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

NETWORKS

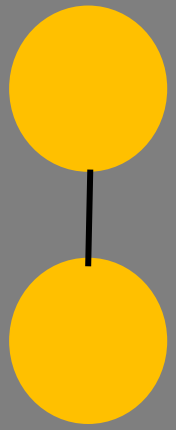
Groups of individuals or organizations who work together for a shared goal

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

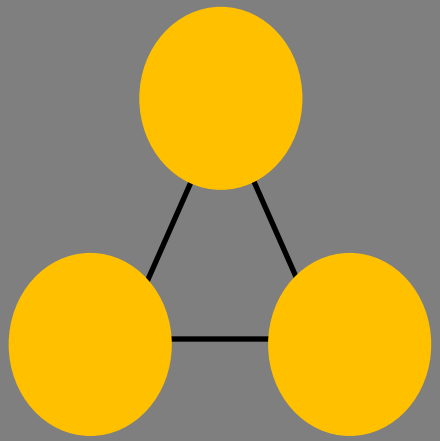
2. Two organizations or individuals who work together, informally or formally

These organizations may share resources, information or referrals

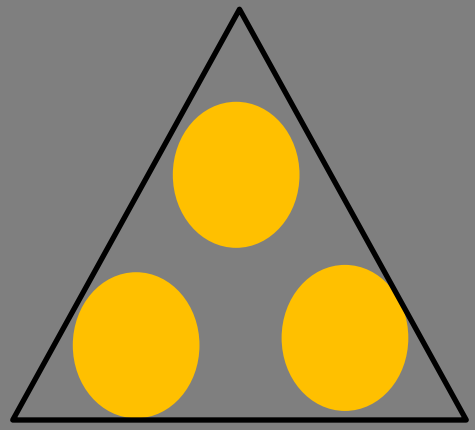


3. Three or more organizations who collaborate and share resources, information and referrals

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

1: Center for Substance Abuse Treatment. Integrating Substance Abuse Treatment and Vocational Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2000. (Treatment Improvement Protocol (TIP) Series, No. 38.) Chapter 5—Effective Referrals and Collaborations. Available from: http://www.ncbi.nlm.nih.gov/books/NBK64299/

REFERRAL NETWORK SURVEY AND COALITION SURVEY

REFERRAL NETWORK SURVEY (RNS)

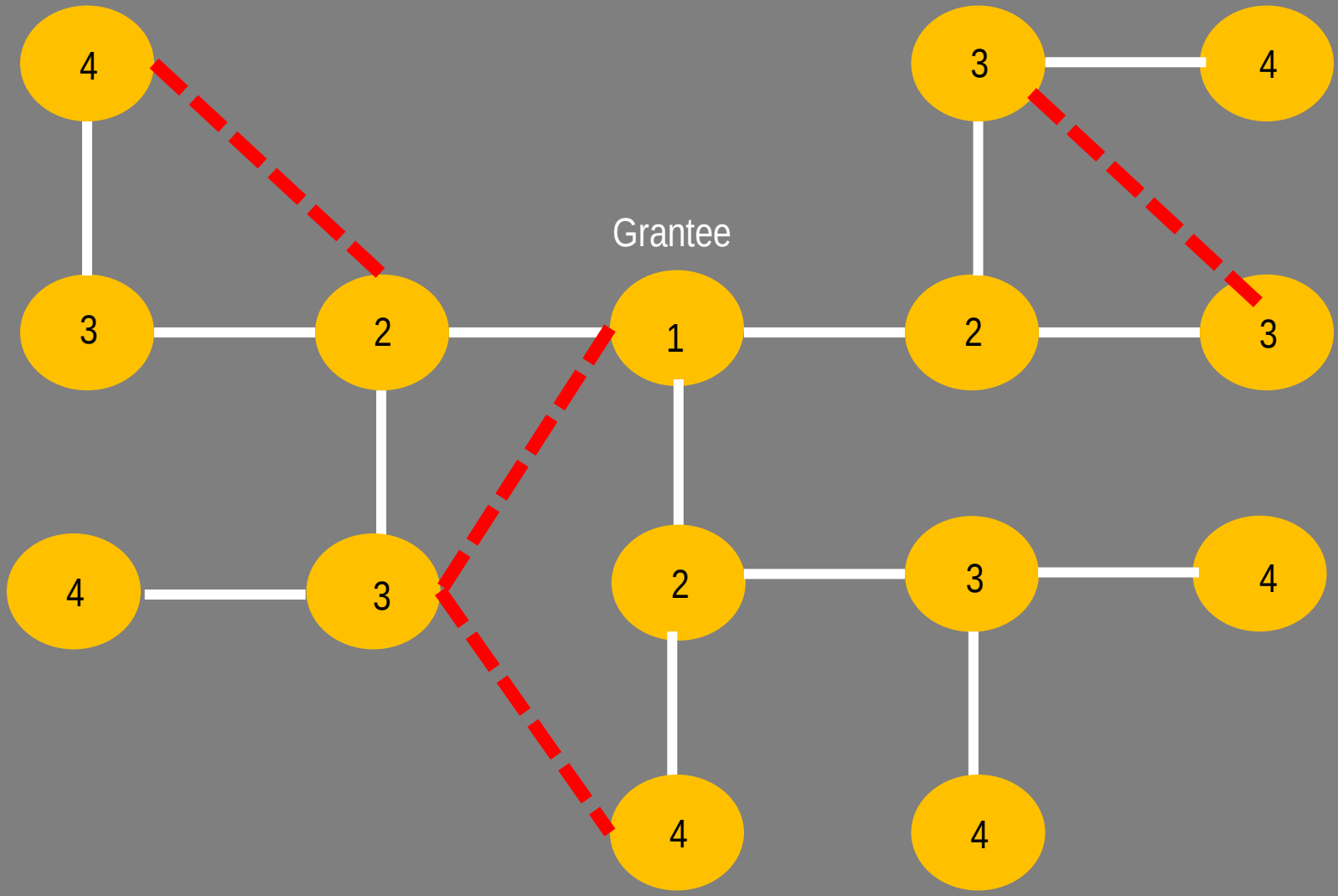
- Grantee provided contact information for three key providers in a selected region (region with greatest intended impact based on TASP zip code data)

- 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

35% response rate across all of the networks

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)

