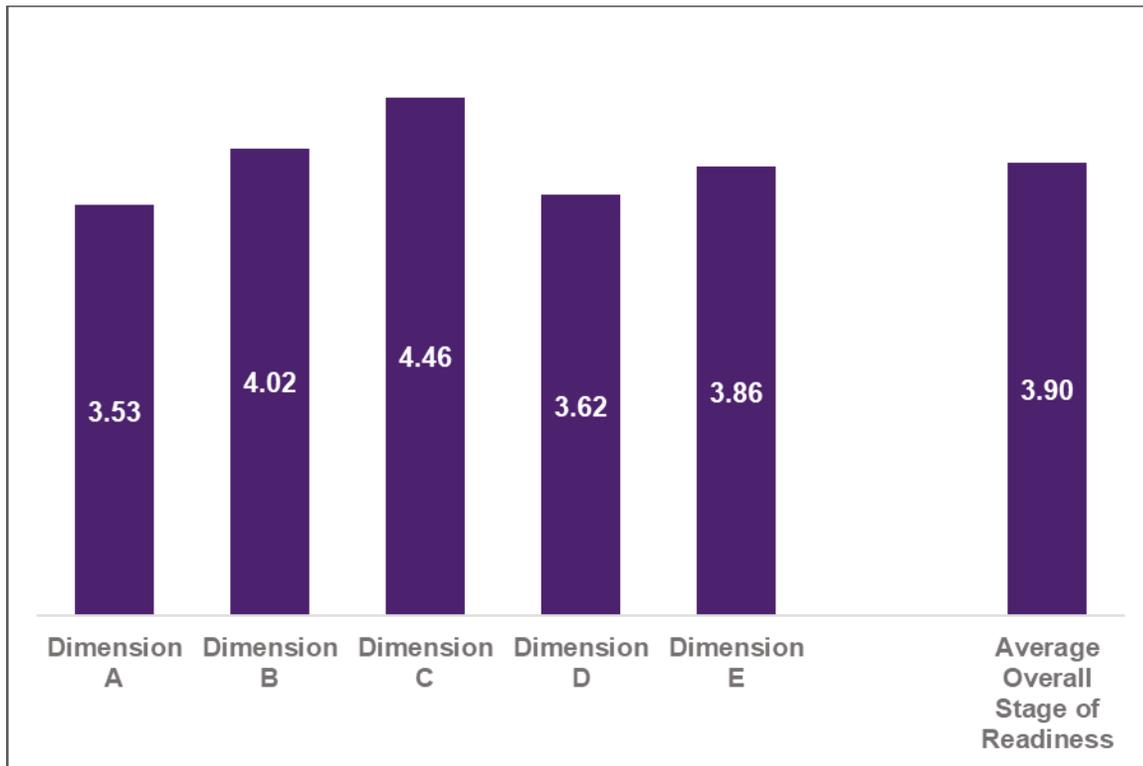
Cuyahoga County then scored the interviews using the individual and consensus scoring guidance from the TE-CRM.

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

Table 3. Combined Interview Scores by Dimension

Dimension		Interview						Combined Total Score of 6 Interviews
		1	2	3	4	5	6	
<i>A</i>	<i>Community Knowledge of Efforts</i>	6.2	2	1	6	1	5	21.2
<i>B</i>	<i>Leadership</i>	3	3.3	4	5	4.3	4.5	24.1
<i>C</i>	<i>Community Climate</i>	4.1	4	4	5	5	4.7	26.8
<i>D</i>	<i>Knowledge about the Issue</i>	5	4	3	2.3	2.2	5.2	21.7
<i>E</i>	<i>Resources Related to the Issue</i>	3.2	4	5	1	5	5	23.2

Figure 1. Calculated Stage Score for Individual Dimensions



Cuyahoga County’s Average Overall Stage of Readiness is: 3.9. This score indicates that their community is in Stage 3: Vague Awareness.

Highlights from Interview Participants

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

<i>A: Community Knowledge of Efforts</i>	"If community members have not experienced a tragic loss by suicide, it is not a priority, There is a concern, but not a readiness to change or engage in more depth to prevent suicides."
<i>B: Leadership</i>	[Few leaders show support by participating in developing, improving or implementing efforts because of] "PR reasons for re-election, leaders are not on many suicide prevention coalitions or (advocate) to allocate funds to this area." "I am not sure how involved or even if leadership is involved. Being a survivor, I know how critical it is to prevent such tragic loss and the impact to family and all those around them."
<i>C: Community Climate</i>	"First, I think it's important that you explain what you're saying. If you were to ask this question people wouldn't know what you're talking about so it would be few to none. But if they actually knew what the CDC strategies were and what this effort looked like I think most people would be on board." "There's a difference between not being involved and not understanding the cause or plan of action. Often times, communities are dismissed as inactive because leadership doesn't take the time to explain things the way everyday people will understand, then they say we're not involved, but that's not always the case."
<i>D: Knowledge about the Issue</i>	"Many are not aware of the approaches available or some of the data on suicide in Cuyahoga county." "We need more messaging and education."
<i>E: Resources Related to the Issue</i>	"I don't even know what exists but I know there's a need for expansion."

