

# Strengthening and Sustaining Ohio's Suicide Prevention Coalitions Initiative

## COMMUNITY READINESS ASSESSMENT REPORT FULTON COUNTY

Prepared by:  
Four 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>

# Fulton County FFY20 Community Readiness Assessment Report

## Introduction

During FFY20, the Four County Suicide Prevention Coalition 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 Fulton County's Community Readiness Assessment and provides details about how the assessment was conducted.

Members of the CRA team for Four Counties include:

- Tonie S. Long, M.Ed., LSW – Director of Quality Improvement  
Four County ADAMHS Board
- Bethany Shirkey, BA, LSW – Community Services Manager  
Four County ADAMHS Board
- Karen Von Deylen, MSSA, LISW-S, Prevention Manager  
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Interviewers:

- Angela Boundy - BAHEC Scholar, Northwest State Community College Intern
- Rose Greenlaw - BAHEC Scholar, Northwest State Community College Intern
- Pamela Stephey - BAHEC Scholar, Northwest State Community College Intern

## **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 Fulton County.
- 3) Conducting and recording structured interviews with key respondents in the Fulton 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 Fulton 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 Fulton County

### Fulton County Problem Statement

How ready is Fulton 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

The Four County Suicide Prevention Coalition conducted 10 community readiness interviews in Fulton County 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	7/20/2020	Public health professional/health department agency staff
2	7/22/2020	Other
3	7/30/2020	Other
4	7/23/2020	County commissioner or elected official
5	7/29/2020	School and/or education provider
6	7/22/2020	Member of faith-based community
7	7/28/2020	Local government official (from local agency)
8	7/24/2020	Prevention/Treatment provider/professional
9	7/24/2020	County government official (from county agency)
10	7/29/2020	Business community leader/member

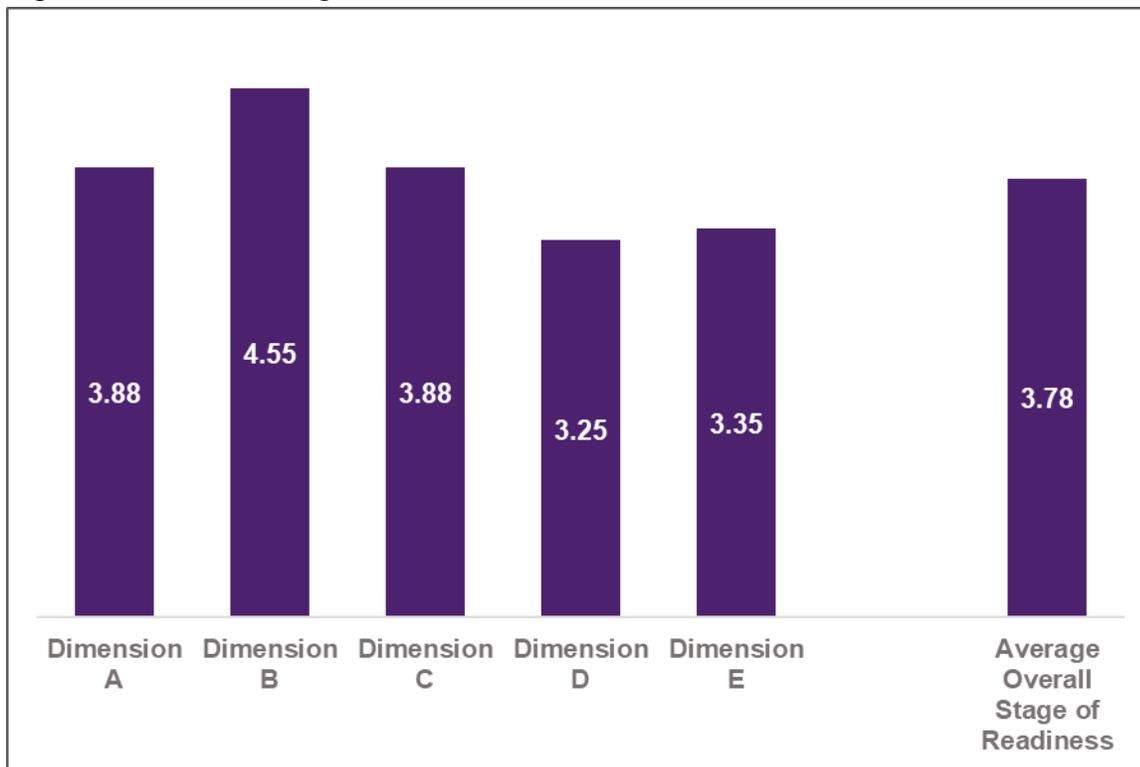
The Fulton County interviews were then scored, using the individual and consensus scoring guidance from the TE-CRM.

