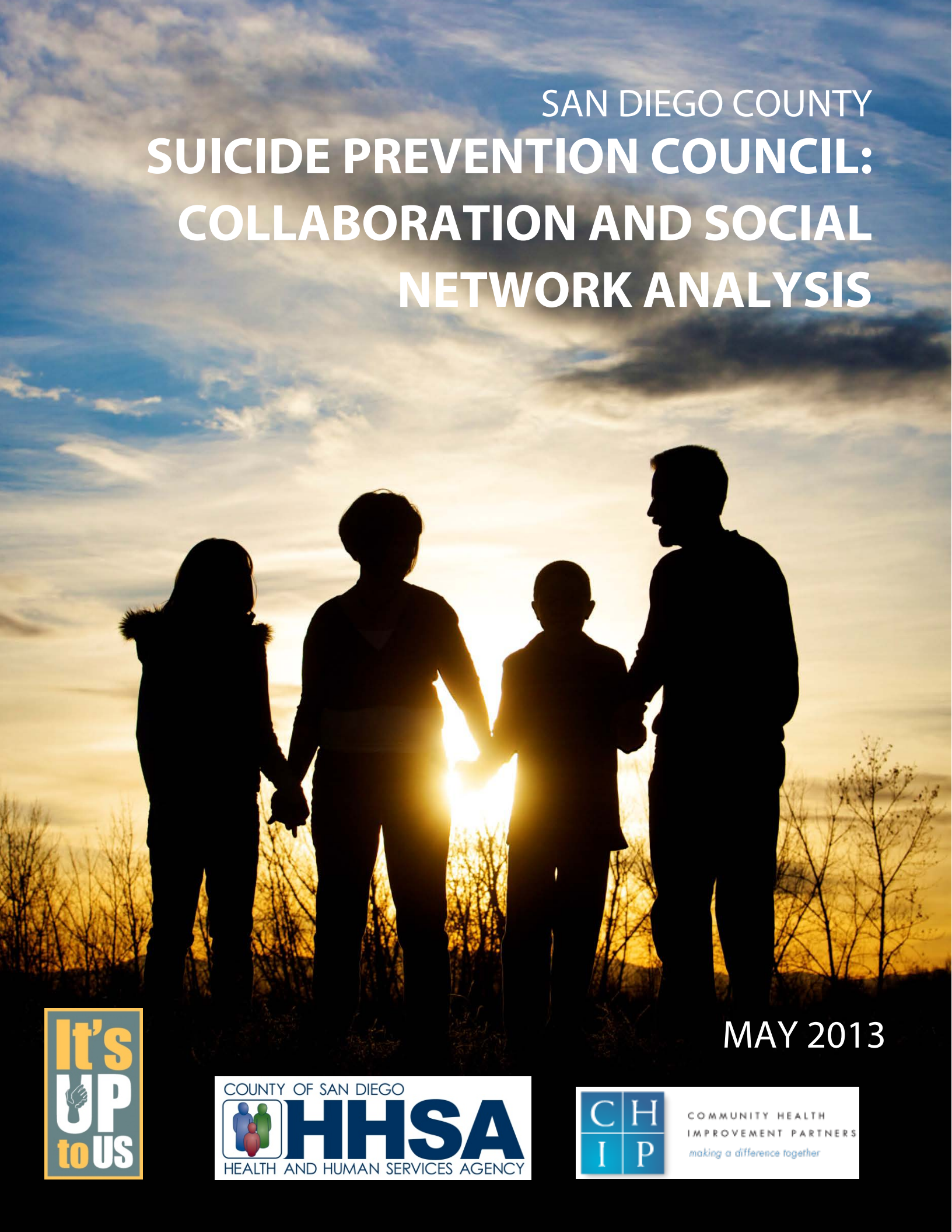

SAN DIEGO COUNTY

SUICIDE PREVENTION COUNCIL: COLLABORATION AND SOCIAL NETWORK ANALYSIS

MAY 2013

It's UP to US

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

CHIP COMMUNITY HEALTH IMPROVEMENT PARTNERS *making a difference together*

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Introduction

In 2010, the County of San Diego Behavioral Health Services (BHS) Division entered into a contract with Community Health Improvement Partners to develop a suicide prevention action plan and facilitate the implementation of the community recommendations outlined in the plan, and to reconvene the Suicide Prevention Council (SPC). In order to establish a baseline and discover the programs and services already available, a needs assessment of suicide prevention efforts in San Diego County was conducted. This assessment was used to provide local data and evidence to inform individuals, agencies, and organizations across San Diego County to take a strategic approach to suicide prevention at the local level. One important aspect of the needs assessment was a social network analysis to measure the level of collaboration between key organizations involved in suicide prevention throughout the county.

After completion of the needs assessment, the San Diego County BHS Division and the SPC developed an action plan and focused on increased collaborative efforts among suicide prevention partners. After almost two years of targeted efforts, it is important to reassess how collaboration among key organizations and stakeholder groups has developed and changed. This report compares findings from the 2010 baseline social network analysis to the most recent social network analysis, conducted in December 2012.

Methods

The December 2012 provider survey included both basic questions surrounding suicide prevention in San Diego County and the social network questions. Some individuals participated in both the baseline and follow-up surveys, while others were asked to participate and provide feedback because they are currently involved with the Suicide Prevention Council. Survey respondents were asked to answer questions about the organization they work for including:

- Type of organization (e.g. government agency, nonprofit, advocacy org, etc.)
- Information about the client population they serve
- Involvement in suicide prevention activities throughout the County

Respondents were given multiple prompts to complete the survey to ensure complete participation. Responses to general suicide prevention questions from the December 2012 survey are presented in this report.

Social Network Analysis

The core purpose of the survey was to conduct social network analysis to compare the level of collaboration between suicide prevention organizations in San Diego County. The baseline social network survey was distributed to 500 community providers via an internet survey engine, Survey Monkey, and 161 individuals completed the survey (32.2% response rate). The follow-up survey was distributed to 277 individuals involved in suicide prevention throughout San Diego. In total, 101 individuals completed the follow-up survey (36.5% response rate). The baseline survey was part of a broad needs assessment and was therefore distributed to more individuals than the follow-up survey. The follow-

up survey was distributed to a more targeted group of people to focus on the degree of networking between organizations involved in suicide prevention. As part of the survey, participants were asked to rate their interaction with other organizations involved in suicide prevention throughout San Diego County. A list of the core organizations involved in suicide prevention was provided to survey respondents. Participants were then asked to rate their level of interaction on a scale from N*o Interaction* (lowest level) to *Collaboration* (highest level) with each individual organization listed on the survey.

These data were used to create networking maps which provide a visual representation of the relationships between organizations involved in suicide prevention. The baseline and follow-up maps were then compared to look at changes in collaboration over time.

Stakeholder Interviews

In addition to the survey and social network maps, telephone interviews were conducted with ten key stakeholders involved with the Suicide Prevention Council. These stakeholders represented physical health providers, suicide prevention organizations, media, County Mental Health Aging and Independence Services, Help, Warm and Crisis Lines, social service organizations, mental health providers, first responders, alcohol and drug providers, and military. Participants were asked to describe their involvement in suicide prevention and to reflect on the level of collaboration among suicide prevention organizations throughout San Diego County. Participants also provided examples of successful collaboration and recommendations on how to improve collaboration throughout the County. Findings from these interviews are included in this report to supplement both the survey findings and results from the social network analysis.

Survey Findings

The follow-up community provider survey was distributed in December 2012 to 280 individuals involved in suicide prevention throughout San Diego County. In total, 101 individuals from approximately 68 organizations responded to the survey (36.5 % response rate). As shown in Exhibit 1, the majority of survey participants were from community/nonprofit organizations (34.7%) or the government/public sector (21.8%); 26.7% characterized their organization as "Other" which included private mental health facilities, advertising agencies, hospitals, other private counseling centers, faith based organizations and higher education. Over half of respondents stated that their organization served clients countywide (60.4%); 22.8% stated their organization primarily served clients in the Central region of San Diego County.

Approximately 61% of respondents stated that the organization they work for is a direct service provider. Those identified that they were direct service provider also indicated which population(s) their organization serves (Exhibit 1). The majority stated that they serve diverse populations including Latinos, Native America, African Americans, White, and LGBTQ.

The same percentage of respondents stated their organization had been involved in suicide prevention for one to five years or more than ten years (35.4%, respectively; Exhibit 2 on page 4). Approximately 60.0% of participants are direct service providers (see Exhibit 14 in the appendix for a full list of services provided by direct service providers). Of the 65 respondents who stated their organization provided direct services, 48 (73.9%) indicated that their organization had a suicide assessment protocol (Exhibit 3 on page 4).

Exhibit 1: Characteristics of Survey Respondents*

Type of Organization (n=101)	Number	Percent*
Community/ Nonprofit Organization	35	34.7
Government/ Public Entity	22	21.8
School-based Organization	18	17.8
Advocacy Organization	3	3.0
Nonprofit Consultant	3	3.0
Other	27	26.7
Region Services Provided (n=101)	**Number**	**Percent***
Countywide	61	60.4
Central	23	22.8
North Inland	12	11.9
South	11	10.9
East	10	9.9
North Coastal	8	7.9
North Central	6	5.9
Client Population Served by Direct Service Providers (n=65)	**Number**	**Percent***
Children under 16	40	61.5
Transitional Age Youth (TAY) (ages 16-24	45	69.2
Adults- ages 25-29	47	67.7
Severely and Persistently Mentally Ill	29	44.6
Child Welfare Service (CWS) involved families	31	47.7
Lesbian, Gay, Bisexual, Transgendered Questioning (LGBTQ)	46	70.8
Military	50	76.9
Latino	55	84.6
Native American	53	81.5
Asian/Pacific Islander	50	76.9
African American	55	84.6
White	53	81.5
Other	16	24.6

**Categories are not mutually exclusive as participants could check multiple responses; totals may be greater than 100.0%.*

Exhibit 2: Years of Involvement in Suicide Prevention (n=96)

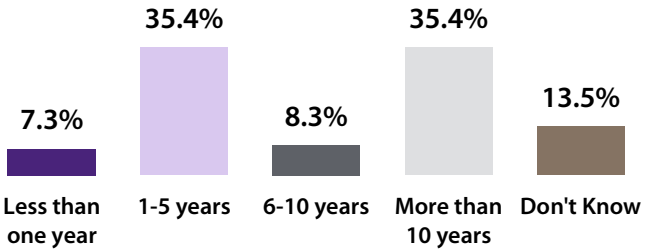
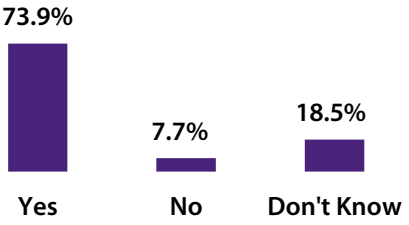


Exhibit 3: Organizations With a Suicide Assessment Protocol (n=65)



Involvement in Suicide Prevention Efforts

Exhibit 4: Knowledge and Use of Available Resources*

	Number	Percent
Awareness of Resources (n=99)		
Access and Crisis Line	94	94.9
2-1-1 San Diego	92	92.9
Suicide Prevention Council	87	87.9
It's Up to Us	78	78.8
None of the Above	2	2.0
Listing with Resources (n=99)		
2-1-1 San Diego	61	61.6
Suicide Prevention Council	49	49.5
Access and Crisis Line	44	44.4
It's Up to Us	38	38.4
None of the Above	24	24.2

**Categories are not mutually exclusive as participants could check multiple responses; totals may be greater than 100%.*

The large majority of participants were aware of 2-1-1 San Diego, a free, 24/7 telephone referral service and searchable online database (92.9%), Access and Crisis Line (94.9%) and the Suicide Prevention Council (87.9%), while slightly fewer were aware of the "It's Up to Us San Diego" media campaign (78.8%). The majority of individuals who were unaware of the Suicide Prevention Council were categorized as other mental health providers or other types of providers. The majority of those who were unaware of "It's Up to Us San Diego" were categorized as other mental health providers, schools, or faith-based organizations. A smaller percentage of participants stated that their organization was listed with 2-1-1 San Diego, Access and Crisis Line, the Suicide Prevention Council, or "It's Up to Us San Diego" (Exhibit 4).

Participants were also asked to report whether they or their staff had participated in trainings related to suicide, suicidality or suicide prevention, suicide risk assessment or intervention for a client threatening suicide (Exhibit 5 on page 5). Out of the 90 respondents who answered this question, the majority reported participating in one or more trainings (93.3%).

Overall, these data show that respondents are involved in suicide prevention throughout the County. They represent information from a variety of groups who range in their level of involvement with suicide prevention. They further lend context to the collaboration results presented in the following section. Additionally, increased collaboration among organizations involved in suicide prevention efforts can help to

decrease the stigma surrounding suicide and to provide a comprehensive system of care that can facilitate prevention efforts to decrease the incidence of suicide and suicide attempts in San Diego County

Exhibit 5: Participation in Training in the Past Five Years

Training	Self % (n)	Other Staff % (n)	Line Staff % (n)
The topic of suicide, suicidality, or suicide prevention (n=90)	93.3 (84)	73.3 (66)	37.8 (34)
Suicide Risk Assessment (n=73)	83.6 (61)	69.9 (51)	34.2 (25)
Intervention for a client threatening suicide (n=68)	83.8 (57)	66.2 (45)	38.2 (26)
None of the above (n=4)	75.0 (3)	0.0 (0)	25.0 (1)
Don't Know (n=11)	27.3 (3)	63.6 (7)	72.7 (8)

Social Network Analysis

The community provider survey asked respondents to rate their organizations' relationship with a core list of providers of suicide prevention services in San Diego County.[1] The social networking survey item was based on the Levels of Collaboration Scale[2]. The scale identifies five levels of collaboration described in the text box below: *No Interaction (0), Networking (1), Cooperation (2), Coordination (3) and Collaboration (4).*

The scores from the surveys were mapped to graphically display the relationships between providers. The following network maps capture the level, direction and reciprocity of the reported relationships between the core organizations. The maps illustrate interactions among organizations that provide suicide prevention services in San Diego County.

