WHAT’S WORKING IN COMMUNITY-LED SUICIDE PREVENTION

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Agenda

1. **Background: Community-Led Suicide Prevention (CLSP) Project**

2. **How to access and use the CLSP toolkit**

3. **How the Franklin County Suicide Prevention Coalition is using the Data element of CLSP**
CLSP Creators:

Advisory Group Members:

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- Jarrod Hindman, Chief Operating Officer, Sources of Strength
- Kearee Jackson, BA, Good Behavior Game Director, Tennessee Suicide Prevention Network
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- Shelby Rowe (Chickasaw), MBA, Director, Suicide Prevention Resource Center, University of Oklahoma Health Sciences Center
- Caroline Snyder, MPH, Director of Injury and Violence Prevention, National Association of County & City Health Officials
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Digital Design and Development Teams
Overview of Community-Led Suicide Prevention (CLSP) Project
Inspiration Behind the Community-Led Suicide Prevention Project
Inspiration Behind the Community-Led Suicide Prevention Project

Transforming Communities provides 7 key elements that guide the development of comprehensive community-based suicide prevention.

go.edc.org/AA-TransformingCommunities
Inspiration Behind the Community-Led Suicide Prevention Project

CDC’s Suicide Prevention Resource for Action provides strategies with evidence of effectiveness in preventing suicide or addressing risk and protective factors for suicide.

cdc.gov/suicide/resources/prevention.html
CLSP Helps Advance the *Transforming Communities* Report and CDC’s Suicide Prevention Resource for Action

CLSP web-based toolkit is designed to help move from high-level recommendations to specific “how to” information and resources that support real-world practice.
Overview of CLSP 7 Key Elements
7 Key Elements for Comprehensive Community-Led Suicide Prevention

Adapted from the National Action Alliance for Suicide Prevention’s report: Transforming Communities: Key Elements for Implementation of Comprehensive Community-Based Suicide Prevention
Community-Led Suicide Prevention

7 Key Elements for Comprehensive Community-based Suicide Prevention:

**Unity**

How to develop broad-based support for a shared vision

3 Key Areas:
- Identifying leaders and partners and building their capacity
- Working with community coalitions and advisory groups
- Creating a shared vision

**Data**

How to use data to guide action and improve efforts

3 Key Areas:
- Accessing systems data for planning
- Gathering information on community context
- Using data to assess progress and make changes
Community-Led Suicide Prevention

7 Key Elements for Comprehensive Community-based Suicide Prevention:

Planning

How to use a strategic planning process

3 Key Areas:
- Laying out a strategic planning process
- Using data to choose goals and objectives
- Putting your plan into action

Fit

How to align activities with community culture and needs

3 Key Areas:
- Assessing and developing community readiness
- Involving diverse populations
- Incorporating community context and culture
Community-Led Suicide Prevention

7 Key Elements for Comprehensive Community-based Suicide Prevention:

How to use multiple, complementary approaches

2 Key Areas:
• Combining multiple, evidence-informed approaches
• Facilitating efforts with diverse settings and populations

CDC’s Suicide Prevention Resource for Action
• Provides programs, policies, and practices with evidence of effectiveness in preventing suicide
• Can guide communities in selecting evidence-informed approaches

cdc.gov/suicide/resources/prevention.html
Community-Led Suicide Prevention

7 Key Elements for Comprehensive Community-based Suicide Prevention:

Communication

How to communicate clearly, safely, and consistently
3 Key Areas:
• Communicating internally and externally
• Ensuring safe suicide prevention messaging
• Developing strategic communication campaigns

Sustainability

How to create long-lasting change
3 Key Areas:
• Maintaining sustained partner commitment
• Developing and maintaining funding
• Implementing policy and practice change

Community-Led Suicide Prevention: A Web-Based Toolkit | edc.org
Community-Led Suicide Prevention Toolkit
The CLSP Toolkit

- Free resource for any community member seeking to advance local suicide prevention efforts
- Access at communitiesuicideprevention.org

Practical:
- Examples, how-to steps and tools
- Plain language
  - For concerned individuals
  - Can be used by professionals who work with community coalitions

Resources Are:
- Easy to access and use
- Suicide- OR public health-specific
- Curated specifically for community suicide prevention
Community-Led Suicide Prevention Web-Based Toolkit

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Data

How to Use Data to Guide Action and Improve Efforts

Data is important for understanding the problem of suicide in communities, determining the specific geographic areas and types of people to focus on, and
actively use it (e.g., public health staff, local program evaluators, higher education students and professors, coroners or medical examiners) and can play roles in data collection, analysis, and evaluation.