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

Table 3. Combined Interview Scores by Dimension

Dimension		Interview										Combined Total Score of 8 Interviews
		1	2	3	4	5	6	7	8	9	10	
A	<i>Community Knowledge of Efforts</i>	5	5	2	4	4	2	1	4.75	6	5	38.75
B	<i>Leadership</i>	4.25	4.5	3	4	4.5	4.5	2.5	5.75	6.5	6	45.5
C	<i>Community Climate</i>	4	2.5	2.75	2	4	4	4	5.5	4.5	5.5	38.75
D	<i>Knowledge about the Issue</i>	3.25	3	2	2.25	3.5	3.75	3.25	4	4	3.5	32.5
E	<i>Resources Related to the Issue</i>	4.25	3	3	2	3	3.25	2.5	4.5	4.5	3.5	33.5

Figure 1. Calculated Stage Score for Individual Dimensions



Fulton County’s Average Overall Stage of Readiness is: 3.78. 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 that there's pockets of the community that feel strongly about the efforts and some that have no level of awareness at all. I feel like our community isn't opposed to efforts but we've got to do a better job getting the information out there. But I think the climate is good for that kind of work.
<i>B: Leadership</i>	I think there are many that have ideas and may participate in the planning part of it. But the problem is having somebody to implement it. And I think that's where we lack.
<i>C: Community Climate</i>	There is a support, a willingness. But you know, if there was an event or something of that nature, I'm not sure it would be well attended. But there is a general support like, yes, this is a good idea.
<i>D: Knowledge about the Issue</i>	I don't think they (community members) have anything against it. I just think they have no knowledge.
<i>E: Resources Related to the Issue</i>	Grants can be so cumbersome and complicated and hard to find things that are a good match. And it's just not like we don't want grants, but we don't have a dedicated grant writer, and it's really, really hard. It takes a lot of time and effort to write a grant and then funding is questionable.

## 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 Fulton 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 the results of the Community Readiness Assessment, the Four County Suicide Prevention Coalition team noted that *Knowledge of Issue* is a dimension that the Fulton County community needs to focused on. It appears that the knowledge of suicide and suicide prevention in Fulton County is low, and many are not aware of how prevalent suicide is locally. This low level of awareness of in Fulton County also impacts the dimension of *Community Climate*. If the Fulton County community is unaware or has little knowledge about suicide and suicide prevention efforts, then the issue is not seen as a high priority. By expanding awareness of the

problem of suicide and its impact on individuals and families in Fulton County, we can generate the urgency needed to create effective action on the issue.

Fulton County scored well on the CRA *Leadership* dimension, which was encouraging. Building on this strength will be an important part of the coalition's plan to address suicide in the county. Throughout the CRA process, several of the interviewees referred to the lack of human resources available to address suicide and other equally complex issues facing Fulton County. Considering this reality, engaged community leadership will be key to successful progress. By reaching out to community leaders and encouraging them to join with the coalition, we can more effectively address the issue of suicide and suicide prevention. The number of Fulton County lives lost to suicide can be reduced by uniting our efforts and focusing our collective strength through shared resources and unified messaging. Ultimately the measurable results of the Community Readiness Assessment will help in the achievement of this goal, through the development a planned approach that includes the management of available resources.

## **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

**Four County Suicide Prevention Coalition  
Defiance, Fulton, Henry and Williams Counties**

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

**September 2020**

**Created by:**



**Coalition Chair**

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## 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 Four 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/>.

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## 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.