Levels of Collaboration

0. **No Interaction**: not aware of this organization, not currently involved in any way
1. **Networking**: loosely defined roles, little communication, no shared decision making
2. **Cooperation**: provide information to each other, somewhat defined roles, formal communication
3. **Coordination**: share information, defined roles, frequent communication, some shared decision making
4. **Collaboration**: share ideas, share resources, frequent and prioritized communication, decisions are made collaboratively

Interpreting the Maps

Each point on the map represents an organization. Organization names are abbreviated on each map; the key to the organization names is provided in the Appendix (Exhibit 15). Since organization names are sometimes difficult to read on the maps, larger versions of the maps are available in the Appendix (Exhibits 17-31). The lines between points represent how respondents from each organization rated their level of collaboration (i.e., a rating of 0, 1, 2, 3 or 4 on the Levels of Collaboration Scale). Below are four features to consider when interpreting the maps.

- **Interaction.** A map is created by drawing lines between two organizations when one organization reports any interaction with another organization (i.e., a rating of 1, 2, 3 or 4 on the Levels of Collaboration Scale), with an arrow identifying the direction of the rating (i.e., from the organization making the rating with the arrow pointing to the other organization). When two organizations have the same rating of their level of interaction, the line between them will have bi-directional arrows and will be represented by a thicker line, indicating that both organizations have given the same rating. In general, higher levels of interaction correspond to a greater sharing of information and resources as well as mutual or cooperative decision-making between organizations.
- **Density.** When looking at a network in its entirety, an important quality is the degree to which all members in the network are connected. *Density* describes the entire network and is defined as the proportion of the number of reported interactions to the total number of possible interactions in a network.

[1] This list was not an exhaustive list of suicide prevention providers but rather an initial core list to assess associations between organizations. The baseline survey included 17 providers and the follow-up survey included 19 providers (Exhibit 15 on page A2).
[2] Frey, B. B. "Measuring Collaboration Among Grant Partners." American Journal of Evaluation 27.3 (2006): 383-92. Print.

- **Placement of organizations on the map.** Network maps illustrate relationships among different organizations in a system of interactions along the Levels of Collaboration scale. It is important to note that the maps portray not only direct interactions (organizations interacting directly with one another), but also *higher-order interactions* (organizations that are connected to each other by virtue of interacting with a common organization). In a way, this is akin to the "six degrees of separation" phenomenon, wherein people are connected to each other by knowing someone in common. The placement of organizations on the maps reflects the results of a statistical analysis of both direct and indirect ties between all organizations in the network.
- **Closeness.** *Closeness* is the measurement of the number of direct connections an individual organization has with other network members. Organizations with a high degree of closeness have the most direct connections with other organizations and are placed nearer to the center of the map. A higher number of direct connections can signify that organizations are exposed to more information from other organizations. Information can spread more quickly where there are high degrees of closeness and, as a result, organizations with closer connections to others in the network may be better able to mobilize resources. Organizations that are closer to each other tend to be more reachable by other organizations. Organizations with lower closeness scores may be at a disadvantage because they may not exchange information or coordinate services as readily as organizations with higher closeness scores.

Reading the Maps

Circles: Represent organizations.

Diamonds: Represent stakeholder groups.

Double triangles: Represent Community Health Improvement Partners (CHIP).

Lines: Represent interactions between two organizations. Thick lines represent reciprocal interactions, where both agencies reported the same Collaboration Score.

Arrows: Show the direction of an interaction and whether the relationship between two organizations is reciprocal or non-reciprocal. Arrows point from the responding organization to the organizations with which they report an interaction.

Colors and Placement: Represent the "closeness" of each organization. Organizations that are closest to other organizations are shaded red. These are the organizations that have the most direct connections with other network members and are placed at the center of the network. Organizations with lower closeness scores are shown in order of closeness by blue, yellow, green and gray shading, respectively, and are placed farther from the center of the network.

Color coding from greatest to fewest interactions: 

Collaboration among Core Organizations

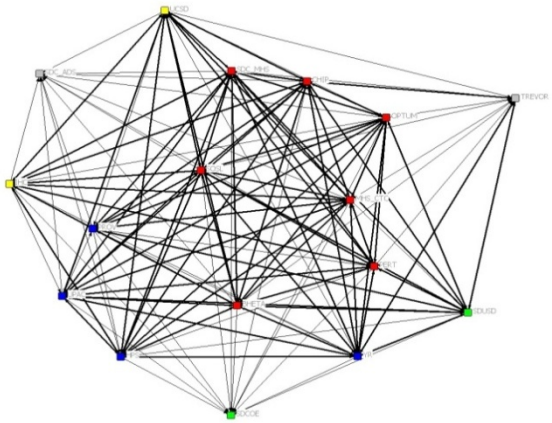
Exhibit 6: Percentage of Ties at Each Level of Interaction

Level of Interaction	Number of Interactions		Percent of Interactions	
	Baseline	*Follow-up*	*Baseline*	*Follow-up*
Networking	75	123	37.1	45.9
Cooperation	74	81	36.6	30.2
Coordination	23	29	11.4	10.8
Collaboration	30	35	14.9	13.1
Total	202	268	100.0	100.0
No interaction	70	66	-	-

The following maps illustrate interactions among organizations that provide suicide prevention services in San Diego County. Two organizations did not complete the survey at baseline, and one organization did not complete the survey at follow-up. This is important because a complete assessment of a network's strength and level of collaboration depends on all partners rating their respective relationships. Because two organizations at baseline and one organization at follow-up did not complete the survey, we are only able to assess how other organizations perceive their relationship with these organizations. In addition, two new organizations were added to the follow-up survey because it was determined that these organizations both play important roles in the suicide prevention network in San Diego County.

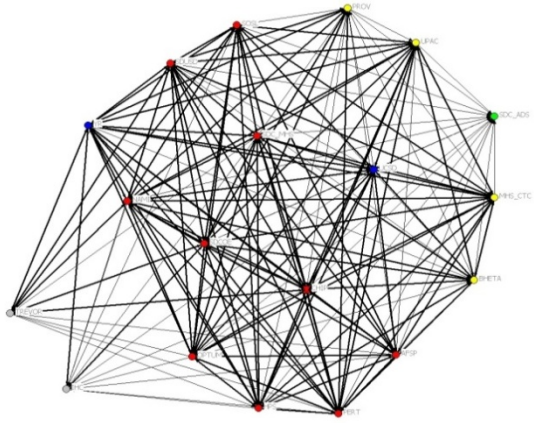
For the follow-up survey, out of 342 possible ties, or relationships, there were 268 existing ties reported, giving the network a 78.4% density which is a slight increase from baseline which had a density of 74.3%. Exhibit 6 above summarizes the number and distribution of interactions at each level between core organizations. At baseline, a little over one-third of the reported relationships were at the *Networking* level (37.1%), one-third at *Cooperation* (36.6%), and the remaining were *Coordination* or *Collaboration* level interactions (11.4% and

Exhibit 7: Full Network Maps



Map 1: Full Network – Baseline (February 2010)

n=17 (Network participants = 17, Isolates[3] = 0)
Number of possible interactions = 272
Number of total interactions = 202
Percent of possible interactions (density) = 74.3%



Map 2: Full Network – Follow-Up (December 2012)

n=19 (Network participants = 19, Isolates = 0)
Number of possible interactions = 342
Number of total interactions = 268
Percent of possible interactions (density) = 78.4%
Number of new interactions since baseline = 66

[3] Isolates are organizations that do not report having any level of interaction with any of the organizations in the network and none of the organizations report having any level of interaction with any of the isolates.

14.9% respectively). In the follow-up survey, 45.9% of the reported relationships were at the *Networking* level, and 30.2%, were at the *Cooperation* level. The rest of the interactions were at the *Coordination* or *Collaboration* level (10.8% and 13.1% respectively). Exhibit 7 (on page 8) displays the full network of relationships among organizations at baseline and at follow-up. Map 1 reveals the baseline network of relationships between the partner organizations two years ago, while Map 2 shows the network of relationships for the follow-up survey. There is a visible difference in the density of the two networks as there are more ties (i.e. lines) between the organizations in the follow-up map.

The follow-up network has 66 more reported interactions than the baseline network, indicating that many relationships have recently developed between organizations involved in suicide prevention in San Diego County. Some of these new relationships might also be due to the fact that two organizations were added to the network in the follow-up survey, which increased the total number of possible connections between organizations. Additionally, the follow-up network has more reciprocity, or agreement, on the level of interaction between organizations, as represented by the thick black lines. This indicates that organizations are more aware of their relationships with others and are more aligned in their perspective of those relationships. The organizations identified in red have the highest closeness scores and have many direct connections to other organizations in the network. Compared to the baseline map, there appear to be fewer organizations on the outskirts of the follow-up map, implying that the network is more connected at follow-up than it was two years ago. In both maps, Community Health Improvement Partners (CHIP), San Diego County Mental Health Services, OptumHealth, and Survivors of Suicide Loss are located at the center of the network, indicating that these organizations continue to play an important role in the network of providers involved in suicide prevention. These organizations have many direct connections with the other organizations involved in suicide prevention in San Diego County. Additionally, there are a few organizations, such as San Diego County Office of Education (SDCOE) and San Diego Unified School District (SDUSD) that were on the outskirts of the network at baseline but have moved toward the center of the network at follow-up. This shows that there is more involvement from schools since the baseline assessment. Another important aspect of the baseline map is that both organizations that were added to the survey, American Foundation for Suicide Prevention (AFSP) and the National Alliance on Mental Illness (NAMI) are at the center of the network. This highlights the importance of these two organizations and also validates their addition to the survey.

Exhibit 8: Networking Level Maps

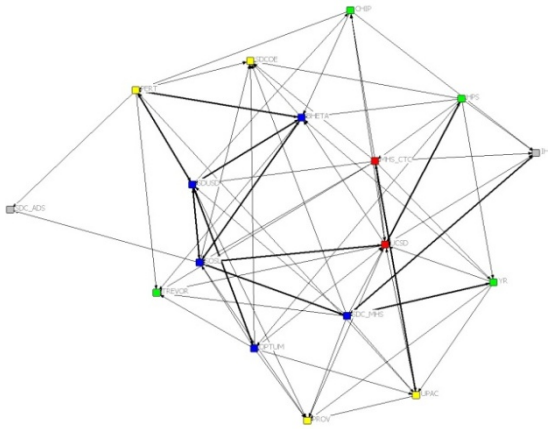
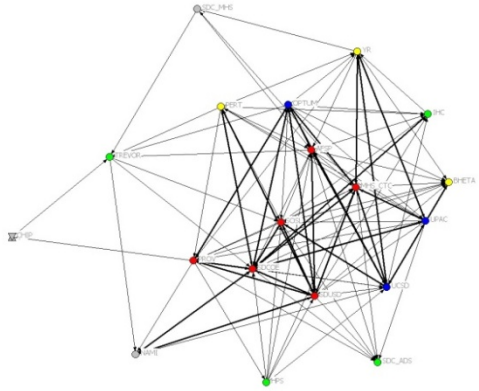
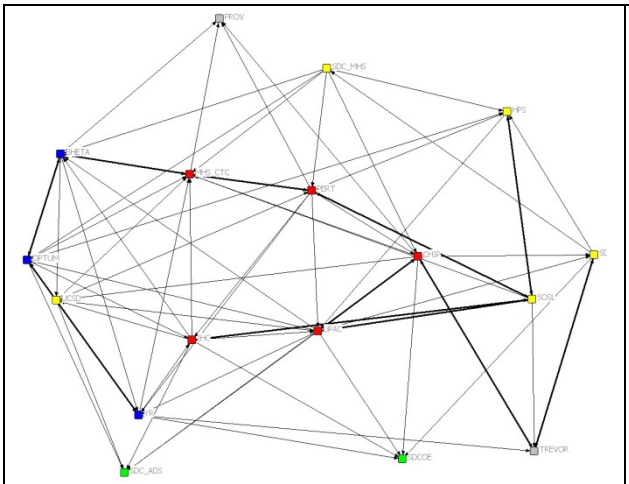
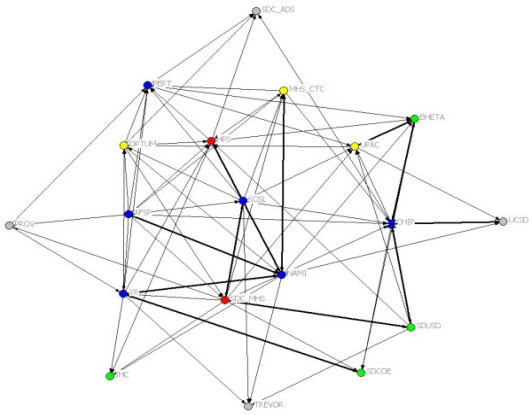
	
Map 3: Networking – Baseline (February 2010)	**Map 4: Networking – Follow-up (December 2012)**
n=17 (Network participants = 17, Isolates = 0) Number of total interactions = 202 Number of *Networking* interactions = 75 Percent of total interactions = 37.1%	n=19 (Network participants = 19, Isolates = 0) Number of total interactions = 268 Number of *Networking* interactions = 123 Percent of possible interactions = 45.9% Number of new *Networking* interactions since baseline = 48

Exhibit 8 displays the baseline and follow-up *Networking* level maps. The *Networking* level is the lowest level of collaboration and includes the highest percentage of total interactions in both the baseline and follow-up maps (37.1% and 45.9% respectively). However, the overall shape and look of the two maps differ in that the follow-up map (Map 4) has more dark lines and more organizations concentrated at the center of the map. This indicates that there is more reciprocity at the *Networking* level now than there was two years ago and that many of the organizations have connections with several other organizations in the network. The number of reported *Networking* interactions increased by 48 over the past two years.

