

Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention

Leaving a Legacy







Recommendations for sustaining suicide prevention programs

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SUICIDE PREVENTION RESOURCE CENTER

SPRC is the nation's only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention (NSSP).

SPRC provides technical assistance, training, and materials to increase the knowledge and expertise of suicide prevention practitioners and other professionals serving people at risk for suicide. SPRC serves individuals, groups, and organizations that play important roles in suicide prevention, including GLS grantees and state suicide prevention coordinators across the country, implementing suicide prevention programs and strategies.

This report advances NSSP objective 1.2 (establish effective, sustainable and collaborative suicide prevention programming at the state/territorial, tribal and local levels).

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To find out more about SPRC, please visit www.sprc.org.

To download a copy of the NSSP, please visit www.actionallianceforsuicideprevention.org/NSSP.

Background

In 2012, the Substance Abuse and Mental Health Services Administration (SAMHSA) asked the Suicide Prevention Resource Center (SPRC) to assess sustainability among Garrett Lee Smith (GLS) grantees whose grant period had ended ('alumni' grantees).

While this report is based on the experiences of GLS alumni grantees, it is SPRC's hope that the findings and recommendations will benefit not only current grantees, but all suicide prevention practitioners working to address suicide in diverse settings (regardless of the funding source).

Methods

This study included four key components:

- Review existing sustainability literature.
- 2. Survey alumni GLS grantees who were at least one year removed from GLS funding to identify what infrastructure and activities were sustained.
- 3. Conduct in-depth interviews with selected alumni grantees to identify factors that supported the sustainability of their suicide prevention efforts.
- 4. Develop broad recommendations for sustaining suicide prevention efforts.

Literature review: The literature review examined mental health and medical intervention sustainability research. The literature review findings guided the development of the survey and interview tools.

Survey: SPRC distributed the electronic survey to all GLS alumni grant project directors from sites that were at least one year past the end date of their grant (including no-cost extensions). A total of 68 sites received the survey, of which 36 (53%) responded. A sustainability score was created for each of the responding sites. The analysis focused on identifying those sites that reported being at the same level of activity or higher one year after all GLS funding as they were during GLS funding. The sites with the highest sustainability scores were selected to be interviewed.



Interviews: SPRC conducted in-depth interviews with 15 sites, representing the highest reported sustainability among the 36 sites that completed the survey. The interviews were analyzed to identify commonalities across sites around planning for sustainability, the extent to which additional funding was or was not required, and strategies that resulted in programs being sustained.

Recommendations: SPRC developed recommendations for sustaining suicide prevention efforts. These recommendations incorporate the literature review, survey, and interview findings.

Findings

Literature review: The literature demonstrated that issues of sustainability largely transcend specific health fields. Factors affecting the sustainability of suicide prevention programs are likely similar to the factors affecting the sustainability of other health programs. Thus, suicide prevention practitioners can benefit from tools created from other disciplines for designing sustainable programs.

Our review identified the following key points from the literature:

- Sustainability research is still largely in its infancy.
- Sustainability is a complex concept to define and measure.
- The importance of sustaining infrastructure and activities should not be underestimated.
- There is little agreement on a common definition or common conceptual model of sustainability.

- Planning for sustainability early seems to be necessary, but is not usually sufficient to sustain efforts.
- A number of factors have been identified that may affect sustainability.

Survey findings: Funding was a key component of most sites' efforts to successfully sustain suicide prevention infrastructure and activities. Sites that were able to obtain at least some funding after GLS funding ended reported more suicide prevention activity after the grant than those who did not.

Most GLS grant alumni that responded to the survey were still actively involved in at least some suicide prevention activities one year after all GLS funding ended. The overall level of activity across all sites increased significantly from before the grant to the peak of the grant, and then declined significantly one year after all GLS funding ended. However, the average overall level of activity one year after all GLS funding remained significantly higher than it was roughly one year before GLS funding.

Interview findings: The sites interviewed were remarkably heterogeneous, and the unique circumstances of each site varied markedly, as did their approaches to suicide prevention (e.g., their organizational structure, the availability of additional funds, the individuals involved). In most cases, a combination of strategies led to sustainability in circumstances where no single strategy would have been sufficient on its own.

Several themes emerged around key strategies shared across those sites that were able to sustain efforts. Chief among these was funding, although, many sites were able to continue their efforts with lower funding levels than they had during the grant.

Recommendations

The unique course that each site followed to sustain its efforts suggests that no "one-size-fits-all" model exists for sustaining suicide prevention efforts. Each program and community must find its own path to sustainability.

Successful programs combined their individual situation, program goals and objectives, leadership, partners, and resources to develop a strategic and sustainable approach to suicide prevention. The recommendations on the next page are based upon the experiences of the sites interviewed in this study.

Study Limitations

The results of this study are limited with respect to the population of focus and response rates. The study included GLS grant alumni that were at least one year beyond the period of GLS grant funding. Selecting a different criterion for inclusion in the study would have produced a different sample and could have led to different results. No information was available from the sites that chose not to respond to the survey. Sites that were better able to sustain activities and staff members may have been more likely to respond to the survey.

Discussion

Many GLS grant alumni continued to advance suicide prevention in their settings and communities one year or more following the end of their federal funding. While each site found its own unique path to sustainability, several broad themes emerged, reflecting key success strategies that held true across alumni grant programs.

These themes, which are echoed in the emerging sustainability literature, are reflected in the recommendations presented on page 6. Suicide prevention leaders can adapt these recommendations to develop and implement programs that will benefit their communities beyond grant funding and for generations to come.

Our findings demonstrate that sustainability should be addressed from the onset of program development, and continue through implementation and evaluation. By creating a vision and a plan for sustainability, leaders, task forces, staff, and stakeholders can contribute to a lasting suicide prevention infrastructure that has the potential to save lives today and into the future.

RECOMMENDATIONS

Adopt a sustainability mindset: Maintain a vision of sustainability throughout the program cycle—from design to implementation to evaluation. Programs should design their program and select goals and activities recognizing that the majority of funding exists for a limited time only. Program leadership should create a vision for what they want to have in place when funding ceases. The sustainability mindset should not only impact program planning, but should also influence decision making and course adjustments throughout the duration of the grant.

Build Momentum: Inspire and catalyze momentum for suicide prevention efforts in your setting and community. If broad support and momentum for suicide prevention does not already exist before a program starts, programs should inspire or otherwise develop the impetus among stakeholders to sustain efforts. Programs should engage diverse stakeholders (e.g., local coalitions, community groups, university administrators, community advocates, and other leaders unique to their setting) to build support for suicide prevention in the community.

Foster strong leadership: Deliberately select and/or cultivate a strong leader to spearhead suicide prevention efforts. Programs should identify consistent and qualified leadership to increase their ability to continue suicide prevention efforts after GLS funding ends. Programs should deliberately select a strong leader from the outset or commit to cultivating a strong leader throughout the grant program and beyond. Because leadership is so crucial, efforts to identify additional funding should prioritize resources to support staff time so that coordination and leadership of suicide prevention efforts can continue once the initial funding ends. Considering the high level of turnover in GLS and other suicide prevention programs, programs should also deliberately foster the next generation of suicide prevention leadership in the community.

Cultivate Partnerships: Identify and establish strong relationships with a variety of partners so they become joint stakeholders with a vested interest in the success of suicide prevention efforts. Programs should strategically select diverse partners recognizing that the partners needed to launch a suicide prevention effort may be different from the partners needed to sustain that effort. Programs should develop a clear purpose and vision for their partners, and coalition/task force/advisory group, and should continually assess which partners are at the table and which may be missing who could help sustain suicide prevention work.

Secure additional funding and/or resources to sustain suicide prevention efforts. Programs should strategically plan how their program will identify new resources. Programs should prioritize securing resources to support staff time to coordinate ongoing suicide prevention efforts (e.g., organizing trainings), as activities are unlikely to continue without some level of central coordination. Recognize that many programs have found that even a low level of continued financial support can sustain activities after the grant has built the supporting infrastructure and capacity.

Background

In 2012, the Substance Abuse and Mental Health Services Administration (SAMHSA) asked the Suicide Prevention Resource Center (SPRC) to assess sustainability successes and strategies among former SAMHSA youth suicide prevention grantees.

SPRC has provided technical assistance (TA) services to SAMHSA's Garrett Lee Smith (GLS) grantees since the inception of the GLS program in 2005, and maintains contact, as possible, with grantee sites whose threeyear funding has ended. In collaboration with evaluation specialists at Social Science Research and Evaluation, Inc. (SSRE), SPRC reached out to these 'alumni' grantees (those whose GLS funding was completed) to learn effective strategies for sustaining efforts beyond federal grant funding, and to develop broad recommendations for sustaining suicide prevention efforts.

The Garrett Lee Smith Grant Program

Signed into law in 2004, the Garrett Lee Smith (GLS) Memorial Act provides youth suicide prevention funding to states, tribes, and campuses.

Since 2005, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded more than 235 GLS grants to over 175 sites across the country.

GLS grants support the planning, implementation, and evaluation of early intervention and prevention strategies to prevent youth suicide. Grants are awarded for three years, and several grantees have received multiple grants.

Grant award amounts vary by site with the average campus receiving approximately \$100,000 per year and the average state or tribe receiving \$500,000 annually. Campus grantees are required to provide matching funds to qualify for GLS grants.



In order to translate the experiences, strategies, and sustainability factors of alumni GLS grantees, this study included four key steps:

- 1. Review existing sustainability literature.
- 2. Survey alumni GLS grantees that were at least one year removed from GLS funding to identify what infrastructure and activities have been sustained.
- 3. Conduct in-depth interviews with selected alumni grantees to identify factors that supported the sustainability of their suicide prevention efforts.
- 4. Develop broad recommendations for sustaining suicide prevention efforts.

SSRE took the lead on the first and second components, and SPRC took the lead on the third and fourth components. SSRE analyzed all of the quantitative and qualitative data, and SPRC and SSRE jointly agreed on the recommendations. The findings and recommendations were reviewed by experts in sustainability as well as by current state, tribal, and campus GLS grantees, to ensure clarity, accuracy, and relevance to grantees and others in the field of suicide prevention.

While the findings and recommendations contained in this report are based on the experiences of GLS alumni grantees, they should also be helpful to suicide prevention practitioners in any setting who are striving to design and implement lasting suicide prevention efforts.

Literature Review

SSRE conducted a thorough review of the mental health and medical intervention sustainability research literature. A preliminary scan of the literature was conducted by searching for the terms sustainability, suicide, and prevention in Academic Search Premier, PsychINFO, ERIC, and PubMed. This initial search identified six articles that were judged to be relevant to the current efforts (i.e., recent, review articles, not limited to describing discrete programs, guided by theory or conceptual frameworks).

Following the initial review, the search was broadened to include other nontraditional sources: (1) resources available through SPRC's online library, (2) resources available through the online library maintained by the National Center for Mental Health Promotion and Youth Violence Prevention, and (3) Google Scholar. Regarding the latter, searching for the term sustainability in articles published during 2012 in the social sciences, arts, or humanities resulted in 1,520 citations. Restricting this pool of citations to review articles reduced the number to 23, but none of these were judged to be sufficiently germane to the present study.

An existing review of the sustainability literature (Stirman et al., 2012) examined all peer-reviewed articles published in English prior to July 2011 that included the following terms: sustainability, implementation, longterm implementation, routinization, discontinuation, de-adoption, durability, institutionalization, maintenance, capacity building, and knowledge utilization. The final review conducted by these investigators was based on 125 articles—the most relevant of which were retrieved and reviewed as part of this sustainability review.

Survey

SSRE created an electronic survey that was submitted to EDC's Institutional Review Board (IRB) in February 2013. The IRB granted the study an exemption. The survey was pilot tested with three GLS alumni grantees and revised based on their feedback prior to launch. The online survey was open for a period of four weeks between mid-February and mid-March 2013 (see Appendix A on page 34 for the complete survey).

The survey helped to identify sites that had successfully sustained suicide prevention efforts, which were prioritized for in-depth interviews.

The survey was circulated to all GLS alumni grantees that were at least one year beyond their federal funding period (including co-cost extensions). The survey assessed what infrastructure and activities grantees were able to sustain past the GLS funding. The respondent pool consisted of 53 campus GLS alumni, 11 state GLS alumni, and 4 tribal GLS alumni. Survey responses were received from 25 of the 53 campus sites (47%), 8 of the 11 state sites (73%), and 3 of the 4 tribal sites (75%). The overall response rate for the screening survey was 53% (36 of 68 potential respondents).

The survey questions spanned three points in time—one year prior to GLS funding, at the peak of GLS funding (i.e., during GLS funding), and one year after GLS fundingand covered the following five domains:

- 1. Site's <u>capacity</u> (e.g., staff, organizational resources, funding) to address the issue of suicide prevention.
- 2. Average level of funding their program received from all sources.
- 3. Level of site's activity in 16 program, policy, and practice areas derived from the GLS grant program's cross-site evaluation inventory of products and services, and was also informed by discussions with SAMHSA and SPRC. See Table 1 (page 15) for the complete list of programs, policies, and practices and additional details.
- 4. Importance of 11 factors in contributing to the site's continuing suicide prevention efforts after the end of the GLS funding (including no-cost extensions). See Table 2 (page 17) for the complete list of the factors and additional details.
- 5. Overall level of suicide prevention activity at the site.

A sustainability scale score was created for each survey respondent. Sites were scored based on the level of suicide prevention activity across the three time periods (using the list of 16 programs, policies, and practices). For details regarding the sustainability scale development, see Appendix B on page 42).

A total of 15 sites were chosen for interviews: 13 sites were selected based on their sustainability scores (9 campuses, 3 states, and 1 tribe), and 2 additional tribal sites were selected to ensure the tribal grantee experience was well-represented in the findings. Thus, the final selection included 9 campus, 3 state, and 3 tribal.

Interviews

The interviews were designed to elicit details about "how" sites were able to sustain their suicide prevention efforts. Questions covered the following seven areas:

- 1. Suicide prevention efforts in place prior to GLS
- The impact that receiving GLS funding made on the site's suicide prevention efforts
- Factors that contributed to the site's ability to maintain or increase suicide prevention activities after the end of GLS funding
- 4. The change in suicide prevention capacity over time
- Important players who influenced suicide prevention efforts at the site and how these key players evolved over time and impacted sustainability efforts
- 6. Sustainability planning
- 7. Sustainability-related lessons learned

To read the complete interview guide, see Appendix C on page 43.

The interviews were analyzed for common factors across sites that facilitated sustained suicide prevention efforts. §

Description of Interviewed Sites

State grantee sites:

- Populations ranged from 1 to 5.7 million people.
- Population density ranged from 6.9 to 216.8 inhabitants per mile.
- Grant recipients included two state public health agencies and one nonprofit organization.

Campus grantee sites:

- Sites were located across most regions in the United States, including East, Midwest, Southwest, and West Coast.
- Sites included both public and private colleges and universities.
- Student populations ranged from 1,900 to 58,000.

Tribal grantee sites:

- Sites included both urban and rural (village and reservation) settings.
- Sites served both American Indian and Alaska Native populations.

Literature Review Findings

Sustainability research is still largely in its infancy. Although there are a number of studies on this topic, the common consensus is that this area of study is still in its very early stages. For example, Stirman and colleagues' extensive review of the sustainability literature concluded that the

"... review found relatively few comprehensive or methodologically rigorous studies. The majority of the studies were retrospective. Most did not provide an operational definition of sustainability, and fewer than half appeared to be guided by a published definition or model of the concept. Few employed independent evaluation or observation Based on the empirical literature that we reviewed, it is difficult to generalize about influences on sustainability and the long term impact of implementation efforts" (Stirman et al., 2012).

Sustainability is a complex issue to define and measure. Hundreds of articles have been written about sustainability, yet little agreement exists regarding a common definition and conceptual model, and measures of sustainability remains elusive. However, there is near universal agreement on the importance of knowing how to sustain effective or promising interventions. The rapid growth of research on sustainability reflects growing awareness of the need to continue interventions that are effective in addressing serious social and public health problems. Nevertheless, research on sustainability remains stifled by the number and complexity of factors affecting sustainability, along with enormous obstacles involved in conducting rigorous studies.

Shediac-Rizkallah and Bone (1998) note that a program can be sustained in its original form or within a different organizational structure; for example:

- A program can be divided so that separate components remain.
- Ownership of a program can be assumed by a community or new organization.
- Individuals within a program or a network can be sustained, rather than the initial program.