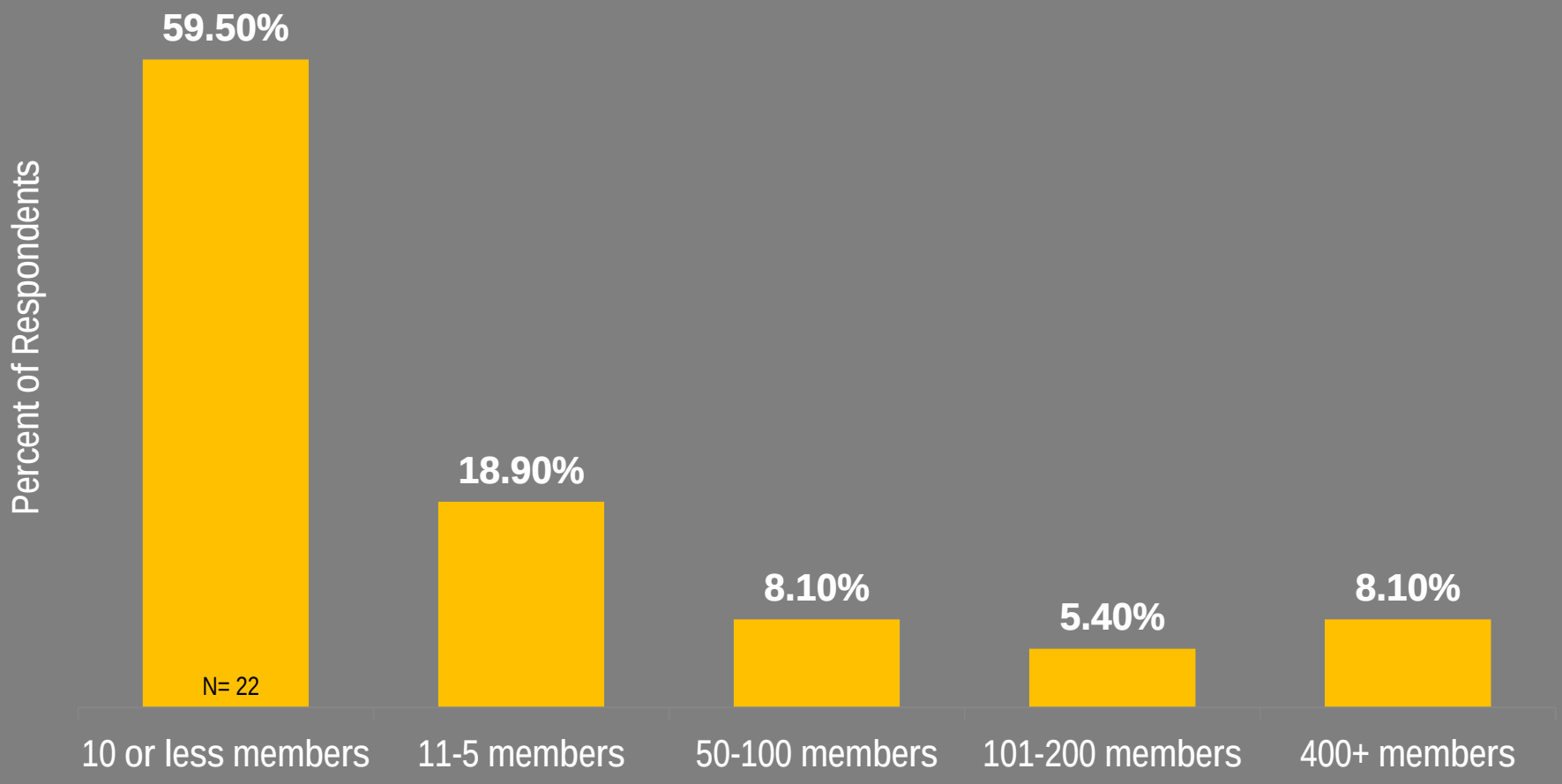
Data source: RNS 2014, N=47

RESPONDENTS WERE ALSO ASKED IF THEY HAVE HAD ANY DIRECT CONTACT WITH THE GLS GRANT RECIPIENT

Slightly more than half (n=20) said yes

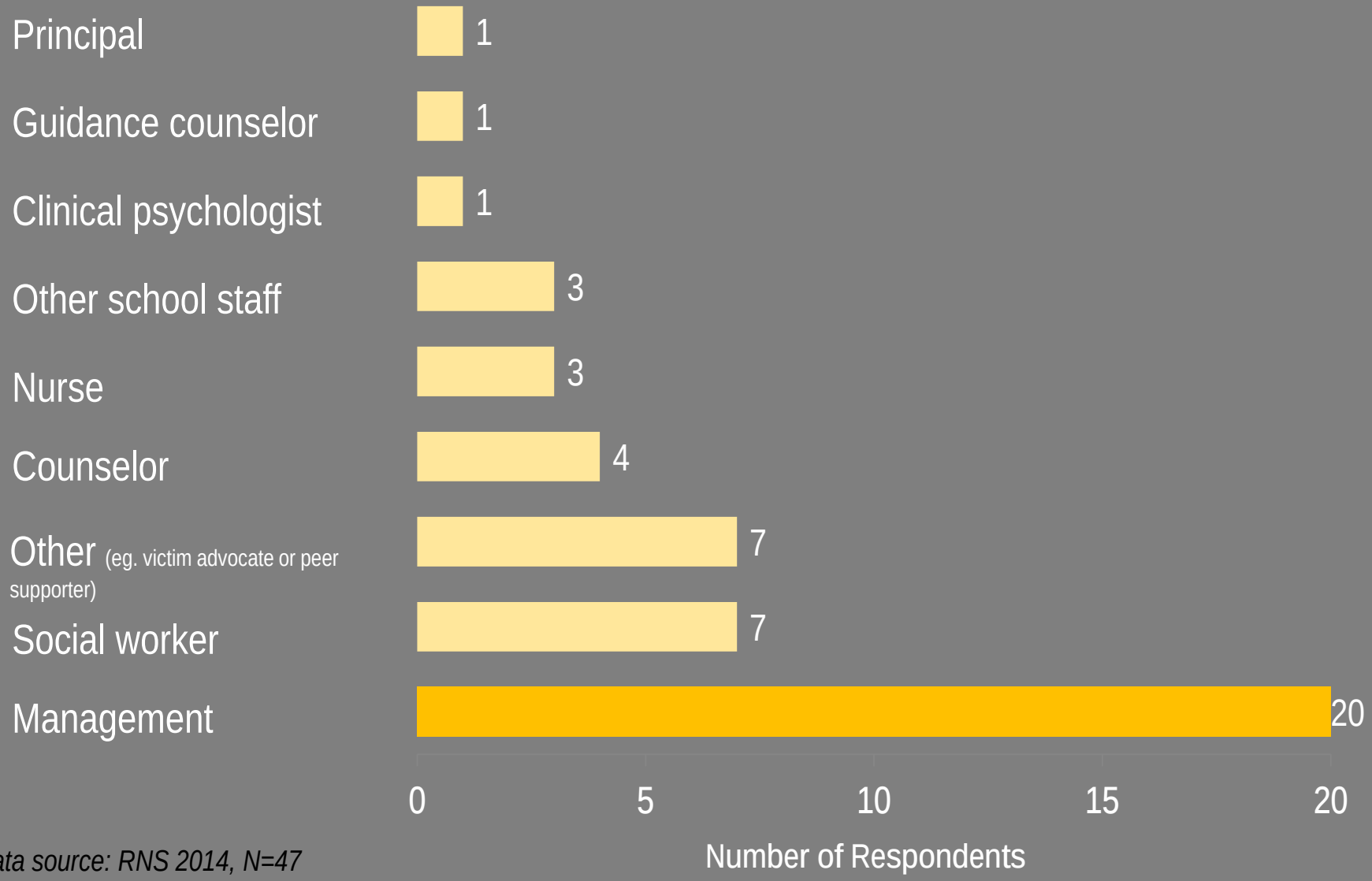
Only half of the respondents from k-12 schools or child welfare agencies have had direct contact. Only a third of the non-profit respondents confirmed contact. None of the juvenile justice respondents or crisis centers confirmed contact with the grantee.

REFERRAL NETWORK RESPONDENTS WORK FOR ORGANIZATIONS THAT RANGE IN SIZE FROM 2-500 MEMBERS



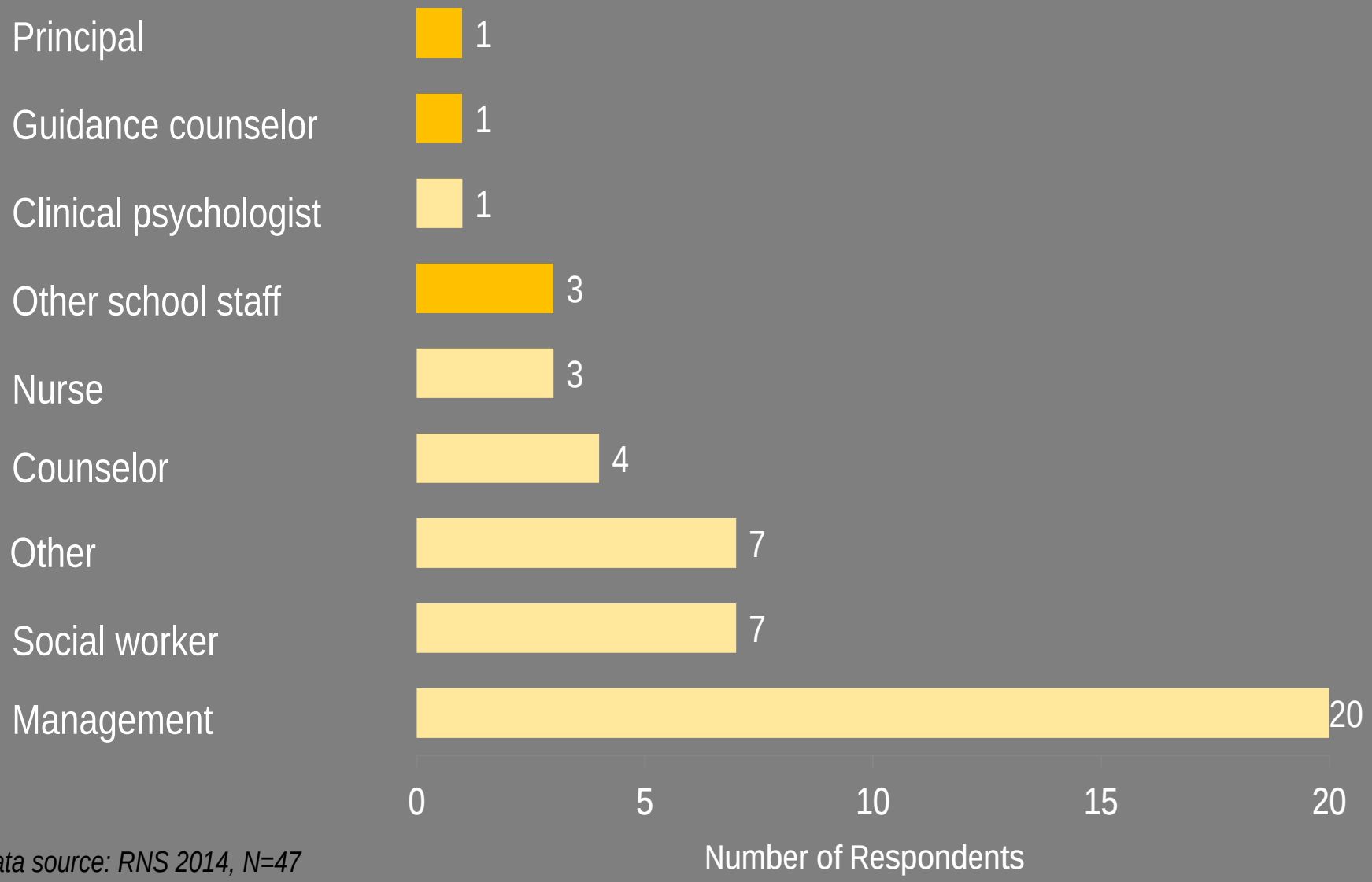
Data source: RNS 2014, N=37

OVER 40% OF RESPONDENTS IDENTIFY THEMSELVES IN “MANAGEMENT” POSITIONS”



Data source: RNS 2014, N=47

AT LEAST 10% OF RESPONDENTS ARE SCHOOL STAFF (n=5)