Since *Networking* is the lowest level of collaboration, there are many changes in placement of organizations on the map from baseline to follow-up. This is expected since at the *Networking* level there are very loosely-defined ties between organizations. Therefore, this level of networking is more fluid and one could expect to see more differences between baseline and follow-up maps.

On follow-up *Networking* maps, CHIP, San Diego County Mental Health Services and NAMI are located near the outskirts of the map. Because these organizations are an important part of the network, it is not surprising that they are on the outskirts at the *Networking* level, since this is the lowest level of interaction. As organizations begin to rate each other at a higher level, these three organizations begin to move from the outskirts of the maps to the center (Exhibits 9-11).

Exhibit 9: Cooperation Level Maps

	
Map 5: Cooperation – Baseline (February 2010)	**Map 6: Cooperation – Follow-Up (December 2012)**
n=17 (Network participants = 17, Isolates = 0) Number of total interactions = 202 Number of *Cooperation* interactions = 74 Percent of total interactions = 36.6%	n=19 (Network participants = 19, Isolates = 0) Number of total interactions = 268 Number of *Cooperation* interactions = 81 Percent of possible interactions = 30.2% Number of new *Cooperation* interactions since baseline = 7

The density of the maps begins to change at the *Cooperation* level at both baseline and follow-up with fewer ties between the organizations and more indirect relationships where organizations are connected through other organizations. The "star" pattern begins to emerge at this level as there are multiple ties from a few organizations, indicating that there are a few key players in the network serving as the nodes for transferring resources and information to other organizations. "Star" patterns indicate inefficient flow of resources and are generally not desirable for collaborative networks. A little over one-third (36.6%) of the baseline interactions and 30.2% of the follow-up interactions were reported to be at the *Cooperation* level (Exhibit 9). At baseline, (Map 5), there were a few core organizations in the center of the map with a high number of interactions and higher degree of closeness (indicated by the red color). However, the network is still rather spread out, with more organizations on the outskirts of the network, meaning they are not as close to the core organizations, thus making it harder to disseminate information and tools across organizations. On the follow-up map, (Map 6), there are less organizations colored red, meaning they did not have as many overall interactions. However, there are more dark lines on the follow-up map as well; indicating that at the *Cooperation* level, there is higher reciprocity among organizations. Overall, the network of organizations interacting at the *Cooperation* level has changed over the past two years, as more organizations agree on their level of interaction on the follow-up map. On the baseline map, CHIP is located at the center. However, in the follow-up map, CHIP is still located on the outskirts of the map, indicating less direct ties at the *Cooperation* level. But, they are beginning to move closer to the center as the level of interaction begins to increase. In the follow-up *Cooperation* maps, San Diego County Health Promotion Services, San Diego County Mental Health Services and NAMI all move to the center of the network. These three organizations are also in the center of the network at the *Coordination* and *Cooperation* level. This indicates that these three organizations are integral to the network and provide stability and connections to many organizations involved in suicide prevention, especially at higher levels on

the collaboration scale. When considering opportunities to further engage organizations or key stakeholder groups, these organizations are key to aiding in that effort because of the vast amount of ties they have within the network. In the follow-up map, several organizations start to appear on the outskirts of the network at the higher levels of interaction including Providence Community Services, Indian Health Council (IHC) and Union of Pan Asian Communities (UPAC). These are organizations that can be further engaged through interactions with organizations at the center of the network.

Exhibit 10 displays the baseline and follow-up network at the *Coordination* level. These maps are much less dense and there are a few isolated organizations in both maps that do not have ties with any others at this level, shown on the map as gray squares or circles in the upper left hand corner. The isolated organizations did not report any *Coordination* interactions and other organizations did not report *Coordination* interactions with the isolated organizations. At baseline, (Map 7), three of the organizations are isolates and do not report any interactions with other organizations at this level. Although there are fewer dark lines at the *Coordination* level than at the *Cooperation* and *Networking* level, there are still more of the dark lines in the follow-up map (Map 8), when compared to baseline. This increase in reciprocity at the *Coordination* level indicates that although there are only six more interactions at this level, more of those interactions are mutually reported.

Exhibit 10: Coordination Level Maps

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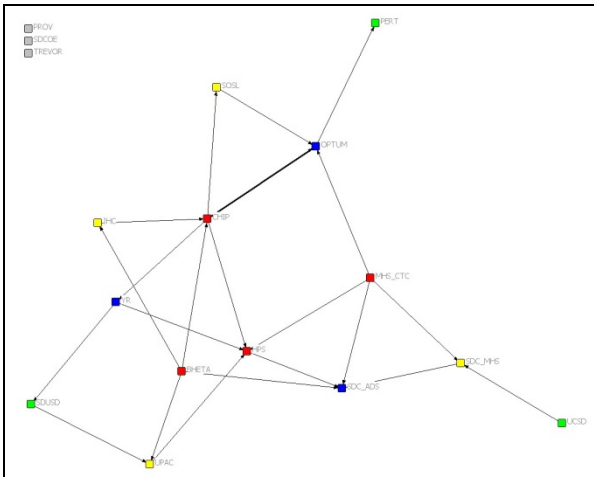
<td> 
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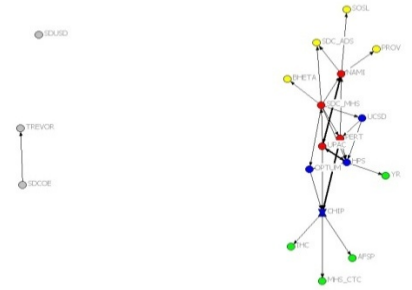
<td> 
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<tr>
<td>Map 7: Coordination – Baseline (February 2010)</td>
<td>Map 8: Coordination – Follow-Up (December 2012)</td>
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<tr>
<td>n=17 (Network participants = 17, Isolates = 3)
Number of total interactions = 202
Number of Coordination interactions = 23
Percent of total interactions = 11.4%</td>
<td>n=19 (Network participants = 19, Isolates = 1)
Number of total interactions = 268
Number of Coordination interactions = 29
Percent of possible interactions = 10.8%
Number of new Coordination interactions since baseline = 6</td>
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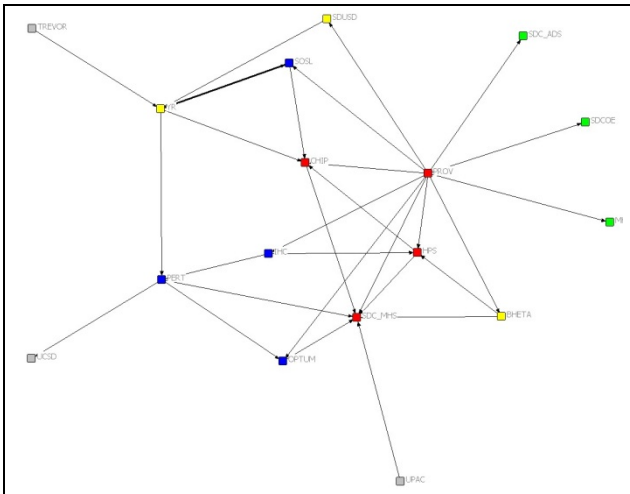
</table>

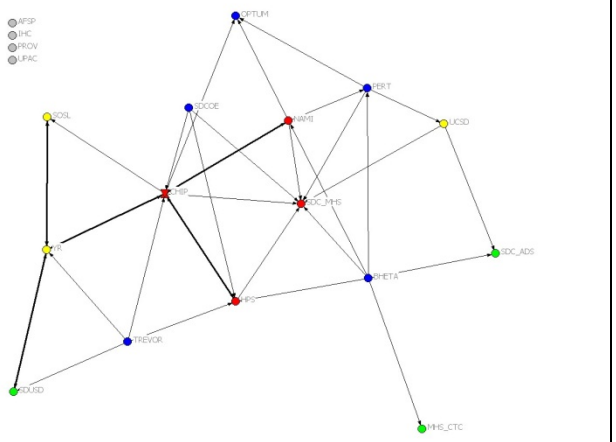
Additionally, it appears that there are two separate networks in the follow-up map at the *Coordination* level. This finding indicates that there might be some relationships developed between organizations separate from the overall, larger suicide prevention network seen on the right hand side of the map. Additional coordination efforts to link these organizations to the rest of the network can build and strengthen relationships. The C*oordination* level is the first time CHIP appears at the center of the map. Given that this is a higher level of interaction, it is clear that CHIP is seen as an important part of the network, especially at the *Coordination* level where organizations begin to share resources and communicate more frequently with each other. As stated

previously, San Diego County Health Promotion Services, San Diego County Mental Health Services and NAMI are located at the center of the network on the follow-up *Coordination* map. Each of these organizations is connected to the other through coordination of efforts and also connected to several organizations on the outskirts of the network. These connections are integral to further engaging a wide variety of organizations and to help increase the amount of collaboration between organizations in the network.

The *Collaboration* level maps in Exhibit 11 show some differences between the baseline and follow-up networks. At the *Collaboration* level, there continue to be additional dark lines in the follow-up map (Map 10) versus the baseline map (Map 9), indicating that at all levels, organizations tend to agree on the level of interaction between each other. The increase in reciprocal *Collaboration*-level relationships at follow-up is a strong indicator of growth in collaborative relationships within the network over time. At baseline, there were no isolates, whereas in the follow-up network there are four isolates. This difference indicates that these four organizations do not report having any *Collaboration*-level interactions with any of the organizations in the network and none of the organizations report having a *Collaboration*-level interaction with any of the isolates. Despite these isolates, the follow-up map does show improvements in the distribution of relationships as there are fewer organizations that are connected to the map through only one relationship and almost all of the organizations in the network report *Collaboration* level relationships with at least two other organizations. In both the baseline and follow-up maps, CHIP, San Diego County Health Promotion Services, San Diego County Mental Health Services are at the center of the network, showing that at the highest level of interaction, *Collaboration,* there is greater sharing of information and resources, as well as mutual or cooperative decision-making between each of these three organizations and many others in the network.

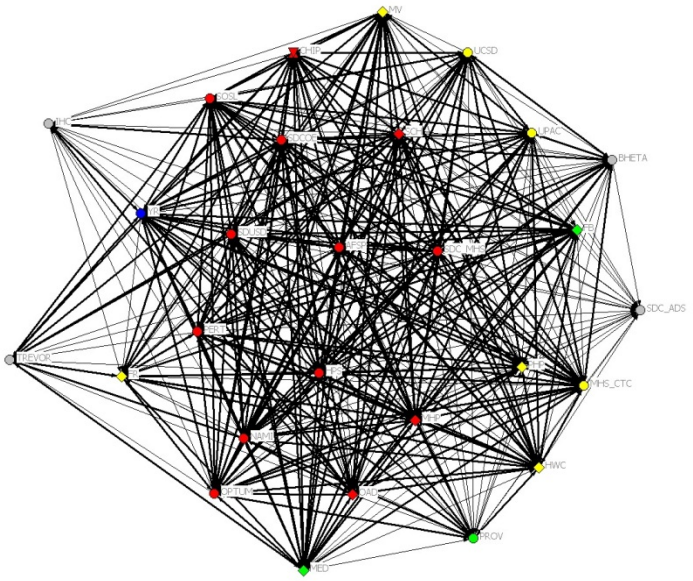
Exhibit 11: Collaboration Level Maps





Map 9: Collaboration – Baseline (February 2010)	**Map 10: Collaboration – Follow-Up (December 2012)**
n=17 (Network participants = 17, Isolates = 0) Number of total interactions = 202 Number of *Collaboration* interactions = 30 Percent of total interactions = 14.9%	n=19 (Network participants = 19, Isolates = 4) Number of total interactions = 268 Number of *Collaboration* interactions = 35 Percent of possible interactions = 13.1% Number of new *Collaboration* interactions since baseline = 5

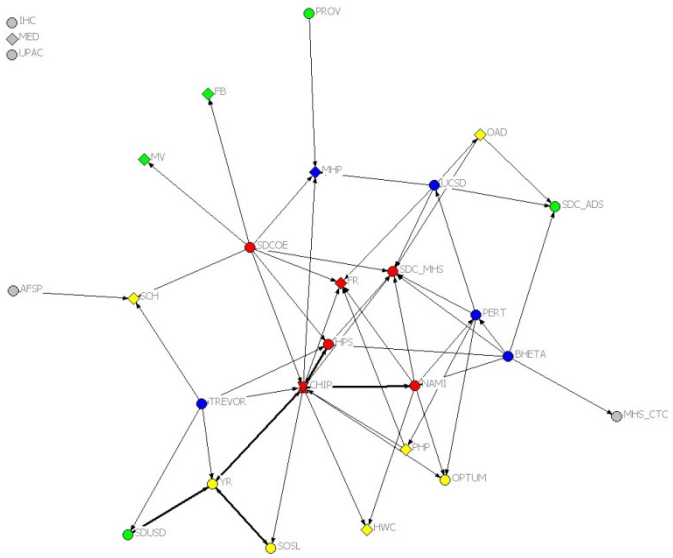
Exhibit 12: Core Agencies + Stakeholder Groups Full Network Map



In addition to considering interactions among the core organizations involved in suicide prevention throughout San Diego County, individuals from key stakeholders groups also participated in the survey. Stakeholder groups are comprised of multiple organizations and individuals with common purposes or populations. The key to the stakeholder groups is provided in the Appendix as Exhibit 16. A separate network map was created to look at the network level of collaboration among both the key organizations and other stakeholder groups involved in the Suicide Prevention Council. Exhibit 12 shows the full network map, including the 19 organizations and nine stakeholder groups.

