

VA



U.S. Department
of Veterans Affairs

SAMHSA
Substance Abuse and Mental Health
Services Administration

Governor's Challenge Sustainability Toolkit



SAMHSA ★ SMVF TA CENTER
Service Members, Veterans, and their
Families Technical Assistance Center

Disclaimer

Inclusion in this publication does not constitute endorsement by the U.S. Department of Veterans Affairs (VA), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center.

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Introduction

In 2018, SAMHSA and VA partnered to support states, territories, and communities in the planning, development, and establishment of coalitions to support suicide prevention among Service members, Veterans and their families (SMVF). In 2024, all 55 states and territories established a Governor’s Challenge team focused on preventing suicide in the military-affiliated population.

The goal was to develop and implement state-wide best practices for suicide prevention among SMVF. The following three priority areas were identified:



Priority Area 1

Identifying SMVF and Screening for Suicide Risk



Priority Area 2

Promoting Connectedness and Improving Care Transitions



Priority Area 3

Increasing Lethal Means Safety and Safety Planning

Sustainability in coalitions or teams refers to the active process of establishing your initiative- not merely continuing your program, but developing relationships, practices, and procedures that become a lasting part of the community. Sustainability supports a team’s ongoing ability to maintain operations, achieve objectives, and adapt to changing circumstances over time. This toolkit provides Governor’s Challenge team members with practical guidance and strategies to sustain their efforts effectively (Center for Community Health and Development, 2022).

Toolkit Overview

This toolkit is structured into six modules, each focusing on a foundational component of team sustainability:

- 1. Team Infrastructure, Vision, & Diversity**
- 2. Strategic Planning and Implementation**
- 3. Team Operations**
- 4. Strategic Evaluation and Continuous Improvement**
- 5. Expansion and Key Partner Engagement**
- 6. Financial and Programmatic Sustainability**

Each module provides insights from experience, examples, and related resources to help teams build a robust and enduring framework. By utilizing this toolkit, teams can enhance their organizational capacity, foster community engagement, and ensure long-term impact of their suicide prevention initiatives. Access to downloadable tools and resources is provided on page 65.

PILLARS OF TEAM SUSTAINABILITY



Team Infrastructure, Vision, & Diversity

One of the most important considerations regarding sustainability is the fundamental structure and purpose of the Governor’s Challenge team. Whether the coalition is firmly established, has had periods of activity and inactivity, or is in the beginning stages of implementation, teams must decide whether to operate as a permanent entity or a short-term initiative. This decision significantly shapes the team’s approach to planning and implementing SMVF suicide prevention strategies within their action plan.

- **A Permanent Organizational Unit:** This is a permanent task force with a defined hierarchy and roles. Members are dedicated to increasing SMVF suicide prevention efforts, often as a full-time job. They systematically plan, implement, and sustain programs or establish policies. Choosing to establish a permanent unit means treating the initiative as an ongoing entity within the state, territory, or community, continually adapting strategies and addressing new risk factors that affect SMVF populations. It ensures a continuous and dedicated effort toward suicide prevention, with stable leadership and resources
- **A Temporary, Task-Oriented Assignment:** This is a special project team assembled from various agencies to achieve a specific, time-bound objective. The scope is narrow, focused on a specific task or event, and it disbands once the objective is achieved. After executing the action plan, team members return to their respective organizations. In the final stages, key partners play a crucial role in ensuring the sustainability of the implemented measures. The special project team may collaborate closely with partners to create a transition plan that includes detailed documentation of the work completed, the strategies developed, and the resources required for ongoing implementation. This transition plan may then be handed over to an appropriate permanent organizational unit, such as a state agency or an established coalition, which is responsible for integrating the work into its ongoing operations. This ensures the initiatives started by the temporary team continue to evolve and contribute to the long-term goals of suicide prevention, even after the project team has disbanded.