- Tonie Long
- Bethany Shirkey
- Karen VonDeylen
- Kandice Lemley
- Robert "Mike" Harbour
- Deb Weirauch
- Christine McVay
- Amanda Waldfoegel

## Brief Review of Community Readiness Assessment Results

The Four County Suicide Prevention Coalition, in Partnership with the Ohio Suicide Prevention Foundation and Ohio University's Voinovich School of Leadership and Public Affairs, has conducted a Community Readiness Assessment of Fulton County Ohio's readiness to engage with the issue of suicide prevention. The CRA began with identifying leaders from key sectors within Fulton County including education, mental health, social services, law enforcement, government, faith based and business organizations and inviting them to participate in a virtual interview, designed to explore the participant's views and opinions on Fulton County's readiness to address the issue of suicide. A total of 10 virtual interviews were conducted by Northwest State Community College interns, in partnership with the Bryan Area Health Education Center's BAHEC scholarship program. The interviews were recorded, transcribed and individually scored. Scores were based on the five dimensions of community readiness identified by the Tri Ethnic Community Readiness Model. Each dimension was given a score of 1 through 9, which represented Fulton County's awareness levels ranging from "No Awareness" up to "Community Ownership". Combined scores for each dimension were calculated across all ten interviews, with an average score determined for each dimension. Individual dimension averages were used to determine Fulton County's combined overall score of 3.78, indicating "vague awareness" of suicide and suicide prevention.

Fulton County's averaged scores on the 5 dimensions were as follows:

- Community Knowledge of Efforts – On this dimension, Fulton County received an average score of 3.88 indicating a "vague awareness" of current efforts to address suicide. Community members have heard of some prevention programming currently implemented, but lack depth in understanding
- Leadership –On this dimension, Fulton County received an average score of 4.55 which indicates the county is at the "preplanning" level. Leaders from the sectors interviewed understand that suicide is an issue in the county and that it must be addressed, but are unsure of the "who, what when, where and how" of potential solutions.
- Community Climate - Fulton County's attitude toward engaging with the issue of suicide scored an average of 3.88, or "vague Awareness". Fulton County is aware of the general issue of suicide, but lacks knowledge on the extent of the problem locally.
- Community Knowledge of the Issue –On this dimension, Fulton County received an average score of 3.25 indicating "vague awareness". Community members are aware that suicide is a serious issue, but is collectively unsure of what action to take.
- Resources. – On this dimension, Fulton County had an average score of 3.35 which is again "vague awareness". Community members are aware of resources, but have not considered which resources can or should be utilized to address the issue of suicide.

The results of the community readiness Assessment indicate that the Four County Suicide Prevention Coalition will need to begin by working to increase community awareness of the issue of suicide and suicide prevention. In order to mobilize the Fulton County Community to address the issue of suicide, the community members must first understand that suicide is a local issue.

## **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.

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

Programming such as Signs of Suicide, Stomp the Stigma, the LOSS Team and Mental Health First Aid were identified as Fulton County's strengths for this dimension. Other strengths included passionate prevention workers, CIT trained law enforcement officers, and the partnership between the Four County ADAMhs Board and the Fulton County Health Department and the Suicide Prevention Coalition. The support and collaboration between the schools and faith communities with mental health were also noted. Weaknesses were identified as a limitation of financial resources and limited workforce capacity. Often the same people are seen "at the table", so engaging new volunteers or partners has been met with mixed success. Other weakness noted were community leaders who held outdated or misinformation on the topic of suicide, as well as a denial that suicide is an issue in Fulton County.

Opportunities discussed for improving knowledge of the issue of suicide included expanding collaborative partnerships among community sectors such as law enforcement, regional and local colleges and universities and deepening Fulton County's relationship with the Ohio Suicide Prevention Foundation. Also mentioned was the newly formed partnership between mental health and local business in sharing information on suicide prevention. The primary threats identified were the growing workforce shortage and an unstable economic environment.

### **Community Knowledge of Efforts**

Strengths discussed for this dimension included the increased use of social media and the growing online connection of community sectors and community members. This is an underutilized resource and could be seen as an opportunity. The expansion of Mental Health First Aid into partnerships with faith communities, law enforcement departments and area business, and the local information and referral/crisis line were also seen as strength. The primary weaknesses were identified as "siloed" efforts by mental health and other community support providers, and an underlying competition for financial and human resources.

Opportunities identified included the strong Fulton County community identity which results in solid participation in community events such as fairs, local festivals and other information-

sharing opportunities and the newly developed partnership between the coalition and regional colleges and universities to expand suicide prevention messaging. The primary threats were again identified as an unstable economic climate, the current COVID-19 pandemic and an ever-growing rural workforce shortage.