This network also has a high density (79.1%), with high reciprocity and coordination among groups involved with suicide prevention. Maps for *Networking*, *Cooperation* and *Coordination* can be found in the Appendix of this report (Exhibits 28-30). Looking at the highest level of interaction (Exhibit 13), collaboration, it is clear to see that there are some distinct organizations and stakeholder groups at the center of the network that act as main contact points for some of the organizations on the outskirts. Although there are less dark lines compared to the overall network map, it is still positive to see indications of reciprocity. Additionally, although some of the key stakeholder groups, including other mental health providers, first responders, other alcohol and drug providers and physical health providers are not considered core organizations involved in suicide prevention, this map clearly shows that these stakeholder groups are instrumental in the overall network. Two organizations (IHC and UPAC), as well as the media stakeholder group, are isolated from the overall network at the *Collaboration* level. However, when looking at the *Coordination* level map (Appendix, Exhibit 13), these organizations are connected to the network through their relationship with several organizations, including CHIP. It may be important to further engage these organizations to identify ways to increase their level of collaboration. Since all three of these organizations are already coordinating with CHIP in some capacity, CHIP is a perfect organization to further engage these

Exhibit 13: Core Agencies + Stakeholder Groups Collaboration Map



organizations and identify ways to increase the interactions from coordination to collaboration. It is important to note that the SPC has already begun to engage media stakeholders, especially with regards to appropriate media coverage of high profile suicides. Expanding this work can create opportunities for new and higher levels of collaboration.

Conclusion

Social network analysis of the relationships between organizations yields valuable information about the progression of collaboration among organizations involved in suicide prevention throughout San Diego County.

The greatest difference between baseline and follow-up social network maps is the increase in reciprocity, indicating that organizations are viewing their relationships on the same level. This is an important piece of any network because it indicates that at higher levels of the collaboration scale such as *Coordination* and *Collaboration*, key organizations are collaborating through information sharing and cooperative decision making and they have the same perception and understanding of the nature of their relationship. It is important to note that two organizations were added to the most recent network map. Although these two organizations are important players in suicide prevention, their addition impacts the comparison from baseline to follow-up. It is also notable that CHIP, San Diego County Health Promotion Services, San Diego County Mental Health Services, and NAMI play an important role within the network of organizations involved in suicide prevention in San Diego County, especially at higher levels of interaction where organizations begin to communicate more readily, share resources and work together on specific projects and events. The maps also highlight the importance of stakeholder groups and some of the key organizations that need to be further engaged to increase their level of collaboration within the Suicide Prevention Council.

Stakeholder Interviews

In addition to the community survey, ten interviews were conducted with key stakeholders involved in suicide prevention in San Diego County. Individuals most involved in the Suicide Prevention Council (SPC) were asked to participate in a 30 minute telephone interview. Participants were asked to describe how they are involved in suicide prevention and to describe the target populations they serve. Respondents also discussed barriers involved with suicide prevention, recommendations to improve collaboration among SPC members and the benefits of collaboration among suicide prevention organizations in San Diego County.

Barriers to Suicide Prevention

Stakeholders interviewed work with various populations and in varying capacities to address suicide prevention. Nevertheless, many of the barriers listed by the stakeholders interviewed were similar. The most common barriers identified were stigma, the difficulty discussing mental health with the general public, lack of readily available services for clients, and cultural and language barriers. Understanding barriers is an important first step to identify ways to work collaboratively to address and reduce the impact of these barriers. Many of the stakeholders felt that the Suicide Prevention Council is already making great strides to decrease stigma, educate the public and generally create more awareness around suicide prevention throughout the County.

Most Common Barriers to Suicide Prevention

- Stigma
- Being able to discuss mental health
- Lack of readily available services for clients
- Lack of understanding of warnings signs for suicide
- Perceived scarcity of resources for suicide prevention organizations
- Cultural and language

"Collaboration allows organizations to see outside the box [which in turn] leads to innovations and new approaches to solving a problem."

-Stakeholder

Collaboration

The stakeholders interviewed stressed the importance of collaboration and how collaboration can positively impact the community. From a global perspective, several stakeholders stated that collaboration allows organizations to **work more efficiently** and **align goals**, which in turn decreases the amount of service duplication.

Many stakeholders, especially those working in direct services, indicated that collaboration is imperative to providing clients with the appropriate **wrap-around services** and ensuring that individuals are receiving **consistent messaging** across disciplines (e.g. medical providers, psychiatric providers, education and outreach). This collaboration allows

those involved in suicide prevention to **cast a wider net** and to share important resources among each other. One stakeholder stated that having multiple groups involved in suicide prevention messaging gives **more weight to the message** that is being delivered. Stakeholders also identified the groups they felt needed to be more engaged in suicide prevention which included first responders, medical doctors, psychiatrists, military, elected officials and faith based communities.

Key Stakeholder Groups to Engage Further

- Elected Officials
- Faith based communities
- First Responders
- Health Insurance Providers
- Local chapter of the NRA
- Medical Doctors
- Military (bridging the gap between civilian and military services)
- Pharmacists
- Private Schools
- Private sector businesses
- Psychiatrists

In addition, stakeholders provided suggestions to improve collaboration between organizations. Many stated that the CHIP Suicide Prevention Council is a very important venue to increase and promote collaboration. Some suggested that it is important for organizations involved in the Suicide Prevention Council to **stay informed at the meetings** and **relay information back to their colleagues**. Continuing to allow a venue for **open communication** and allowing for **cross promotion of each other's services** will promote collaboration at a deeper level. Another suggested that council members have the opportunity to **present at each other's organizations** or to **hold meetings at varying locations** which will allow for more direct contact with other staff at each organization.

Many stakeholders involved in suicide prevention understand that collaboration is extremely important and valuable to address suicide prevention in the County. The overwhelming message from the stakeholder interviews is that they understand the importance of collaboration; they are willing to collaborate and already do in many instances, but feel there are additional opportunities to learn from each other and promote collaboration. With many people being extremely busy, it is important to create opportunities for stakeholders to be involved.

Feedback Regarding Suicide Prevention Council

Given that the Suicide Prevention Council is already an important venue for suicide prevention efforts, stakeholders gave positive feedback about many of the actions already taking place including formation of subcommittees, allowing organizations to present on upcoming events at the SPC meetings and working with local media to improve messaging and increase awareness for mental health issues. In addition, stakeholders suggested ideas to further engage organizations and increase collaboration. An important first step in improving the understanding of what each organization is doing is to create a **roster of all SPC members,** including their organization and role at the organization.

> **"I believe in our vision of zero suicides, collectively we can get there"**
>
> -Stakeholder

This process can be further supplemented by **creating an inventory** of all of the suicide prevention resources, organizations and efforts going on throughout San Diego County. Some stakeholders also felt the SPC should continue to **provide a**

place for people to talk about what does and does not work. As part of that effort, the SPC can encourage people to **highlight successful collaborations** and **allow organizations to make requests of each other** throughout meetings. Given busy schedules, it was also suggested that the SPC website be more easily accessible, and to consider utilizing **webinars or online forums** for communication. For those who felt their busy schedules made it difficult to be fully engaged with the SPC, online communication and webinars would allow them to be more involved without having to physically be at the meetings.

Interpretation of Findings

Social network analysis is a useful tool to visually represent the level of collaboration between key organizations and stakeholder groups whose individual organizations focus on a similar topic or population. Over the past two and a half years, the Suicide Prevention Council has continued to bring together organizations to increase awareness for suicide prevention and to increase the level of collaboration among key organizations. By comparing maps from baseline to follow-up and listening to key stakeholders' feedback regarding collaboration in San Diego County, important conclusions can be made including:

- **Compared to the baseline maps, there is an increased level of reciprocity between organizations.** An increase in the number of organizations rating their interactions with each other at the same level indicates that organizations have begun to work more directly with each other by sharing resources or by communicating about projects or events.
- **Compared to baseline, the follow-up network is denser, indicating there are more overall interactions and more key organizations acting as major resources for other organizations.** The increased density shows that organizations are working together more regularly. These interactions are at all different levels of the collaboration scales; nevertheless, they create an important foundation for future collaborative efforts. There were also two organizations, NAMI and AFSP, added to the follow-up maps which may have also increased the density of the overall network. Adding two more core organizations to the overall network is an important step forward in ongoing efforts to expand the network of local suicide prevention efforts.
- **Engagement with key stakeholder groups can be improved.** The network mapping exercise is an important way for key players in suicide prevention to rate their level of interaction with other organizations. It is clear there are some stakeholder groups, including faith based organizations, military and veterans, and media that are not as linked to the suicide prevention network as others are, especially at higher levels of collaboration. Stakeholders interviewed over the phone also pointed out that there are key stakeholder groups that need to be engaged as well, some of them corresponding to isolates on the maps.
- **Several organizations are integral pieces of the Suicide Prevention Network including CHIP.** Through both the social network maps and stakeholder interviews, it is clear that CHIP is an important part of the network, as a convener of the SPC which provides a venue for collaboration.
- **Although there was increased reciprocity in the follow-up survey, there was a decrease in percentage of overall interactions at the *Cooperation*, *Coordination* and *Collaboration* levels.** While this decrease was very minor, it indicates there is still some improvement to be made in collaboration, especially at higher levels on the collaboration scale. This minor change may be affected by the fact that different people from the key organizations rated the level of collaboration at baseline and follow-up. Therefore, they might have a different level of understanding of the level of collaboration and may have rated collaboration differently. In addition, the decrease may also be due to intra-organizational personnel turnover, resulting in a lack of continuity or loss of organizational memory.

However, continuing to strive for true collaboration between organizations is an ultimate goal of the SPC and the organizations involved. True collaboration - sharing ideas and resources, frequent and prioritized communication, and collaborative decision-making - is vital to any network because it allows organizations to share resources and deliver a unified message to the community regarding the importance of suicide prevention.

Recommendations

The Suicide Prevention Council has made great progress over the last two years to decrease barriers associated with suicide prevention, engage more partners to collaborate on suicide prevention efforts and increase the level of resource sharing among organizations. The following are some key recommendations for the Suicide Prevention Council:

- **Continue to engage members of key stakeholder groups.** Although many of the groups identified have already been engaged by the Suicide Prevention Council, it is important to continue to involve them in collaborative efforts. As was shown in the joint stakeholder and core organization combined maps, many of the stakeholder groups are important players in suicide prevention efforts. Some of the stakeholder groups who are less involved might also prove to be an integral part of the network and therefore should be included in suicide prevention efforts.
- **Identify key organizations on the outskirts of the network and identify opportunities for them to become more involved.** Many of the stakeholders interviewed had been involved with the Suicide Prevention Council for many years, while others were less involved but understand the importance of the network. Engaging these groups through innovative approaches such as offering webinars or opportunities to host meetings at their organizations may increase the likelihood they will be able to participate.
- **Allow organizations to present on successful collaborative efforts at SPC meetings.** Giving organizations the opportunity to highlight successful collaborations will not only help to identify key programs involved in suicide prevention, but will also give other organizations and stakeholders ideas and the opportunity to learn from each other. This may also inspire new collaborations and ideas for areas of focus within the SPC.
- **Create a comprehensive list of Suicide Prevention Council members and suicide prevention resources throughout the County.** This list will help both members and the public understand who is involved with the council, and which organizations they are associated with. Additionally, providing a comprehensive list of suicide prevention resources throughout the County will help the Suicide Prevention Council identify gaps and organizations that need to be engaged by the council. This resource would also be extremely beneficial to the Suicide Prevention Council members to understand what is available to their clients in need of resources and ultimately help to increase and promote collaboration.