The importance of sustaining infrastructure and activities should not be underestimated. If a problem is sufficiently serious and/or pervasive that it produces widespread demands for action, sustaining an effective intervention is desirable, as long as the intervention continues to lessen the problem. Less obvious is the potential consequence that ending a successful intervention will worsen the problem it originally improved. Ending an effective program dealing with a chronic problem can also create disillusion and resentment among stakeholders, thereby increasing the difficulty of initiating further interventions. Additionally, funders of innovative programs may become less interested in supporting new programs following frequent failures of previously funded interventions to achieve sustainability.

There is little agreement on a common definition or common conceptual model of sustainability. Researchers studying sustainability recognize the existence of several similar terms that are often used

interchangeably. Eleven of these are listed by Johnson, Hays, Center, and Daley (2004): confirmation, continuation, durability, incorporation, institutionalization, level of use, maintenance, routinization, stabilization, sustainability, and sustained use. These authors conclude that "... continued ability of an innovation (infrastructure or program) to meet the needs of its stakeholders is central to the sustainability process" (p. 136) and define sustainability as "the process of ensuring an adaptive prevention system and a sustainable innovation that can be integrated into ongoing operations to benefit diverse stakeholders" (p. 137).

Shediac-Rizakallah and Bone (1998) comprehensively analyze the various definitions of sustainability. They begin by reporting six definitions divided into two groups. Definitions in the first group are based on **health benefits**:

- 1. Sustainability means maintaining sufficient service coverage to manage the target health problem.
- 2. *Project sustainability* refers to the ability of a project to continue delivering its services.
- A new program is sustainable when it continues to deliver adequate services after major external support ends.

The second group of definitions focuses on the sustainability of the program:

- Institutionalization connotes a new program succeeding and being integrated into an organization.
- Organizational change, which is sometimes referred to as routinization, institutional change, or incorporation, is the process whereby new practices are adopted into an agency.
- Sustainability can also refer to the capacity of an organization to implement a desired intervention.

Shediac-Rizakallah and Bone (1998) synthesize these different approaches and arrive at the following definition: "Sustainability is the global term we will use hereafter to refer to the general phenomenon of program continuation" (Shediac-Rizakallah, 1998). At the same time, the authors assert that three different views of sustainability exist: (1) continuing to produce the benefits achieved by the initial program; (2) preserving the initial program's activities within the larger organization; and (3) establishing the capacity of the target community to respond to a problem.

Mancini and Marek (2004) state that "Sustainability is the capacity of programs to continuously respond to community issues" (p. 339). Swerissen and Crisp (2007) identify three attributes of sustainability: (1) the benefits that are produced over time for individuals and populations, (2) the contingencies which cause the benefits, and (3) the costs of the program resources that are required to achieve them (p. 2). Gruen and colleagues

(2012) provide the simplest definition of *sustainability* as the "capability of being maintained at a certain rate or level" (p. 1580). However, they acknowledge that different research traditions have adopted different perspectives when studying sustainability. Studies of community development focus on the ability of communities and individuals to maintain changes in behavior.

The literature review also revealed different frameworks and conceptual models of sustainability. For example, Mancini and Marek (2004) proposed a model of sustainability consisting of the following:

- Elements associated with sustainability—Contains seven elements: leadership competence, effective collaboration, understanding the community, demonstrating program results, strategic funding, staff involvement and integration, and program responsiveness.
- Middle-range program results—Involves determining whether programs continue to provide and focus on their original goals, plan for sustainability, and have confidence in their survival.
- Ultimate result of the program being sustained—
 Assesses whether the program is sustained.

Meanwhile, Johnson et al. (2004) formulated a change model of sustainability comprising five parts:

- Viewing sustainability as a change process consisting of steps to improve the infrastructure and other factors essential to sustain a particular innovation
- 2. Creating an adaptive prevention system
- Identifying "innovation" as the target of what is to be sustained
- 4. Integrating the innovation into the program's normal operations
- 5. Demonstrating the benefits of the innovation to users

Planning for sustainability early seems to be necessary, but is not necessarily sufficient. A number of observers in the literature suggest that planning for sustainability should begin after an innovation has been adopted, while other investigators argue for inclusion of

sustainability planning within a program's initial design (e.g., Johnson et al., 2004). Others insist that planning for sustainability must begin with program design in order to maximize success (e.g., Lodl & Stevens, 2002). Similarly, Mancini, Marek, and Brock (2009) conclude in their analysis of 92 community-based projects that sustained projects began planning for sustainability much earlier than inactive projects. However, the authors also point out that early planning and strategic planning are not sufficient in themselves to guarantee sustainability.

A number of factors have been identified that may affect sustainability. Several of the articles reviewed identified factors that can affect sustainability along different points in the planning and implementation process. These are not necessarily causal factors, but they appear to be related to successful sustainability outcomes.

Shediac-Rizkallah and Bone (1998) identified three major groups of factors that they concluded influenced the sustainability of the programs reviewed in their article: (1) project design and implementation, (2) organizational setting, and (3) broader community environment.

In a study of USDA grantees, Mancini and colleagues (2009) identified four factors related to sustainability: (1) planning, (2) support, (3) leadership, and (4) funding. These were based on interviews they conducted with 92 projects (67 of which were 2 1/2 years post-funding, and 25 which were 1 1/2 years post-funding).

Based on an extensive review of the literature, Stirman and colleagues (2012) grouped the influences on sustainability that they identified into four broad categories: (1) context, (2) innovation, (3) process, and (4) capacity to sustain.

Swerissen and Crisp (2007) observe that sustainability changes over time as a function of organizational, community, and societal constraints. Unlike other authors, Swerissen and Crisp discuss factors influencing sustainability from the perspective of understanding why programs fail to be sustained. A major problem is faulty

program logic. In addition to specifying characteristics of successful program logic, these authors also highlight the crucial role of capacity assessment and identify other important factors that appear to be related to successfully sustaining programs, policies, and practices.

See Appendix D on page 46 for the complete literature review.

Survey Findings

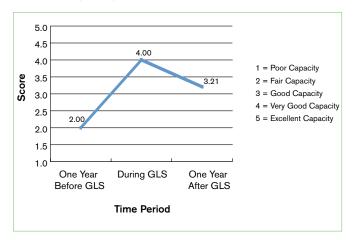
The survey assessed sites' capacity to address the issue of suicide prevention; the overall level of suicide prevention activity at each site; the average level of funding per site; the level of activity across 16 discrete programs, policies, and practices; and the importance of 11 different factors in contributing to sites' continuing efforts to prevent suicide after all GLS funding ended.

The difference between each of the three time periods (before GLS, during GLS/at the peak of GLS, and after GLS) was assessed using a repeated measures analysis of variance (ANOVA). All references to significant differences in the survey findings below refer to statistical significance. For example, a statistically significant decline in an area means that the difference is greater than what is expected to occur based on chance alone.

Sites were generally able to sustain increases in suicide prevention capacity in the post-GLS funding period. Respondents were asked to rate their site's capacity (e.g., staff, organizational resources, funding) to address the issue of suicide prevention on a 5-point Likert scale across three time periods. As shown in Figure 1, although capacity ratings declined somewhat following GLS funding, they were still significantly higher than in the year prior to GLS funding. The difference between each of the three time points was statistically significant, suggesting that sites were able to sustain the increases in capacity they experienced during GLS funding in the post funding period.

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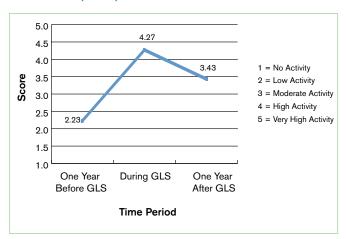
Figure 1. Sites' suicide prevention capacity before, during, and after GLS (n = 29)



The overall level of suicide prevention activity one year after GLS funding ended remained significantly higher than one year before GLS funding. Respondents were asked to describe the level of suicide prevention activity (either directly or through sub-grants) at their grant site across three time periods.

All GLS alumni sites surveyed reported at least some suicide prevention activity one year after all GLS funding ended (9%—very high activity; 36%—high activity; 48%—moderate activity; 6%—low activity; 0%—no activity). The overall level of activity increased significantly from before the grant to during the grant and then declined significantly one year after all GLS funding ended. Nonetheless, the overall level of activity one year after GLS funding ended remained significantly higher than it was roughly one year before GLS funding (Figure 2).

Figure 2. Mean suicide prevention activity before, during, and after $GLS\ (n=30)$

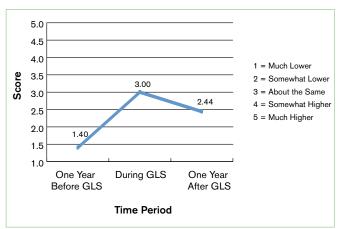


Sites that secured funding from other sources after their GLS funding ended reported more suicide prevention activity than those who did not. In the survey, the word *activity* referred not only to actual activities but also to infrastructure, goals, and outcomes.

Of the survey respondents, 81% (21) reported that the mean level of funding at their site one year prior to the GLS grant was *much lower* than it was during the grant, indicating that the GLS grant provided a substantial infusion of dollars into their prevention systems.

Interestingly, almost half of the respondents (45%) reported that their level of funding for suicide prevention was about the same or higher one year after the GLS grant (including any no-cost extensions) than during the grant. About one-third (31%) said their funding level was somewhat lower, and only one-quarter (24%) said much lower. Across all sites, the overall level of funding one year after GLS was not significantly lower than the level of funding during GLS (see Figure 3).

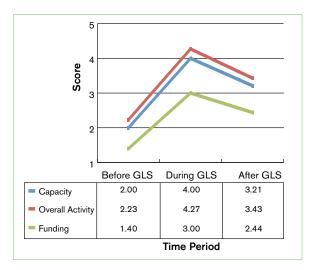
Figure 3. Mean level of suicide prevention funding before, during, and after GLS (n = 25)



One hypothesis proposed strudy was that campus grants might be inherently more sustainable, since they include a match that requires the campus to invest in the work during the grant. However, the survey revealed no statistical variation between the three types of sites (state, tribe, and campus) related to levels of funding after the grant. States were slightly less successful at replacing GLS dollars than campuses and tribes, but this difference was not significant. Thus, the requirement of matching funding does not seem to have made a difference in level of funding one year after GLS funding.

Obtaining funding post-GLS was associated with sustained capacity and overall suicide prevention activity. Figure 4 shows the close association among the variables presented in Figures 1, 2, and 3. As with any correlational finding, these results do not necessarily demonstrate that funding causes programs to be sustained, but for this sample, they do show that the amount of funding sites obtained after losing their GLS grants was closely associated with their success in sustaining efforts.

Figure 4. Association among suicide prevention funding, capacity, and activity before, during, and after GLS



GLS sites were generally successful at sustaining the majority of discrete program activities put in place as part of the grant at least one year beyond the period of federal funding. Respondents were asked to report the extent to which their site was engaged in 16 different programs, policies, and practices across three time periods (see Table 1 on page 15 for the list of program areas).

The analysis considered two primary areas:

- 1. The proportion of sites that had a higher level of activity in each area one year after GLS funding compared to one year before GLS funding
- 2. The proportion of sites that had the same level or a higher level of activity one year after GLS funding as they did during GLS funding

Almost all sites reported a higher level of activity in the 16 program areas one year after GLS compared to one year before GLS. The first analysis identifies the proportion of sites that increased their level of activity during GLS and ended up after the grant at a higher level of activity than where they were at roughly one year before GLS (i.e., they sustained at least a portion of the increase).

Between 75% and 100% of sites that increased their level of activity during GLS reported that they sustained their efforts above pre-grant levels after the grant. See Appendix E on page 58 for a full report of survey findings.

For example, 100% of sites reporting increased activity during the grant around "promoting the use of the National Suicide Prevention Lifeline" indicated a higher level of activity in this area one year after GLS funding than they had one year before GLS funding (Figure 5).

Figure 5. National Suicide Prevention Lifeline activity (n = 26)

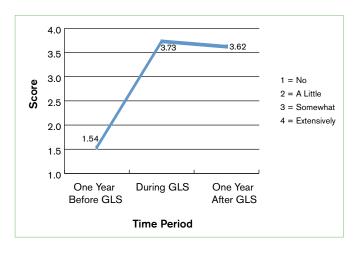


Figure 5 illustrates that there was no significant difference between the during GLS and the one year after GLS time period after funding.

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In another instance, 95% of sites reporting increased activity *during* the grant around "increasing screening of youth at-risk or use of student assessment tools" indicated a higher level of activity in this area *one year after* GLS funding than they had *one year before* GLS funding.

The proportion of sites that sustained activity at or above the level achieved during GLS varied by program activity area. The second analysis identified the proportion of sites that sustained or increased their level of suicide prevention activity one year after GLS funding.

Between 40% and 86% of sites that increased their level of activity in any of the 16 program activity areas *during* GLS reported that they sustained their efforts at or above GLS levels *after* the grant (see Table 1).

For example, 86% of sites reporting increased activity *during* the grant around "increasing access to student support services or clinical case management staff" indicated the same or a higher level activity in this area *one year after* GLS funding. On the opposite end, of the 28 sites reporting increased activity around "evaluating suicide prevention activities" *during* the grant, only 40% indicated the same or a higher level of activity in this area *one year after* GLS funding.

Table 1. Percent of GLS sites that sustained or increased level of activity post-GLS funding

| Program Activity Areas (n of sites that worked in each area) | % of Sites That Sustained or Increased Level of Activity Post-GLS |
|---|---|
| Increase access to student support services or access to clinical case management (21) | 86% |
| Develop or improve crisis response protocols (21) | 76% |
| Promote use of the National Suicide Prevention Lifeline (26) | 74% |
| Promote help seeking behaviors (27) | 70%* |
| Enhance monitoring and surveillance systems (22) | 69% |
| Create or expand referral networks (22) | 69% |
| Increase education and awareness of suicide issues (26) | 69% |
| Develop or expand a local suicide prevention hotline (12) | 67% |
| Help students/youth develop life skills or protective factors (21) | 67% |
| Train health and mental health providers to assess, manage, and treat youth at risk (25) | 64% |
| Increase screening of youth at risk or use of student assessment tools (21) | 62% |
| Increase collaboration among suicide prevention organizations and stakeholders (28) | 58%* |
| Implement student/youth peer programs (19) | 58% |
| Initiate or enhance a suicide prevention task force or coalition (24) | 50%* |
| Train staff in youth-serving organizations and gatekeepers to identify and refer youth at risk (29) | 45%* |
| Evaluate suicide prevention activities (28) | 40%* |
| *These areas experienced a statistically significant decline in activity from the peak of the GLS grant to one year after GLS funding | |

As indicated on Table 1, there was a significant decline in mean activity in 5 of the 16 areas examined:

- Initiate or enhance a suicide prevention task force or coalition
- Increase collaboration among suicide prevention organizations and stakeholders
- 3. Train staff in youth-serving organizations and gatekeepers to identify and refer youth at risk
- 4. Evaluate suicide prevention activities
- 5. Promote help-seeking behaviors

One possible implication is that it may prove more challenging for sites to sustain the level of activity in these five areas than in other areas when there is a decline in funding at the end of a grant.

One area that declined significantly was evaluation activities. Program evaluation is a required GLS grant activity, and grant monies often support external evaluators. To ensure evaluation can continue beyond the grant, program leaders should consider building internal capacity to evaluate suicide prevention efforts or developing sustainable partnerships with external evaluators that do not rely solely on grant funds to continue.

Another program area that saw a significant decline after grant funding ended was "training staff in youth-serving organizations and gatekeepers to identify and refer youth at risk." The interviews revealed that several sites successfully trained a number of trainers as a core part of their efforts in this area during the grant. However, a number of these sites were not able to continue support for trainers once the grant ended, and many trainers discontinued their training activities as a result. Sites that focused on integrating their network of trainers into ongoing suicide prevention work beyond the grant saw better levels of continued training in the community, possibly because their trainers stayed engaged with a larger effort.

This finding is of note because gatekeeper training and train-the-trainer programs continue to be common GLS grant activities. According to ICF (the GLS cross-site contractor), between 2008 and 2013, 97% of all GLS

state grantees, 92% of all GLS tribal grantees, and 94% of all GLS campus grantees reported conducting gatekeeper training as part of their grant. With such a significant investment of grant resources in this program area, program leaders should prioritize finding strategies to improve retention rates among trainers beyond the grant.

Unsupported Trainers

"The majority of people trained as [gatekeepers] have not kept up their qualifications. The people still doing the trainings are a small core of those who were trained and others have not done a sufficient number of trainings to keep up their qualifications.

There needed to be support specifically for the trainers. During [the grant] they were supported, but that support was not sustained for them when GLS funding disappeared.

A lot of [trainers] fell by the wayside which was a very inefficient way to use the money. The support for trainings and the trainers dissipated after the GLS funding left."