### **Community Climate**

The primary strengths identified through the SWOT for Fulton County include area school systems that are open to addressing the issue of suicide, our county sheriff who is supportive of mental health and open to partnering to address the issue of suicide prevention, and the community partnerships among the sectors. There were several weaknesses identified including the pervasive “boot straps” mentality among the general population. It is believed that being a rural community, this is built into the culture of the population. Suffering with depressive symptoms can be seen as an “embarrassment” for some families or the belief that “faith alone” is the answer may prevent some from reaching out for help. This, along with the general stigma associated with mental health concerns, were also identified as threats.

Opportunities outside of Fulton County were identified as expanded collaboration with the Ohio Suicide Prevention Foundation and regional universities that can help with training, information and effective messaging around treatment and suicide prevention. Threats identified were the continued “Brain Drain” currently experienced in rural America, economic instabilities, and the current “meanness” and divisiveness of the political climate. Also included under threats was the lack of diversity of the community and the lack of exposure to different cultures and experiences which can reduce trust among people.

### **Leadership**

The SWOT Analysis revealed strengths in the area of leadership to be the recent trend toward of area business and organizational leaders partnering with mental health providers to educate their staff on mental health and mental health awareness, and the imbedding of mental health information into their policies and procedures. This is especially evident in one organization’s requirement that staff complete the *Mental Health First Aid* training in order to be eligible for a promotion. Other keys strengths included the county Sheriff and his continued support of mental health and CIT, as well as the generally caring and compassionate attitude of community leaders. Weakness included seeing the “same faces” at the table and the same people agreeing to participate in projects designed to make progress on the issue of suicide and other social issue impacting Fulton County. Finally, the outdated information regarding suicide held by some in leadership, and high staff turnover were also seen as a weakness.

Opportunities in the dimension of leadership were identified as new programming and funding opportunities offered at the state level to address the workforce shortage, the growing national climate around addressing mental health needs, and the potential to expand partnerships with the OSPF, AFSP and regional colleges and universities. Threats included people leaving and the perceived declining enrollment in social work programs, the aging leadership within the community, and the ongoing COVID-19 pandemic that is reducing treatment capacity of area providers and negatively impacting the area economic outlook.

## **Resources**

Fulton County's strengths in the area of resources available to address the issue of suicide include well established programming such as the Mental Health First Aid training, the LOSS Team, Signs of Suicide, Too Cool for Drug, area Survivors of Suicide Support group, as well as the local Crisis Hotline and Mobile Crisis services. Other strengths were the Four County Suicide Prevention Coalition, our supportive and active faith community and the collaborative relations between our providers, the ADAMhs Board, local law enforcement, and area hospitals. The newly added Client Care Navigator was also identified as a growing strength to the community. Weakness were reported as an overall lack of awareness by the general population and leadership about what resources are available and how to access them

Opportunities were identified as potentially expanding the use and services of our Federally Qualified Health Center, our partnerships with the OSPF and the AFSP. Threats were identified as competition with urban areas for regionalized funding, the politicizing of health information, and the lack of timely and appropriate levels of care for juveniles experiencing a mental health crisis.

## **CRA Results**

There was a misunderstanding on expectations for the SWOT, and as a result the SWOT group did not identify strengths, weaknesses, opportunities and threats related specifically to the CRA results. However, the CRA team did have a follow up discussion to address this component of the report. The key strength of the CRA results was identified as having a clear understanding of where Fulton County stood with suicide prevention. This understanding will allow for the development of a true and effective plan to progress. The key weakness of the results was that the CRA failed to capture the passion and commitment of those who actively work to decrease suicide in Fulton County.

The newly established relationships with staff at the Ohio University and the chance to further develop these relationships were identified as an opportunity. It was discussed that completing the CRA may open up future funding opportunities for the FCSPC. Threats were identified as the disparity that was discovered between where the coalition and its members believed community awareness and understanding of the issue to be, and where things actually stood. This information could cause individuals to lose faith in the mission of the coalition and feel that all of the hard work completed up to this point was ineffective.