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 Cuyahoga 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 Cuyahoga County team noted:

“Our community has emphatically reported that they are unfamiliar with the efforts, support and advocacy that is taking place regarding suicide prevention. As a coalition, we are committed to increasing the presence of education, messaging and resources in Cuyahoga County.

At the onset of this process, our coalition collectively agreed that more grass roots outreach and education was definitely needed, so those results were not completely surprising. However, hearing and scoring what you may have already known to be true can still be staggering. What was surprising are the themed responses expressing a lack of confidence in leadership and their ability to recognize suicide prevention as a priority, advocate for funding or policies to address the issue. These are the themes we are dedicated to addressing. We know there is great work being done on behalf of Suicide Prevention in Cuyahoga County and we want our community to be aware of it and actively participate in all efforts. For this reason, we look forward to taking on new projects, creative advertisement and meaningful conversations to further support, advocate and educate survivors, their loved ones and our community at large.”

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? _____

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

**Cuyahoga County Suicide Prevention Coalition (CCSPC)
Cuyahoga County**

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

September 2020

Created by:

Cuyahoga County Suicide Prevention Coalition (CCSPC)

Coalition Chairs:

Charde' Hollins & Jane Frazier

Members of the Community Readiness Planning Committee

Jane Frazier- Frontline Services

Charde' Hollins- ADAMHS Board

Anna Pawlowski- Beech Brook

Mary Wise- Educational Service Center of Northeast Ohio

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 Cuyahoga 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/>.

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 ten 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.

- Jane Frazier- Frontline Services
- Charde' Hollins- ADAMHS Board
- Anna Pawlowski- Beech Brook
- Mary Wise- Educational Service Center of Northeast Ohio

Brief Review of Community Readiness Assessment Results

The Community Readiness Assessment Committee conducted 6 interviews with various disciplines, cultural backgrounds, and life experiences. This was done to engage a wide variety of people to best reflect our community. Interviewees included: suicide loss survivors, treatment providers, prevention providers, faith-based members, business personnel and educators. Each interview was an average of 90 minutes and was conducted on a virtual platform.

From these interviews, our county's average overall stage of readiness is 3.9. This score indicates that our community is in Stage 3 of readiness having "*Vague Awareness.*" This stage suggests that our community recognizes that "*something should be done, but what?*" Cuyahoga County's readiness was determined by the separate dimensions used to gather the overall score. Dimensions include: Community Knowledge of Efforts (3.53), Leadership (4.02), Community Climate (4.46), Knowledge about the Issues (3.62), and Resources Related to the Issue (3.86).

Based on these scores, the CCSPC has concluded its need to increase community confidence in leadership and inform residents of prevention efforts along with the related resources available. These three areas will serve as our goals to develop a comprehensive plan for suicide prevention.

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-** Community acknowledges that one suicide is too many and that interventions, supports, and education should be accessible to everyone.
- ❖ **Weaknesses-** Community correlates suicide with "weakness" or "cowardice". Many are uncomfortable talking about the topic or addressing it with someone they care about.
- ❖ **Opportunities-** Community expresses a high level of willingness to learn and increase their understanding of the issues.
- ❖ **Threats-** Due to the size of Cuyahoga County, it can be difficult to reach everyone. Intentionality will have to be placed on specific areas/populations to ensure that those who are most effected are receiving the necessary information to increase suicide prevention.

Community Knowledge of Efforts

- ❖ **Strengths-** Cuyahoga County and the state of Ohio are actively working to increase suicide prevention efforts through advocacy, funding, messaging, and grass roots engagement.
- ❖ **Weaknesses-** Community often does not seek out efforts until after they have lost a loved one to suicide. The mentality that “*it will never happen to me*” is a common misconception that may need to be addressed.
- ❖ **Opportunities-** Community is familiar with some efforts and expresses a willingness to become more aware of what is being done on a local and state level for suicide prevention.
- ❖ **Threats-** Death by suicide is a delicate issue and when addressing it as a collective using data and general language, it can appear insensitive to those who are survivors and loved ones who are a part of the numbers that are “casually” discussed.

Community Climate

- ❖ **Strengths-** Cuyahoga County scored the highest in this dimension. The community responded with a clear desire to be a part of the solutions to end suicide.
- ❖ **Weaknesses-** Inner city residents are often overlooked and not included in the efforts to participate or execute an action plan. The messaging that is meant to target them rarely reaches them because the medium used is not accessible or culturally specific to their population.
- ❖ **Opportunities-** CSCCP can build relationships with community stakeholders and influencers to assist in creating meaningful information that is immediately accessible and written in a way that everyone can understand.
- ❖ **Threats-** The jargon used to explain suicide prevention may not be understood by everyone. As a result, several people are unable to benefit from the educational material presented.

