UNDERSTANDING SUICIDE PREVENTION NETWORKS: A Look at Data from Respondents Outside of GLS
NETWORKS

Groups of individuals or organizations who work together for a shared goal

Networks are defined by a level of interorganizational dependence
1. Two organizations or individuals who **co-exist** in the same network but have no relationship. May be present at the same trainings or meetings but do not work together.

2. Two organizations or individuals who **work together**, informally or formally.
   
   These organizations may share resources, information or referrals.

3. Three or more organizations who **collaborate** and share resources, information and referrals.
   
   Organizations are well connected and have shared expectations of one another.

4. Organizations/Individuals who have formed an **entirely new structure** and mission such as a coalition.
WHY ARE NETWORKS IMPORTANT FOR SUICIDE PREVENTION?
COLLABORATION

SHARED RESOURCES

COMMUNICATION

REFERRAL NETWORK SURVEY (RNS)

- Grantee provided contact information for three key providers in a selected region (region with greatest intended impact based on TASP zip code data)

- Snowball sampling via phone and email until saturation
  - No new respondents or 27 respondents

- Once we had the whole network compiled, we sent out an email invitation to all participants. Potential respondents also received at least 2 email reminders and 1 phone reminder.

- Survey took between 20-40 minutes to complete
REFERRAL NETWORK SURVEY (RNS)
132 POTENTIAL RESPONDENTS IDENTIFIED FROM 13 NETWORKS

- 67.4% state grantees
- 32.6% tribal grantees

47 RESPONDENTS

- 72.3% state grantees
- 27.6% tribal grantees

Data source: RNS 2014
RNS SURVEY RESPONDENTS

- Non-profit (n=18)
- Mental health (n=8)
- K-12 (n=7)
- Child welfare (n=3)
- Local health dept.
- Juvenile justice
- Tribal govt.
- College
- Other (n=10)
- Primary care
- Crisis center
- Tribal health (n=3)

Data source: RNS 2014, N=47
RESPONDENTS WERE ALSO ASKED IF THEY HAVE HAD ANY DIRECT CONTACT WITH THE GLS GRANT RECIPIENT

Slightly more than half (n=20) said yes

Only half of the respondents from k-12 schools or child welfare agencies have had direct contact. Only a third of the non-profit respondents confirmed contact. None of the juvenile justice respondents or crisis centers confirmed contact with the grantee.
REFERRAL NETWORK RESPONDENTS WORK FOR ORGANIZATIONS THAT RANGE IN SIZE FROM 2-500 MEMBERS

<table>
<thead>
<tr>
<th>Organization Size</th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 or less members</td>
<td>59.50%</td>
</tr>
<tr>
<td>11-5 members</td>
<td>18.90%</td>
</tr>
<tr>
<td>50-100 members</td>
<td>8.10%</td>
</tr>
<tr>
<td>101-200 members</td>
<td>5.40%</td>
</tr>
<tr>
<td>400+ members</td>
<td>8.10%</td>
</tr>
</tbody>
</table>

Data source: RNS 2014, N=37
OVER 40% OF RESPONDENTS IDENTIFY THEMSELVES IN “MANAGEMENT” POSITIONS

- Principal: 1
- Guidance counselor: 1
- Clinical psychologist: 1
- Other school staff: 3
- Nurse: 3
- Counselor: 4
- Other (e.g., victim advocate or peer supporter): 7
- Social worker: 7
- Management: 20

Data source: RNS 2014, N=47
AT LEAST 10% OF RESPONDENTS ARE SCHOOL STAFF (n=5)

- Principal: 1
- Guidance counselor: 1
- Clinical psychologist: 1
- Other school staff: 3
- Nurse: 3
- Counselor: 4
- Other: 7
- Social worker: 7
- Management: 20

Data source: RNS 2014, N=47
## Suicide Prevention Training and Education Opportunities

**TWO-THIRDS** OF CHILD WELFARE RESPONDENTS DO NOT HAVE ANY TRAINING / EDUCATION OPPORTUNITIES RELATED TO SUICIDE PREVENTION

**76.5%** OF RESPONDENT ORGANIZATIONS PROVIDE TRAINING/CRISIS EDUCATION OPPORTUNITIES RELATED TO SUICIDE PREVENTION

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-profit</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mental Health</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Juvenile Justice</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>K-12 School</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Local health dept.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Primary care</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Crisis Center</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Tribal health agency</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Tribal government</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>College or University</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Data source: RNS 2014, N=44
MORE THAN THREE QUARTERS OF THE RNS RESPONDENTS PROVIDE REFERRALS TO DIRECT SERVICES.