## **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: Knowledge of the Issue of Suicide

Increase awareness and understanding of the issue of suicide among the general population of Fulton County as evidenced by improvement on the 2024 CRA

### **Goal #2**

Dimension Being Addressed: Leadership

Increase awareness and understanding of the issue of suicide among the leadership of Fulton County as evidenced by improvement on the 2024 CRA

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## **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: Safe Messaging Around Suicide** - CDC Strategy: *Lessen Harm and Prevent Future Risk*

### **Description**

Based on the results of the Fulton County CRA and the recent SWOT, the Four County Suicide Prevention Coalition has decided to address the issue of low awareness of the issue of suicide among the general population. The Coalition will begin by partnering with the University of Toledo's School of Population Health and the Four County ADAMhs Board, to develop a year-long awareness campaign designed to increase the public's awareness of the issue of suicide as it relates to positive self-care, coping skills and recognizing the signs and symptoms related to depression and suicide risks. The media campaign will have a consistent look and feel in an effort to increase the public's familiarity with the messaging and will be designed with an eye on effectiveness and avoiding unintended harm. The campaign will be shared through digital, print, radio and social media formats, and will include static, audio and video spots. The campaign will target community members with little to no understanding of suicide risks and prevention efforts, and will be shared throughout the Four County area including Fulton County. The development of the media themes and products will begin immediately, with public sharing of the results to begin on November 01, 2020. The development of additional spots will continue over the course of the academic calendar, with the public sharing running every-other month through June of 2021.

The Four County Suicide Prevention Coalition will also share the 15-second video prevention message on the coalition's website [www.4countysuicideprevention.org](http://www.4countysuicideprevention.org) and the coalition's Facebook page. Partnerships with area health departments, schools, colleges, business and organizations will also be exercised through the mutual sharing of the campaign messaging. Tonie Long of the Four County ADAMhs Board, in partnership with the Four County Suicide Prevention Coalition Membership will be the Project Manager for this campaign, reporting our progress to the coalition at monthly meetings.

### **Rationale**

The Four County Suicide Prevention Coalition chose the media campaign for several reasons. First, it fits with Fulton County's CRA results, which indicated that overall community awareness of the issue of suicide was low, scoring at the "vague awareness" level. By increasing Fulton County's current level of awareness of suicide and suicide related issues in the county, we may also be able to simultaneously improve our Community Climate, which was a dimension that Fulton County also scored very low on. We believe that an improved Community Climate will then help to create urgency around the issue of suicide, resulting improved community involvement and access of resources that can save lives. In addition, because we are a four-county coalition and a four county ADAMhs Board, we have an obligation to serve a wide

geographic area that is primarily rural in nature. Each of our counties, including Fulton, is made up of many independent school systems, municipalities, businesses, social services and law enforcement organizations. While the decision to run a targeted media campaign will be based on Fulton County's CRA results, this approach will allow us to serve all of our communities while having the greatest impact across our region, in a way that is realistic for our financial and human resources. It will also involve capitalizing on one of the identified "Opportunities" by developing a partnership with our regional universities.

### **Intended Results**

The intended results will be that more people throughout Fulton County will become aware of the issue of suicide and its impact locally. It is our intention that by sharing information in a way that personally resonates with our community members and their experiences, we can increase the likelihood that individuals will recognize and be willing to address mental and emotional crisis in themselves and their loved ones. With the onset of COVID 19, our rural providers are reporting more first-time mental health consumers, many who feel uncertain about what they are experiencing. By coupling the media campaign with other coalition initiatives such as the Mental Health First Aid trainings, helping members in our community find the words to describe and normalize their experiences; we can encourage the difficult but necessary conversations that can save lives. We also anticipate that the media campaign will help to "legitimize" the importance work of the coalition, which should result in increased membership.

### **Evaluation**

In the short term the results of the media campaign will be evaluated in the following manner. With the digital campaign that will "geo-fenced" by zip code, we will be able to know how many residents were exposed to our messaging in this manner. Similarly, we will have the capacity to monitor the number of engagements with our messaging through social media. By making this regular agenda item at coalition meeting, the monitoring and evaluation will be on-going. We should also see an increase in the regular attendance of concerned community members at our monthly coalition meetings. Ultimately, by making a regular CRA every 4 years part of our coalition's Strategic Plan, we anticipate seeing improvement on the overall combined score, with a target of reaching the Initiation level by 2024.

