



FRANKLIN COUNTY SUICIDE PREVENTION COALITION

COMMUNITY CONTEXT: There are an estimated 1.3 million residents in Franklin County, which includes the city of Columbus. Its rich culture has been influenced by the various populations that have historically immigrated and migrated to the county. Franklin County is home to over 50% of Ohio's African-born population, home to the nation's second largest Somali population, and home to the largest Bhutanese-Nepali population. High risk groups for suicide in the county include adolescent males of color, immigrants, military, and the LGBTQ+ population.

LEAD AGENCY OR CONVENER GROUP

The Alcohol, Drug & Mental Health (ADAMH) Board of Franklin County convened stakeholders to revitalize the Franklin County Suicide Prevention Coalition in response to the increasing county suicide rate. In 2018, a logic model was developed and Mental Health America of Ohio became the host agency for the Coalition.

COALITION MEMBERSHIP

Coalition membership represents high risk populations and entities serving these populations. The Coalition includes an Executive Committee and a Steering Committee. The Executive Committee manages the affairs, business, and sustainability of the Coalition. The Steering Committee, which includes the Executive Committee, is a broader set of members encompassing additional agencies and individuals representing the Coalition's target populations.

OPERATIONS AND PROCESSES

The Coalition utilizes its comprehensive strategic plan, local data, and agreed-upon values for evidence-based decision-making. Coalition members from various organizations partner through Action Teams, identifying specific goals for operationalizing the strategic plan. The Action Teams meet and communicate regularly to implement their Action Team Action Plans. Community stakeholders can follow social media or receive emails to stay updated on programs and events.

LEADERSHIP AND STAFFING

The Executive Committee members represent the agencies that revitalized and secured funding for the Coalition, Bylaws delineate officer positions and specify that the founding organizations are committed to providing a representative for the Executive Committee. The Coalition has a full-time Director who collaborates with the Executive Committee regarding project management and delegating responsibilities.

STRUCTURES

The Executive Committee ensures continuous alignment between Coalition activities and the strategic plan. It also evaluates the Communications Action Team, Data & Research Action Team, and Outreach & Education Action Team's progress towards achieving Action Plan goals.

FORMATION

MAINTENANCE

INSTITUTIONALIZATION

SYNERGY

POOLED RESOURCES

Various collaborations are leveraged to implement cross-organizational initiatives, including tracking and reporting county suicide data, implementing conferences and trainings, and increasing awareness of suicide prevention and postvention resources and services.

MEMBER ENGAGEMENT

Members are supported in identifying and honing their unique roles in suicide prevention. Various commitment levels and foci allow members to identify roles that match their availability and interests. Action Team Chairs engage members in leading projects; this experience fosters succession planning and develops knowledge of suicide prevention initiatives.

ASSESSMENT AND PLANNING

The strategic plan is both driven by and evaluated with local data. The Coalition assesses data to identify high risk target populations. Through ongoing partnerships with the Franklin County Coroner's Office, Columbus Public Health, LOSS Community Services, and the Ohio Department of Health, the Data & Research Action Team tracks and reports data trends which are used to inform local suicide prevention initiatives.

IMPLEMENTATION OF STRATEGIES

Coalition strategies are data-driven and prioritize evidence-based approaches. Tasks are divided up and addressed collaboratively by multiple members. Leadership reviews Action Plans to ensure they are achievable and mission-focused. The Coalition assesses the implementation of its strategies to drive continuous quality improvement.

COMMUNITY CHANGE OUTCOMES

The Coalition is focused on three strategies. 1) increase awareness and decrease stigma, 2) promote prevention education, and 3) foster collaborations. Short-term outcomes include increasing awareness of suicide and intervention skills through coordinating training, implementing a speakers bureau, and monitoring media reporting practices. Long-term outcomes include a 20% decrease in suicide deaths and attempts by 2022.

COMMUNITY CAPACITY

The Coalition catalyzes partnerships and learning across the community. Examples include partnerships to implement prevention trainings, lethal means education, and distribution of lock boxes. The Coalition also hosts an annual conference focused on high-risk populations to support the professional development of individuals and agencies that frequently interact with these populations.

HEALTH AND SOCIAL OUTCOMES

The Coalition provides resources that meet the changing needs of organizations. Conducting evidence-based Question, Persuade, and Refer suicide prevention trainings virtually and in person contributes to suicide awareness and shares resources among the general population. Providing opportunities for organizations to implement Zero Suicide programming results in more competent and personalized healthcare. Coalition social media accounts communicate trainings, events, and resources across member agencies and the community at large.