-GLS state grant alumni

Respondents emphasized the role of consistent and qualified staff, consistent and qualified leadership, support from administrators/elders/tribal council members, and financial support as contributing to their sustainability efforts. Survey respondents were asked to rate the importance of 11 factors to the continuation of their site's suicide prevention efforts after GLS funding. While respondents gave all areas relatively high ratings (Table 2), they placed the highest level of importance on consistent and qualified staff, consistent and qualified leadership, support from administrators/ elders/tribal council members, and financial support.

Table 2: Sites ratings on the level of importance for 11 sustainability factors

| | Mean (1-5) |
|--|------------|
| HIGHEST RATINGS | |
| Consistent and qualified staff | 4.97 |
| Consistent and qualified leadership | 4.84 |
| Support from administrators/ elders/tribal council members | 4.65 |
| Financial support (funding/endowments) | 4.40 |
| MIDDLE RATINGS | |
| Policies and procedures | 4.28 |
| Collaboration among agencies or partners | 4.22 |
| Formal sustainability planning | 4.00 |
| Materials (e.g., manuals) for future staff | 3.97 |
| LOWER RATINGS | |
| Support from the community/local champions | 3.74 |
| In-kind support/volunteers | 3.31 |
| Legislation/resolutions/mandates | 3.17 |

See Appendix E on page 58 for a full report of survey findings.

Interview Findings

Of the 36 GLS sites that completed the survey, 15 sites were selected for interviews: 9 campuses, 3 states, 3 tribes. Each of these GLS sites reported that at least some of their GLS suicide prevention efforts continued one year after funding ended, and sites were selected primarily on their sustainability scores from the survey (we interviewed the 13 sites with the highest sustainability scores, as well as including 2 additional sites to ensure each grantee setting was adequately represented in the findings).

Interview findings are grouped in the following categories:

- Sustainability
- Momentum
- Leadership
- **Partners**
- **Funding**

The interviews revealed that each site followed a unique path to sustainability—there was no single model for success.

All sites employed a combination of sustainability strategies, and it was clear that any one strategy would have been insufficient on its own. The one commonality across all interviews was funding: all 15 interview sites secured at least some additional resources to sustain suicide prevention activities. Funding is discussed in more detail on page 26.

Although this heterogeneity among sites means the interview findings should be used prudently, certain broad themes did emerge that point to strategies other programs can apply to increase their chances of sustaining efforts beyond funding.

Sustainability Mindset

Successful sites planned their program, including their goals and objectives, keeping in mind from the start that the primary source of funding would only last three years.

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These sites created a vision of what they wanted to have in place by the time GLS funding ended, and used this vision to guide the development of program goals and objectives.

This sustainability mindset was consistently present throughout the grant. It not only impacted decisions made during the program planning process, but informed decisions throughout the implementation of the grant. Sites focused on activities and efforts that would help them achieve their goals and objectives beyond the grant, and made necessary program adjustments and tweaks along the way. They were willing to adjust activities when implementation was not having the anticipated success or impact, which allowed them to re-focus efforts on areas most likely to last.

"I didn't just throw something together related to sustainability at the end. It was an effort right from the beginning that, [for] everything we were starting, my intention was to continue it way past the three years.

I never had that thought in my head that it would stop once the money stopped. What was in my head was that I had to set up the support systems internally in order to continue [suicide prevention efforts]."

-GLS campus grant alumni

FROM THE FIELD—CAMPUS

"With funding and with resources came, I think, additional creativity and a connectedness with the rest of the campus to do more. So we did do more.

At this point, every student is trained with a gatekeeper training. We have been doing this for four years now, and it all started with the grant.

There was very little impact from the end of GLS funding. I set things up so that it would continue. One of my fears with grants is that you get funding, you get resources, you get used to that and then the grant ends, and everything goes back to square one.

That's absolutely the opposite of what I wanted when we got the grant. We put systems in place in order to sustain change, so that when the grant money dried up, there was enough investment throughout the campus and with stakeholders that the efforts would continue.

So really nothing has changed. We are still doing pretty much all the things we were doing when we had the grant."

-GLS campus grant alumni

Planning for Sustainability

Few of the sites interviewed conducted formal sustainability planning during the grant period, and even fewer had a written sustainability plan. Instead of formal plans, successful programs purposefully made strategic decisions and program adjustments to seize opportunities and make adjustments to sustain their efforts. In subsequent GLS cohorts, sites have been more strongly encouraged by SAMHSA to develop formal sustainability plans, and have received extensive technical assistance from SPRC to support sustained efforts after the grant. Future research should investigate the impact these plans had on sustaining efforts beyond the grant.

Tools for Sustainability

Sites referenced a number of tools they used to guide their sustainability planning efforts; these tools varied across sites, and included:

- Data and evaluation
- SPRC consultation
- Grantee meeting sessions
- Sustainability planning

Data and evaluation helped several program leaders decide which components of the program were successful and should be sustained and which were unsuccessful or no longer needed and should be discontinued or improved.

"Data is good for getting additional resources, it's good for supporting program strength, and it's good for just throwing programs out because they don't work.

Until we get really good at recognizing the role of evaluation and carving out the time and hiring or partnering with the right people to do that evaluation, incorporating it into our plan and our processes, then we're just never going to know if our programs are working."

-GLS campus grant alumni

It's Not Too Late To Plan for Sustainability

A sustainability mindset can help your program make strategic adjustments and program tweaks to improve the chances of sustainability.

To re-focus your program's sustainability strategy, consider the following questions ¹

- Which components of my program should be sustained? Why?
- What is needed to sustain priority components (e.g., resources, tools, partners)?
 - a. Can we support the work using other funding/operational resources?
 - b. Is there a way to pay for an activity, or parts of it, through in-kind contributions (e.g., meeting space, staffing, volunteer time, etc.)?
 - c. Are there leaders/champions who could help obtain additional resources?
- How will we leverage existing partners, or are there new partners we can approach?
- Are there partners or stakeholders that could take on a priority component or part of one?
- Could policy changes cause the activity to happen automatically (i.e., embedding or institutionalizing the activity)?

^{1.} These questions were generated based on SPRC's extensive experience working with GLS grantees.

While only a small number of sites wrote a sustainability plan, several programs found resources such as consultation with SPRC and the Legacy Wheel model to be useful (see Appendix F on page 80 for additional information on the Legacy Wheel and other planning resources).

One site worked from day one of the grant as a team to discuss how to continue suicide prevention efforts beyond the grant. To facilitate the conversation, the program director started meeting with his core team members annually to re-visit the Legacy Wheel and discuss how they were going to sustain the program.

FROM THE FIELD—TRIBE

One tribe's experience sustaining suicide screening in a community hospital

Goal

Incorporate suicide risk screening into hospital protocol for all patients with an alcohol-related emergency department (ED) visit.

Building partnerships:

The relationship started when the GLS project director provided suicide prevention trainings for medical staff in a community hospital. Following the trainings, regular meetings were held with the GLS project director and key hospital staff, including the director of behavioral health, the nursing supervisor, several nurses, the director of the village-based counseling center, the director of mental health, and the director of substance abuse. These inperson meetings eventually evolved into monthly phone calls.

A key partner in this effort was the director of social services, who relocated a behavioral health clinician (who was housed in an offsite counseling center) to the main hospital building to provide more support to the ED staff. This move also improved communication between the ED and the counseling center staff.

Implementing the screening tool:

The hospital agreed to add an eight-question screening tool to their ED protocol. The screening was for all patients with an alcohol-related ED visit. (This criteria was based on community data indicating that, in 40% of all suicide deaths in the region, the individual had been in an ED for an alcohol-related injury within six months of his or her death.)

After the eight-question tool was implemented, it was ultimately revised, as the staff felt the tool was too long. The group worked together to replace the eight-question screener with a two-question tool.

Making it sustainable:

Initially, it was challenging to persuade the hospital staff to agree to incorporate the screening tool into their ED protocol and to ensure ED staff used the screening tool. After nurturing the partnership with hospital staff for more than two years, not only was the screening tool permanently added to the ED protocol, but the screening was also eventually integrated into the hospital's electronic health record system, ensuring that the screening would remain in place, regardless of the presence of a GLS grant or a program director.

-GLS tribal grant alumni

Momentum

The momentum generated during the GLS grant allowed many sites to sustain their efforts following the end of the three years, thanks to established infrastructure and broad community and decision maker support. Across the 15 sites, interviewed the impetus to focus on suicide prevention originated in several ways:

- A historically high suicide rate in the site's setting
- A core group of individuals dedicated to suicide prevention
- An individual who developed awareness and marshaled the support of others
- College administrators who were concerned about student stress and its consequences

Many sites felt that sufficient momentum existed from the increasing national attention to the issue of suicide, even if their state, campus, or tribal community was not directly impacted.

If community support and momentum for suicide

prevention did not already exist, alumni grantees had to inspire or otherwise develop the impetus to sustain their efforts. Sites used various techniques to raise awareness and catalyze suicide prevention efforts in their state, tribe, or campus:

- Gathering data documenting the extent of the problem in the community to strengthen the case for devoting resources to suicide prevention
- Meeting one-on-one with potential stakeholders
- Bringing together diverse stakeholders to create a coalition of individuals that share a goal of preventing suicide, and other negative outcomes, as well as promoting protective factors

Broad community support and buy-in were critical when programs were looking for additional resources or partners to help embed suicide prevention activities into other organizations or departments for the long term. Sites were dedicated throughout the grant to securing these commitments to continue suicide prevention in their communities.

FROM THE FIELD—CAMPUS

Communicating the need and building momentum

"[Sustainability] was on my mind on day one. So as soon as I got the grant, my thoughts had turned to how do we keep this going through the three years, and beyond.

I think a key part was constant communication with the administration, board of directors, and faculty as to what we were doing and what the impact was.

Communication is an important piece in order for the administration to buy-in to the fact that resources are needed to maintain [efforts] after the grant is over.

If they don't buy into that all through the three-year [grant] period, they're not going to automatically buy into it at the end of three years. It is something you have to groom through the whole three-year period."

-GLS campus grant alumni

FROM THE FIELD—STATE

Building momentum to sustain a state's suicide prevention efforts

"Not only do the partnerships provide the potential for sustainability because of what those partners can incorporate into their work, but they also create buy-in. A big part of the reason we got additional state funding was that there were so many people who had bought into this that I know the state felt they couldn't just let it fall by the wayside."

-GLS state grant alumni

Responding to the need:

In the third year of the state's GLS grant, program staff changed course. Instead of sponsoring a statewide suicide prevention conference as planned, they held a statewide strategic planning meeting. They invited local coalitions that had been developed through the GLS grant, as well as other suicide prevention coalitions from across the state. In addition, there was representation from a number of key state agencies, county representatives, advocates, consumer groups, survivor groups, and other GLS grant partners.

Over 100 people came together for a day and a half of strategic planning, which generated clear strategic goals and consensus for moving forward. The meeting resulted in a strong vision across a broad group of stakeholders for suicide prevention in the state, including a call for strong state-level leadership.

Following the strategic planning meeting, a formal statewide suicide prevention steering committee was formed, which continues to meet on a quarterly basis. The committee consists of representatives from the various groups that attended the strategic planning meeting.

Building momentum:

Not wanting to jeopardize the progress, infrastructure, and momentum created by the GLS grant, the state stepped in to provide the first-ever state suicide prevention funding (which has since increased). The strategic planning and consensus-building process set the stage for the state committing money to suicide prevention.

The state's support and continued suicide prevention infrastructure has created a sense of cohesion, momentum, and clarity regarding the direction of suicide prevention in the state. It was an essential factor for continuing suicide prevention efforts at the state and local levels.

-GLS state grant alumni

Leadership

Leadership and management skills were central to the viability of suicide prevention programs following the end of GLS funding. This echoed the survey data, which revealed that the presence of consistent and qualified leadership was one of the most important factors that sites felt influenced their ability to continue suicide prevention efforts after all GLS funding (including nocost extension) ended. This theme was corroborated by the responses of the 15 sites that participated in the interviews."

"The person that you hire at the head of your programming has to be a person with passion, persistence, and come with a wealth of prevention skills. If not, then it would be very hard to get this much done in three years.

I would tell a group who's hiring the person to be very picky and specific in the skills that they're looking for and level of experience that's needed. It has to be a person who knows what they're doing."

-GLS tribal grant alumni

Most respondents for this study were themselves the leaders of sustained suicide prevention efforts. They possessed special social and political skills, determination, creativity, motivation, passion for suicide prevention, and persistence.

Leaders employed diverse skills to help their programs survive and thrive. These key skills included management, development and grant writing, communications, community organizing, strategic planning, and coalition building.

Many leaders were creative and strategic in how they designed their suicide prevention programs to improve the odds of sustainability. One site director, for example, took a sabbatical leave to focus on re-organizing the suicide prevention program and to look for additional funding.

For several sites, sustainability appeared to be largely due to having the individual or entity who coordinated the program during GLS funding continue as a leader postfunding.

At one site, the original program leader, anticipating the end of GLS funding, realized the importance of having a staff person in place to oversee and coordinate the program after the grant ended. Securing funding for this position became one of his top priorities, and he was successful. In his interview, he stated that without the addition of that staff person, the suicide prevention program would likely have withered.

"[Y]ou have to fight with a lot of statistics and passion. My fighting didn't fall on deaf ears."

- GLS campus grant alumni

Partners

Partners were essential, both for conducting effective GLS suicide prevention programs and for sustaining those programs after the funding ended. In some instances, partners helped to expand suicide prevention efforts beyond the scope of the GLS grant program, thus improving the prospects for sustainability beyond the grant.

One campus site was concerned that suicide prevention was only seen as a counseling center issue. The GLS program leadership set out to identify partners who could help establish suicide prevention as a campus-wide issue and therefore make the GLS efforts a campus-wide program. Program staff emphasized that everybody in the campus community (students, faculty and staff), not just the counseling center, had a role to play to prevent suicide in the campus community. Program staff set out to ensure that different partners on campus owned aspects of their suicide prevention effort, and their efforts resulted in broader involvement, even beyond traditional suicide prevention partners. For example, screening and education were integrated into student orientation programming.

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"[The tribal council] passed the resolution; that's huge. Now all first responders are mandated to report suicides. There are all these different pieces of information that's now available to us and if we didn't have GLS that would not have happened."

-GLS tribal grant alumni

Partner Roles

Partners served in a variety of roles and functions to support sustainability:

- Building trust and buy-in throughout the community (e.g., partners helped to make introductions and connections to key community leaders).
- Helping to raise awareness (e.g., partner organizations helped programs engage a larger audience).
- Generating external support (e.g., partners helped sites strengthen and expand their efforts, demonstrating the strength and viability of the program, which occasionally resulted in additional resources).
- Sharing resources (e.g., partners collaborated on additional grant applications, provided resources, and became an alternative source of funds for GLS funding).
- Building infrastructure (e.g., partners facilitated opportunities to expand suicide prevention efforts beyond the scope of the GLS program, in one case leading to an independent state coalition and state strategic plan).

"The notion of doing collaborative work when you're doing this is critical in terms of sustainability.

[Partnerships] offer the opportunity to continue doing this work, because everyone has an investment in the outcome. . . . It becomes something that they take ownership of."

-GLS campus grant alumni

Diversity of Partners

Program partners varied widely across the sites interviewed, and represented a range of organizations, agencies, and groups. Each site chose key partners who were appropriate for their site and program goals. Examples include:

- Hospital staff (e.g., emergency department personnel, social workers)
- University leaders (e.g., dean of students, professors)
- Tribal leaders
- State, county, and local government agencies (e.g., public health, education)
- Suicide prevention and mental health nonprofit organizations
- Suicide prevention coalitions
- Community advocates
- Survivors of suicide loss groups

"You always have to be searching for ways through partnering to maximize resources and new funding sources to continue your efforts.

Working in Indian Country, all successful efforts are based on relationship building."

-GLS tribal grant alumni

Partner Skills and Resources

In addition to bringing fresh perspectives, resources, and support, partners also brought different skill sets that benefited suicide prevention efforts.

For example, one campus site worked with IT experts to develop an e-learning training course in suicide prevention. Engaging the IT experts as partners, and not solely as subcontractors, helped the IT experts become joint stakeholders in the success of the e-learning training program. When the GLS grant ended, these partners continued to support the course and maintain the site. In addition, they are now working to expand the e-learning training to a larger audience, and are building the capacity

to offer continuing education credits (and thus charge a nominal fee), which will go towards supporting and maintaining the site. Had the IT partners not been involved during the grant, the resources needed to maintain the site and later expand access to offsite individuals would not have been possible.