Appendix

Exhibit 14: Services Provided by Direct Service Providers

Prevention Services Provided (n=65)	Number	Percent
Education	52	80.0
Crisis Services	34	52.3
Peer Support	30	46.2
Primary Health Care	11	16.9
Outreach	37	56.9
Case Management	26	40.0
Mental Health Counseling	38	58.5
Substance Abuse Treatment	25	38.5
Public Safety	9	13.8
Advocacy	25	38.5
Other	5	7.7

**Categories are not mutually exclusive as participants could check multiple responses; totals may be greater than 100%.*

Exhibit 15: Core Agencies Included for Baseline and Follow-up Social Network Maps

Organizations Included in Baseline and Follow-Up Survey	Abbreviation used for maps
1. American Foundation For Suicide Prevention: (AFSP)**	AFSP
2. Behavioral Health Education and Training Academy (BHETA): Aging Well Program:	BHETA
3. Community Health Improvement Partners (CHIP)	CHIP
4. Community Research Foundation: Psychiatric Emergency Response Team (PERT)	PERT
5. County Health and Human Services Agency (HHSA): Health Promotion	HPS
6. Courage to call	MHS_CTC
7. Indian Health Council: Collaborative Native American Initiative	IHC
8. National Alliance on Mental Illness (NAMI)**	NAMI
9. OptumHealth: Access and Crisis Line	OPTUM
10. Providence Community Services: Kick Start	PROV
11. San Diego County Alcohol and Drug Services	SDC_ADS
12. San Diego County Mental Health Services	SDC_MHS
13. San Diego County Office of Education (SDCOE): Safe Schools Unit	SDCOE
14. San Diego Unified School District: Suicide Prevention Education Awareness and Knowledge (SPEAK)	SDUSD
15. Survivors of Suicide Loss (SOSL)	SOSL
16. The Trevor Project, San Diego Chapter	TREVOR
17. UC San Diego: Bridge to Recovery Program	UCSD
18. Union of Pan Asian Communities: Positive Solutions Program	UPAC
19. Yellow Ribbon Suicide Prevention Program, San Diego Chapter	YR
** Agencies were only included in follow-up survey	

Exhibit 16: Key Stakeholder Groups Included in Survey

Stakeholder Group	Abbreviations used for maps
1. Other Alcohol and Drug Providers	OAD
2. Faith Based Communities	FB
3. First Responders	FR
4. Help, Warm, Crisis Lines	HWC
5. Other Mental Health Providers	MHP
6. Military/ Veterans	MV
7. Media	MED
8. Physical Health Providers	PHP
9. Schools	SCH

Exhibit 17: Map 1- Full Network – Baseline (February 2010)

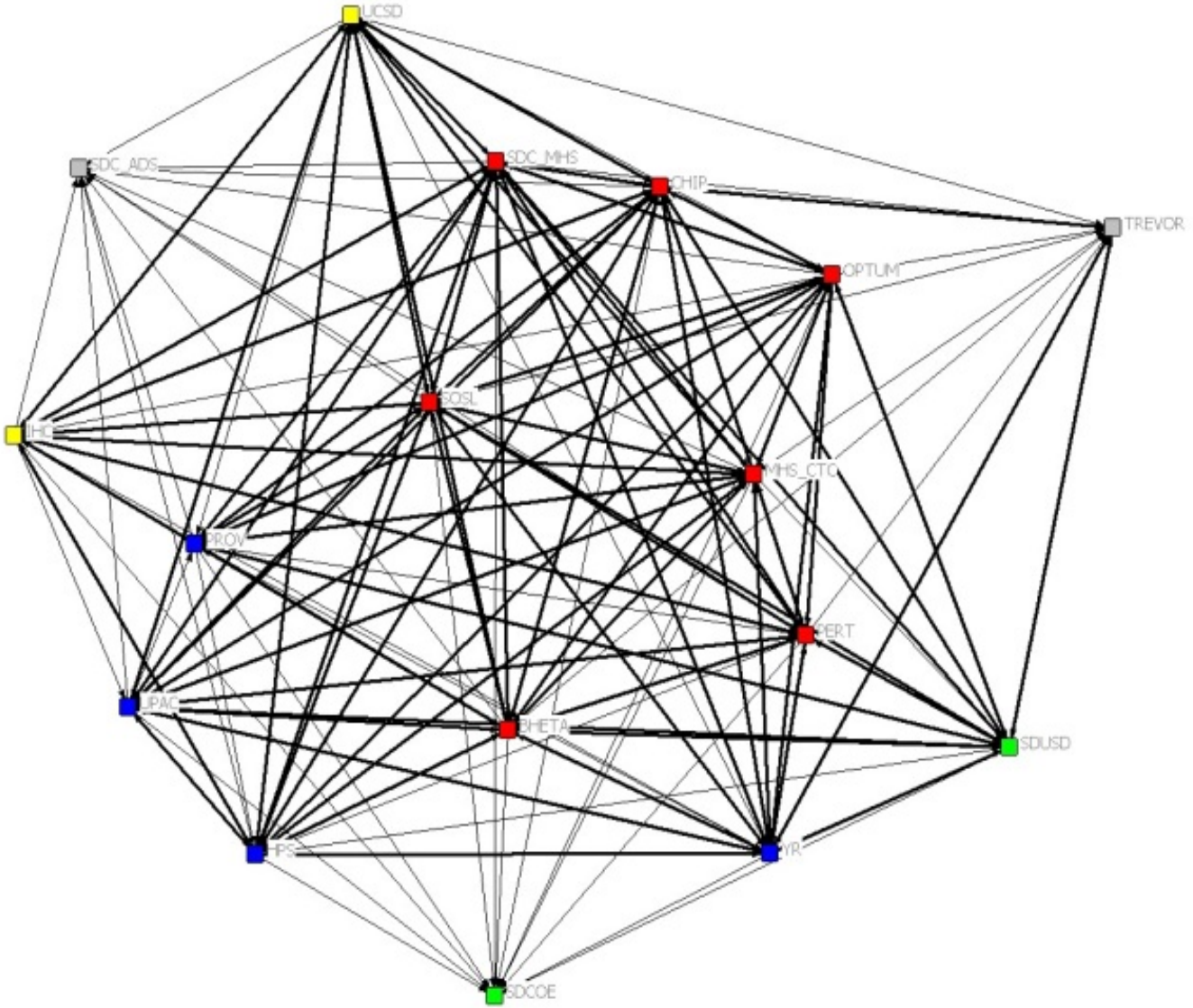


Exhibit 18: Map 2- Full Network – Follow-Up (December 2012)

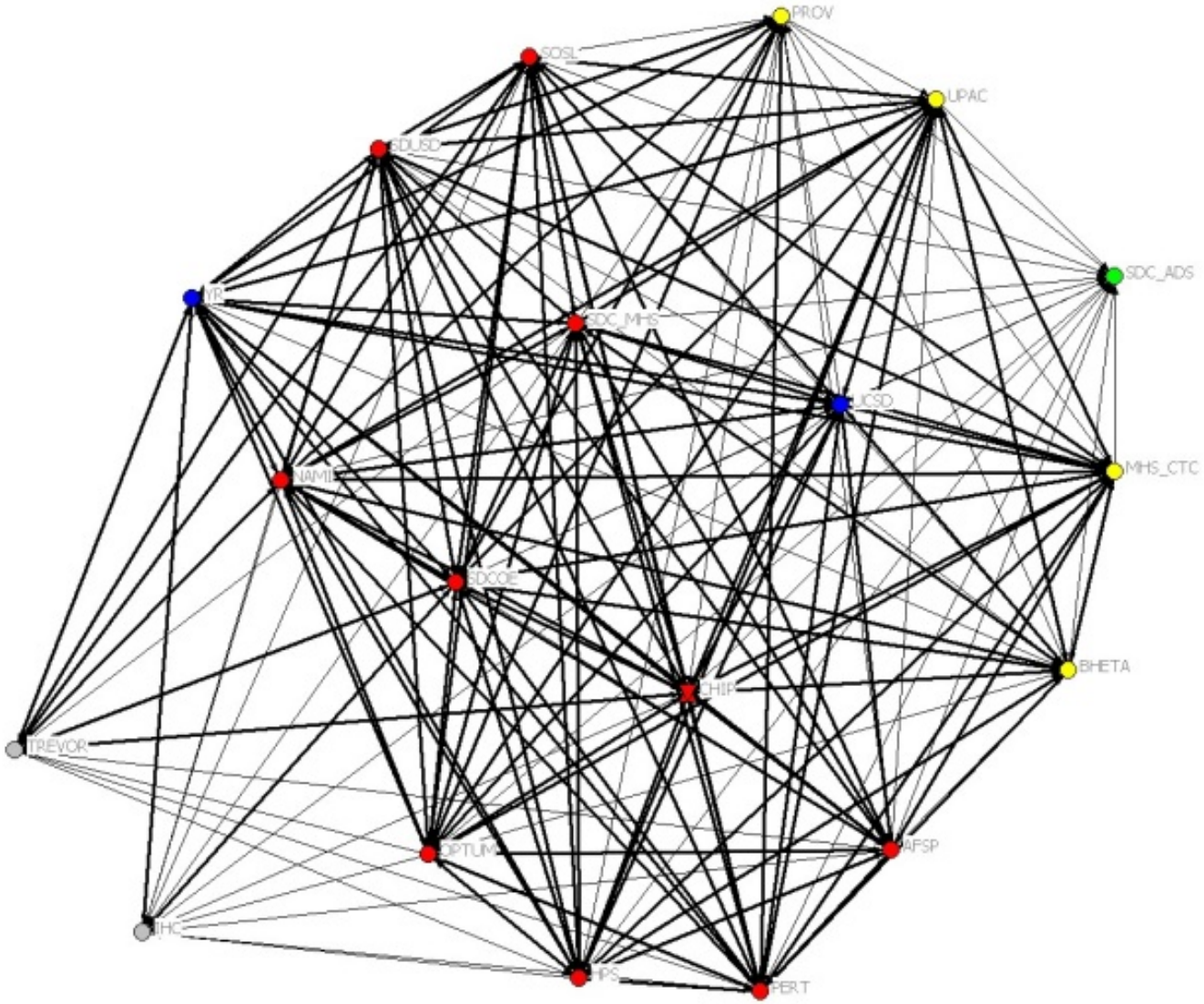


Exhibit 19: Map 3- Networking – Baseline (February 2010)

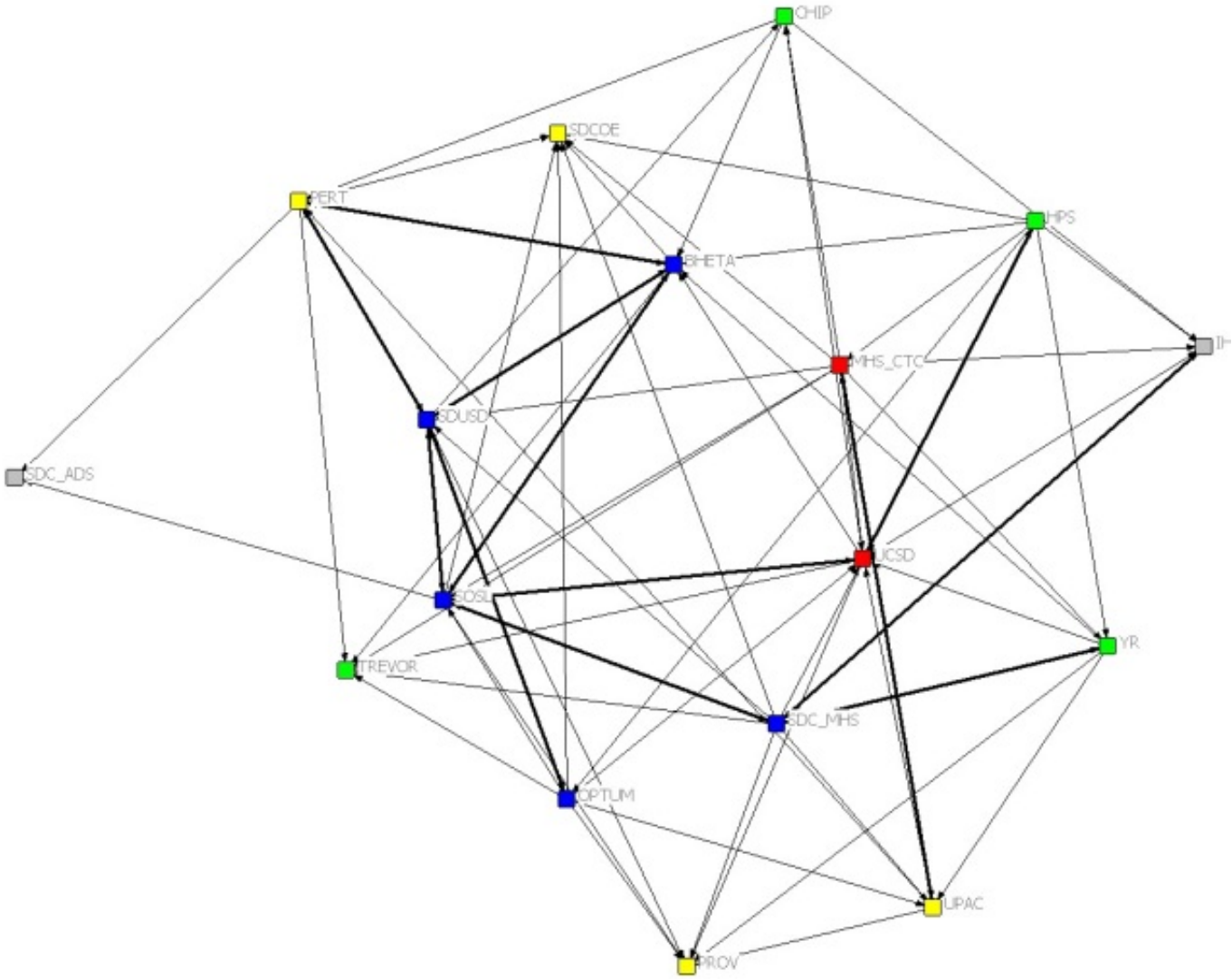


Exhibit 20: Map 4- Networking – Follow-Up (December 2012)