Leadership

- ❖ **Strengths-** This dimension received the second highest score. The community recognizes that leadership is somewhat vested in suicide prevention.
- ❖ **Weaknesses-** Community is unable to identify what specific stances or benefits leadership has advocated for to decrease death by suicide.
- ❖ **Opportunity-** CSCCP can work to bridge the gap between leadership and community members, assisting each party in becoming aware of the others dedicated efforts to eliminate suicide via education, advocacy, resources, and support systems.
- ❖ **Threats-** Leadership is often tasked with addressing several issues at a time and may not always place suicide prevention as a top priority.

Resources

- ❖ **Strengths-** Cuyahoga County has a wide array of resources for mental, emotional, and behavioral support.

- ❖ **Weaknesses-** Although resources are present, they are not always accessible to everyone or utilized by those in need. Specific to suicide prevention, Cuyahoga County lacks a well running support space for Survivors of Suicide.
- ❖ **Opportunities-** CCSPC can work with survivors and community partners to develop safe and supportive spaces for Survivors of Suicide.
- ❖ **Threats-** Transportation to resources plays a significant role in some residents' inability to access treatment, support, or information.

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.

- ❖ **Strengths-** Cuyahoga County is rich in resources, with a community and leadership willing to engage and support suicide prevention efforts.
- ❖ **Weaknesses-** Community members need more access to information and services.
- ❖ **Opportunities-** Increase in grass roots community engagement and intentionality around specific, high-risk populations.
- ❖ **Threats-** Cuyahoga County is a large territory that needs adequate funding to address transportation and cultural barriers, while increasing strong relationships and supportive safe spaces.

Goals

After the community readiness planning team completed the SWOT assessment, we developed 3 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 Issues

CCSPC and partners will provide an average of 5 trainings a year to increase the community's knowledge of issues, along with signs and symptoms of suicidal ideation. Trainings will include evidenced-based curricula such as QPR and Working Minds.

Goal #2

Dimension Being Addressed: Resources

CCSPC and partners will increase opportunities for Survivors of Suicide to receive consistent support through peer-to-peer engagement and/or treatment from a provider.

Goal #3

Dimension Being Addressed: Knowledge of Efforts

CCSPC and partners will collaborate with local community stakeholders to provide educational materials to increase the knowledge of efforts and supports to high-risk populations.

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 2 approaches to increase community readiness.

Approach #1: Grass-roots Engagement

Description

Intentionality will be used to target high-risk populations on a grass roots level to ensure they are receiving information directly.

Rationale

This includes partnerships with local barbershops, beauty salons, recreation centers and even corner stores. By collaborating with these local, trusted businesses, community members are more likely to accept and use the information and resources provided.

Intended Results

A sense of community is important within many minority neighborhoods. Partnering with local, trusted businesses will increase residents' sense of awareness and willingness to benefit from services.

Evaluation

Local businesses will provide feedback on customer engagement and responses to information. Success will also be evaluated based on how much material was disseminated in the community.

Capacity Development

Specific funding will target this approach and given to participating businesses.

Potential Barriers

Businesses may be apprehensive to participate due to stigma related to suicide. Culturally specific materials are needed for various neighborhoods. CCSPC will spend time with business owners to address any concerns they have regarding stigma or suicide prevention in general. Research will be done to ensure communities are receiving materials that address their cultural norms.

Approach #2: Increase Learning Opportunities

Description

CCSPC and partners will provide scheduled opportunities for community and coalition members to be trained in suicide prevention strategies and curricula, i.e. Working Minds and QPR.

Rationale

Community has expressed a sense of readiness and understanding, however, is not sure how to move forward and act. By increasing learning opportunities, persons will have access to information that provides skills and resources needed to effect change and create productive movement.

Intended Results

Community will become more knowledgeable about preventative efforts and resources. This increase in understanding will decrease stigma and create room for conversations, promoting support through healing and transparency.

Evaluation

The number of trainings completed and persons served will be used to determine success.

Capacity Development

Schedule opportunities for interested persons to receive trainings, for both knowledge and/or certification to train others as well.

Potential Barriers

Some may not have the adequate time needed to complete or present trainings. CCSPC members who have employer support or directly work in suicide prevention will lead in completing community trainings.

Action Plan

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
Approach 1: Grass Roots Engagement				
Identify high-risk communities	12/1/2020	2/1/2021	Jane Frazier	List is presented
Determine potential neighborhood partners	2/1/2021	4/1/2021	CCSPC /Community	Community Input
Request and Inform Potential Partners	4/1/2021	6/1/2021	Charde' Hollins	Partners Accepted
Provide materials and stipends	6/1/2021	12/31/2021	CCSPC Members	Materials distributed
Approach 2: Increase Learning Opportunities				
Identify Appropriate Trainings	12/1/2020	2/1/2021	CCSPC Members	List is presented
Schedule Trainings	2/1/2021	4/1/2021	ADAMHS Training Dept.	Dates Determined
Advertise to Gather Interested Persons	4/1/2021	6/1/2021	ADAMHS & Partners	Persons Registered
Provide Trainings	6/1/2021	12/31/2021	ADAMHS & Partners	Persons Attended

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