In considering the sustainability of established or developing Governor’s Challenge teams, it is important to understand the difference between these two structural options. Identifying which structure works best with the resources and personnel available is a key consideration for sustainability. In this context, sustainability means maintaining efforts over time and adapting to new challenges. For example, in a politically stable environment with strong support for mental health initiatives, a permanent unit could thrive. Conversely, in a setting where funding is uncertain or rapid innovation is needed, a temporary assignment might be more effective. Understanding these dynamics ensures that the chosen structure can sustain and adapt to the evolving landscape of suicide prevention.

Permanent units ensure constant, dedicated efforts toward overarching goals, maintaining relationships with key partners, securing ongoing funding, and aligning with state, territory, or city priorities. Temporary units, on the other hand, allow for a nimble approach, quickly assembling to address emergent issues or pilot innovative strategies that can be scaled up if successful. Both structures can coexist, or teams may utilize a hybrid approach. Making an intentional decision between a permanent or time-bound team structure enhances the capacity for sustained efforts and ensures teams are equipped to respond to new challenges effectively.

Case Example: Alabama

In May 2019, Alabama took a crucial step in addressing the high suicide rates among Veterans by establishing the Legislative Task Force on Veterans' Suicide. This task force was created to investigate the causes and prevention of Veteran suicides, responding to rates significantly higher than both the national Veteran average and the civilian average. In 2020, these efforts were expanded through the alignment of the task force with the Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF), marking a shift towards a more integrated and sustained approach to suicide prevention.

To ensure the longevity and impact of these initiatives, the Alabama Department of Veterans Affairs created a permanent position in September 2021—the Veterans Well-Being Program Manager. This role was established to coordinate Alabama's Challenge and other critical Veteran well-being programs, transitioning the state from temporary measures to a sustainable, long-term strategy. This move has been pivotal in maintaining the momentum of Veteran suicide prevention efforts, fostering collaboration among state agencies and nonprofits, and driving forward Alabama's commitment to Veteran well-being.

Key Considerations

For Governor's Challenge teams, having clear vision and mission statements is essential. These statements align daily efforts with the goal of preventing suicide among Service members and Veterans. Incorporating Diversity, Equity, and Inclusion (DEI) principles further strengthens these initiatives. DEI principles include:

- Addressing systemic inequities and ensuring transparent recruitment.
- Including diverse populations and reducing barriers for underrepresented groups.
- Equitably distributing resources for community-oriented efforts.
- Building trust through sustained engagement, transparent communication, and partnerships with community organizations.
- Providing ongoing training in cultural humility and implicit bias to foster an inclusive environment.
- Developing metrics to assess DEI efforts and regularly reviewing them.

Formalizing team structures through policy helps ensure continuity of leadership and a resilient operational framework, maintaining focus and effectiveness over time.

Practical Steps

Use the steps and tools below to help identify and apply best practices for team infrastructure development. Steps 1 through 5 identify essential stages to initial team development. Worksheet 1 provides a guided structure to compile the essential elements for vision development, and Checklist 1.

Vision: *To inspire, empower and invest in Indiana’s community efforts to prevent suicide.*

Mission: *Provide knowledge, choice and support for community coalitions, agencies, and organizations to identify Service members, Veterans, family members, and caregivers. Foster connection for all communities and provide education, services and resources.*

—Indiana Governor’s Challenge Team

- Describe what the organization aims to achieve in the future.
- Be broad enough to encompass the perspectives of partners across the entire community.
- Be short, memorable, and easy to communicate and embrace by the coalition and community.
- **Developing Mission Statements:** A mission statement defines the team’s purpose and objectives. Unlike vision statements, mission statements are action-oriented and focused on the present. They describe what the coalition does, who it serves, and how it serves them. Mission statements should clearly outline the coalition’s approach and objectives. A mission statement should be:
 - **Concise:** Generally short and to the point.
 - **Outcome-oriented:** Focused on the fundamental outcomes of the coalition.
 - **Inclusive:** Broad enough to allow for various strategies and sectors to be involved.