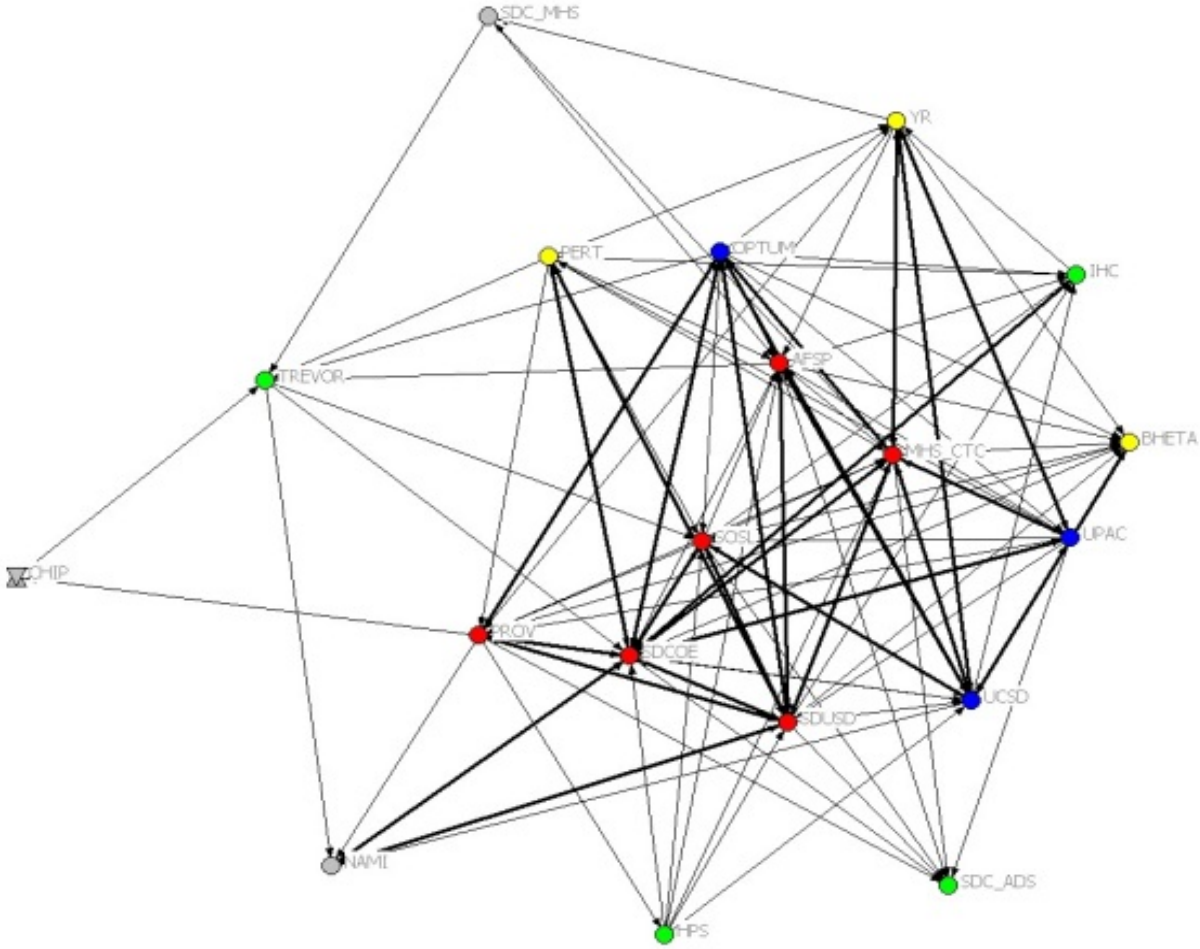


Exhibit 21: Map 5- Cooperation – Baseline (February 2010)

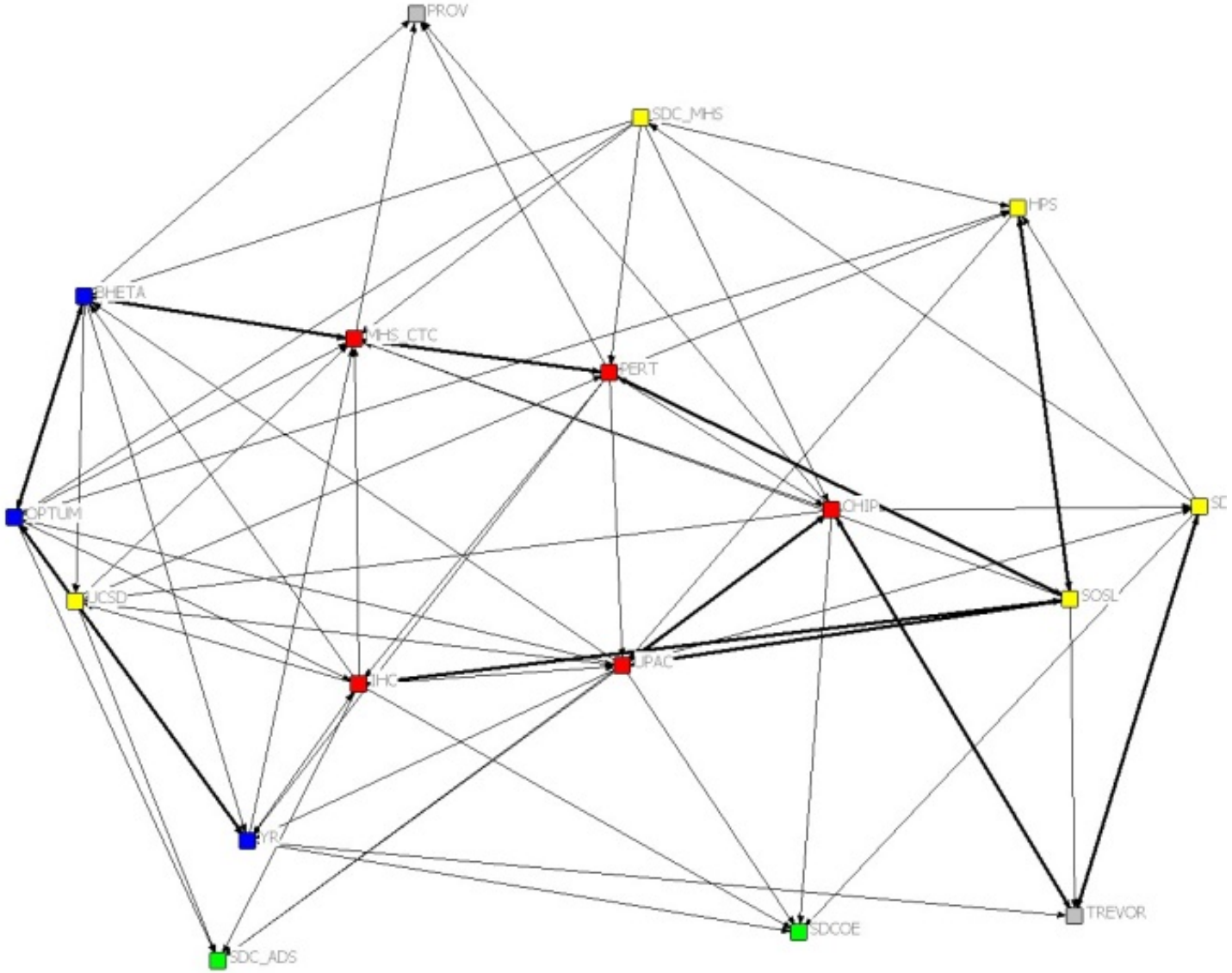


Exhibit 22: Map 6- Cooperation– Follow-Up (December 2012)

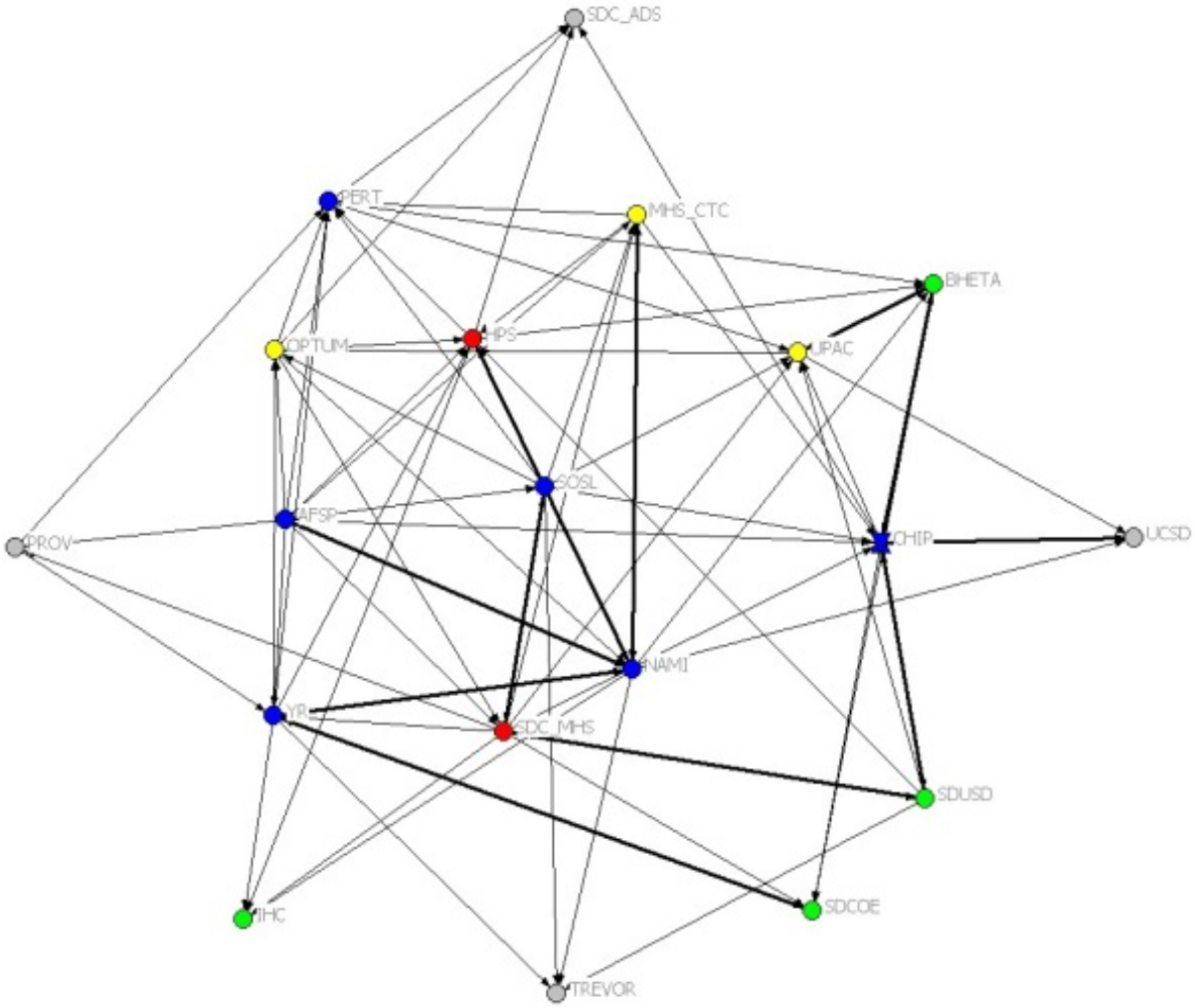


Exhibit 23: Map 7- Coordination – Baseline (February 2010)

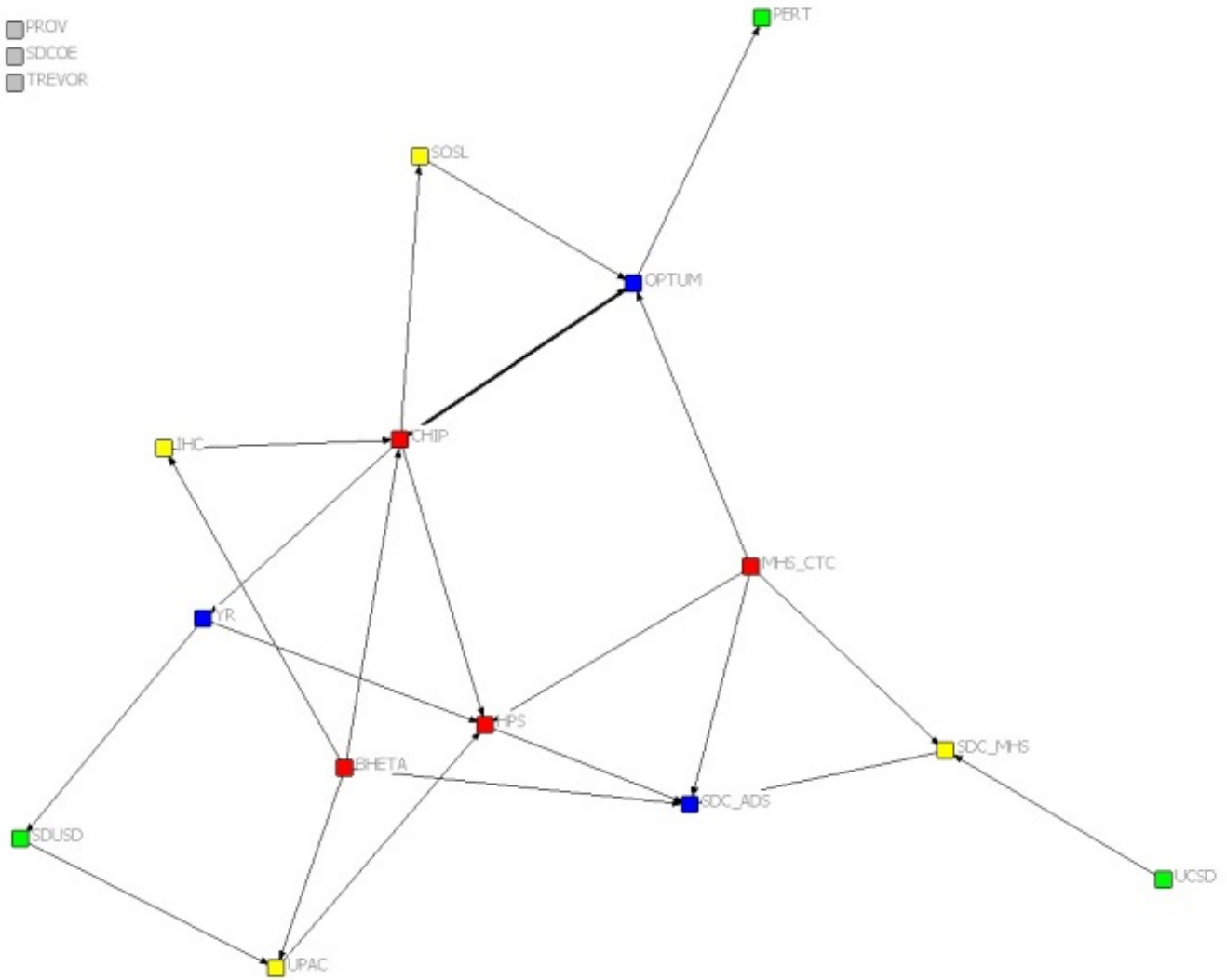


Exhibit 24: Map 8- Coordination – Follow-Up (December 2012)