### **Capacity Development**

The Four County Suicide Prevention Coalition anticipates overall growth in the general population's awareness of suicide and suicide related issues. In addition, we look forward to developing a positive working relationship with the University of Toledo's Health Education department. This historically underutilized resource could prove to be invaluable to advancing the work of the coalition. In addition, we expect the ancillary benefit branding recognition resulting from the media campaign to legitimize the work of the coalition, and to help the community recognize us as a resource for information related to suicide and suicide prevention. Through these efforts, procurement of funding and the recruitment of partners and volunteers should also improve, improving our capacity to "do the work" of the coalition.

**Potential Barriers**

The primary anticipated barrier is financial. In the face of COVID-19, the economic environment is in flux, and could potentially limit our ability to conduct the awareness campaign for the length of time currently anticipated. The current economic climate is also impacting colleges and universities, so it is possible that shifts in enrollment could negatively affect the consistency in our messaging.

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**Approach #2:** Increase Community Leaders Engagement with the Issue of Suicide Prevention –  
CDC Strategy: *Create Protective Environments*

**Description**

Following the review of the Fulton County CRA results; the Four County Suicide Prevention Coalition has chosen to work toward improving the knowledge and understanding of issues related to suicide and suicide prevention efforts among community and county leaders. To accomplish this, the coalition will host a Fulton County wide Suicide Prevention Networking event that will address the issue of suicide. Leaders from social service organizations, law enforcement, county businesses, education, agriculture, faith organizations and others will be invited to attend. The event will share important facts about the issue of suicide and its impact locally. National, state and local suicide data will be shared, along with information on current programming efforts to reduce local suicide rates and area resources. Special emphasis will be on local resources that can support leadership in creating protective environments within their organizations. For example, several businesses and the Fulton County Sheriff have trained their staff in the Mental Health First Aid Program. By sharing their experiences, they could encourage other area organizations to follow their lead.

Planning for this event will begin with the development of an ad hoc committee within the coalition, in partnership with the Four County ADAMhs Board and the local Mental Health and Prevention providers. Currently the coalition is considering timing of the event to coincide with Suicide Prevention month, with the event taking place in September of 2021. However, with the impact of the current COVID-19 pandemic, some consideration has been given to running the event earlier through virtual technology. The FCSPC prefers to run the event face-to-face, and has chosen to monitor the situation and begin the preliminary preparations that would support either format. It is the intention of the FCSPC to host this type of event annually.

**Rationale**

The FCSPC has chosen this approach for several reasons. While *Leadership* was Fulton County's highest dimension score, it was still far below what we anticipated. During several of the CRA interviews, stakeholders made comments that indicated that they held outdated information about suicide and the resources available within the county. The CRA Team was concerned that misinformation about suicide was being shared within county organizations, and potentially even used in the development of organizational policies and procedures; the sharing of this misinformation by powerful voices in the county reduces the potency of the coalitions efforts. We believe that the sector leaders of Fulton County are caring and compassionate individuals. By providing them accurate information and reliable resources, we are confident that they will engage with the information and use in a way that has a direct impact on the lives of individuals with the county. This approach will also have a secondary gain of developing and enhancing relationships between leadership and the coalition and establishing potential partnerships.

**Intended Results**

The intended results of the Suicide Prevention Networking event will be county leaders will be educated on suicide and the impact that the issue has locally. They will understand the resources that are available and ultimately engage with those resources. Because these are individuals who have a significant impact on their organization and the community climate, we intend for

secondary gains in areas such as networking, coalition partnerships, and general knowledge about the issue of suicide to improve. We also anticipate that the Suicide Prevention Networking event will help to “legitimize” the important work of the coalition, which should result in increased membership.

### **Evaluation**

In the short term the results of the Suicide Prevention Networking Event will be evaluated in the following manner. Through simple attendance, we will be able to know which community leaders were exposed to the information. This coupled with a pre/post-test during the event will allow us to measure knowledge gained in areas such as: local impact of suicide, resources, warning signs and risk factors, and ways to develop and improve protective environment within their organizations. Similarly, we will have the capacity to monitor the number of developing partners through their engagement with resources such as Mental Health First Aid trainings and coalition participation. By making this regular agenda item at coalition meeting, the monitoring and evaluation will be on-going. We anticipate seeing an increase in the regular attendance of concerned community members at our monthly coalition meetings. Ultimately, by making a regular CRA every 4 years part of our coalition’s Strategic Plan, we anticipate seeing improvement on the overall combined score, with a target of reaching the Initiation level by 2024.