Data source: RNS 2014, N=47

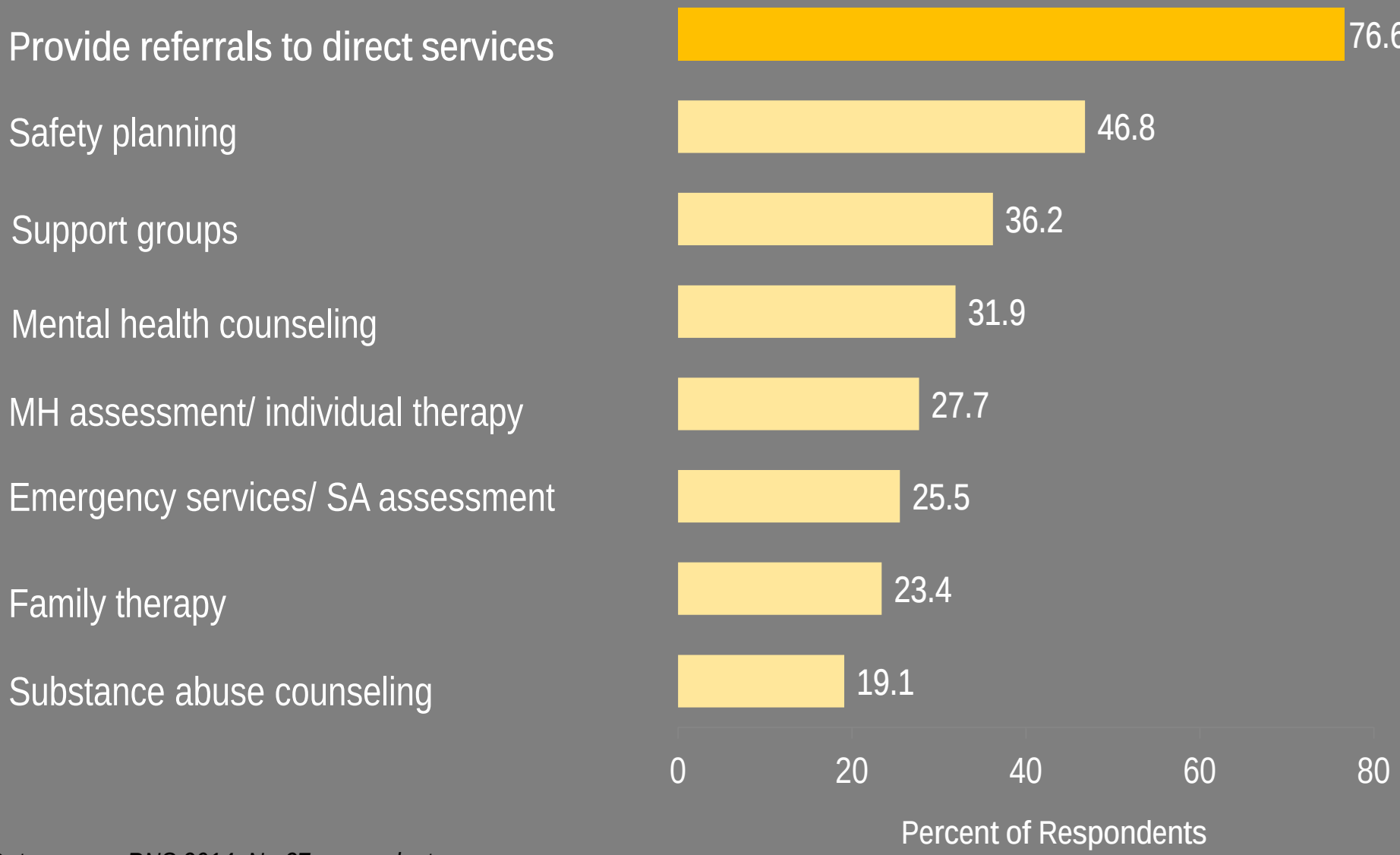
TWO-THIRDS OF CHILD WELFARE RESPONDENTS DO NOT HAVE ANY TRAINING / EDUCATION OPPORTUNITIES RELATED TO SUICIDE PREVENTION

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

	Yes	No
Non-profit	11	5
Child Welfare	1	2
Mental Health	7	1
Juvenile Justice	1	1
K-12 School	6	0
Local health dept.	2	0
Primary care	1	0
Crisis Center	1	0
Tribal health agency	1	0
Tribal government	2	0
College or University	2	0

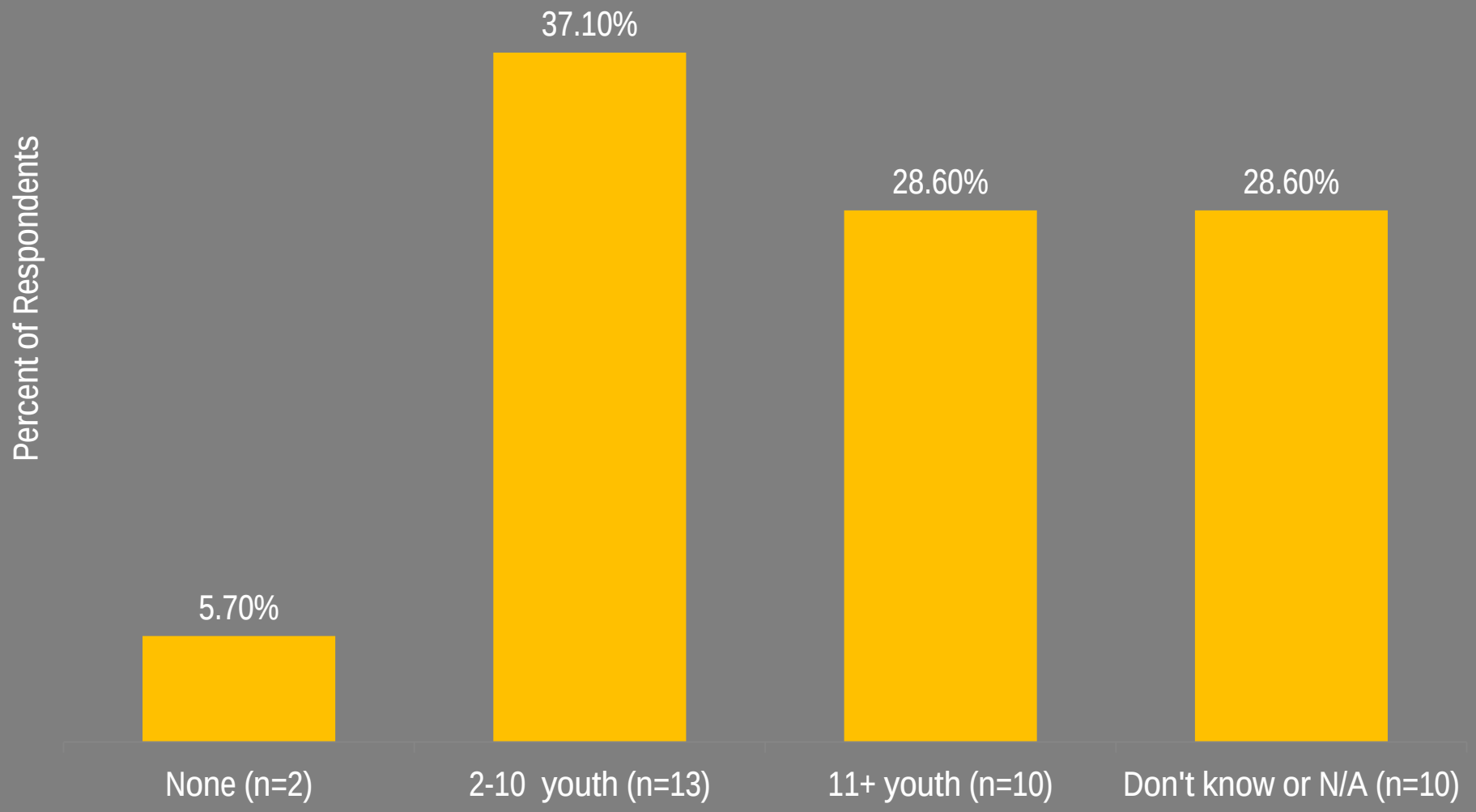
Data source: RNS 2014, N=44

MORE THAN THREE QUARTERS OF THE RNS RESPONDENTS PROVIDE REFERRALS TO DIRECT SERVICES.