<table>
<thead>
<tr>
<th>Service</th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide referrals to direct services</td>
<td>76.6</td>
</tr>
<tr>
<td>Safety planning</td>
<td>46.8</td>
</tr>
<tr>
<td>Support groups</td>
<td>36.2</td>
</tr>
<tr>
<td>Mental health counseling</td>
<td>31.9</td>
</tr>
<tr>
<td>MH assessment/ individual therapy</td>
<td>27.7</td>
</tr>
<tr>
<td>Emergency services/ SA assessment</td>
<td>25.5</td>
</tr>
<tr>
<td>Family therapy</td>
<td>23.4</td>
</tr>
<tr>
<td>Substance abuse counseling</td>
<td>19.1</td>
</tr>
</tbody>
</table>

Data source: RNS 2014, N= 37 respondents
NUMBER OF SUICIDAL YOUTH EVALUATED OR TREATED IN THE PREVIOUS YEAR

Data source: RNS 2014, N=35 respondents

- None (n=2): 5.70%
- 2-10 youth (n=13): 37.10%
- 11+ youth (n=10): 28.60%
- Don't know or N/A (n=10): 28.60%
Of those organizations who evaluated or treated more than 11 suicidal youth in the past year, a third were from mental health agencies. We also found that 75% of college/university staff respondents have treated or evaluated 11+ youth in the last year.

40% of non-profit respondents have not evaluated or treated suicidal youth in the last year.
N = 405 IDENTIFIED LINKAGES

- Sharing information: 46.4%
- Providing referrals: 37%
- Receiving referrals: 36.8%
- Sharing resources: 20.7%
- Creating policies/protocols: 11.9%
- Coordination of GK trainings: 11.6%

Data source: RNS 2014, N=405 linkages
When reflecting on current protocols for follow-up, a third of respondents (n=7) think their agencies efforts are not enough.

30% of respondents indicated that after a youth is referred to another agency they do not follow-up or follow-up inconsistently.

40% of respondents use a phone call to follow-up with a youth identified at risk.
Central Players: leaders, key conduits of information or early adopters
Dense Network
BARRIERS TO MAXIMIZING THE NETWORK

Lack of resources: 48.7%
Lack of policies and protocols: 31.2%
Lack of cooperation: 14.9%
Lack of information about community resources: 12.3%
Competition among providers: 11.7%
Staff turnover: 8.4%
Lack of knowledge about suicide prevention: 5.8%

Data source: RNS 2014, N=154 linkages
Non-profit organizations: 34.7
Mental health: 21.3
Local health dept.: 18.7 (Identified as the only barrier for local health dept. respondents)
K-12 School: 10.7
College or University: 6.7
Tribal health agency: 2.7
Crisis center: 2.7
Juvenile justice: 2.7

Data source: RNS 2014, N=75
## BARRIERS IDENTIFIED BY PROVIDER TYPE

<table>
<thead>
<tr>
<th>_barrier</th>
<th>Mental Health</th>
<th>Child Welfare</th>
<th>K-12 School</th>
<th>Community organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of protocols and policies</td>
<td>18.5</td>
<td><strong>88.2</strong></td>
<td>20.0</td>
<td>22.5</td>
</tr>
<tr>
<td>Lack of cooperation between organizations</td>
<td>14.8</td>
<td>0.0</td>
<td>8.6</td>
<td>15.7</td>
</tr>
<tr>
<td>Lack of resources</td>
<td>59.3</td>
<td>0.0</td>
<td><strong>22.9</strong></td>
<td><strong>29.2</strong></td>
</tr>
<tr>
<td>Lack of information about resources in the community</td>
<td>0.0</td>
<td>5.9</td>
<td>14.3</td>
<td>11.2</td>
</tr>
<tr>
<td>Competition among service providers</td>
<td>3.7</td>
<td>5.9</td>
<td>11.4</td>
<td>12.4</td>
</tr>
<tr>
<td>Staff turnover</td>
<td>3.7</td>
<td>0.0</td>
<td>11.4</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Data source: RNS 2014, N=154 linkages
IDENTIFY ANY STRATEGIES YOU HAVE UTILIZED TO STRENGTHEN THE NETWORK.