This site's combination of a valuable partnership and a sustainability mindset led them to develop an innovative, sustainable model for maintaining the e-learning course.

"GLS was definitely an impetus, not only for training a lot of people, but bringing people together as part of a collaborative effort. I don't think there would be as much collaboration in our state today if we had not had three years of GLS funding."

-GLS state grant alumni

Coalitions and Planning Groups

Many sites created coalitions and advisory boards to provide opportunities for collaboration and a venue for partnerships to develop and flourish during the GLS grant. At some sites, these entities did not survive beyond the end of the grant due to leadership turnover, a lack of coordination, or a lack of group productivity; at others, this infrastructure was essential to sustaining suicide prevention efforts.

"The Prevention Coalition plays an important part in increasing capacity . . . we changed the management of the coalition from an off reservation agency to an in house prevention management team which includes community members. This brings a level of . . . trust to those who come to the table."

—GLS tribal grant alumni

FROM THE FIELD-CAMPUS

Partners as champions for suicide prevention

"[Having engaged partners] has been huge because, through needs assessments and other venues, the committee has established strategic plans and action steps, and they are engaging the whole campus community."

"[Following the grant] there were people who became much more active on the health advisory board's subcommittee on mental health and suicide prevention. There were some people that really started to shine."

-GLS campus grant alumni

Building partnerships:

The GLS effort on one campus developed a health advisory board that reported to the chancellor and included three subcommittees (mental health and suicide prevention, alcohol and other drug prevention, and sexual assault and violence prevention). The advisory board was chaired by one faculty member and one staff member; the mental health and suicide prevention subcommittee had approximately 15–20 people, representing faculty, staff, students, and community members.

"The mental health and suicide prevention committee has taken on—which was my goal from the beginning—the breadth of the mental health and suicide prevention activities, so now it is not just a counseling center effort. Efforts are focused on the whole campus and community at large."

-GLS campus grant alumni

Funding

Funding emerged as the most important factor for sustainability across all sites. The sites interviewed used three main strategies to secure resources to continue their suicide prevention efforts:

- 1. Built strong linkages with various partners, who then contributed resources to the effort. This was the most common strategy and typically involved piecing together a number of small grants from various sources to continue suicide prevention programing.
- 2. Replaced GLS funding with other large federal grants (e.g., Methamphetamine and Suicide Prevention Initiative) or new sources of state funding (e.g., new line item funding suicide prevention in the state budget). This allowed sites to continue many of their GLS grant activities. As a result of the GLS grant funding, these sites had built infrastructure and momentum, which helped them garner additional funding from other sources.
- 3. Integrated grant activities into a larger organization. This was a rare but effective path to sustainability as suicide prevention activities were absorbed into other organizations and departments and their respective budgets. Some campuses integrated suicide prevention efforts so thoroughly into a larger organization that those integrated pieces continued independently of other funding and instead relied on other programs or departments' internal resources (including staff time and budgets) to continue to support the suicide prevention effort beyond the GLS grant

For all sites, at least some level of funding or additional resources was necessary to sustain suicide prevention efforts. In particular, several respondents emphasized the importance of securing funds to support staff time to coordinate ongoing suicide prevention efforts (e.g., organizing trainings), as activities were unlikely to continue without some level of central coordination.

Respondents also reported that sustainability does not necessarily require large amounts of funding or resources to continue. Several sites continue to perform similar

programming with only modest amounts of additional funding. Nonetheless, if these sites had not been able to secure at least some financial support, their suicide prevention efforts likely would have ceased.

"The fact that we were funded for three years allowed us to gain some real momentum. As a result we are really continuing to sustain those efforts.

Once you've built the system, it doesn't require the same kind of funding to keep it going.

It's one thing to maintain a house as opposed to building the home. We had the money to build the house [from the GLS grant] and now we are maintaining it.

We don't do anything as a standalone program. [Suicide prevention] is a piece of almost everything we do now."

-GLS campus grant alumni

Sites managed to provide nearly the same services after the end of GLS funding by using various strategies:

- Integrated program components into a larger organization
- Tapped into partner resources (financial and other)
- Reconfigured the program to adjust for fewer resources
- Used technology in place of face-to-face communication
- Stockpiled resources towards the end of the grant (e.g., ordering materials, re-certifying trainers)
- Found a champion-Someone who was willing and able to provide addition resources (e.g., a legislator willing to advocate for state funding, a tribal council willing to support a resolution, and a university administrator willing to support staff' time to develop the suicide prevention program)

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While all of these strategies may have been successful in sustaining efforts one year after grant funding, some are more sustainable in the long term than others. For example, stockpiling materials or re-certifying trainers may sustain program activities in the short-term, but they do not establish a long-term solution, as additional resources will be needed when materials run out or certifications expire.

Grant-Funded Staff

Sites varied in their approach to hiring personnel with GLS funds.

Some sites felt it was crucial to hire someone full-time with their GLS funding. These sites were often creative in the title they gave the position, recognizing that if the title was specific to GLS (e.g., GLS coordinator), it would be difficult to retain the position when the grant ended.

Other sites felt it was better to avoid hiring someone whose position solely relied on grant funding, unless a commitment was secured ahead of time from another funding source to continue the position when the grant ended. §

FROM THE FIELD—CAMPUS

"I purposely did not call the staff person a grant coordinator, because when you bring on a staff person and call them a grant coordinator, when the grant is over, it's very high risk for that person not to be continued.

So I called that person a mental health outreach coordinator, and I made the position indispensable.

That position was maintained as a mental health outreach coordinator, and they still coordinate outreach activities that we initiated through the grant.

I think it's important what title that person has, and how much you are communicating back to administration about the importance of that position.

You have to communicate that losing that position would be detrimental and high risk to the community."

-GLS campus grant alumni

The unique course that each site followed to sustain its efforts suggests that no "one-size-fits-all" model exists for sustaining suicide prevention efforts.

Each program and community must find its own path to sustainability. Successful programs combined their individual situation, program goals and objectives, leadership, partners, and resources to develop a strategic and sustainable approach to suicide prevention. The recommendations that follow are based upon the experiences of the sites interviewed in this study.

RECOMMENDATIONS

Adopt a sustainability mindset: Maintain a vision of sustainability throughout the program cycle—from design to implementation to evaluation. Programs should design their program and select goals and activities recognizing that the majority of funding exists for a limited time only. Program leadership should create a vision for what they want to have in place when funding ceases. The sustainability mindset should not only impact program planning, but should also influence decision making and course adjustments throughout the duration of the grant.

Build Momentum: Inspire and catalyze momentum for suicide prevention efforts in your setting and community. If broad support and momentum for suicide prevention does not already exist before a program starts, programs should inspire or otherwise develop the impetus among stakeholders to sustain efforts. Programs should engage diverse stakeholders (e.g., local coalitions, community groups, university administrators, community advocates, and other leaders unique to their setting) to build support for suicide prevention in the community.

Foster strong leadership: Deliberately select and/or cultivate a strong leader to spearhead suicide prevention efforts. Programs should identify consistent and qualified leadership to increase their ability to continue suicide prevention efforts after GLS funding ends. Programs should deliberately select a strong leader from the outset or commit to cultivating a strong leader throughout the grant program and beyond. Because leadership is so crucial, efforts to identify additional funding should prioritize resources to support staff time so that coordination and leadership of suicide prevention efforts can continue once the initial funding ends. Considering the high level of turnover in GLS and other suicide prevention programs, programs should also deliberately foster the next generation of suicide prevention leadership in the community.

Cultivate Partnerships: Identify and establish strong relationships with a variety of partners so they become joint stakeholders with a vested interest in the success of suicide prevention efforts. Programs should strategically select diverse partners recognizing that the partners needed to launch a suicide prevention effort may be different from the partners needed to sustain that effort. Programs should develop a clear purpose and vision for their partners, and coalition/task force/advisory group, and should continually assess which partners are at the table and which may be missing who could help sustain suicide prevention work.

Secure additional funding and/or resources to sustain suicide prevention efforts. Programs should strategically plan how their program will identify new resources. Programs should prioritize securing resources to support staff time to coordinate ongoing suicide prevention efforts (e.g., organizing trainings), as activities are unlikely to continue without some level of central coordination. Recognize that many programs have found that even a low level of continued financial support can sustain activities after the grant has built the supporting infrastructure and capacity.

IDEAS for **ACTION**

The following list offers some concrete examples of how suicide prevention programs can implement the recommendations from this report.

During Program Planning

- Conduct a thorough needs assessment to identify programs and strategies that fit your community's needs.
- Develop or re-write program goals to deliberately differentiate between activities that are time limited and will be
 accomplished by the end of the grant and those which will require additional resources to sustain following the
 end of funding.
- Use the sustainability tools listed under Sustainability Resources (See Appendix F on page 81) to develop a sustainability plan.
- Hold a planning meeting focused on sustainability before the grant begins.
- Create a vision statement with your team and partners which outlines the long-term legacy you want to have in place when your suicide prevention grant ends
- Create a plan to monitor grant implementation and evaluate outcomes.

During Program Implementation

- Invite diverse stakeholders to join your coalition/task force/advisory group to cultivate shared leadership that can continue efforts at the end of funding.
- Draft clear, agreed upon partner roles and expectations. Establish the expectation that partners should help
 provide or cultivate the resources needed to sustain efforts (e.g. providing in-kind donations, partnering on
 grant proposals, including suicide prevention activities in their organization or department's budget).
- Identify and involve partners who can contribute critical skills to the suicide prevention effort over the long term. For example, partner with heath care or public health financing experts who can assist in identifying additional funding streams for suicide prevention activities to continue beyond the grant.
- Regularly review program evaluation data with stakeholders to make strategic decisions about which program elements should be sustained after the end of the funding and which should not.
- Create a succession plan to ensure a smooth transition when there is a planned or unplanned change in the leadership.
- Document and share your program's successes using both quantitative and qualitative data and stories (e.g., social media, press release, you tube video, documentary, presentations to stakeholders).
- Revisit your sustainability plan on a regular basis with the project team and partners, to ensure that program activities are adjusted with a view toward the long-term vision.

Setting-Specific Action Steps

Campuses

 Meet with administrators and university leadership to let them know how suicide prevention efforts are improving student mental health and other outcomes. Present data and anecdotal evidence showing that the whole campus benefits from an investment in suicide prevention (e.g., increased student retention, improved academic performance.)

- Engage diverse stakeholders in campus suicide prevention efforts. Recruit nontraditional partners from both on and off campus to join your campus advisory group (e.g., the athletic director, faith leaders, information technology, local businesses).
- Join the local community suicide prevention coalition to build momentum and support for campus suicide prevention in the wider community.
- Build suicide prevention into existing systems and processes so that they continue beyond funding (e.g. student/staff orientations, course curriculum content).

States

- Partner with state agencies that have an interest in suicide prevention to address common goals (e.g., education, juvenile justice).
- Request that partner agencies write suicide prevention-related goals and objectives into their respective grants
 and programs. For example, add an RFP requirement that state juvenile justice grantees need to have crisis
 protocols in place.
- Work closely with state, regional and/or local community suicide prevention coalitions to build momentum and local capacity across the state.
- Diversify funding streams by asking public and private community partners to provide in-kind and funding resources to support state suicide prevention work.
- Identify suicide prevention champions in other state-level programs to facilitate collaboration. For example,
 partner with the substance abuse treatment program to train substance abuse treatment providers in assessing
 and managing suicide risk.
- Communicate program successes to public and private sector leaders in the state (e.g., governors' staff, key legislators, business leaders, health system leaders).
- · Host annual state house events to educate policymakers about suicide prevention efforts in the state

Tribes

- Engage elders and other influential members in the community in program efforts to generate broad community support to sustain suicide prevention work.
- Actively engage youth and other community members to participate in the planning, implementation and evaluation of suicide prevention activities.
- Encourage the community to take ownership of program activities. For example, ask community members or youth to give the program a name that is life affirming and reflective of the culture, customs and traditions that they seek to instill.
- Develop a newsletter or other means of communication to update the community on suicide prevention efforts.
- Partner with tribal programs that have an interest in suicide prevention to address common goals (e.g., education, juvenile justice).
- Cultivate suicide prevention champions in diverse tribal programs, beyond the suicide prevention program (e.g. Indian Child Welfare, Indian Education, injury prevention, mental health treatment, violence/domestic violence prevention, substance abuse prevention and treatment, housing).
- Be visible; host community events to keep suicide prevention on the agenda among the community.
- Communicate program successes to Tribal elected officials.

STUDY LIMITATIONS

The results of this study are limited with respect to the population of focus and by the proportion of sites within this population that chose to participate. The study included GLS grant alumni that were at least one year beyond the period of GLS grant funding. Selecting a different criterion for inclusion in the study would have produced a different sample and could have led to different results. No information was available from the sites that chose not to respond to the survey. Sites that were better able to sustain activities and staff members may have been more likely to respond to the survey.

Additionally, despite multiple follow-up attempts, only 36 of the 68 sites (53%) responded to the request to take part in the survey, which was the source of all quantitative findings and the basis for selecting the 15 interview sites. At least in some cases, this was because the person who was present during GLS funding was no longer with the site. It is possible that the 36 sites that responded differed from the 32 sites that did not respond; particularly if sites that were better able to sustain activities and staff members were more likely to respond to the assessment. This could make the results appear much more positive than if we had received responses from all 68 potential sites.

Each of these factors, combined with the heterogeneity in the interview findings may limit the generalizability of the findings. These limitations should be considered by those who seek to use these findings to develop policy or make program decisions. §



This study revealed that many GLS grant alumni continue to advance suicide prevention within their states, tribes, and campuses one year or more following the end of their federal funding. The findings identify several factors (sustainability mindset, momentum, leadership, partners and funding) that played an especially important role in the sustainability of GLS suicide prevention programs. These factors are similar to those identified by Mancini et al. (2009) in their interviews of 92 U.S. Department of Agriculture youth-at-risk grants five years after funding ended (see Figure 6).

Figure 6. Factors that can affect sustainability

Planning Early planning for sustainability

Leadership Stable leadership

Support

Ability to generate intense community support

Funding

Adequate funding Continuing federal support

(Source: Continuity, success, and survival of community-based projects: The national youth at risk program sustainability study. Mancini, J. A., Marek, L. I., & Brock, D. J. 2009.)

The survey and interview findings reinforced that at least some funding and resources are needed to sustain suicide prevention efforts, even though sustainability was attainable even with significantly lower levels of funding. The sites interviewed for this study each used a different combination of strategies, suited to their own unique setting and situation, to ensure their suicide prevention efforts could continue beyond grant funding.

Survey and interview findings revealed some other important considerations in planning for sustainability. The findings demonstrate that sustainability should be addressed from the onset of the program and continue through implementation and evaluation. Evaluation was among those activities which declined most significantly after grant funding across survey respondents, yet the interviews revealed how important evaluation data are in demonstrating the impact and success of suicide prevention activities. The survey also found that training activities declined after the end of the grant, and some sites interviewed told the story of how unsupported



gatekeeper trainers ceased their training work after the end of the grant. These findings offer important considerations, as training is a central element of many suicide prevention programs across the country, and evaluation is rarely prioritized for sustainability after grant funding has ended.

In light of this study's recommendations and other considerations from the findings, programs should critically examine needs, resources, culture, leadership, partnerships, readiness and support to ascertain how this study's broad recommendations translate to their own context.

By creating a vision and a plan for sustainability, leaders, task forces, staff, and stakeholders can contribute to a lasting suicide prevention infrastructure that has the potential to save lives today and into the future.

"[I]t's easy to get pre-occupied with continuing existing activities, protecting people's jobs, and trying to replace every dollar of the original grant. But for many, suicide prevention after the grant ends looks quite different than it did during the life of the grant. As you go through the sustainability planning process, remember: Your goal is to sustain suicide prevention efforts. What that looks like may change over time, but keeping an eye on that ultimate endpoint can help you step back from specific activities and personnel to make a plan that has impact beyond the end of the grant." (SPRC Sustainability Planning Tool for GLS Grantees).

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Appendices

Appendix A: Survey Tool

SPRC Sustainability Study of Garrett Lee Smith (GLS) Memorial Act Alumni Tribal Grantees—Cover Letter

To: [Name]

From: [Name], Suicide Prevention Resource Center (SPRC) Re: SPRC Sustainability Study of Tribal GLS Alumni Grantees

With the launch of the National Action Alliance for Suicide Prevention in 2010 and the release of the new National Strategy for Suicide Prevention just last year, more attention than ever is now focused on developing best practices and on identifying what this nation is already doing to prevent suicide. To that end, the SPRC is studying GLS suicide prevention programs to learn how to best sustain those critical initiatives.