There are three key areas for achieving the Data element:

1) Accessing systems data for planning
2) Gathering information on community context for planning
3) Using data to assess progress and make changes to your plan

Key Resources on Data

- SPRC’s Strategic Planning Approach to Suicide Prevention
- Toolkit for Communities Using Health Data
- Assessing Community Suicide Prevention Needs: A Workbook for State Coordinators
- Community Toolbox: Evaluating the Initiative

More Resources ➔
The Auglaize County Suicide Prevention Coalition in Ohio analyzed trends in their county’s death record data to identify which population was experiencing the greatest number of suicide losses. Data showed that 18 to 24-year-old men were experiencing the greatest number of suicide deaths in their community. These data spurred the coalition to partner with local bars and restaurants to reach young adult men with suicide prevention information and resources.”

– Donna Dickman, Ohio Certified Prevention Specialist, Director of Development for Prevention Awareness Support Services
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Key Resources on Data

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More Resources →
Community-Led Suicide Prevention Web-Based Toolkit

Data Key Area 1:

Accessing Systems Data for Planning

The systems that collect data on public health problems, such as suicide, on an ongoing basis and in a systematic way are called “surveillance systems.” They may be housed in a wide range of agencies in the community. Which data should you use to guide your community's suicide prevention efforts? Ideally, you will be able to get data on suicide-related behaviors (deaths, attempts, thoughts of suicide) and also broader data about risk and protective factors related to suicide. Common sources of data that you can use to inform suicide prevention are listed below.

What are risk and protective factors?

- Risk factors are personal or environmental characteristics that increase risk for suicide. They could be present in an individual or a community.
- Protective factors are personal or environmental characteristics that decrease risk for suicide. They could also be present in an individual or a community.

Key Steps

1. Ensure your ability to work with data
2. List available data systems
3. Form a data subcommittee or workgroup
4. Identify data from each source to track
5. Decide how to regularly stay current on local data
Key Steps

1. Ensure your ability to work with data

Make sure your suicide prevention group has the ability to collect, analyze, and interpret data, hires individuals with data expertise to participate in your suicide prevention coalition or related group. These stakeholders might include department of health data analysts, community college professors, epidemiologists, and statisticians. Individuals with data expertise will be essential to making sure data is interpreted and represented accurately.

2. Contact your local health department to see whether there is a data specialist who works on suicide prevention or similar topics, such as injury or violence prevention or mental health.

3. Look at the website for local college(s) to find relevant departments and contact the chair or head of the department. In particular, look at public health, psychology, behavioral sciences, or similar areas.

4. Ask your state suicide prevention coordinator if they know of anyone local who has this kind of expertise.

But do not only rely on experts. It is also helpful for a variety of partners to be able to understand data. This requires the group to brainstorm developing skills. Not all partners need to know how to collect data or read statistical texts, but all partners should develop skills in understanding, interpreting, and summarizing data. You will need partners who can convey the data meaning in their networks. For example, local data can be used to develop your target group's skills. Also, encourage partners to take the free online course, "Locating and Understanding Data for Suicide Prevention," and to learn about safe and effective messaging where families living the data.

2. List available data systems

3. Form a data subcommittee or workgroup

4. Identify data from each source to track

5. Decide how to regularly stay current on local data
Community-Led Suicide Prevention Web-Based Toolkit

Saving Lives Where You Live

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About 7 Elements Resources
Community-Led Suicide Prevention: A Web-Based Toolkit

Resources

This Community-Led Suicide Prevention resource hub lists best practices and tools that help groups take action on community suicide prevention.

7 Elements
- Unity
- Data
- Planning
- Resources
- Integration
- Communication
- Sustainability

FEATURED
Not sure where to start? Getting Started Guide: Community-Led Suicide Prevention is a step-by-step guide for community members on how to start working with Community-Led Suicide Prevention’s recommen- dations and successfully launch your local suicide prevention efforts.

Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities

This toolkit equips senior living staff with resources to promote mental health, suicide prevention, and encourages active participation among residents. It includes guidelines for integrating suicide prevention into ongoing programs, hands-on tools, and training manuals.

Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources

This document outlines model policies and best practices for school districts to follow to protect the health and safety of all students.
Getting Started Guide: Guidance on the first steps to take when launching a community-led suicide prevention effort

Strategic Planning Worksheet: A tool to help communities choose and prioritize evidence-informed, suicide prevention programs, policies, and practices from CDC’s Suicide Prevention Resource for Action
Getting Started Questions Worksheet

(Refer to Unity, Key Area 1, Step 1 as you fill out this worksheet)

Why do you want to start a formal suicide prevention initiative?

PARTNERS

What community partners will provide expertise, experience, and sustainability?

RESOURCES

What local resources are available to launch and sustain an initiative?

FUNDING

What local funding sources are available to launch and sustain an initiative?