Data source: RNS 2014, N= 37 respondents

NUMBER OF SUICIDAL YOUTH EVALUATED OR TREATED IN THE PREVIOUS YEAR



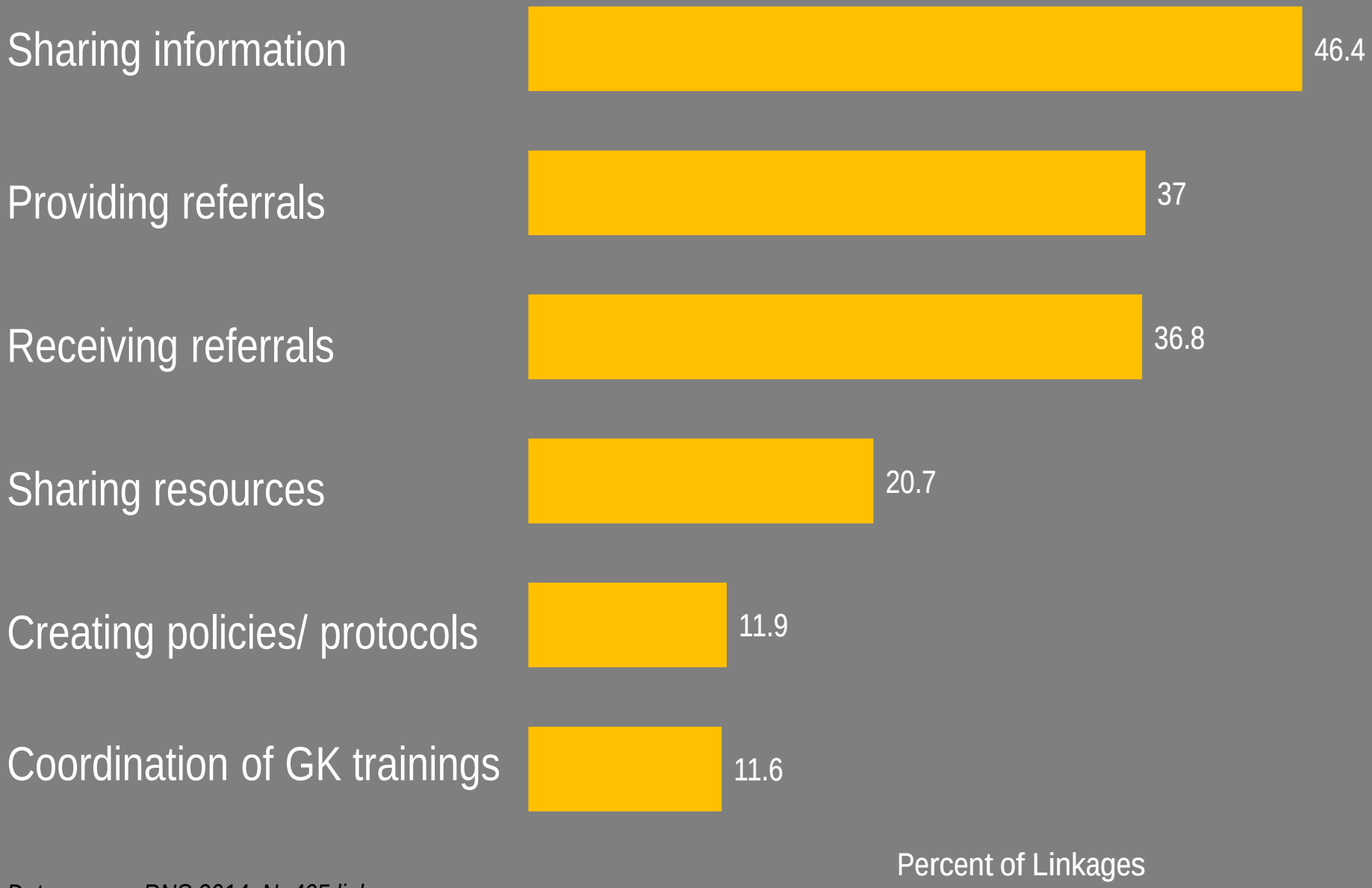
Data source: RNS 2014, N=35 respondents

NUMBER OF SUICIDAL YOUTH EVALUATED OR TREATED IN THE PREVIOUS YEAR

- 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

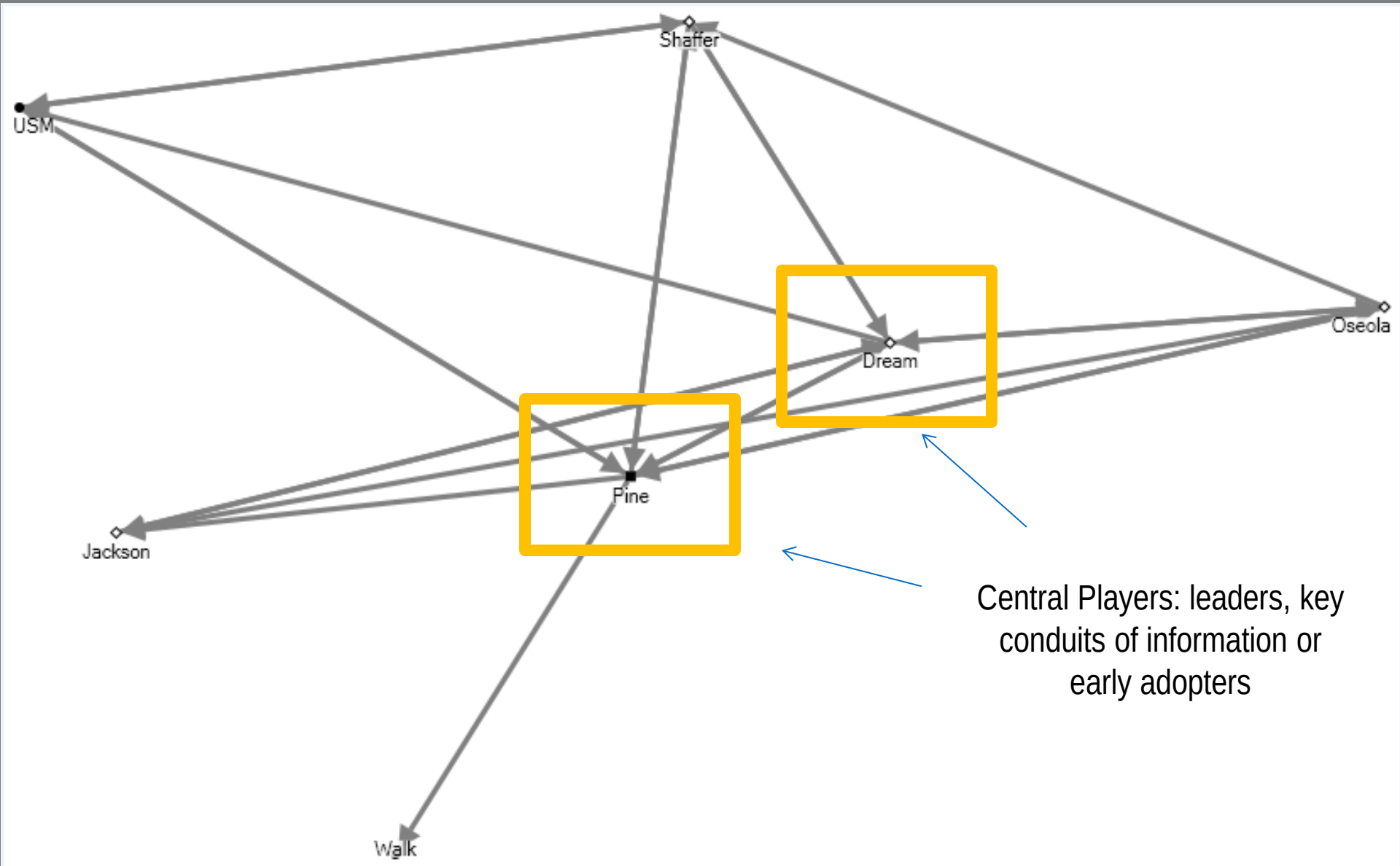


Data source: RNS 2014, N=405 linkages

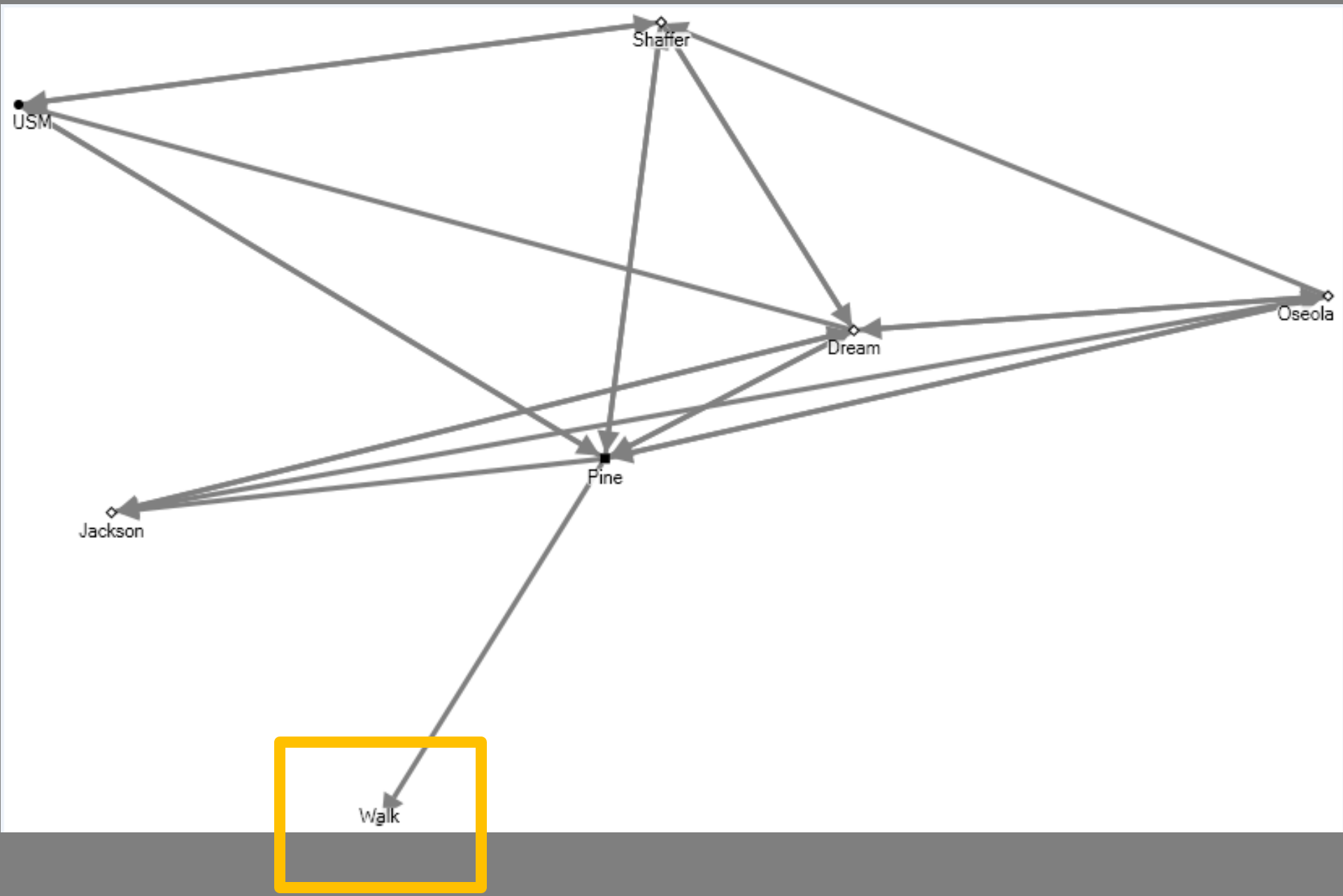
When reflecting on current protocols for follow-up, a third of respondents (n=7) think their agencies efforts are not enough