The study consists of two phases. First, all GLS alumni sites at least one year beyond the period of federal funding are being asked to participate in a brief online questionnaire. This questionnaire will identify the extent to which alumni grantees were still engaged in suicide prevention efforts one year beyond the period of federal funding. The survey takes about 15 minutes and asks about capacity, implementation, programs, policies, practices, and factors that may have contributed to sustainability.

In the second phase, SPRC will conduct semi-structured phone interviews with 10-15 selected respondents to learn more about each site's sustainability successes.

The questionnaire is not intended to rate site performance, and the findings will not be used to make comparisons between GLS alumni sites. Tribal names will not be associated with responses.

The survey should be completed by the individual who is most familiar with the programs, policies, and/or practices your site added, modified, or expanded with GLS Grant resources.

What We Are Asking You to Do

- 1. Please take a moment to go to this website: [link] and indicate whether or not you are interested in taking part in the brief online questionnaire. If you are interested, you will be taken directly to the survey. If you are not interested, we will not contact you again regarding this matter.
- 2. For those who choose to participate, please answer the questions in the survey and indicate at the end whether or not SPRC may contact you to take part in a 45-60 minute follow-up interview by phone at a later date to elaborate on your responses. Please note that not all individuals who agree to the interview will be contacted; only a sub-set. You can stop and save your answers at any point while taking the survey and then continue later where you left off.

Thank you for your time and consideration. We look forward to completing this study and sharing the findings to support you and other suicide prevention practitioners in the field in your efforts to implement and sustain suicide prevention best practices.

Sincerely,

[Name], Suicide Prevention Resource Center

SPRC Sustainability Study of Garrett Lee Smith (GLS) Memorial Act Alumni Tribal Grantees—Online Survey

SURVEY PARTICIPATION

As described in the introduction letter, SPRC is asking all GLS alumni sites that are at least one year beyond the period of federal funding to participate in a brief online questionnaire. The purpose is to identify the extent to which alumni grantees were still engaged in suicide prevention efforts at least one year beyond the period of federal funding. The survey, which should only take about 15 minutes to complete, asks about capacity, implementation, programs, policies, practices, and factors that may have contributed to the sustainability of each.

| ☐ NO, I do not want to participate. [OPTED-OUT] |
|--|
| ☐ YES, I am willing to participate. [SENT TO SURVEY] |

CAPACITY AND IMPLEMENTATION

Would you like to participate in this survey?

The first three questions in this survey ask about your site's: (1) capacity to address suicide prevention, (2) degree of implementation, and (3) level of funding at three points in time—one year before GLS funding, during GLS funding, and one year after GLS funding. The purpose is to help us understand the ebb and flow of suicide prevention work over time and your site's capacity to conduct this work. When answering these questions, think about all suicide prevention activity, regardless of whether it was funded directly with GLS dollars.

1. Overall, how would you rate your site's capacity (e.g., staff, organizational resources, funding) to address the issue of suicide prevention:

| | Poor Capacity | Fair Capacity | Good Capacity | Very Good Capacity | Excellent Capacity | Don't Know |
|---|------------------|------------------|------------------|-----------------------|-----------------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | | |
| At its peak during GLS funding | | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | | |

2. How would you describe the level of suicide prevention activity (either directly or through subgrants) at your site:

| | No Activity | Low Activity | Moderate Activity | High Activity | Very High Activity | Don't Know |
|---|-------------|-----------------|----------------------|------------------|-----------------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | | |
| At its peak during GLS funding | | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | | |

3. Think about the average level of funding your program received from ALL sources during the GLS grant period (including no-cost extension). Compared with that level, what was the level of suicide prevention funding at your site:

| | Much Lower | Somewhat Lower | About the Same | Somewhat Higher | Much Higher | Don't Know |
|---|---------------|-------------------|-------------------|--------------------|----------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | ٠ | | | | | |

PROGRAMS, POLICIES, AND PRACTICES

The next series of questions asks about the *specific* ways your site sought to prevent suicide. The purpose is to learn about the programs, policies, and/or practices your site implemented. Think about all suicide prevention activity, regardless of whether it was funded directly with GLS dollars. **When answering these questions, please think about programs, policies, and practices that were implemented either directly or through subgrants.**

4. Did your site enhance monitoring and surveillance systems in tribal settings:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

5. Did your site develop or enhance suicide prevention coalitions in tribal settings:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

6. Did your site increase collaboration among suicide prevention organizations and stakeholders in tribal settings:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

7. Did your site train staff in youth-serving organizations to identify and refer youth at risk for suicide:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

8. Did your site train providers in health, mental health, and/or substance abuse settings in assessing, managing, and treating youth at risk for suicide:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

9. Did your site increase screening of youth at-risk for suicide:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

10. Did your site create or expand referral networks:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

11. Did your site develop or improve crisis response protocols:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

12. Did your site increase collaboration with crisis centers to provide enhanced services for youth:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

13. Did your site develop or expand crisis response networks or teams:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

14. Did your site increase access to clinical case management staff for youth at risk for suicide:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

15. Did your site increase education and awareness of suicide issues (including help seeking and reducing access to potentially lethal means of self-harm messaging):

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

16. Did your site develop or expand a local suicide prevention hotline:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

17. Did your site promote use of suicide prevention crisis hotlines (including the National Suicide Prevention Lifeline):

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

18. Did your site promote help seeking behaviors:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

19. Did your site implement youth peer programs:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

20. Did your site implement cultural and life skills activities to promote protective factors:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

21. Did your site implement evidence-based programs in schools or community settings (e.g., American Indian Life Skills, Sources of Strength):

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

22. Did your site evaluate suicide prevention activities:

| | No | A Little | Somewhat | Extensively | Don't Know |
|---|----|----------|----------|-------------|---------------|
| Roughly one year <u>before</u> GLS funding | | | | | |
| At its peak during GLS funding | | | | | |
| One year <u>after</u> all GLS funding (including no-cost extension) ended | | | | | |

23. What, if any, other programs, policies, and/or practices that were initiated with GLS funding were still in place at your site one year after all GLS funding (including no-cost extension) ended?

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SUSTAINABILITY FACTORS

In this last section, we would like to know a little more about your site's experience trying to continue suicide prevention efforts after all GLS funding (including no-cost extension) ended.

- 24. In your opinion, what was the <u>single</u> most important thing your site was able to continue after all GLS funding (including no-cost extension) ended?
- 25. How important was each of the following to your site's continuing efforts to prevent suicide after all GLS funding (including no-cost extension) ended?

| | Not At All Important | Not Very Important | Somewhat Important | Mostly Important | Very Important |
|--|-------------------------|-----------------------|-----------------------|---------------------|-------------------|
| Consistent and qualified staff | | | | | |
| Consistent and qualified leadership | | | | | |
| Support from Elders/Tribal Council Members | | | | | |
| Support from the community/local champions | | | | | |
| Financial support (funding/endowments) | | | | | |
| In-kind support/Volunteers | | | | | |
| Collaboration among agencies or partners | | | | | |
| Policies and procedures | | | | | |
| Legislation, resolutions, mandates | | | | | |
| Materials (e.g., manuals) for future staff | | | | | |
| Formal sustainability planning | | | | | |

- 26. Please identify any other specific things you feel were important to your site's continuing efforts to prevent suicide after all GLS funding (including no-cost extension) ended.
- 27. May SPRC contact you at a later date to take part in a 45–60 minute telephone interview to explore some of your responses to this survey in greater depth? □ NO □ YES
- 28. Please provide any additional comments that you feel are relevant to this assessment.

Appendix B: Sustainability Scale Construction

A sustainability scale score was created for each of the sites that responded to the survey. Emphasis was placed on identifying those sites that reported being at the same level of activity or higher one year after all GLS funding as they were during GLS funding.

For each of the 16 programs, policies, and practices assessed in the survey, the following scoring rubric was applied:

- One point was awarded for staying the same—that is, giving the same rating for the peak of GLS and after GLS time periods.
- One point was subtracted for giving a lower rating in the after GLS time period than in the peak of GLS time period.
- If the rating for the after time period was higher than for the peak of GLS time period, the difference between the two ratings was multiplied by two. The rationale was that this was such an important achievement that it deserved to be weighted heavily.
- A mean was calculated from the scores to all items to control for the different numbers of items among respondents.
- The sustainability scale score measures the difference in activity between the two points in time (during GLS activity and one year after). Therefore, a negative number or lower number represents a larger difference (or drop) in activity between the two time intervals, and a higher sustainability score represents more sustained suicide prevention activity.
- Respondents were then ordered by their sustainability score.

A total of 15 sites were chosen for interviews: 13 sites were selected based on their sustainability scores (9 campuses, 3 states and 1 tribe), and 2 additional tribal sites were selected to ensure the tribal experience was well-represented in the findings, bringing the final selection of sites for interviews to 9 campuses, 3 states and 3 tribes.

Appendix C: Interview Guide

Site Name:

Approximately one month ago, you completed a sustainability survey that was conducted by the Suicide Prevention Resource Center. As part of this survey, you kindly agreed to let us contact you and ask additional questions. I am calling to ask you to take part in an interview to elaborate on your earlier responses. The purpose of this interview is to learn more about how you were able to sustain your suicide prevention efforts. This information will be incorporated into a report that has the potential to benefit other grantees and the field, in general.

Before I begin, I would like to ask your permission to do several things related to how we will be collecting and processing the data:

| • | May I record the interview? ☐ Yes ☐ No |
|---|---|
| • | May I use the information anonymously in our report of findings? ☐ Yes ☐ No |
| | Under some circumstances, we may want to quote individual respondents with attribution. |

If this were to occur, we would ask you for permission and would send you the quote we want to use for review.

Would you like all of the information you provide to be treated anonymously, or may we contact you later if we want to attribute any of the quotes you provide?

All Anonymous

Okay to Quote Following Review

[Interviewer starts recording.] Thank you. Before I begin do you have any questions for me first?

Let's begin. I will start with some broad questions and then get more specific.

- What led your <u>site</u> to focus on suicide prevention? (<u>prior</u> to receiving GLS funding)?
 [Prompt: Was it in response to a specific event? Compelling data? A group or individual?]
- 2. How, if at all, have the factors that led your <u>site</u> to focus on suicide prevention changed over time between then and now?
- 3. What did your <u>campus</u> first do to respond to the need for suicide prevention <u>prior</u> to receiving GLS funding? [Prompt: What kinds of suicide prevention efforts and activities were put in place before GLS?] [Interviewer Note: Don't get bogged down talking about every single program, policy, and practice that they put into place prior to GLS. The purpose here is to get a very high level picture of what they were doing. If the respondent begins to get overly detailed, don't hesitate to ask them to speak more broadly or to move on to the next guestion]
- 4. What difference, if any, did getting GLS funding make to your suicide prevention efforts?
- 5. What difference, if any, did the end of GLS funding make to your suicide prevention efforts? [Interviewer Note: Only ask the next two questions if they were not already answered above]

- 6. In the survey, you reported your <u>site</u> either maintained or increased its level of activity across a variety of programs, policies, and practices one year post GLS funding. How was your <u>site</u> able to maintain or increase its level of suicide prevention activity despite the loss of GLS funds?
 - [Interviewer Note: If the respondent provides *multiple* responses to question #6 (e.g., funding, leadership, community commitment), ask Question #7. If they only identify one thing in Question #6, skip to Question #8]
- 7. Which of these factors do you think was most instrumental to your <u>site</u> ability to sustain its suicide prevention efforts after the loss of GLS funds?
 - [**Prompt**: Was there a single most important factor you attribute to your <u>site</u> ability to sustain suicide prevention efforts? What was it?]

We've talked a little about the driving forces at your <u>site</u>, the role of GLS funding, and the ebb and flow of suicide prevention efforts. One area that we are particularly interested in is capacity and infrastructure. You indicated in the online survey that your <u>site</u> had [<u>survey response</u>] roughly one year prior to the GLS grant, [<u>survey response</u>] during GLS funding, and [<u>survey response</u>] one year after GLS funding.

- 8. Can you tell me more about the suicide prevention capacity at your site and the way in which it changed over time?
- 9. Think about those people who you feel played the *most* important roles in your <u>site's</u> suicide prevention efforts.
 - a. Let's begin with the period <u>before</u> GLS funding. Who were these people, what were their roles, and what were their contributions?
 - b. Now talk about the period <u>during GLS</u> funding. Did anyone new join the core group? Did anyone leave? Did the level or type of contribution change?
 - c. Finally, let's talk about the period <u>after GLS</u> funding ended. Did anyone new join the core group? Did anyone leave? Did the level or type of contribution change?
 [Prompt: What was their level of involvement helping sustain suicide prevention efforts?]

Now I would like to ask how, if at all, your site planned for sustainability during the grant period.

10. What process, if any, did your <u>site</u> use to plan for sustainability between the point of application and the end of funding? What action steps did your <u>site</u> take to implement (or develop) this plan?
[Prompt: Did your <u>site</u> create a written sustainability plan? Who was involved in the planning? Do you feel that the plan worked? Have you continued to update it moving forward?]

Before ending the interview, I would like to ask you if you have any words of wisdom to share with other grantees and others in the field based on your journey and your experience.

11. What advice would you give other suicide prevention grantees about how to sustain suicide prevention work at their site?

[Prompt: What do you wish you had known when you started your own efforts in this area?]

| 12. | Is there anything else you would like to tell me? Did I forget to ask anything? |
|------|--|
| | we have your permission to contact you if we have any additional questions when we are reviewing the information shared today? |
| Inte | erviewer Checklist |
| | Q1: Original reason for doing suicide prevention. |
| | Q2: Have these reasons changed over time? |
| | Q3: Described efforts/activities in place prior to GLS. |
| | Q4: Difference that GLS funding made to earlier efforts. |
| | Q5: Impact of losing GLS funding |
| | Q6: How site was able to sustain despite loss of funding [maybe answered already] |
| | Q7: Most important contributor to sustainability [maybe answered already; only ask if they identified multiple things under question #6] |
| | Q8: How did site capacity change over time? |
| | Q9: Who were the core contributors at the site? What role did the core contributors play in programming? What role did the core contributors play in sustainability? |
| | Q10: How did the site plan for sustainability? |
| | Q11: Lessons learned to share with others. |
| | Q12: Additional comments |

Appendix D: Sustainability Literature Review

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Social Science Research and Evaluation, Inc. (SSRE) conducted the sustainability literature review.

Background

The Complexity of Sustainability

Hundreds of articles have been written about sustainability, yet little agreement exists regarding a common definition and conceptual model, and a measurement of sustainability remains elusive. The point at which universal agreement exists is with the importance of knowing *how* to sustain effective or promising interventions. The rapid growth of research on sustainability reflects awareness of the need for continuing interventions that effectively deal with serious social and public health problems. Nevertheless, research on sustainability remains stifled by the number and complexity of factors affecting it, along with the enormous obstacles involved in conducting rigorous studies. Observations by Swerissen and Crisp (2007) identify

Sustainability is not static, partially due to simultaneous but divergent pressures within organizations for both continuity and change.

-Swerissen & Crisp

some of the reasons for this complexity. In particular, the authors note that sustainability is not static, partially due to simultaneous but divergent pressures within organizations for both continuity and change. They note further, that sustainability is a transient function of organizational, community, and societal contingencies.

Shediac-Rizkallah and Bone (1998) also explore the complexity of sustainability, noting that the concept is multidimensional and incorporates a variety of processes. For example, a program can be sustained in its original form or within a different organizational structure. It may be divided so that separate components remain. Ownership of a program may be assumed by a community or new organization. Or individuals within a program or a network may be sustained, rather than the initial program.

The Importance of Sustainability

If a problem is sufficiently serious and/or pervasive that it produces widespread demands for redress, it necessarily follows that sustaining an effective intervention is desirable as long as it continues to lessen the problem. Less obvious is the perverse possibility that ending a successful intervention will worsen the problem it had reduced. Ending an effective program dealing with a chronic problem can create disillusion and resentment among stakeholders, thereby increasing the difficulty of initiating further interventions. Funders of innovative programs may become less interested in supporting new programs following frequent failures of previously funded interventions to achieve sustainability.

Sustainability is multidimensional.

Programs can be sustained in their original form, divided into component parts, or assimilated by others.

-Shediac-Rizkallah & Bone

Methods

Scope of this Review

This report reviews sustainability research dealing with mental health and medical interventions. The communalities are interventions dealing with problems affecting humans and requiring assemblage of human and financial resources targeting those problems. As will be shown below, **issues of sustainability are largely content free**. That is, factors affecting the sustainability of a suicide prevention program are similar to those affecting the sustainability of other programs.