### **Capacity Development**

The Four County Suicide Prevention Coalition anticipates overall growth in the county leadership’s awareness of suicide and suicide related issues. In addition, we look forward to developing a positive working relationship with county leaders in a way that is targeted and meaningful. Through this process we will be able to identify stakeholders, with whom the issue of suicide prevention resonates, and bring them on as active members of our coalition. We anticipate that many of these may be individuals not previously seen as potential collaborators. For example, including leaders such as the sporting and firearm shop owners would expand our ability to effectively reach gun owners in ways not currently considered or understood. While we do have some collaboration with this segment of our county, it has not been utilized anywhere near the full potential.

As with our media campaign, we expect the ancillary benefit of branding recognition to help legitimize the work of the coalition, and to improve the community’s view of seeing the coalition as a resource for information related to suicide and suicide prevention. Through these efforts, procurement of funding and the recruitment of partners and volunteers should also improve, improving our capacity to “do the work” of the coalition.

### **Potential Barriers**

The anticipated potential barriers are the current COVID-19 pandemic and its impact on our ability to connect with those in our community in a real and meaningful way. Technology is a wonderful tool, but it cannot replace face-to-face interaction, especially when developing new partnerships and relationships. Additional concerns are workforce to support and carryout the event, and potential financial barriers.

## Action Plan

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
<b>Approach 1: Safe Messaging Around Suicide</b>				
Meet with Tavis Glassman at the University of Toledo	09/28/2020	10/15/2020	Tonie Long	Report to Coalition
Meet with ADAMhs Board to discuss final financial support and braiding of funding with coalition	10/15/2020	10/30/2020	Tonie Long	Report to Coalition
Connect Tavis To Jim Penchoff at National Cini-Media	10/01/2020	10/20/2020	Tonie Long	Report to Coalition
Development of Central Themes for Campaign	10/01/2020	10/30/2020	Tavis Glassman and Students	Report to Coalition
Tavis Glassman and students to report to coalition on the direction of campaign	10/30/2020	10/30/2020	Tonie Long, Tavis Glassman and Students	Report to Coalition
Completion of Digital PSA , social media graphics	10/01/2020	06/30/2021	Tavis Glassman and Students	Report to Coalition
Record Radio PSAs at 98.1 and share with other local stations	10/30/2020	06/30/2021	Tonie Long, Karen VonDeylen, Bethany Shirkey	Report to Coalition
Share graphic with community stakeholders, and potentially movie theaters when reopened	10/30/2020	06/30/2021	Tonie Long, Karen VonDeylen, Bethany Shirkey	Report to Coalition
Receive and share reports on video completions each quarter and share quarterly with Coalition membership	February, 2021	Ongoing	Tonie Long, Jim Penchoff	Report to Coalition
<b>Approach 2: Increase Community Leaders Engagement with the Issue of Suicide Prevention</b>				
Develop an ad hoc committee willing to work on the networking event	01/01/2021	02/01/2021	Karen Von Deylen, Bethany Shirkey	Coalition Report

Identify clear goals for the networking event	02/01/2021	02/28/2021	Tonie Long, Karen VonDeylen, Bethany Shirkey, and general coalition membership	Coalition Report
Solicit funding/community sponsors for the event	02/01/2021	08/01/2021	Unknown at this time	Coalition Report
Identify presenters for the event	02/01/2021	Unknown	Unknown at this time	Coalition Report
Identify location (virtual vs. in-person)	02/01/2021	Unknown	Unknown at this time	Coalition Report
Identify Community leaders to invite. Determine who may have the best success based on relationship	02/01/2021	Unknown	Tonie Long, Karen VonDeylen, Bethany Shirkey, and general coalition membership	Coalition Report
Host the Networking Event	09/01/2021	09/30/20201	Coalition	Coalition Report
Evaluate the Event	09/01/2021	09/30/20201	Unknown at this time	Coalition Report

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