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

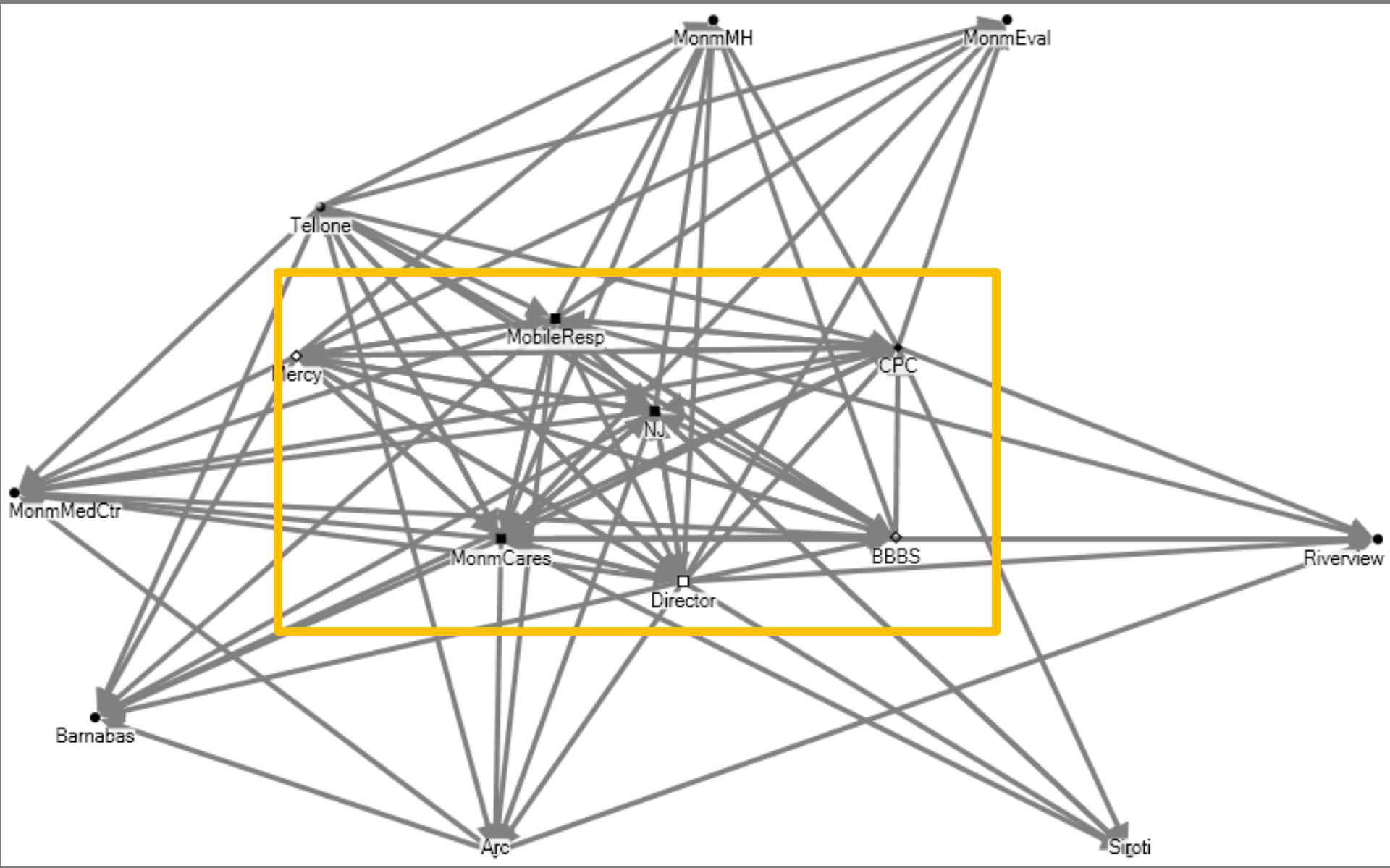
40% of respondents use a phone call to follow-up with a youth identified at risk



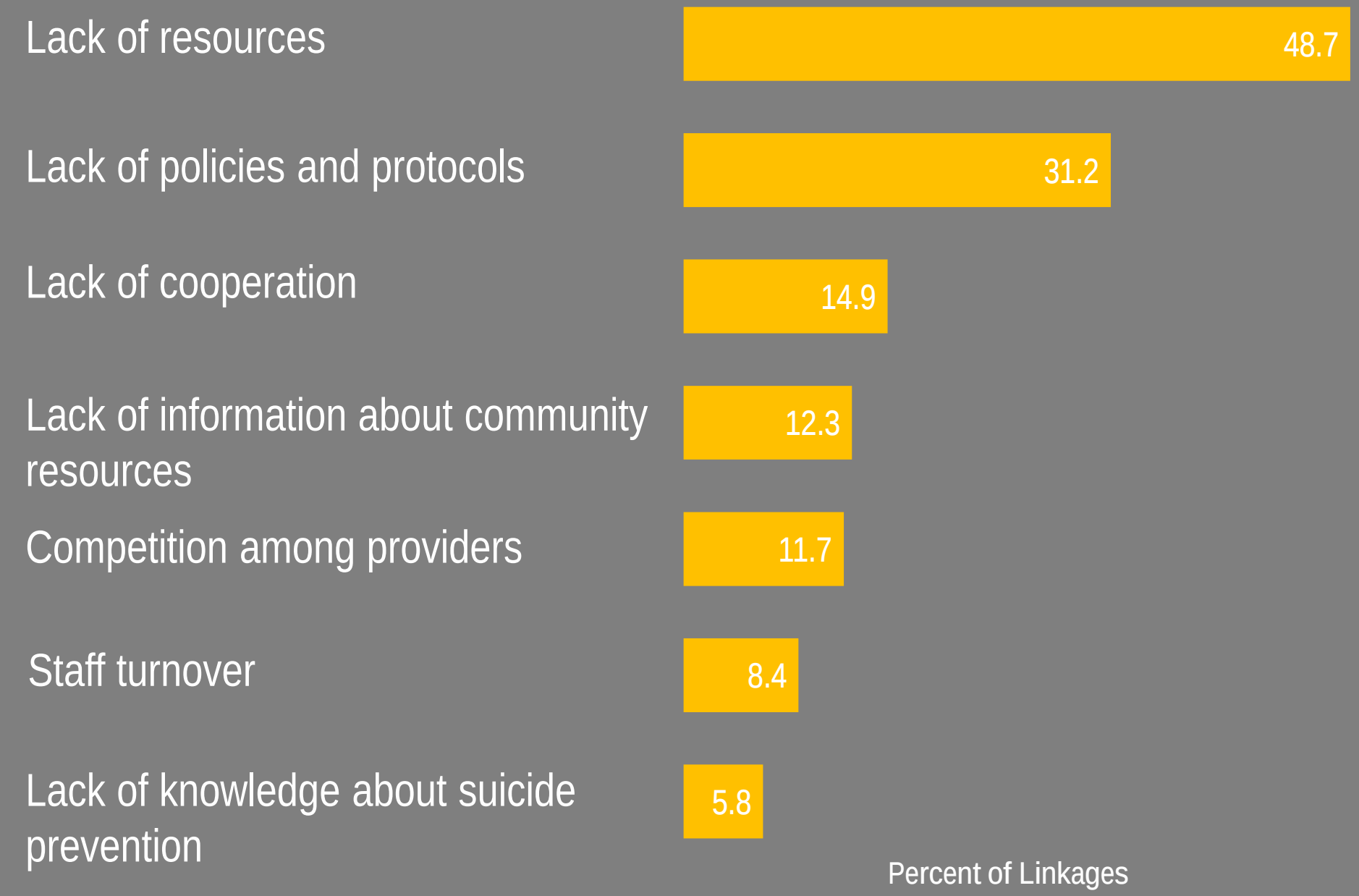
Central Players: leaders, key conduits of information or early adopters