Review Methods

A preliminary scan of the literature was conducted by searching for the terms *sustainability, suicide,* and *prevention* in Academic Search Premier, PsychINFO, ERIC, and PubMed. This initial search identified six articles that were judged to be relevant to the current efforts. Following the initial review, the search was broadened to include other nontraditional sources: (1) resources available through SPRC's online library, (2) resources available through the online library maintained by the National Center for Mental Health Promotion and Youth Violence Prevention, and (3) Google Scholar. Regarding the latter, searching for the term *sustainability* in articles published during

Failure to sustain a successful program can create disillusion and resentment among stakeholder and community members.

2012 in the social sciences, arts, or humanities resulted in 1,520 citations. Restricting this pool of citations to review articles reduced the number to 23, but none of these were judged to be sufficiently germane to the present study.

Early in the process of examining the results of the search process, the authors discovered an exhaustive review of the sustainability literature published in 2012 (Stirman et al.). This review, which contained all of the desired features described above, examined all peer review articles published in English prior to July 2011 that included the following terms: sustainability, implementation, long-term implementation, routinization, discontinuation, de-adoption, durability, institutionalization, maintenance, capacity building, and knowledge utilization. The final review conducted by Stirman and colleagues was based on 125 articles—the most relevant of which were retrieved and reviewed.

Findings

The presentation of findings is grouped according to these six broad areas:

- Definitions of sustainability
- 2. Frameworks and conceptual models of sustainability
- Planning for sustainability
- 4. Factors that can affect sustainability
- 5. Sustainability outcomes
- 6. Measuring sustainability

Each of these areas either implicitly or explicitly identify factors that may be important to include in SPRC's assessment of GLS grantee sustainability outcomes.

Sustainable programs, policies, and practices are those that continue to meet the needs of their stakeholders.

Sustainability is the process of ensuring the programs, policies, and practices can be **integrated into ongoing operations**.

-Johnson et al.

Definitions of Sustainability

Investigators studying sustainability recognize the existence of several similar terms that are often used interchangeably. Eleven of these are listed by Johnson and colleagues (2004): confirmation, continuation, durability, incorporation, institutionalization, level of use, maintenance, routinization, stabilization, sustainability, and sustained use. These authors conclude that the "continued ability of an innovation (infrastructure or program) to meet the needs of its stakeholders is central to the sustainability process" (p. 136), and they define sustainability as "the process of ensuring an adaptive prevention system and a sustainable innovation that can be integrated into ongoing operations to benefit diverse stakeholders" (p. 137).

Shediac-Rizakallah and Bone (1998) engage in a comprehensive presentation of defining *sustainability*. They begin by reporting six definitions divided into two groups. Definitions in the first group are based on **health** benefits:

- 1. Sustainability means maintaining sufficient service coverage to manage the target health problem.
- 2. Project sustainability refers to the ability of a project to continue delivering its services.
- 3. A new program is sustainable when it continues to deliver adequate services after major external support ends.

The second group of definitions focus on the **sustainability of the program**:

- 1. Institutionalization connotes a new program succeeding and being integrated into an organization.
- 2. Organizational change, which is sometimes referred to as routinization, institutional change, or incorporation, is the process whereby new practices are adopted into an agency.
- 3. Sustainability can also refer to the capacity of an organization to implement a desired intervention.

Shediac-Rizakallah and Bone (1998) synthesize these different approaches and arrive at the following definition: "Sustainability is the global term we will use hereafter to refer to the general phenomenon of program continuation" (p. 92). At the same time, the authors assert that three different views of sustainability exist: (1) continuing to produce the benefits achieved by the initial program; (2) preserving the initial program's activities within the larger organization; and (3) establishing the capacity of the target community to respond to a problem.

Mancini and Marek (2004) state that "Sustainability is the capacity of programs to continuously respond to community issues" (p. 339). Swerissen and Crisp (2007) identifies three attributes of sustainability: (1) the benefits that are produced over time for individuals and populations, (2) the contingencies which cause the benefits, and (3) the costs of the program resources that are required to achieve them (p. 2). Gruen and colleagues (2012) provide the simplest definition of *sustainability* as the "capability of being maintained at a certain rate or level" (p. 1580). However, they acknowledge that different research traditions have adopted different perspectives when studying sustainability. For example, in the area of health promotion, investigators stress the duration of health benefits. Research on organizational change assesses sustainability from the point of view of ongoing delivery of health programs. Finally, studies of community development focus on the ability of communities and individuals to maintain changes in behavior.

Has the program, policy, or practice been integrated, incorporated, or adopted by the

host agency or others?

From a benefits perspective, does

the program, policy, or practice

continue to deliver adequate services after major external

-Shediac-Rizakallah and Bone

Sustainability can be considered with respect to health benefits, preservation of activities or the contingencies that cause the benefits, and the capacity or capability of organizations and systems to respond to problems or maintain behavior change.

-Shediac-Rizakallah and Bone

Frameworks and Conceptual Models of Sustainability

The search revealed three different frameworks and conceptual models of sustainability where the authors attempted to group factors according to a theoretical continuum or systems perspective. These models can be helpful during survey development as a way to organize and collapse both the questions and accompanying results.

Mancini and Marek (2004) propose a tri-dimensional model of sustainability with the following components:

Part 1, elements associated with sustainability, includes seven elements: leadership competence, effective collaboration, understanding the community, demonstrating program results, strategic funding, staff involvement and integration, and program responsitivity.

Seven Elements Associated with Sustainability

- 1. Leadership competence
- 2. Effective collaboration
- 3. Understanding the community
- 4. Demonstrating program results
- 5. Strategic funding
- 6. Staff involvement and integration
- 7. Program responsivity

-Mancini & Marek

Part 2, *middle-range program results*, involves determining whether programs continue to provide and focus on their original goals, plan for sustainability, and have confidence in their survival.

Part 3, the ultimate result of the program being sustained, simply assesses whether the program is sustained.

Gruen et al. (2008) also propose a tri-dimensional model, although it differs dramatically from that of Mancini and Marek. Gruen et al.'s three model components are (1) health of a population, (2) programs implemented within the population, and (3) "health-program drivers." This model emphasizes bidirectional relationships among all three components.

Johnson et al. (2004) formulate a change model of sustainability comprising five parts:

- Viewing sustainability as a change process consisting of steps to improve the infrastructure and other factors essential to sustain a particular innovation
- 2. Creating an adaptive prevention system
- 3. Identifying "innovation" as the target of what is to be sustained
- 4. Integrating the innovation into the program's normal operations
- 5. Demonstrating the benefits of the innovation to users

Johnson and colleagues' change model is conceptually closest to the intent of SAMHSA funding for GLS grantees (i.e., to increase grantee capacity and promote changes in the local prevention system).

Planning for Sustainability

Beyond simply describing what GLS grantees have been able to successfully sustain after the period of federal funding, this study is also concerned with the decisions, processes, and systems changes that may have contributed to their success. Examining some of the factors that may increase the chances that a program, policy, or practice will be sustained has the potential to help other grantees and implementers address this issue early in their grant implementation cycle. It is important to note that these are not necessarily causal factors, but they appear to be related to positive sustainability outcomes.

Some reviewers comment that planning for sustainability is suggested by most observers to begin after an innovation has been adopted, while other investigators argue for inclusion of sustainability planning within the initial design process for a program (e.g., Johnson et al., 2004). Other writers insist that planning for sustainability must begin with program design in order to maximize success (e.g., Lodl & Stevens, 2002). Similarly, Mancini and colleagues (2009) conclude in their analysis of 92 community-based projects that sustained projects began planning for sustainability much earlier than inactive projects. However, the authors point out that early planning and strategic planning are not sufficient in themselves to guarantee sustainability.

Planning early for sustainability appears to be a necessary, but not sufficient, way to increase the chances that a program, policy, or practice will be successfully sustained.

-Mancini, Marek, & Brock

Johnson and colleagues (2004) propose a five-component sustainability planning model:

- Identify actions for strengthening system infrastructure and innovation attributes essential to sustaining the innovation
- 2. Ensure the sustainability process is part of an adaptive prevention system
- 3. Recognize that it is innovation that will be sustained
- 4. Fully integrate the innovation into the program's normal operations
- 5. Prove that the intervention **benefits stakeholders** prior to adoption and after implementation in a target prevention system

Gruen and colleagues (2008) present a highly detailed list of sustainability planning questions to guide sites in their efforts (see Figure 1). This type of decision-making checklist is designed to prompt a site to think about sustainability from the beginning.

Figure 1. Sustainability planning questions (Gruen et al., 2008)

- 1. Are the components of the system well defined?
- 2. What is the health concern that is being and will be addressed? And how might it change over time as a result of the programme or other factors?
- 3. What is the design of the programme? And how has it been or will it be implemented?
- 4. What factors and which key stakeholders, especially funders, managers, policymakers, and community leaders have affected or will affect the program, and what drives them?
- 5. What are the limitations and opportunities created by the organizational setting, the broader context, and availability of resources?
- 6. Are the interactions between components understood?
- 7. Is the health concern documented?
- 8. Is the health concern recognised by the drivers of the programme?
- 9. Are there appropriate steps to include a beneficiary perspective?
- 10. Are there appropriate steps to gather and report data for health needs and programme effectiveness?

- 11. Is the programme design evidence-based and appropriately targeted at the health concern or its determinants?
- 12. Do the programme indicators address the health concern, its determinants, the programme's implementation and effect, and stakeholders' views and experiences?
- 13. Is a process in place to capture emergent tacit knowledge and emergent research findings from other jurisdictions about the health concern, its determinants, the program's implementation and impact, and prompt periodic reappraisals?
- 14. Is there a dynamic programme design in place so that programme elements can be adapted or dropped if features of the health concern or its determinants shift, if barriers to the achievement of its anticipated effects cannot be addressed, or if the program's anticipated effects are not realised?
- 15. How do key stakeholders influence the programme and what guides their decisions?
- 16. Is the net sum of drivers supporting the programme's initiation and continued development?
- 17. How can the negative programme drivers be addressed?
- 18. What means exist for informing both positive and negative programme drivers of changes in the health concern, its determinants, barriers to achievement of anticipated effects, or shortfalls in realising anticipated effects and engaging them in supporting change?

Factors That Can Affect Sustainability

A number of the articles reviewed for this study identified factors that can affect sustainability along different points in the planning and implementation process. These are not necessarily causal factors, but they appear to be related to successful sustainability outcomes.

Shediac-Rizkallah and Bone (1998) identified three major groups of factors that they conclude influenced the sustainability of the programs they reviewed in their article (see Figure 2). The authors grouped these factors into: (1) project design and implementation, (2) organizational setting, and (3) the broader community environment.

Figure 2. Factors that can affect sustainability

Project Design and Implementation Factors

- Project negotiation process
- Project effectiveness
- Project duration
- Project financing
- Project type
- Training

Factors within the Organizational Setting

- Institutional strength
- Integration with existing programs/services
- Program champion/ leadership

Factors in the Broader Community Environment

- Socioeconomic and political considerations
- Community participation

Source: Planning for the sustainability of community-based health programs: Conceptual frameworks and future directions for research, practice, and policy. Shediac-Rizkallah, M. C., & Bone, L. R. 1998.

Lodl and Stevens (2002) interviewed participants in the U.S. Department of Agriculture (USDA) youth at-risk grants 10 years after the beginning of the initial project and 5 years after funding ended. Their observations of the successful coalitions and their long-term study of both successful and unsuccessful coalitions resulted in a list of 10 lessons learned (see Figure 3).

Figure 3. Factors that can affect coalition sustainability (Lodl & Stevens, 2002)

- 1. Planning for sustainability must be a key part of the project from the very beginning.
- Conducting valid needs assessments is vital to giving the coalition and its work credibility. This also gives
 the coalition a true sense of accomplishment when the project is completed and adds to the likelihood of the
 coalition continuing its efforts.
- 3. Those coalitions that bring together a wider variety of entities that encompass broader community needs prove to be more valued and tend to sustain. For example, county-wide or muti-county coalitions are often more effective as their efforts aren't in competition with each other.
- 4. Statewide or even national cooperation of agencies can serve as a model for local level coalition building and sustenance.
- 5. The most successful coalitions are those that begin their work with a specific goal for their first project. This goal can serve as the catalyst for coalition formation and work.
- Communication among coalition members is key. For example, regular newsletters, in-person meetings, conference calls, annual directories of services, etc., serve to coordinate activities/events of the cooperating members.
- 7. The coalition is more likely to be successful when it seeks to minimize duplication of services and coordinates the efforts among agencies. This is especially true in areas that are sparsely populated and have minimal resources.
- 8. Coalitions most likely to remain a force in the community are those where someone, either a paid staff member or a staff member from one of the partnering agencies, has the responsibility of keeping the coalition functioning.
- 9. Youth membership on coalitions is essential to coalition longevity. Through encouraging youth input into project planning and using youth volunteers to help carry out project goals, all members of the community feel an ownership to the coalition and its work.
- 10. Coalitions that sustain themselves become skilled at securing funding. This funding can be in the form of federal, state, local or private grants, cash donations by local businesses, or in-kind donations.

In another study of USDA grantees (see Figure 4), Mancini and colleagues (2009) identified four factors related to sustainability based on interviews with 92 projects (67 of which were 2 1/2 years post-funding, and 25 which were 1 1/2 years post-funding).

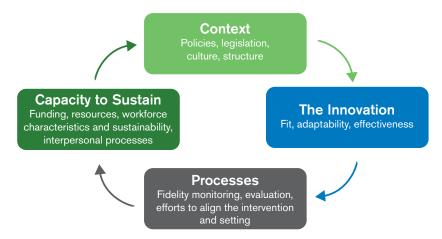
Figure 4. Factors that can affect sustainability



Source: Continuity, success, and survival of community-based projects: The national youth at risk program sustainability study. Mancini, J. A., Marek, L. I., & Brock, D. J. 2009.

Based on an extensive review of the literature, Stirman and colleagues (2012) also grouped the influences on sustainability that they identified into four broad categories (see Figure 5).

Figure 5. Factors that can affect sustainability



Source: The sustainability of new programs and innovations: A review of the empirical literature and recommendations for future research. Stirman, S. W., Kimberly, J., Cook, N., Calloway, A., Castro, F., & Charns, M. 2012.

In addition, the authors' qualitative findings suggest the existence of interrelations and interactions between the above factors. Conversely, the authors point to the absence (or paucity) in their findings of some factors that appear in other conceptual models of sustainability. These include evaluation, feedback, and other quality improvement processes; culture; climate; and characteristics of the innovation.

Swerissen and Crisp (2007) observe that sustainability changes over time as a function of organizational, community, and societal constraints. Unlike other authors, Swerissen and Crisp discuss factors influencing sustainability from the perspective of understanding why programs fail to be sustained. A major problem is faulty program logic. In addition to specifying characteristics of successful program logic, these authors also highlight the crucial role of capacity assessment and identify other important factors that appear to be related to successfully sustaining programs, policies, and practices (see Table 1).

Table 1. Factors that can affect sustainability

| Successful Program Logic | Clearly describes the problem or issue being addressed and its importance. |
|--------------------------|---|
| | Specifies the inputs, strategies, and outputs that will be required to achieve the desired outcomes in relation to the identified issues/problems |
| | Outlines the evidence, which indicates that the proposed means-end logic is effective |
| | Describes changes to existing organizational contingencies which are required, the impact of these changes on existing functions and outcomes, and the cost of change |
| Capacity Assessment | Organizational commitment |
| | Staff skills and competencies |
| | Facilities and technical infrastructure |
| Other Important Factors | Specifying benefits and costs for stakeholders |
| | Minimizing the degree of organizational change that is required |
| | Identifying champions within organizations who will lead efforts for change |
| | Specification of staffing issues, such as recruitment, training, and support |
| | Specification of needed changes in facilities |

Source: The sustainability of health promotion interventions for different levels of social organization. Swerissen, H., & Crisp, B. R. 2007.

Sustainability Outcomes

In the most recent and comprehensive review of the sustainability literature, Stirman and colleagues (2012) arrived at three broad conclusions about what sustainability often looks like in practice (i.e., the most likely outcomes). This is particularly germane to the current study as it helps identify additional lines of inquiry.

- 1. Sustainability of portions of a program was more frequent than continuation of the entire program. This was the case even when the initial program achieved full implementation.
 - a. It was not possible to assess the impact that partially sustained programs had on the target recipients.
 - b. Almost none of the reports of partially sustained programs described the specific changes made in the original program, the reasons for making the changes, or the decision making involving discontinuation of parts of the program.
- 2. The number of studies reporting on the sustainability of recipient effects has increased in the last five years.
- 3. In the subset of sustainability publications where independent fidelity ratings assessed sustainability at the provider level, less than half of the providers continued their earlier practices at high levels of fidelity.