As needed, add community organizations to the “partners” box that can provide access to the items listed in the “resources” and “funding” boxes.
Community-Led Suicide Prevention Web-Based Toolkit

### STRATEGIC PLANNING WORKSHEET

<table>
<thead>
<tr>
<th>NAME OF COMMUNITY:</th>
<th>Put your community’s responses in this column</th>
<th>See these key areas and steps in the Community-Led Suicide Prevention toolkit for context</th>
</tr>
</thead>
</table>
| **PRIORITY GROUP** |                                             | DATA: Key Area 1, Step 5  
| 1) List the name or characteristic of a group with higher suicide risk (e.g., demographic, type of work, residential area, characteristic such as “involved in child welfare system” or “has substance misuse disorder”): | PLANNING: Key Area 2, Step 3 |
| 2) List sub-group(s) that is/are most heavily impacted (additional name or characteristic if applicable): | DATA: Key Area 2, Step 8  
| 3) Name individuals and organizations from this population that are part of your coalition or advisory group: | PLANNING: Key Area 1, Step 3 |
| **CONTEXT** |                                             | DATA: Key Area 1, Step 5  
| 4) Check off one or more statements to show why this group is a focus. Compared to the general population this group has: | PLANNING: Key Area 2, Step 3 |
| 5) List risk factors this group has: | DATA: Key Area 2, Step 8  
| 6) List protective factors this group has: | PLANNING: Key Area 2, Step 1 |
| **GOAL** |                                             | DATA: Key Area 2, Step 8  
| 7) Check one of the boxes to show your long-term goal: | PLANNING: Key Area 2, Step 1  
| - Reduce rates or numbers of suicide deaths  
| - Reduce rates or numbers of suicide attempts |
What’s Working in Community-Led Suicide Prevention

Abby Boeckman, MPH
Epidemiology Supervisor
Franklin County Public Health

Michelle Vargas, MA, LPC
Franklin County Suicide Prevention Coalition Director
Mental Health America of Ohio
Meet the Franklin County Suicide Prevention Coalition

- 71 members
- 27 organizations from various sectors
  - Government
  - Education
  - Non-profit
  - Public Safety
  - Health Care
Mission

We work to prevent suicide through education, awareness, and partnerships with our community.

Vision

An informed and responsive community that actively works to prevent suicide and to bring hope and support to those affected by suicide.
FOCUS AREAS

01 Increase Awareness & Decrease Stigma
02 Promote Suicide Prevention Education
03 Foster Suicide Prevention Collaboration
Suicide Prevention Plan for Ohio Strategies

- Align community-based suicide prevention work with the CDC’s seven strategies
- Gather & utilize data for continuous improvement
- Concentrate prevention efforts on groups identified by data as those with a high rate of suicide
Data & Research Action Team

- Alcohol, Drug and Mental Health Board of Franklin County
- Center for Community Solutions
- Columbus Public Health
- Double M Wellness
- Franklin County Coroner’s Office
- Franklin County Public Health
- Mental Health America of Ohio
- Netcare Access
- Optum Rx
- The Ohio State University
Community-Led Suicide Prevention Data Element in Action
FCSPC Member Survey: Joint Suicide Report

- Participating agencies
  - Franklin County Coroner’s Office
  - Mental Health America of Ohio
  - VA
  - ADAMH Board of Franklin County
  - Syntero
  - LOSS Community Services
  - Nationwide Children’s Hospital
  - Franklin County Public Health
  - Ethiopian Tewahedo Social Services (ETSS)
  - Central Ohio Trauma System (COTS)
Primary Audience

- Community agencies: 9
- General community members: 4
- Academic partners: 2
- Political/policy leaders: 8
- Healthcare providers: 3
- Other members of FCSPC: 5
- Youth: 0
Primary Goals of Joint Report

- Encourage readers and organizations to learn how they can be part of the local collaborative movement to help prevent suicide in our community
- Compile data in a single resource
- Highlight the urgent need for suicide prevention education
- Identify data gaps and provide recommendations to address these gaps
- Provide information about available educational opportunities
- Summarize current research around mental health
Gaps/Challenges/Considerations for Report

• It is difficult to access any data related to suicide attempts or suicide-related/mental health crisis hospitalizations, which are obviously more prevalent than completed suicides and give us a better idea of the overall mental health state of the community.

• Challenges with receiving real time data, therefore not truly knowing the number of suicides.

• Our county is lacking generalizable youth mental health and suicidal ideation data.
Gaps/Challenges/Considerations for Report

- Data not available at **granular level**, not representative of county or sub-county level. Limits ability to take **targeted action** or measure progress.
- Need **zip code level** data for community indicators.
- **Gender and sexual orientation** are not collected at the local/state level.
- **Linkage** and tracking data for **youth** stepping down to a lower level of care.
- Addressing overall health **inequities** amongst **African American veterans**
- **Stigma**, limited **CLAS** providers
Gaps/Challenges/Considerations for Report

- How to consider cultural competency in the creation of this report.
- Need for pediatric-specific data along with race/ethnicity and age.
- Making data more accessible to community agencies (e.g., providing one-pagers, translating research into easily digestible components)
QUESTIONS
THANK YOU

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