Shaffer
USM
Oseola
Dream
Pine
Jackson
Walk

Dense Network

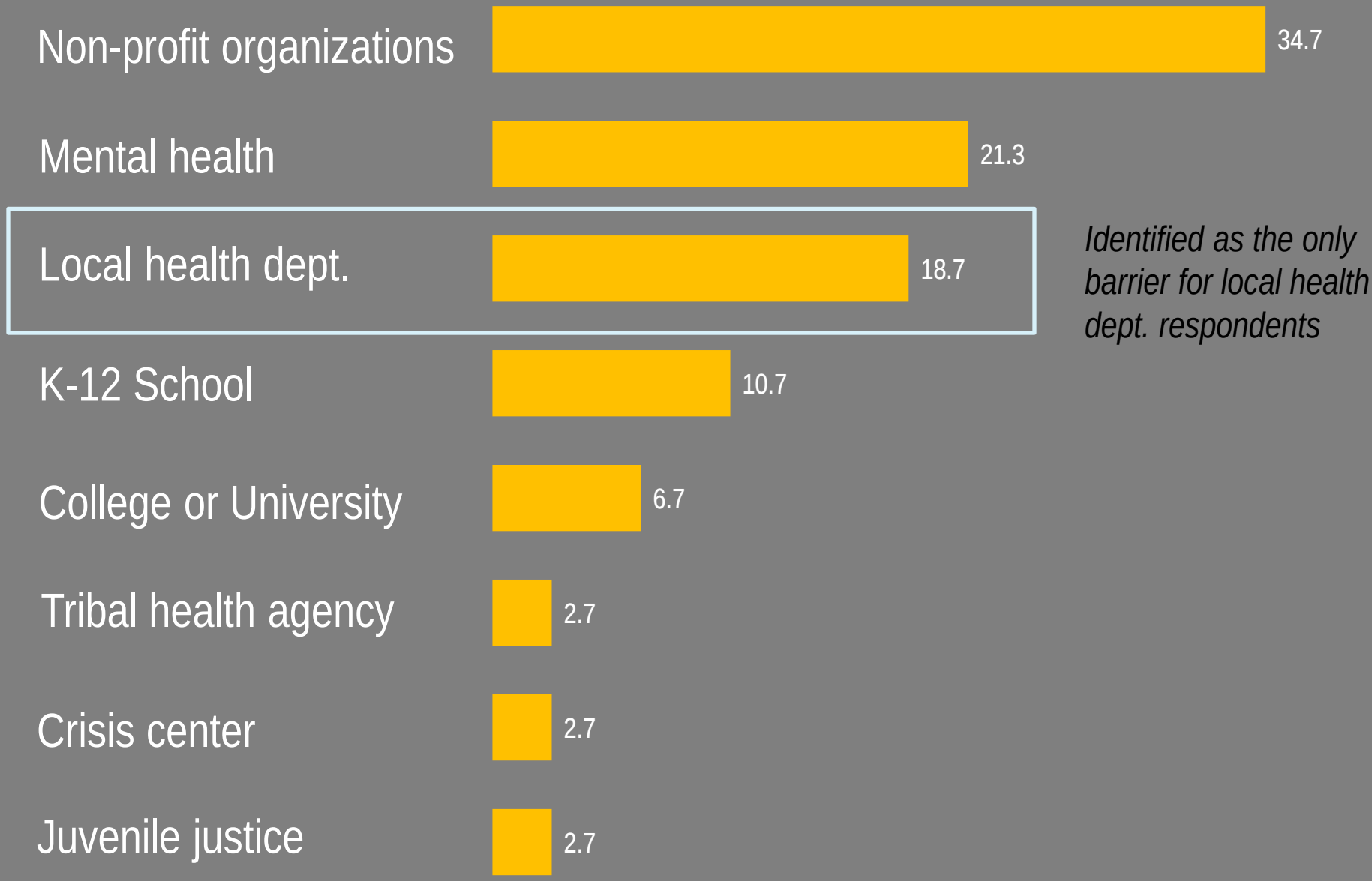


BARRIERS TO MAXIMIZING THE NETWORK



Data source: RNS 2014, N=154 linkages

LACK OF RESOURCES



Identified as the only barrier for local health dept. respondents

Data source: RNS 2014, N=75

BARRIERS IDENTIFIED BY PROVIDER TYPE

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

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

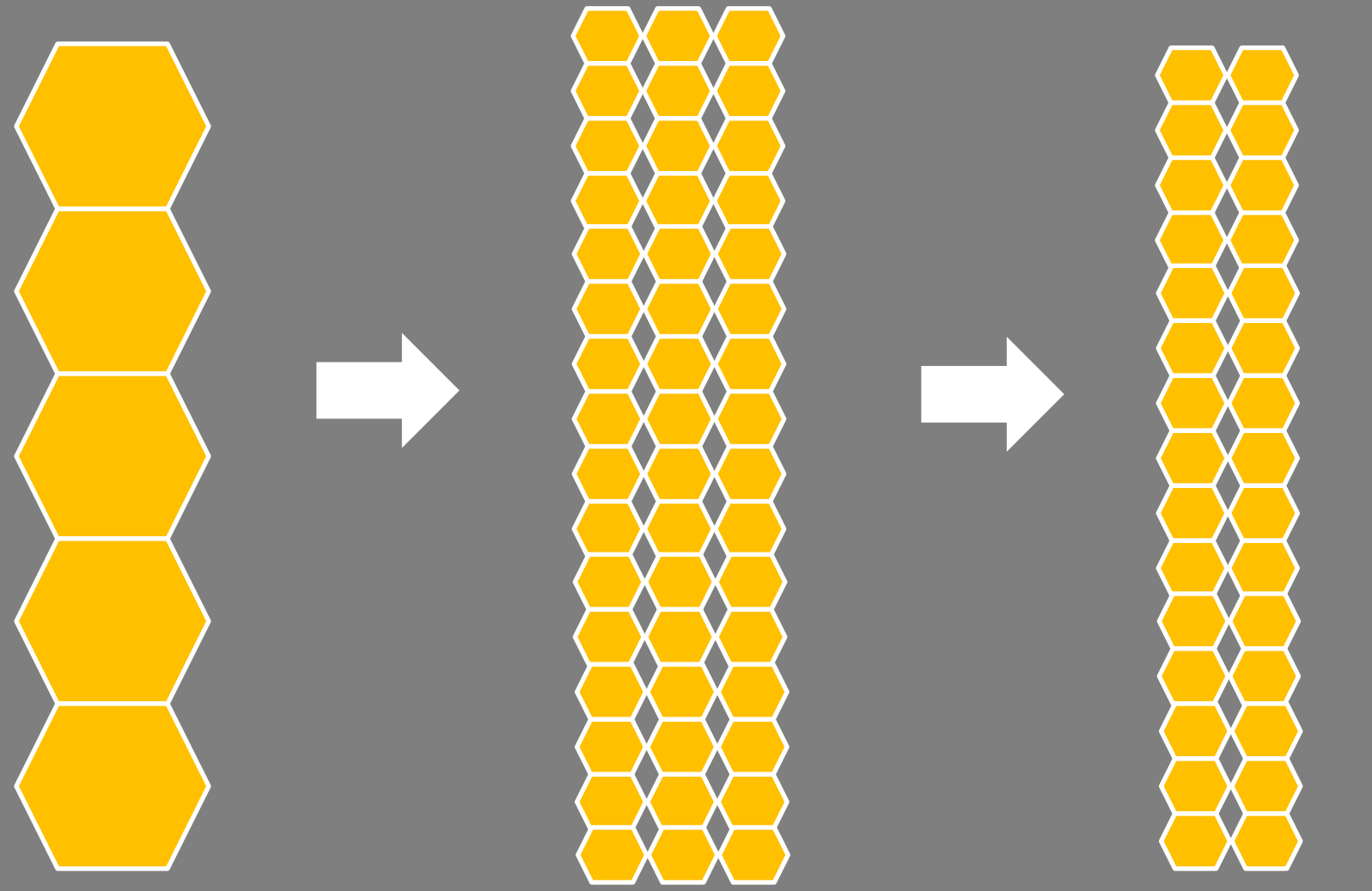
COALITIONS

Groups of people and organizations that join together to accomplish goals that no one organization or individual could do alone

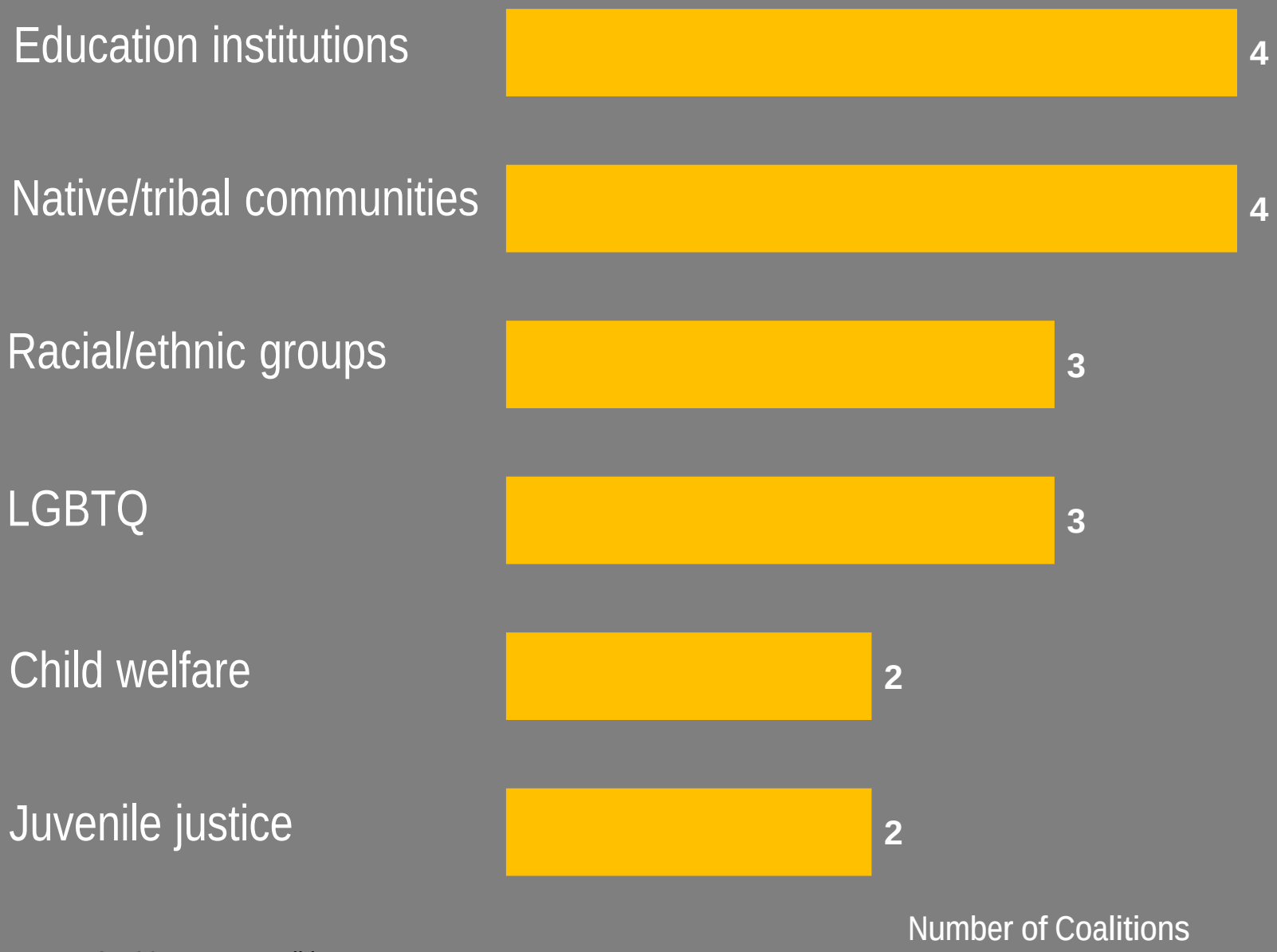
5 Cohort 8 grantees lead or substantially participate in a suicide prevention related coalition