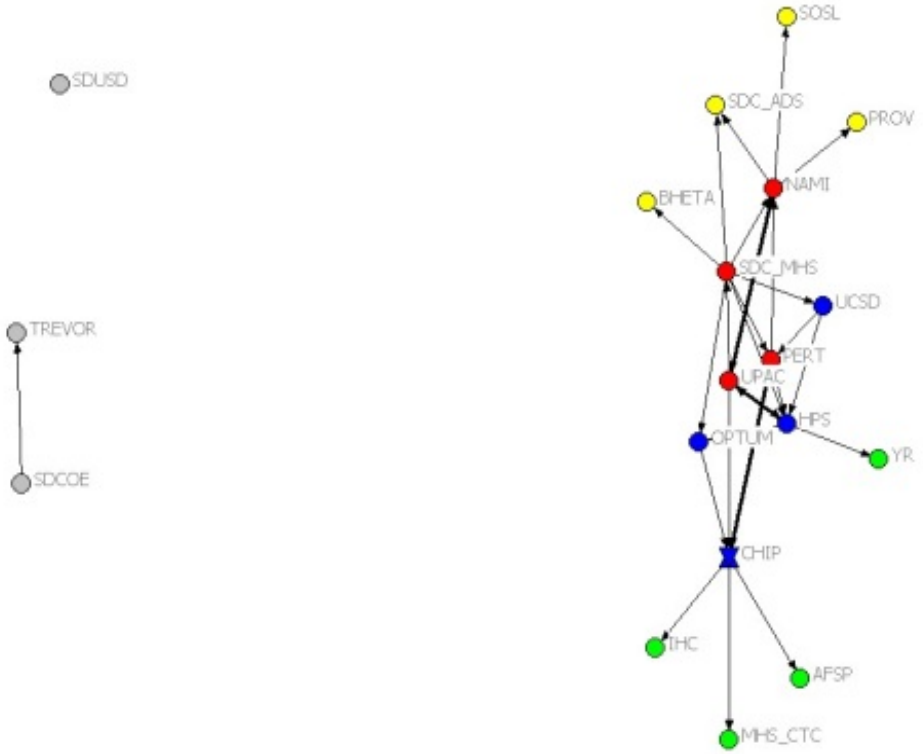


Exhibit 25: Map 9- Collaboration – Baseline (February 2010)

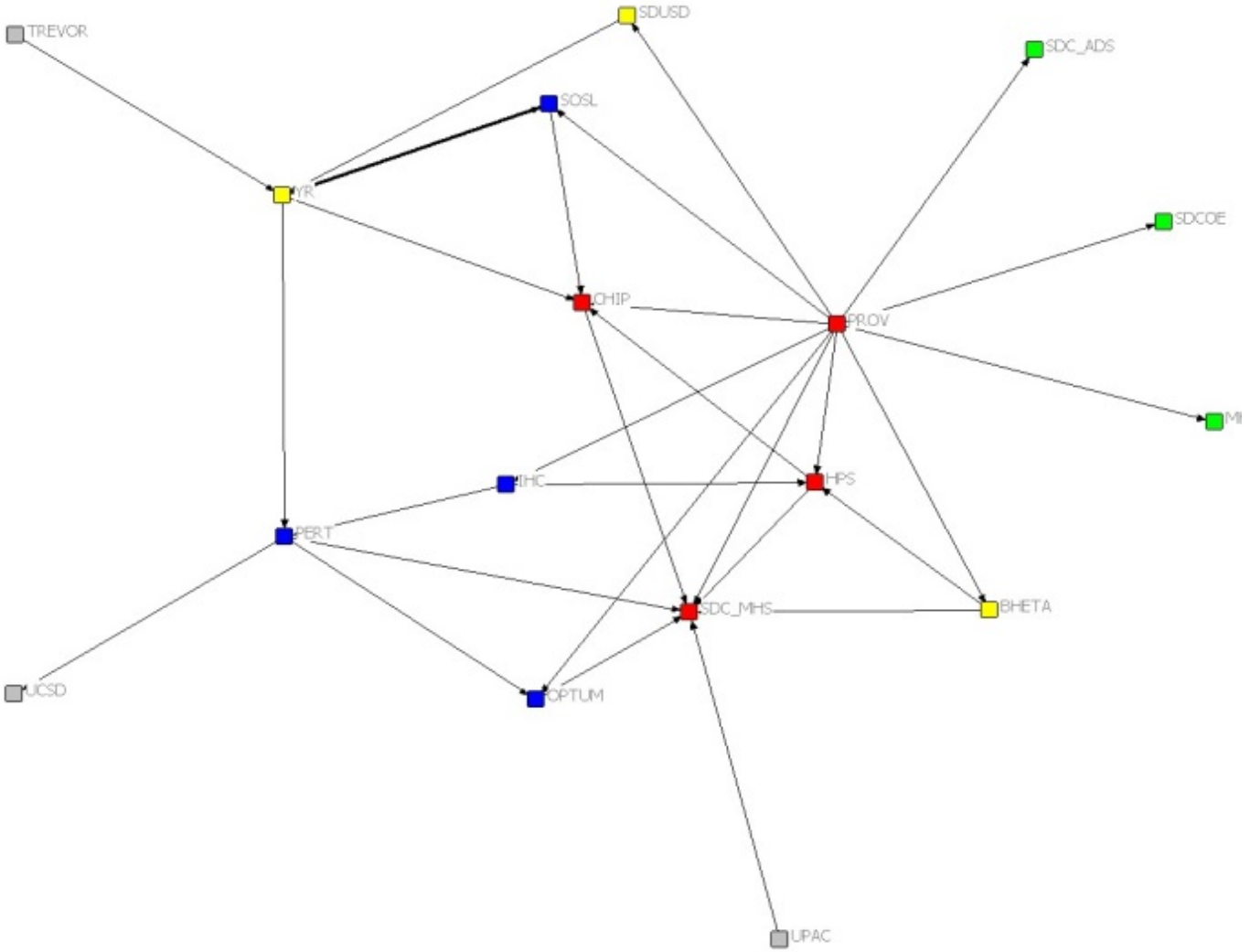
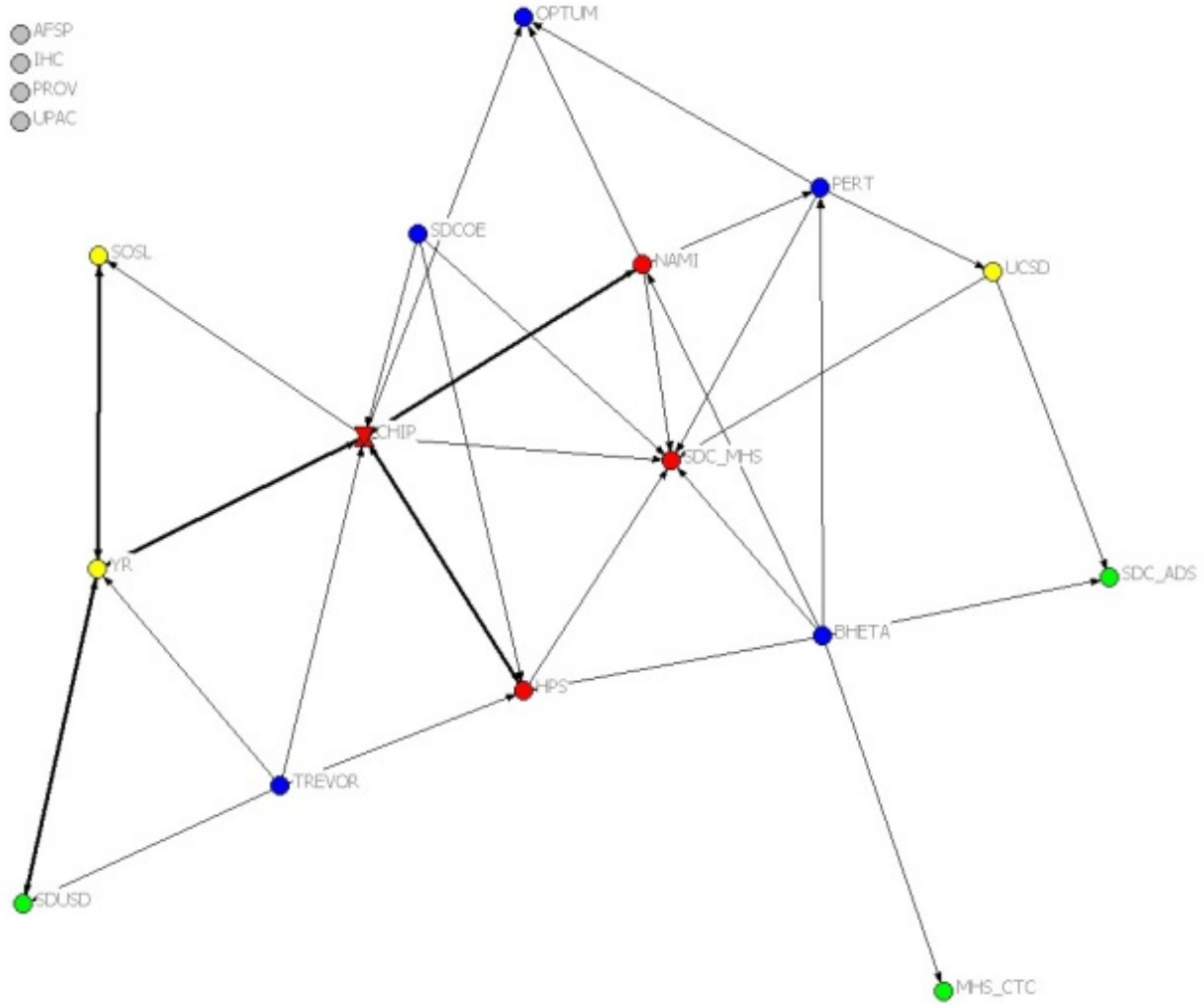


Exhibit 26: Map 10- Collaboration- Follow-Up (December 2012)



