Community Coalition Action Theory
Franklin County Suicide Prevention Coalition
Franklin County, Ohio

Community Context

There are an estimated 1.3 million residents in Franklin County including Ohio's state capital, Columbus. Approximately 33% of residents are people of color. 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 include boys of color, immigrants, current military and veterans, the LGBTQ+ population, and middle-aged men.

Lead Agency or Convener Group

In 2015, the Alcohol, Drug & Mental Health (ADAMH) Board of Franklin County convened stakeholders to address the increasing county suicide rate. A small nucleus began revitalizing the Franklin County Suicide Prevention Coalition (Coalition) which included the ADAMH Board, Columbus Public Health (CPH), LOSS Community Services (LOSS), Mental Health America of Ohio (MHAOhio, Host Agency), Nationwide Children's Hospital, Netcare Access, and North Central Mental Health Services. A vision, mission, and strategic plan were developed and culminated in the ADAMH Board funding MHAOhio in 2018 to host the Coalition and hire a Coalition Director.

Coalition Membership

Coalition membership represents the highest risk populations and entities serving these populations. Membership also includes attempt survivors and loss survivors. The Coalition includes an Executive Committee and a Steering Committee. The Executive Committee controls and manages the affairs and business of the Coalition. The Executive Committee is also responsible for the Coalition's sustainability. 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.

Coalition Operations and Processes

The Coalition utilizes its key driver diagram (KDD), local data, and agreed-upon values to make decisions and implement evidence-based practices. The KDD delineates factors and interventions that contribute to the coalition's goal of decreasing the number of Franklin County residents dying by suicide. Each committee and Action Team has its own roster, meets at least quarterly, and maintains communication through email or conference calls. Community stakeholders can join the Coalition email distribution list or follow the Coalition Facebook and Twitter accounts to stay updated on local programs and events.

Leadership and Staffing

The Executive Committee was established in 2018, and its members represent the agencies that revitalized and secured funding for the Coalition. Coalition bylaws specify that the following organizations are committed to providing a representative to serve on the Executive Committee: ADAMH Board, CPH, LOSS, MHAOhio (Host Agency), Nationwide Children's Hospital, Netcare Access, and North Central Mental Health Services. The Coalition Director and Executive Committee collaborate regularly regarding project management and delegating

responsibilities. Responsibilities are clearly delineated by officer position in the Coalition bylaws. Additionally, each Action Team has an Action Plan which specifies which volunteer is responsible for specific tasks.

Structures
The Executive Committee ensures continuous alignment between Coalition activities and the KDD, synthesizes feedback from the Steering Committee and Action Teams for implementation of the KDD, and evaluates progress in achieving goals and implementing Action Plans. The Steering Committee provides input for overall implementation of Coalition plans. Action Teams develop and implement Action Plans which are approved by the Executive Committee.

Pooled Resources
The Coalition leverages varied collaborations to implement cross-organizational initiatives, including but not limited to tracking and reporting county suicide data, implementing conferences and trainings, and increasing awareness of suicide prevention and postvention resources and services. The Coalition is hosted by MHAOhio and has received financial support from the ADAMH Board and the Ohio Suicide Prevention Foundation.

Member Engagement
The Coalition supports members in identifying and/or honing their unique roles in suicide prevention. Various commitment levels and foci allow members to identify Coalition roles that match their availability and interests. Action Team Chairs engage members in leadership roles to implement various projects. This experience develops member knowledge of the Coalition, capacity for growing into leadership roles, and overall knowledge of suicide awareness initiatives throughout Franklin County.

Assessment and Planning
The KDD is both driven by and evaluated with local data. In 2018, the Coalition assessed local data to identify high risk target populations. Through ongoing partnerships with the Franklin County Coroner's Office, CPH, LOSS, and the Ohio Department of Health, the Data & Research Action Team tracks and reports data trends which are used to inform evidence-based decision-making.

Synergy
When organizations come together and combine resources, knowledge, skills, and different points of view, they create something new that can accomplish more than the individual organizations could have accomplished on their own (Taylor-Powell, Rossing & Geran, 1998). There is something powerful in this partnership which researchers and others call synergy (Lasker, Weiss & Miller, 2001; Taylor-Powell, Rossing & Geran, 1998). In the CCAT, synergy occurs through the combination of: pooled resources, member engagement and assessment and planning. Synergy is evident in our coalition through the leadership team's ethos, prioritizing and fostering trusting and collaborative relationships as foundational components of the Coalition and its efficacy.

Implementation of Strategies
Most Coalition strategies are evidence-based and use a standardized approach to ensure efficient implementation. Tasks are divided up and addressed collaboratively by multiple members. Action Plans are reviewed by the Director, Chair, and Vice Chair 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's three primary strategies are: 1) increasing awareness and decreasing stigma, 2) promoting suicide prevention education, and 3) fostering suicide prevention and postvention collaborations. Short-term outcomes include: increasing awareness of suicide and intervention skills through coordinating training, implementing a speakers' bureau, and partnering with local media on proper reporting on the topic of suicide. Long-term outcomes to achieve by 2022 include decreasing the suicide rate by 20% and decreasing suicide attempts by 20%.

Health and Social Outcomes
The Coalition provides a variety of resources that meet the changing needs of many different organizations. Conducting QPR suicide prevention trainings across a variety of audiences – both in person and virtually – contributes to suicide awareness and locating resources among the general population. Providing more opportunities for organizations to implement Zero Suicide programming results in more competent and personalized care for individuals.

Community Capacity
The Coalition has been the catalyst for extensive partnerships and learning across the community. Examples include partnerships to implement QPR and lethal means education and to distribute lock boxes within local healthcare systems. Furthermore, the Coalition has partnered with organizations to host an annual conference focused on high-risk populations. Social Media platforms are leveraged to communicate trainings, events, and resources across member agencies and the community at large.