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

30 coalition members responded to the survey



COALITION FOCUS POPULATIONS



Data source: CP 2014, N=5 coalitions

AVERAGE TIME COMMITMENT FOR COALIATION PARTICIPATION

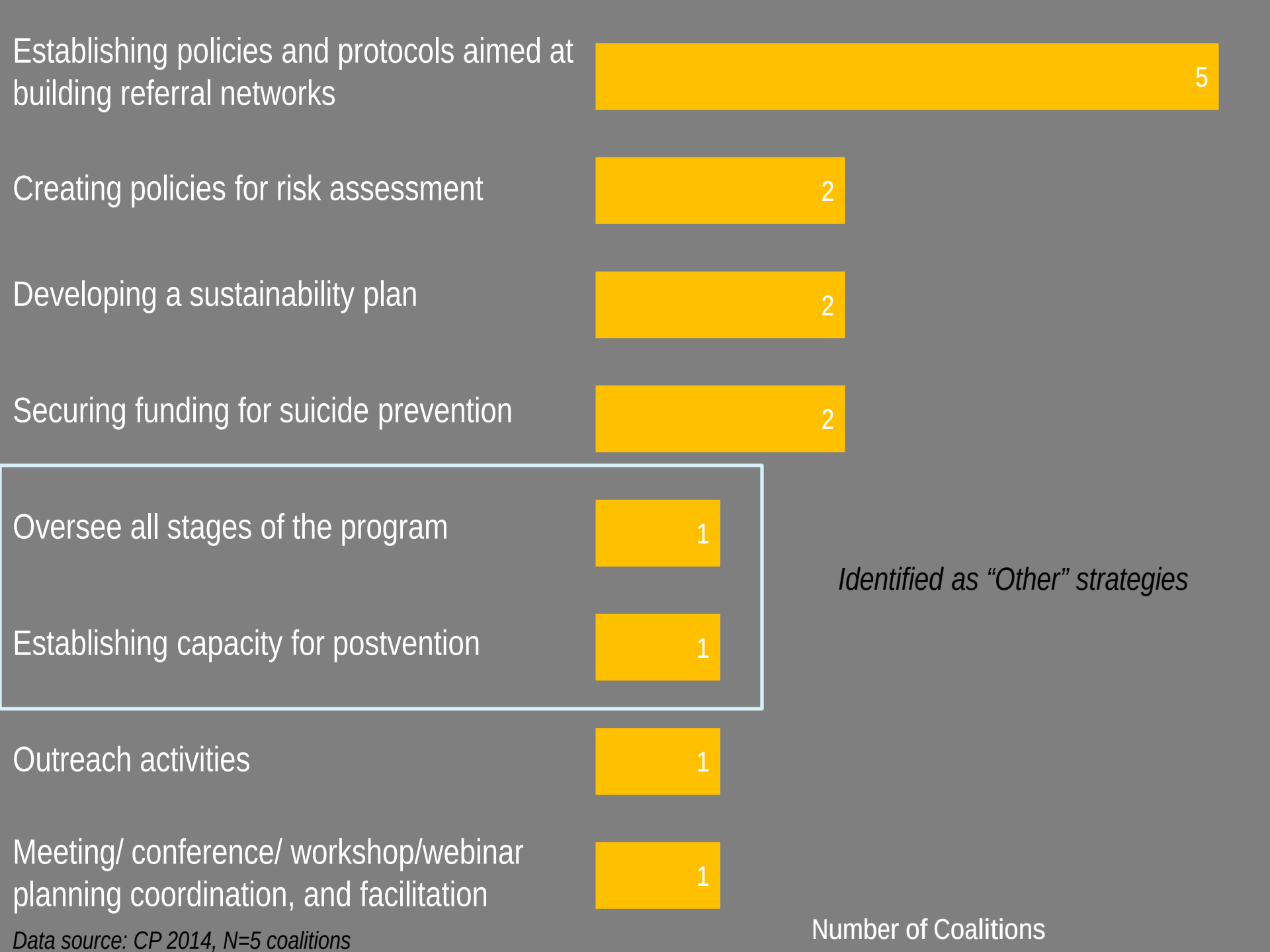
4.9 hours per month attending coalition meetings

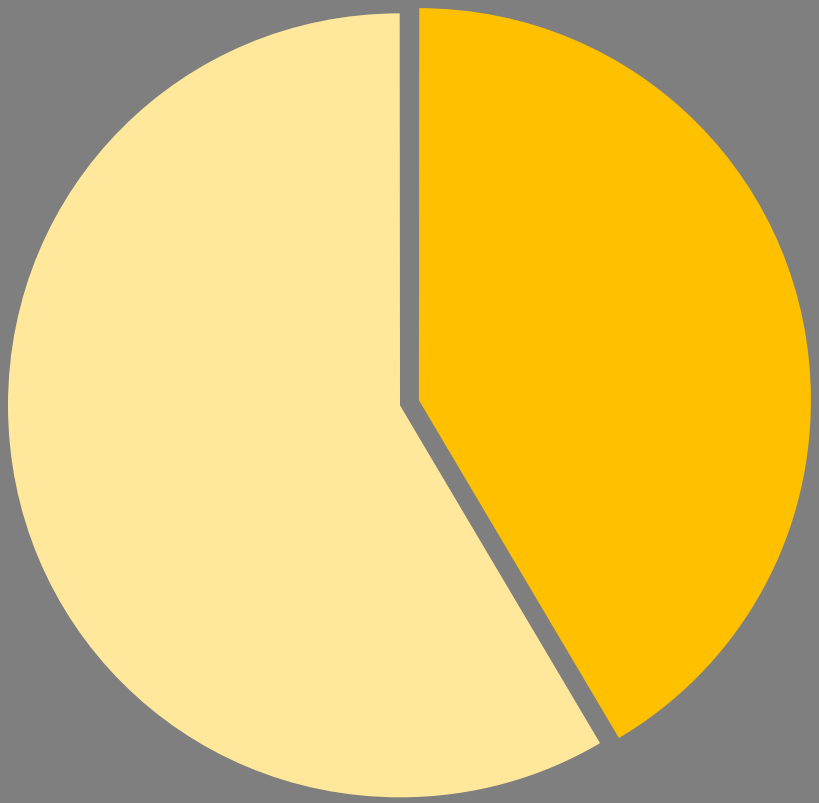
22.9 hours per month working on coalition related activities outside of meetings

Data source: CS 2014, N= 30 respondents

APPROXIMATELY 53% OF RESPONDENTS IDENTIFY THAT THEIR COALITION HAS FORMAL PROTOCOLS

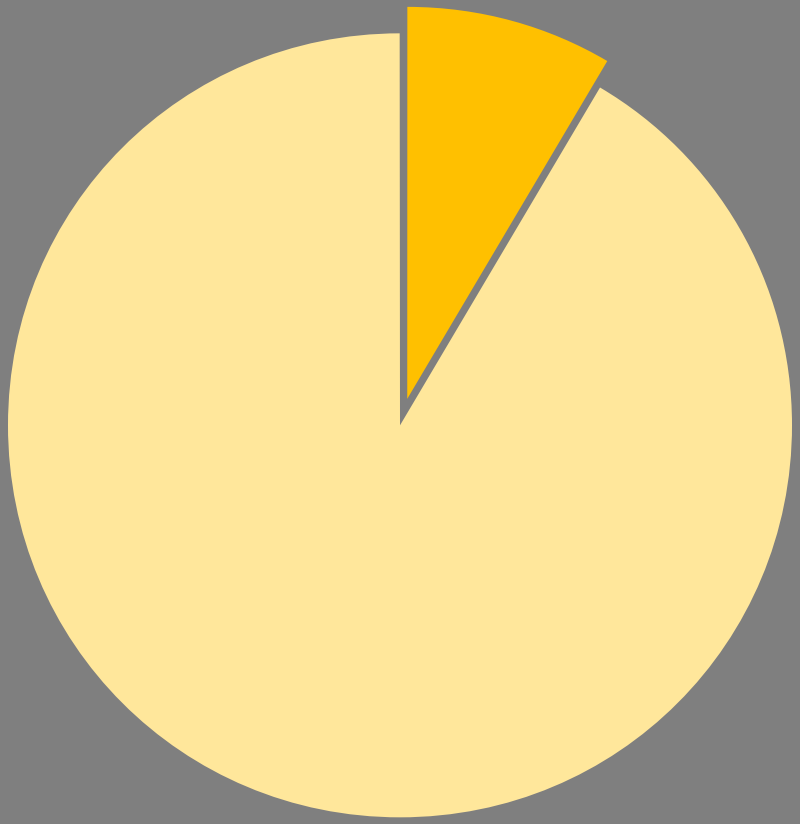
Data source: CS 2014, N=30 respondents


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
Number of Coalitions
Data source: CP 2014, N=5 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

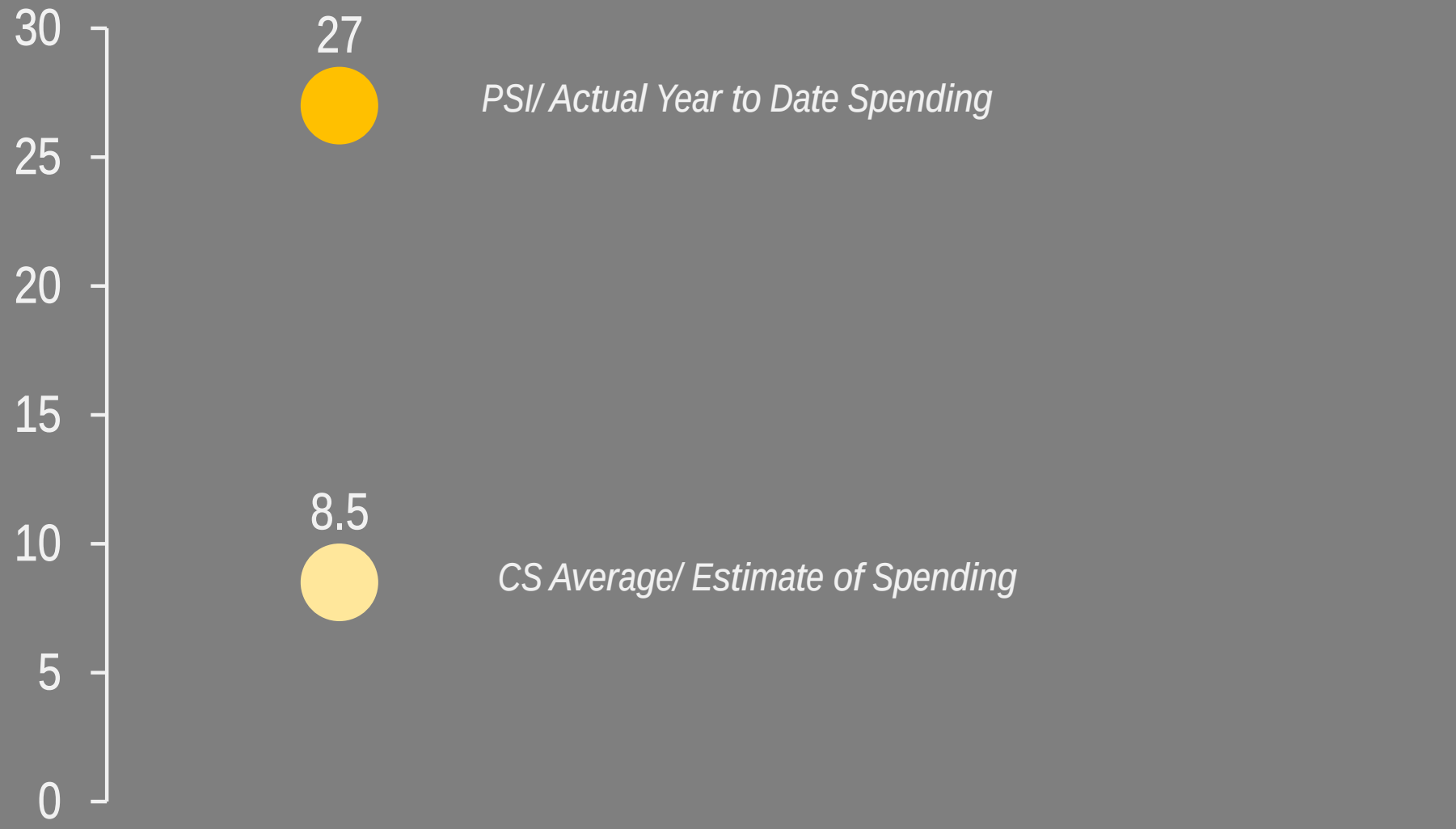


GLS GRANTEES ESTIMATE SPENDING AN AVERAGE OF 8.5% OF THEIR TOTAL GLS BUDGET TO SUPPORT COALITION (Range 1-22%)