Two immediate questions that will be relevant to the assessment of GLS grantees sustainability efforts are as follows:

- If only a portion of the entire program was sustained, how was this decision made, what was sustained, and what was sacrificed?
- 2. What is the current level of implementation and is it sufficient to produce the desired effects or past successes?

Measuring Sustainability

The scan of the literature identified only one effort at developing an instrument for measuring sustainability (Mancini & Marek, 2004). The authors invited 243 human development and family life professionals to complete a structured survey. The survey was based on earlier interviews with 100 community program personnel. Analysis, primarily with confirmatory factor analysis using the EQS structural equation modeling program, resulted in the *Program Sustainability Index* consisting of 29 items loading on the following six factors:

- 1. Leadership competence
- 2. Effective collaboration
- 3. Understanding the community
- 4. Demonstrating program results
- 5. Strategic funding
- 6. Staff involvement and integratio

The 29 items are presented in the Mancini and Marek (2004) article, along with the discarded items from the original 53-item survey used to construct the index.

Discussion

Although there are many sustainability studies, the common consensus is that the study of sustainability is still in its infancy. For example, Stirman and colleagues (2012) in the most recent and extensive review of the literature conclude, "our review found relatively few comprehensive or methodologically rigorous studies. The majority of the studies were retrospective. Most did not provide an operational definition of sustainability, and fewer than half appeared to be guided by a published definition or model of the concept. Few employed independent evaluation or observation" (Stirman et al, 2012).

These same authors note a serious disconnect between the elements proposed in conceptualizations of sustainability and the sustainability studies or actual programs that they reviewed, "Based on the empirical literature that we reviewed, it is difficult to generalize about influences on sustainability and the long term impact of implementation efforts" (p. 5).

Despite these inherent limitations, future investigators should consider the following when studying sustainability:

- 1. Establish an operational definition of sustainability that is clear, focused, targeted, and easily understandable. For example, sustainability could be defined as the continuation (through various mechanisms) of any grant-funded programs, policies, practices, or services beyond the period of federal funding. This sort of definition would place emphasis on the extent to which grant-funded, evidence-based interventions can live beyond the period of short-term seed money.
- 2. Adopt one of the current conceptual models of sustainability published in the literature. As discussed by Stirman and colleagues (2012), the adoption of an existing model will help organize the development of questions, the presentation of findings, and the creation of consistent technical assistance and training materials for new and ongoing cohorts of grantees. This report identifies several of the more well-established and defined models.

- 3. Consider not only what remains in the communities, but also how programs, policies, practices, and/or services were sustained. Gruen and colleagues (2008) identify a number of sustainability planning questions that sites should consider from the moment of award—or even pre-award in some cases. Systematically tracing back from sustained interventions to the earlier decisions and efforts to sustain them may be the most important findings from later phases of this study.
- 4. Consider not only *what* was sustained and *how* it was sustained, but also compare and contrast this with the specifications of the original program, policy, practice, or service that was supported with GLS funding. Based on the work by Stirman and colleagues (2012), it would be essential to answer the following questions:
 - If only a portion of the entire program was sustained, how was this decision made, what was sustained, and what was sacrificed?
 - What is the current level of implementation, and is it sufficient to produce the desired effects or past successes? In other words, is what remains largely symbolic or has it been sustained at an appropriate level to continue to expect progress towards the goals and objectives of the comprehensive strategic community suicide prevention plan?

Appendix E: Detailed Data Analysis

Screening Survey and Interview Site Selection Process

Survey Development:

The final version of the survey was submitted to EDC's Institutional Review Board in February 2013 and the study was granted an exemption. The survey was pilot tested with three GLS alumni grantees and revised prior to launch. The online survey was open for a period of four weeks between mid-February and mid-March 2013.

All GLS alumni grantees that were at least one year beyond the period of federal funding (including no-cost extensions) were asked to participate. The respondent pool consisted of 53 campus GLS alumni, 11 state GLS alumni, and 4 tribal GLS alumni. Survey responses were received from 25 of the 53 campus sites (47%), 8 of the 11 state sites (73%), and 3 of the 4 tribal sites (75%). The overall response rate for the screening survey was 53% (36 of 68 potential respondents).

The survey asked questions across five different areas:

- The site's assessment of their <u>capacity</u> (e.g., staff, organizational resources, funding) to address the issue of suicide prevention—one item that asked respondents to rate their level of capacity roughly one year before GLS funding, during GLS funding, and one year after GLS funding (including no-cost extension) ended [Poor Capacity, Fair Capacity, Good Capacity, Very Good Capacity, Excellent Capacity].
- 2. The overall level of suicide prevention <u>activity</u>—one item that asked respondents to describe the level of activity roughly one year before GLS funding, during GLS funding, and one year after GLS funding (including no-cost extension) ended [No Activity, Low Activity, Moderate Activity, High Activity, Very High Activity].
- 3. The average level of <u>funding</u> the program received from all sources roughly one year before GLS funding and one year after GLS funding (including no-cost extension) ended in comparison to during GLS funding—one item [Much Lower, Somewhat Lower, About the Same, Somewhat Higher, Much Higher].
- 4. The level of activity across 16 <u>programs</u>, <u>policies</u>, <u>and practices</u>—16 items that asked respondents to describe the level of activity roughly one year before GLS funding, during GLS funding, and one year after GLS funding (including no-cost extension) ended [No, A Little, Somewhat, Extensively].
- 5. The importance of 11 different <u>factors</u> in contributing to the site's continuing efforts to prevent suicide after all GLS funding (including no-cost extension) ended—one matrix item [Not At All Important, Not Very Important, Somewhat Important, Fairly Important, Very Important].

The survey analysis accomplished two goals: (1) characterized the GLS graduate sites and (2) identified sites to interview.

Data Analysis

Capacity

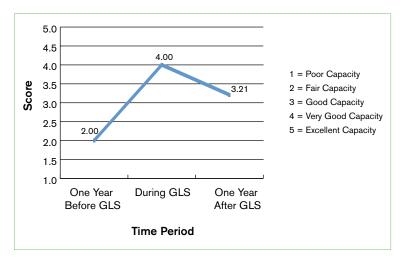
Respondents were asked to rate their site's capacity (e.g., staff, organizational resources, funding) to address the issue of suicide prevention across three time periods on a 5-point Likert scale. As shown in Table 1, the largest proportion of respondents (57%) reported that there was *fair capacity* at their site roughly one year before GLS funding, 50% reported that there was *very good capacity* at their site during GLS funding, and 39% reported that there was *good capacity* at their site one year after all GLS funding ended.

Table 1. Ratings of site suicide prevention capacity before, during, and after GLS

| | Poor Capacity | Fair Capacity | Good Capacity | Very Good Capacity | Excellent Capacity | Mean (1-5) |
|---|------------------|------------------|------------------|-----------------------|-----------------------|---------------|
| Roughly one year before GLS funding (n = 30) | 7 (23%) | 17 (57%) | 5 (17%) | 1 (3%) | 0 (0%) | 2.00 |
| During GLS funding (n = 32) | 0 (0%) | 1 (3%) | 6 (19%) | 16 (50%) | 9 (28%) | 4.03 |
| One year after all GLS funding (including no-cost extension) ended (n = 33) | 1 (3%) | 7 (21%) | 13 (39%) | 8 (24%) | 4 (12%) | 3.21 |

Across the 29 respondents who provided a rating at all three time points, there was an increase in self-reported site capacity from roughly one year before GLS funding (mean = 2.00) to the peak of GLS funding (mean = 4.00), followed by a decrease one year after all GLS funding ended (mean = 3.21) as Figure 1 illustrates. The difference between each of the three time points was statistically significant, indicating that site capacity increased significantly from before the grant to the peak of the grant and then declined significantly one year after all GLS funding ended. However, the level of site capacity one year after all GLS funding was significantly higher than it was roughly one year before GLS funding.

Figure 1. Mean suicide prevention capacity before, during, and after GLS (n = 29)



Overall Activity

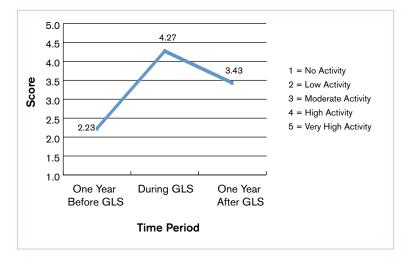
Respondents were asked to describe the level of suicide prevention activity (either directly or through subgrants) at their grant site across three time periods on a 5-point Likert scale. As shown in Table 2, the largest proportion of respondents (58%) reported that there was *low activity* at their site roughly one year before GLS funding, equal proportions reported *high activity* (44%) and *very high activity* (44%) at their site during GLS funding, and 48% reported that there was *moderate activity* at their site one year after all GLS funding ended.

Table 2. Overall Level of Suicide Prevention Activity

| | No Activity | Low Activity | Moderate Activity | High Activity | Very High Activity | Mean (1-5) |
|---|----------------|-----------------|----------------------|------------------|-----------------------|---------------|
| Roughly one year before GLS funding (n = 30) | 3 (10%) | 18 (58%) | 10 (32%) | 0 (0%) | 0 (0%) | 2.23 |
| During GLS funding (n = 32) | 0 (0%) | 0 (0%) | 4 (13%) | 14 (44%) | 14 (44%) | 4.31 |
| One year after all GLS funding (including no-cost extension) ended (n = 33) | 0 (0%) | 2 (6%) | 16 (48%) | 12 (36%) | 3 (9%) | 3.48 |

As shown in Figure 2, across the 30 respondents who provided a rating at all three time points, there was an increase in self-reported overall level of suicide prevention activity from roughly one year before GLS funding (mean = 2.23) to the peak of GLS funding (mean = 4.27), followed by a decrease one year after all GLS funding ended (mean = 3.43). The difference between each of the three time points was statistically significant indicating that the overall level of activity increased significantly from before the grant to the peak of the grant and then declined significantly one year after all GLS funding ended. However, the overall level of activity one year after all GLS funding was significantly higher than it was roughly one year before GLS funding.

Figure 2. Mean suicide prevention activity before, during, and after GLS (n = 30)



Funding

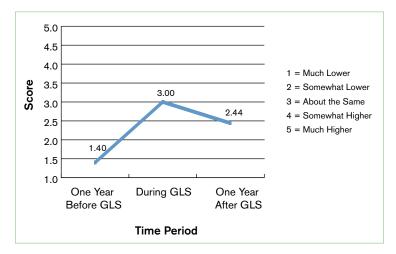
Respondents were asked to think about the average level of funding their program received from all sources during the GLS grant period (including no-cost extension). Compared with that level, respondents were asked to identify the level of funding at their site roughly one year before GLS funding and one year after GLS funding ended on a 5-point Likert scale. As shown in Table 3, the largest proportion of respondents (81%) reported that the level of funding was *much lower* at their site roughly one year before GLS funding and 31% reported that it was *somewhat lower* at their site one year after all GLS funding ended.

Table 3. Suicide prevention funding

| | Much Lower | Somewhat Lower | About the Same | Somewhat Higher | Much Higher | Mean (1-5) |
|---|---------------|-------------------|----------------|--------------------|----------------|---------------|
| Roughly one year before GLS funding (n = 30) | 21 (81%) | 2 (8%) | 1 (4%) | 2 (8%) | 0 (0%) | 1.38 |
| One year after all GLS funding (including no-cost extension) ended (n = 33) | 7 (24%) | 9 (31%) | 6 (21%) | 6 (21%) | 1 (3%) | 2.48 |

As shown in Figure 3, respondents reported a significant increase in funding from one year before GLS funding (mean = 1.40) to the peak of GLS funding (mean = 3.00), followed by a non-significant decrease one year after all GLS funding ended (mean = 2.44). The level of funding one year after GLS funding was significantly higher than one year before GLS funding, but not significantly lower than during the grant. As discussed later, this suggests that many of the sites were able to replace most of the GLS funding with funding from other sources.

Figure 3. Mean suicide prevention funding before, during, and after GLS (n = 25)



Programs, Policies, and Practices

Respondents reported the extent to which their site was engaged in 16 different programs, policies, and practices across three time periods (before GLS, during GLS, and after GLS).

Table 1. Suicide prevention activity in 16 areas of programs, policies and practices before, during, and after GLS

| Area Description and Number of GLS Respondent Sites that Added This Area as Part of the GLS Grant | More Activity After GLS than Before GLS | No Decline in Activity After GLS | More Activity After GLS than During GLS | Percentage change in mean level of activity from During GLS to After GLS |
|--|---|--|---|---|
| I-1: Enhance monitoring and surveillance systems (22) | 87% | 55% | 14% | -3% |
| I-2: Initiate or enhance a suicide prevention task force or coalition (24) | 83% | 42% | 8% | -16%* |
| I-3: Increase collaboration among suicide prevention organizations and stakeholders (28) | 90% | 54% | 4% | -10%* |
| I-4: Create or expand referral networks (22) | 92% | 64% | 5% | -7% |
| I-5: Develop or improve crisis response protocols (21) | 95% | 76% | 0% | -6% |
| I-6: Develop or expand a local suicide prevention hotline (12) | 75% | 67% | 0% | -16% |
| | | | | |
| P-1: Train staff in youth-serving organizations and gatekeepers to identify and refer youth at risk (29) | 90% | 38% | 7% | -12%* |
| P-2: Train health and mental health providers to assess, manage, and treat youth at risk (25) | 92% | 52% | 12% | -8% |
| P-3: Increase education and awareness of suicide issues (26) | 92% | 65% | 4% | -9% |
| P-4: Implement student/youth peer programs (19) | 79% | 42% | 16% | -9% |
| P-5: Evaluate suicide prevention activities (28) | 76% | 36% | 4% | -23%* |
| | | | | |
| G-1: Increase screening of youth at risk or use of student assessment tools (21) | 95% | 52% | 10% | -12% |
| G-2: Increase access to student support services or access to clinical case management (21) | 96% | 86% | 0% | -4% |
| G-3: Promote use of the National Suicide Prevention Lifeline (26) | 100% | 62% | 12% | -3% |
| G-4: Promote help seeking behaviors (27) | 92% | 70% | 0% | -8%* |
| G-5: Help students/youth develop life skills or protective factors (21) | 77% | 62% | 5% | -5% |

^{*}These areas experienced a statistically significant decline in activity from the peak of the GLS grant to one year after GLS funding.

Detailed Analysis for each of these 16 programs, policies, and practices.

I-1: Monitoring and Surveillance Systems

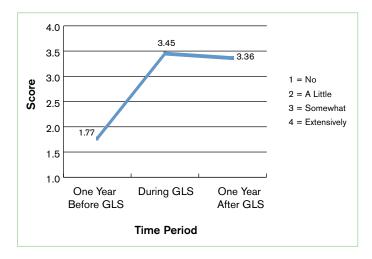
Number of Valid Cases: 29

Level of Activity Over Time: Number of sites that worked to enhance monitoring and surveillance systems:

Changes in Level of Activity from Before GLS to During GLS

Figure 4 shows the level of activity across the three time periods for the 22 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. There was no significant difference between Time 2 and 3—indicating that the level of activity across the group did not decline significantly from during the grant period to one year after the grant period.

Figure 4: Mean monitoring and surveillance system activity before, during, and after GLS (n = 22)



Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 22]

- Number of sites that had the same level of activity in this area one year after GLS funding as they did during funding (sustained everything)

Sustainability Summary

- 87% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 69% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

I-2: Suicide Prevention Task Force or Coalition

Number of Valid Cases: 30

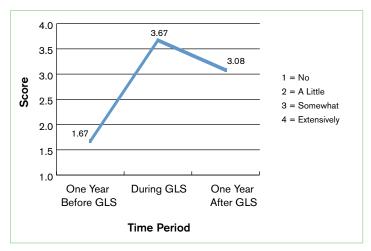
Level of Activity Over Time: Number of sites that worked to initiate or enhance a suicide prevention task force or coalition:

- One year after all GLS funding......25 (83%)

Changes in Level of Activity from Before GLS to During GLS

Figure 5 shows the level of activity across the three time periods for the 24 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. Time 2 and 3 differed significantly—indicating that there was a significant decrease in activity in this area one year after the grant from during the grant, but the level of activity was significantly higher than one year before the grant.





Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 24]

- Number of sites that increased their level of activity in this area one year after GLS funding in comparison to during GLS funding (sustained everything and added)

- Number of sites that had less activity in this area one year after GLS funding in comparison to during GLS funding,

Sustainability Summary

- 83% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 50% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

I-3: Suicide Prevention Collaboration

Number of Valid Cases: 29

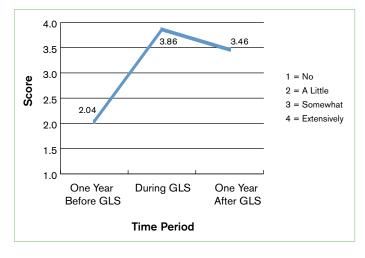
Level of Activity Over Time: Number of sites that worked to increase collaboration among suicide prevention organizations and stakeholders:

Changes in Level of Activity from Before GLS to During GLS

Number of sites that increased their level of activity in this area from one year before GLS funding to during GLS

Figure 6 shows the level of activity across the three time periods for the 28 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. Time 2 and 3 differed significantly—indicating that there was a significant decrease in activity in this area one year after the grant from during the grant, but the level of activity was significantly higher than one year before the grant.

Figure 6. Mean suicide prevention collaboration activity before, during, and after GLS (n = 28)



65

Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 28]

- Number of sites that had the same level of activity in this area one year after GLS funding as they did during funding (sustained everything)

Sustainability Summary

- 90% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some
 of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 58% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

I-4: Referral Networks

Number of Valid Cases: 28

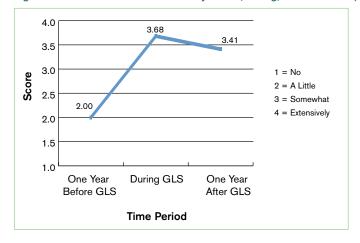
Level of Activity Over Time: Number of sites that worked to create or expand referral networks:

- One year before GLS funding......21 (75%)
- One year after all GLS funding......27 (96%)

Changes in Level of Activity from Before GLS to During GLS

Figure 7 shows the level of activity across the three time periods for the 22 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. There was no significant difference between Time 2 and 3—indicating that the level of activity across the group did not decline significantly from during the grant period to one year after the grant period.

Figure 7. Mean referral networks activity before, during, and after GLS (n = 22)



Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 22]

- Number of sites that increased their level of activity in this area one year after GLS funding in comparison to during GLS funding (sustained everything and added)
- Number of sites that had the same level of activity in this area one year after GLS funding as they did during funding (sustained everything)

Sustainability Summary

- 92% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some
 of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 69% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

I-5: Crisis Response Protocols

Number of Valid Cases: 28

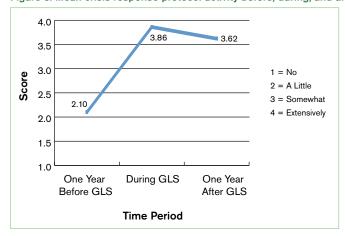
Level of Activity Over Time: Number of sites that worked to develop or improve crisis response protocols:

- One year before GLS funding......24 (86%)
- One year after all GLS funding......27 (96%)

Changes in Level of Activity from Before GLS to During GLS

Figure 8 shows the level of activity across the three time periods for the 21 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. There was no significant difference between Time 2 and 3—indicating that the level of activity across the group did not decline significantly from during the grant period to one year after the grant period.

Figure 8. Mean crisis response protocol activity before, during, and after GLS (n = 21)



Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 21]

- Number of sites that had the same level of activity in this area one year after GLS funding as they did during funding (sustained everything)

Sustainability Summary

- 95% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 76% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

I-6: Local Suicide Prevention Hotlines

Number of Valid Cases: 31

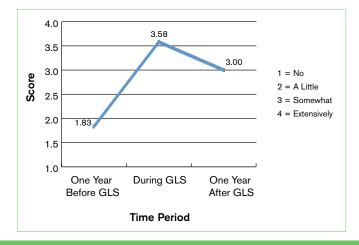
Level of Activity Over Time: Number of sites that worked to develop or expand a local suicide prevention hotline:

- One year after all GLS funding......14 (45%)

Changes in Level of Activity from Before GLS to During GLS

Figure 9 shows the level of activity across the three time periods for the 12 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. There was no significant difference between Time 2 and 3—indicating that the level of activity across the group did not decline significantly from during the grant period to one year after the grant period.

Figure 9. Mean local suicide prevention hotline activity before, during, and after GLS (n = 12)



Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 12]

- Number of sites that had the same level of activity in this area one year after GLS funding as they did during funding (sustained everything)

Sustainability Summary

- 75% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 67% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

P-1: Gatekeeper Training

Number of Valid Cases: 31

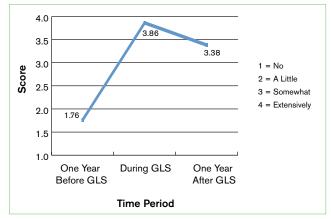
Level of Activity Over Time: Number of sites that worked to train staff in youth-serving organizations to identify and refer youth at risk for suicide or train student, staff, and/or faculty gatekeepers:

- During GLS funding31 (100%)
- One year after all GLS funding......31 (100%)

Changes in Level of Activity from Before GLS to During GLS

Figure 10 shows the level of activity across the three time periods for the 29 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. Time 2 and 3 differed significantly—indicating that there was a significant decrease in activity in this area one year after the grant from during the grant, but the level of activity was significantly higher than one year before the grant.





Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 29]

- Number of sites that had the same level of activity in this area one year after GLS funding as they did during funding (sustained everything)

Sustainability Summary

- 90% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some
 of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 45% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

P-2: Training Providers on Assessing, Managing, and Treating Suicide Risk

Number of Valid Cases: 29

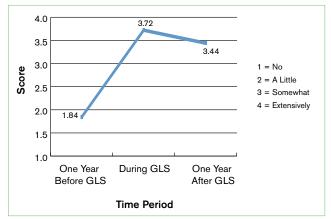
Level of Activity Over Time: Number of sites that worked to train providers in health, mental health, and/or substance abuse settings in assessing, managing, and treating youth at risk for suicide:

- One year before GLS funding......21 (72%)
- One year after all GLS funding......29 (100%)

Changes in Level of Activity from Before GLS to During GLS

Figure 11 shows the level of activity across the three time periods for the 25 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. There was no significant difference between Time 2 and 3—indicating that the level of activity across the group did not decline significantly from during the grant period to one year after the grant period.





Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 25]

- Number of sites that increased their level of activity in this area one year after GLS funding in comparison to during GLS funding (sustained everything and added)
- Number of sites that had the same level of activity in this area one year after GLS funding as they did during funding (sustained everything)

Sustainability Summary

- 92% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some
 of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 64% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

P-3: Education and Awareness

Number of Valid Cases: 28

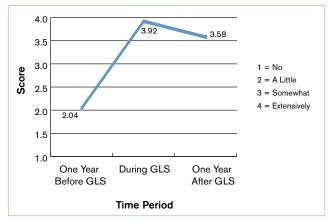
Level of Activity Over Time: Number of sites that worked on increasing education and awareness of suicide issues (e.g., help seeking, reducing access to potentially lethal mean of self-harm messaging):

- One year after all GLS funding......28 (100%)

Changes in Level of Activity from Before GLS to During GLS

Figure 12 shows the level of activity across the three time periods for the 26 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. There was no significant difference between Time 2 and 3—indicating that the level of activity across the group did not decline significantly from during the grant period to one year after the grant period.

Figure 12. Mean education and awareness activity before, during, and after GLS (n = 26)



Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 26]

- Number of sites that had the same level of activity in this area one year after GLS funding as they did during funding (sustained everything)

Sustainability Summary

- 92% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some
 of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 69% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

P-4: Implementing Student/Youth Peer Programs

Number of Valid Cases: 30

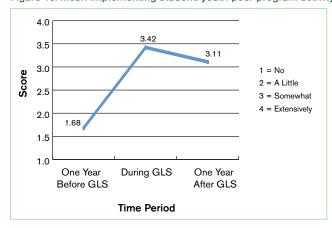
Level of Activity Over Time: Number of sites that worked to implement student/youth peer programs:

- One year before GLS funding......12 (40%)
- One year after all GLS funding......21 (70%)

Changes in Level of Activity from Before GLS to During GLS

Figure 13 shows the level of activity across the three time periods for the 19 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. There was no significant difference between Time 2 and 3—indicating that the level of activity across the group did not decline significantly from during the grant period to one year after the grant period.

Figure 13. Mean implementing student/youth peer program activity before, during, and after GLS (n = 19)



Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 19]

- Number of sites that had the same level of activity in this area one year after GLS funding as they did during funding (sustained everything)

Sustainability Summary

- 79% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some
 of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 58% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

P-5: Evaluate Suicide Prevention Activities

Number of Valid Cases: 29

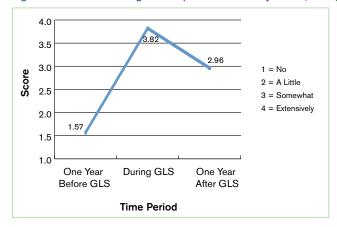
Level of Activity Over Time: Number of sites that worked to evaluate suicide prevention activities:

- One year before GLS funding......12 (41%)

Changes in Level of Activity from Before GLS to During GLS

Figure 14 shows the level of activity across the three time periods for the 28 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. Time 2 and 3 differed significantly—indicating that there was a significant decrease in activity in this area one year after the grant from during the grant, but the level of activity was significantly higher than one year before the grant.

Figure 14. Mean evaluating suicide prevention activity before, during, and after GLS (n = 28)*



Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 28]

- Number of sites that had the same level of activity in this area one year after GLS funding as they did during funding (sustained everything)

Sustainability Summary

- 76% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 40% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

G-1: Screening and Use of Assessment Tools

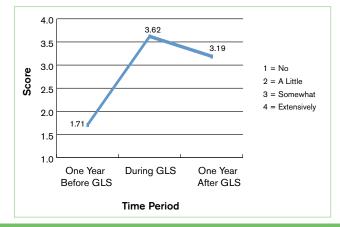
Number of Valid Cases: 29

Level of Activity Over Time: Number of sites that worked to increase screening of youth at risk for suicide or increased the use of online or paper-based student assessment tools to identify those at elevated risk:

Changes in Level of Activity from Before GLS to During GLS

Figure 15 shows the level of activity across the three time periods for the 21 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. There was no significant difference between Time 2 and 3—indicating that the level of activity across the group did not decline significantly from during the grant period to one year after the grant period.

Figure 15. Mean screening and use of assessment tools activity before, during, and after GLS (n = 21)



Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 21]

- Number of sites that increased their level of activity in this area one year after GLS funding in comparison to during GLS funding (sustained everything and added)
- Number of sites that had the same level of activity in this area one year after GLS funding as they did during funding (sustained everything)

Sustainability Summary

- 95% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 62% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

G-2: Access to Clinical/Support Services

Number of Valid Cases: 27

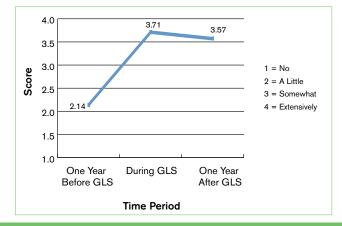
Level of Activity Over Time: Number of sites that worked to increase access to student support services or access to clinical case management staff for youth at risk for suicide:

- One year before GLS funding......21 (78%)
- During GLS funding24 (89%)

Changes in Level of Activity from Before GLS to During GLS

Figure 16 shows the level of activity across the three time periods for the 21 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. There was no significant difference between Time 2 and 3—indicating that the level of activity across the group did not decline significantly from during the grant period to one year after the grant period.

Figure 16. Mean access to clinical/support services activity before, during, and after GLS (n = 21)



Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 21]

- Number of sites that increased their level of activity in this area one year after GLS funding in comparison to during GLS funding (sustained everything and added)

Sustainability Summary

- 96% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some
 of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 86% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

G-3: National Suicide Prevention Lifeline

Number of Valid Cases: 30

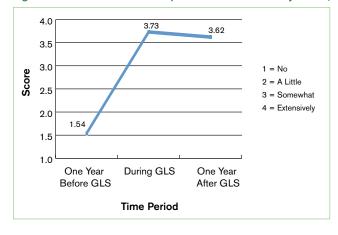
Level of Activity Over Time: Number of sites that worked to promote use the National Suicide Prevention Lifeline:

- One year before GLS funding......14 (47%)

Changes in Level of Activity from Before GLS to During GLS

Figure 17 shows the level of activity across the three time periods for the 26 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. There was no significant difference between Time 2 and 3—indicating that the level of activity across the group did not decline significantly from during the grant period to one year after the grant period.

Figure 17. Mean national suicide prevention lifeline activity before, during, and after GLS (n = 26)



Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 26]

- Number of sites that had the same level of activity in this area one year after GLS funding as they did during funding (sustained everything)

Sustainability Summary

- 100% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 74% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase
 their level of GLS activity in this area one year after the expenditure of all federal funds.

G-4: Promoting Help-Seeking Behaviors

Number of Valid Cases: 29

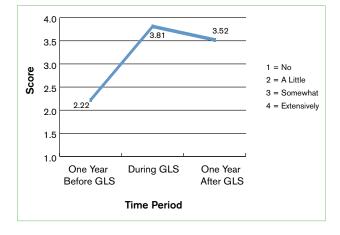
Level of Activity Over Time: Number of sites that worked to promote help seeking behaviors:

- One year before GLS funding......24 (83%)
- One year after all GLS funding......29 (100%)

Changes in Level of Activity from Before GLS to During GLS

Figure 18 shows the level of activity across the three time periods for the 27 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. Time 2 and 3 differed significantly—indicating that there was a significant decrease in activity in this area one year after the grant from during the grant, but the level of activity was significantly higher than one year before the grant.

Figure 18. Mean promoting help-seeking behaviors activity before, during, and after GLS (n = 27)*



Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 27]

- Number of sites that increased their level of activity in this area one year after GLS funding in comparison to during GLS funding (sustained everything and added)
- Number of sites that had the same level of activity in this area one year after GLS funding as they did during funding (sustained everything).

Sustainability Summary

- 92% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some
 of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 70% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

G-5: Help Students/Youth Develop Life Skills

Number of Valid Cases: 31

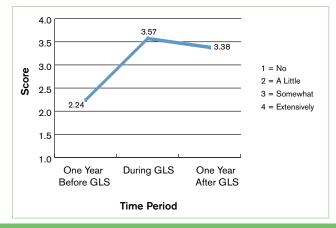
Level of Activity Over Time: Number of sites that worked to help students/youth develop life skills or use cultural activities to promote protective factors:

- During GLS funding30 (97%)
- One year after all GLS funding......30 (97%)

Changes in Level of Activity from Before GLS to During GLS

Figure 19 shows the level of activity across the three time periods for the 21 sites that increased their level of activity in this area from one year before GLS funding to during GLS funding. There was a significant difference by Time in this area. Time 1 and 2 differed significantly. Time 1 and 3 differed significantly. There was no significant difference between Time 2 and 3—indicating that the level of activity across the group did not decline significantly from during the grant period to one year after the grant period.

Figure 19: Mean helping students/youth develop life skills activity before, during, and after GLS (n = 21)



Level of Post-Grant Activity among Sites that Increased their Activity During GLS [N = 21]

Sustainability Summary

- 77% of sites that increased their level of activity in this area during the GLS grant were able to sustain at least some of this increase one year after the expenditure of all federal funds, even if at a lower level.
- 67% of sites that increased their level of activity in this area during the GLS grant were able to maintain or increase their level of GLS activity in this area one year after the expenditure of all federal funds.

Appendix F: Sustainability Resources

Community Tool Box Sustainability Resources: The Community Tool Box is a global resource for free information on essential skills for building healthy communities.

- Getting Grants and Financial Resources (http://ctb.ku.edu/en/tablecontents/chapter-1042.aspx)
- Planning for Long-Term Institutionalization (http://ctb.ku.edu/en/tablecontents/chapter_1046.aspx)

Sustainability Planning Guide for Healthy Communities

(http://www.cdc.gov/healthycommunitiesprogram/pdf/sustainability_guide.pdf):

The Sustainability Planning Guide is a synthesis of science- and practice-based evidence designed to help coalitions, public health professionals, and other community stakeholders develop, implement, and evaluate a successful sustainability plan. The Guide provides a process for sustaining policy strategies and related activities, introduces various approaches to sustainability, and demonstrates sustainability planning in action with real-life examples.

The Legacy Wheel

(http://www.promoteprevent.org/content/leaving-legacy-six-strategies-sustainability):

Many equate sustainability with finding continuing funding for services developed through a grant. However, a broader view of sustainability entails using various strategies, represented in the Legacy Wheel model, to maintain the elements of your program that are responsible for its positive outcomes. Embracing this more complex and comprehensive view can help you sustain program elements and outcomes, whether or not you receive additional funding.

Appendix G: Key References

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