Regular meetings/ ongoing communication

Outreach to the community

Solicit feedback
COALITIONS
Groups of people and organizations that join together to accomplish goals that no one organization or individual could do alone.
5 Cohort 8 grantees lead or substantially participate in a suicide prevention related coalition

48 coalition members were identified by the cohort 8 grantees to participate

30 coalition members responded to the survey
COALITION FOCUS POPULATIONS

- Education institutions: 4
- Native/tribal communities: 4
- Racial/ethnic groups: 3
- LGBTQ: 3
- Child welfare: 2
- Juvenile justice: 2

Data source: CP 2014, N=5 coalitions
AVERAGE TIME COMMITMENT FOR COALITION PARTICIPATION

4.9 hours per month attending coalition meetings

22.9 hours per month working on coalition related activities outside of meetings

Data source: CS 2014, N= 30 respondents
APPROXIMATELY 53% OF RESPONDENTS IDENTIFY THAT THEIR COALITION HAS FORMAL PROTOCOLS

Data source: CS 2014, N=30 respondents
Establishing policies and protocols aimed at building referral networks: 5
Creating policies for risk assessment: 2
Developing a sustainability plan: 2
Securing funding for suicide prevention: 2
Oversee all stages of the program: 1
Establishing capacity for postvention: 1
Outreach activities: 1
Meeting/ conference/ workshop/webinar planning coordination, and facilitation: 1

Identified as “Other” strategies: 5

Data source: CP 2014, N=5 coalitions

Number of Coalitions
GLS grantees estimate that 41.5% of the overall operating budget for the coalition came from the GLS grant (Range 1-100%).

Data source: CP 2014, N=5 coalitions
GLS GRANTEE
ESTIMATE
SPENDING AN
AVERAGE OF 8.5%
OF THEIR TOTAL
GLS BUDGET TO
SUPPORT
COALITION
(Range 1-22%)

Data source: CP 2014, N=5 coalitions
End of Year 1

COALITION AND PARTNERSHIP SPENDING IN THE PREVENTION STRATEGIES INVENTORY

PSI/ Actual Year to Date Spending

CS Average/ Estimate of Spending

Data source: PSI March 2014
COALITION AND PARTNERSHIP SPENDING IN THE PREVENTION STRATEGIES INVENTORY

End of Year 1
Cohort 8

End of Year 2
Cohort 7

End of Year 3
Cohort 6

Data source: PSI March 2014
I consider the relationships in the coalition to be bi-directional

An expectation that all members of the coalition talk and are willing to listen to another perspective

The coalition is moving in the right direction to achieve stated goals

The GLS grantee has contributed to the coalition in a meaningful way

I consider the relationships in the coalition to be bi-directional

Subgroups/smaller committees within the coalition are considered an effective strategy to accomplish specific tasks

Data source: CS, N=30
COALITION SUSTAINABILITY

All of the cohort 8 GLS grantee coalition members completing the CS (n=30) consider sustainability of suicide prevention-related activities to be part of the coalition’s mission.

Over 80% of cohort 8 GLS grantee coalition members consider developing a sustainability plan to be one of the top three priorities of the coalition.

Data source: CS, N=30
Outreach activities are essential to the sustainability of the coalition for three-quarters of the coalition members (n=22).

Nearly 67% (n=20) of cohort 8 GLS grantee coalition members identified meetings, conferences, workshops essential to sustainability planning.

Data source: CS, N=30
WHO SHOULD BE INCLUDED?

Establish **diversity** in your stakeholders; ensure they hold key community positions from around the area of interest.

Ensure **survivors** are represented.

Involve **youth** in planning committees-- Developing youth leadership in this topic is essential to the long term sustainability of any program.

_Data source: CS, N=30_
Implement more **culturally sensitive** curricula

Encourage a progressive approach about mental health among **policy makers**
HOW SHOULD COALITIONS OPERATE?

Ensure all coalition members understand the goals and objectives of the coalition; have a clear structure and organization.

Always have options for involvement.

Allow time for trust building in the coalition.

Spread the responsibilities so that a handful of "champions" don't take on all of the work.

Data source: CS, N=30
DISCUSSION

• Who is currently engaged with network activities?
  – Are there partners who aren’t a part of your network that you would like to be?
  – What types of agencies are the most engaged and critical to your network?

• Potential opportunities for enhancing the network

• Sustainability
LIMITATIONS

Low response rate

Lack of generalizability
NEXT STEPS AND AVAILABLE RESOURCES

Webinar will be posted on the SPDC

Aggregate Coalition Survey report will be posted on the SPDC

Individual level Coalition reports were emailed to participating Cohort 8 grantees

For some Cohort 7 grantees, a sociogram will be emailed to you with data from your network

If you have any questions, or would like to discuss this further, please contact your TAL or RNS-help@icfi.com