Other Social Network Maps

Exhibit 27: Core Agencies + Stakeholder Groups Full Network Map

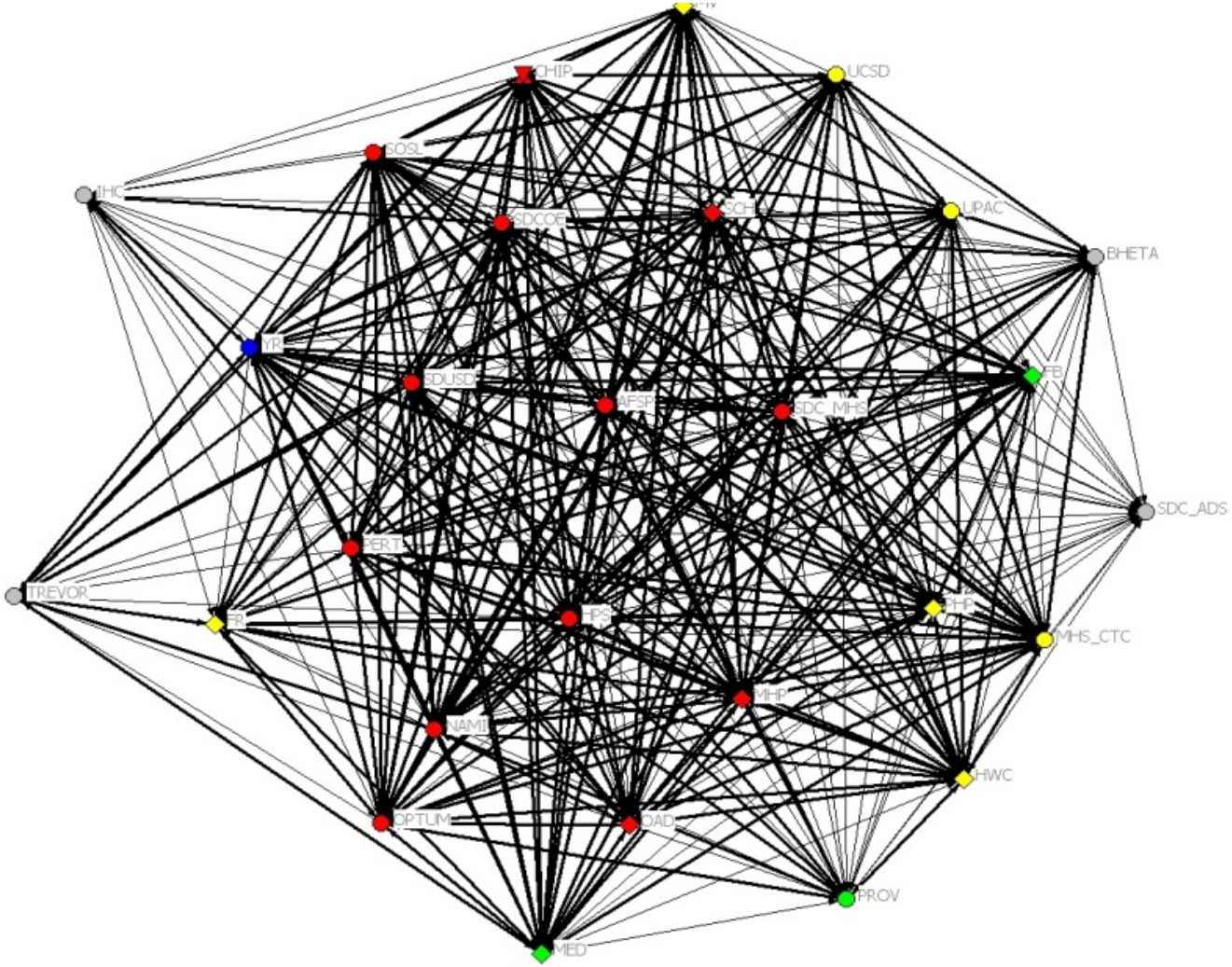


Exhibit 28: Core Agencies + Stakeholder Groups Networking Map

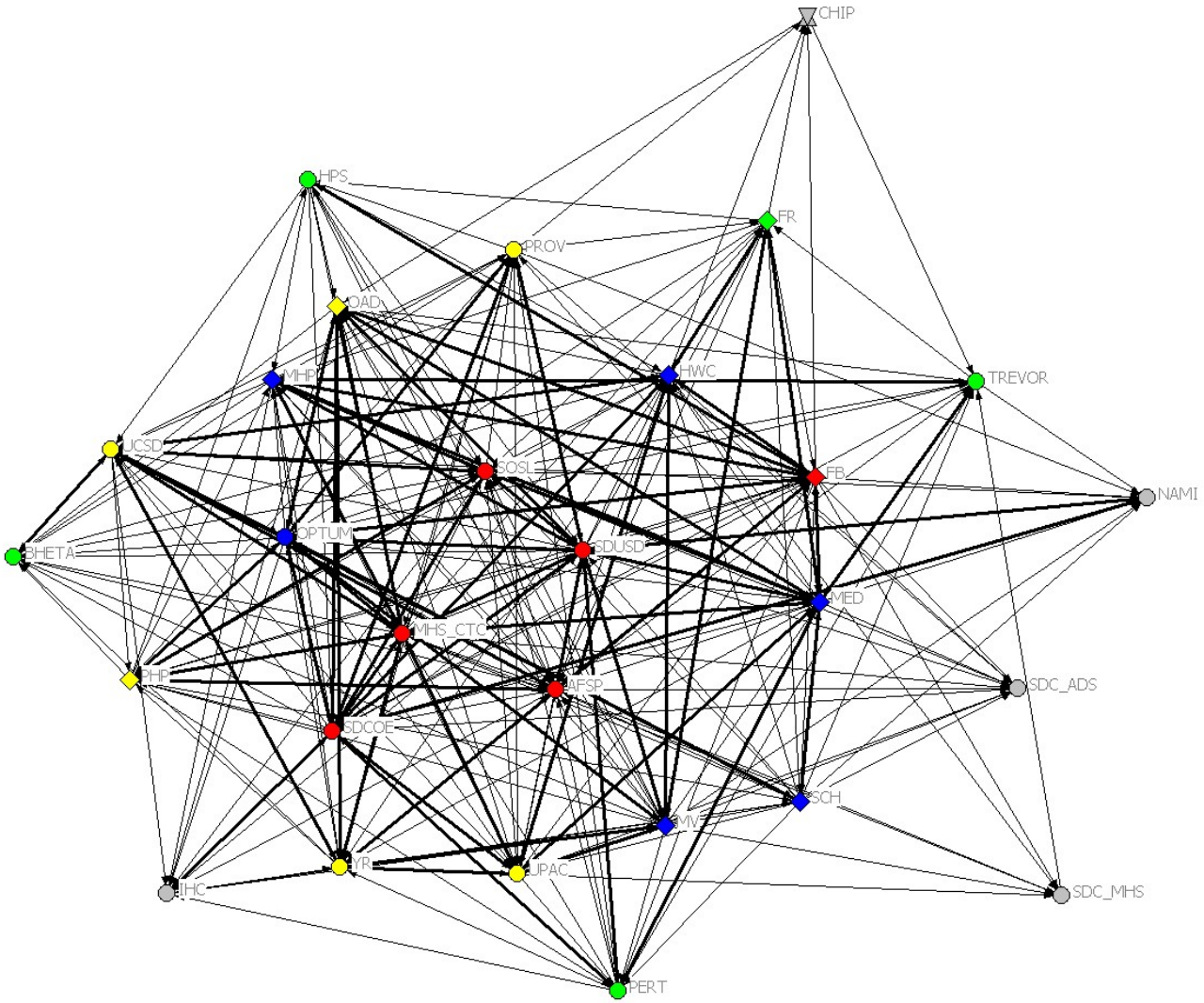


Exhibit 29: Core Agencies + Stakeholder Groups Cooperation Map

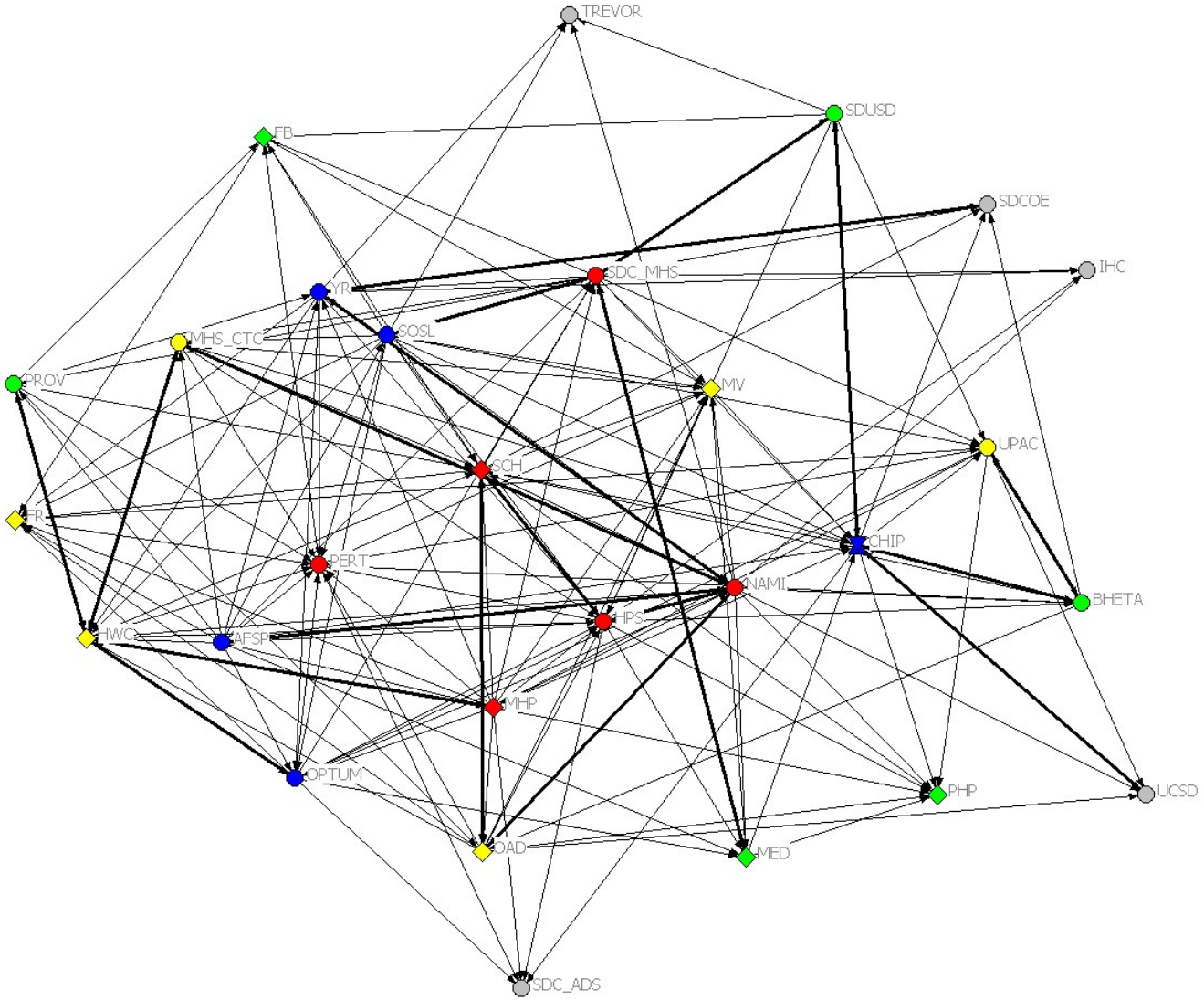


Exhibit 30: Core Agencies + Stakeholder Groups Coordination Map

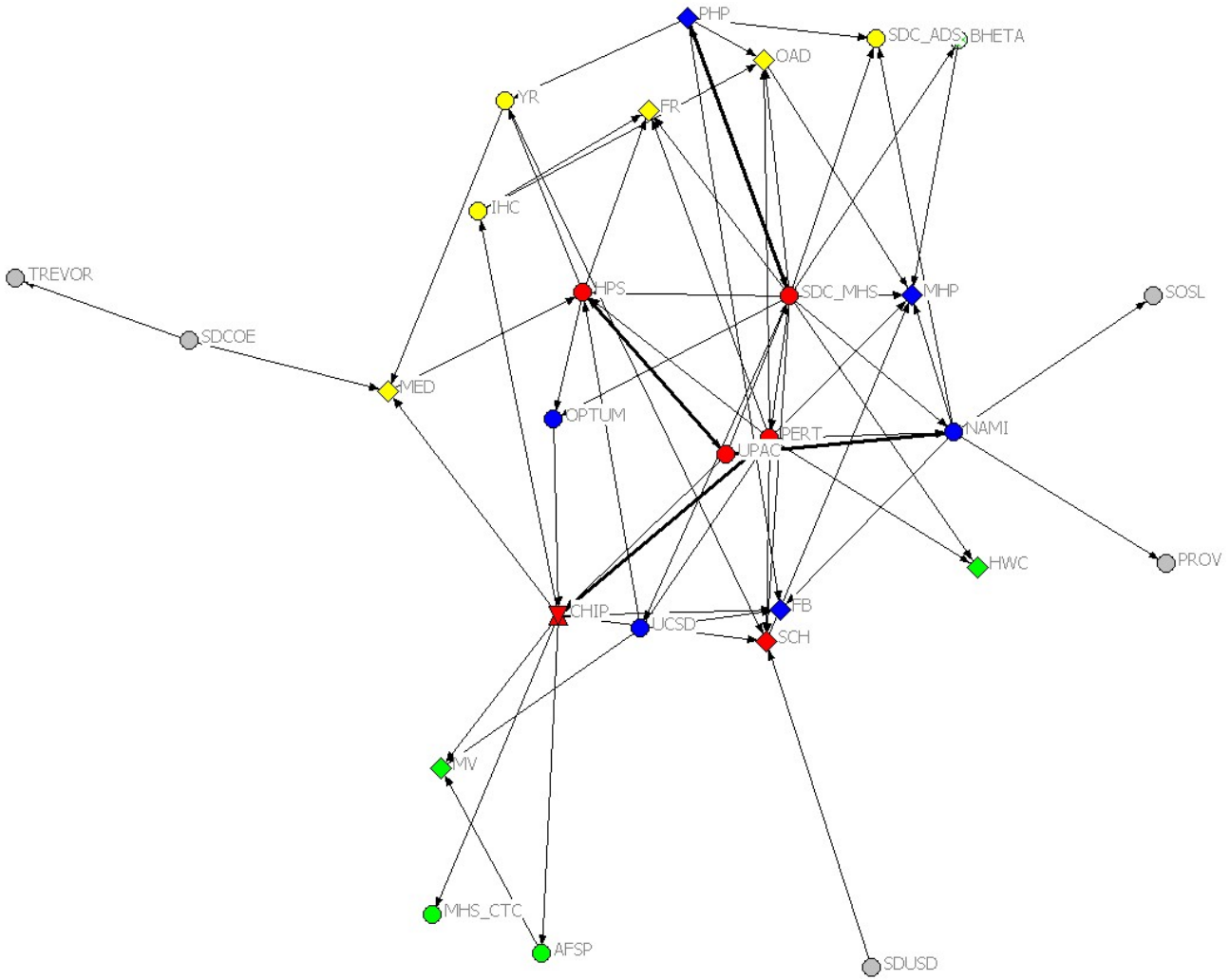


Exhibit 31: Core Agencies + Stakeholder Groups Collaboration Map