Data source: CP 2014, N=5 coalitions

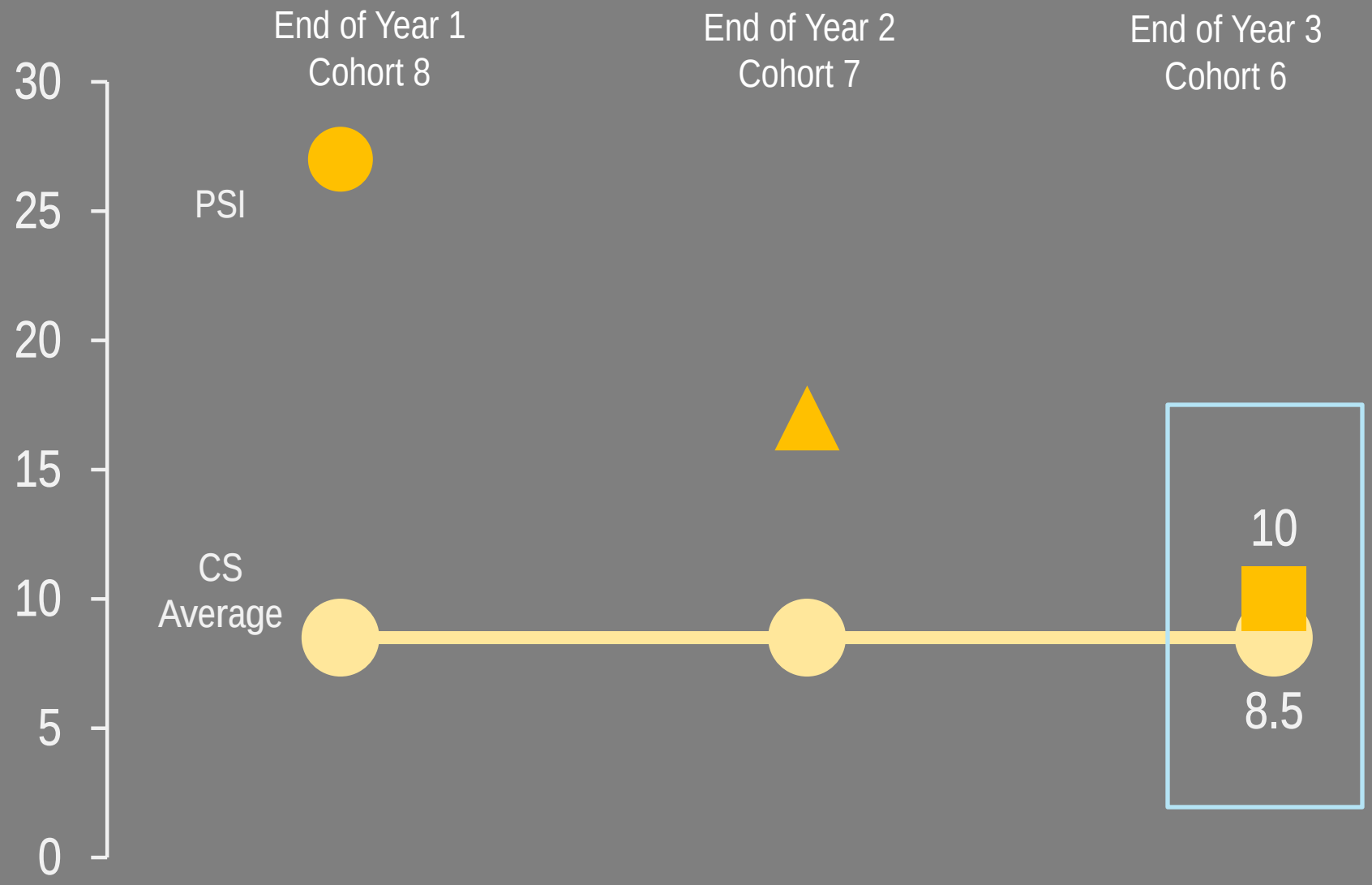
COALITION AND PARTNERSHIP SPENDING IN THE PREVENTION STRATEGIES INVENTORY

End of Year 1

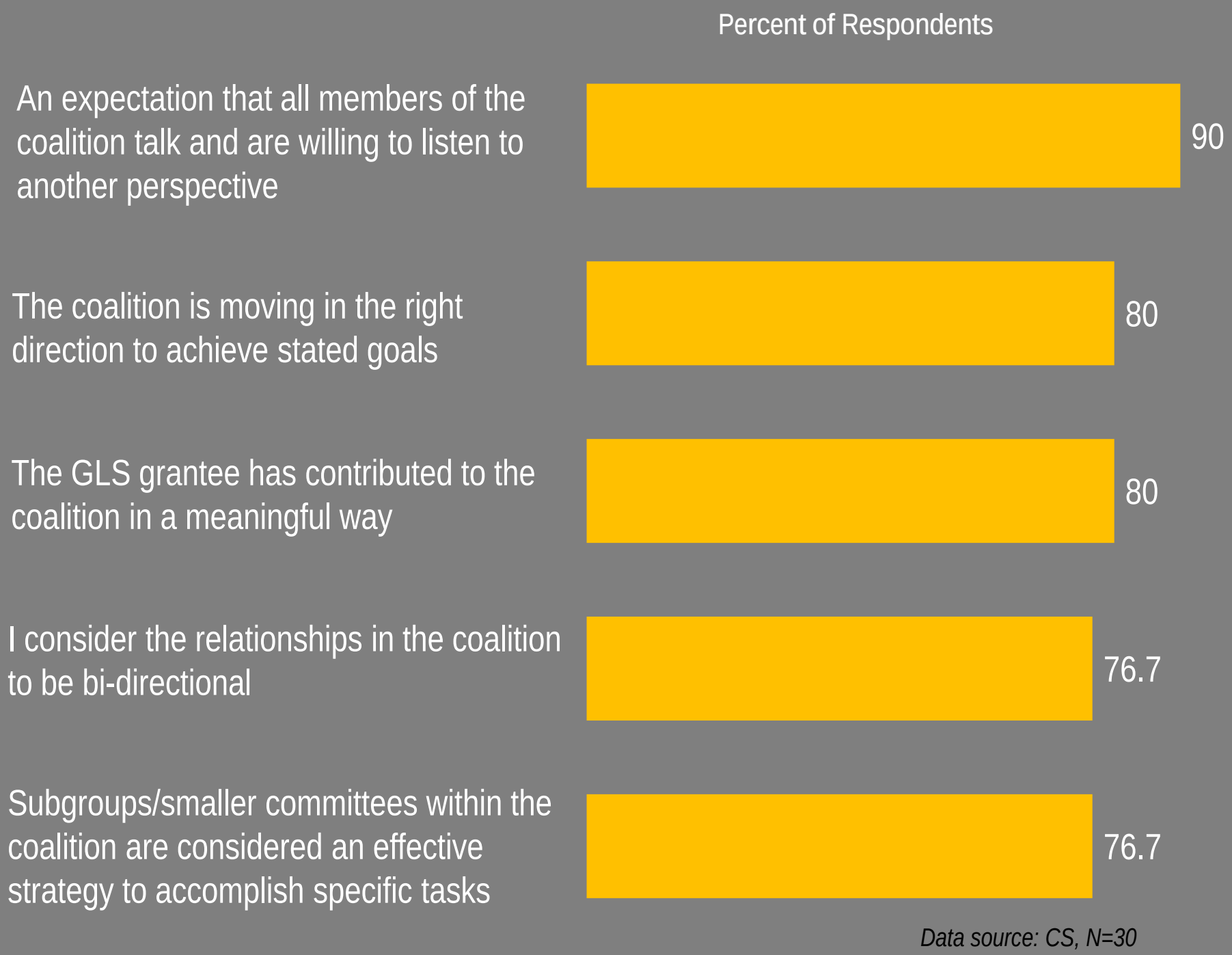


Data source: PSI March 2014

COALITION AND PARTNERSHIP SPENDING IN THE PREVENTION STRATEGIES INVENTORY



Data source: PSI March 2014


Percent of Respondents
An expectation that all members of the coalition talk and are willing to listen to another perspective
90
The coalition is moving in the right direction to achieve stated goals
80
The GLS grantee has contributed to the coalition in a meaningful way
80
I consider the relationships in the coalition to be bi-directional
76.7
Subgroups/smaller committees within the coalition are considered an effective strategy to accomplish specific tasks
76.7
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

SUSTAINABILITY STRATEGIES

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

WHAT SHOULD COALITIONS DO?

Implement more culturally sensitive curricula

Encourage a progressive approach about mental health among policy makers

Data source: CS, N=30

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