“Our mission and vision help us align with the broader Governor’s Council, connecting us to a larger structure.”
—Southeastern Team Lead

Step 4: Initial Engagement and Gaining Commitment

- **New Team Member Onboarding:** Key steps for onboarding may include:
 - Orientation sessions for new members to familiarize them with the team’s mission, goals, and current projects.
 - Introduction between new members and existing team members to build rapport and encourage collaboration.
 - Overview of workgroups within the team, including their objectives, current projects, and key members.
 - Provision of resources such as the team’s handbook, relevant reports, and access to necessary tools and platforms to ensure new team members have all the information they need to contribute effectively from the start.

- **Structured Roles for Outreach and Policy:** Examples of structured roles could include:
 - Team Lead(s): Appointed by the Governor, serving as the point of contact and leading the team through the process and facilitating the inclusion of other members. Team leads should have the capacity to convene diverse groups of team members on a regular basis.
 - Team Scribe: A team member who takes notes during meetings and work sessions to document discussions and decisions, helps the team complete planning tools, and develops report-out documents as needed.
 - Work Group Lead: A team member who leads a work group focused on one of the three priority areas:
 - Identifying SMVF and screening for suicide risk.
 - Promoting connectedness and improving care transitions.
 - Increasing lethal means safety and safety planning.
- **Annual Commitments from Team Members:** Establish annual commitments from team members to ensure active involvement and prevent passive membership.

Step 5: Adaptability and Scalability

- **Flexible Team Composition:** Adopt a flexible team composition (Appendix A) to represent as many military branches as possible, including Reserve and Guard components, allowing for a tailored approach to engagement and support.

APPENDIX A

Sample Governor's Challenge Team Roster

Last Name	First Name	Title	Agency
Adams	Julia	Director of Mental Health Services	Sunrise Behavioral Health
*Bennett	Charles	Deputy Director	State Department of Veterans Affairs
Carter	Emily	Suicide Prevention Program Lead	Hope Center for Mental Wellness
Douglas	Mike	Chief Psychiatrist	Harmony Health Systems
Evans	Laura	Lieutenant-CIT Trainer	Department of Public Safety/State Police
Foster	Kevin	Program Manager	Bridgeway Crisis Intervention
Green	Alicia	Deputy Director, Wellness Services	Horizon Mental Health Services
Harris	Thomas	Community Outreach Specialist	Safe Haven Counseling
Jenkins	Olivia	Licensed Therapist	Department of Health
Johnson	Sarah	Lived Experience	Family member of Survivor
Kelly	Brian	Director of Psychological Health	National Guard
**Miller	Jessica	Chief Mental Health Officer	Department of Mental Health and Substance Abuse
Nelson	Rachel	Director of Public Health Programs	Department of Public Health
Parker	Joshua	Veterans Support Specialist	Valor Health Services
Smith	Danielle	Chief of Staff	SafeGuard Mental Health
Thompson	Robert	VISN Suicide Prevention Lead	U.S. Department of Veterans Affairs

* Indicates team lead

** Indicates co-lead

APPENDIX B

Governor's Challenge Team Composition Tool

This tool is designed to help team leaders form a well-rounded team of policy-level decision makers that will commit to each step of the process and to continuing its work together to implement suicide prevention best policies and practices. SAMHSA's SMVF TA Center is available to assist with recommendations for convening a strong team and will provide connections with federal stakeholders as needed.

Team Size and Composition

Guidance for Site Visits (Pre-Academy)

Up to 15-25 people is recommended for state teams to conduct their planning during the pre-Policy Academy site visits. However, a state team may grow as the work evolves, new partnerships are made, and workgroups are established.

Key Role: Team Scribe

It is important to note that the team lead should designate an individual as the team scribe, who will be responsible for capturing the notes during each phase of the Challenge. The state team scribe will serve hand-in-hand with the SMVF TA Center's scribe and technical expert to ensure a local set of notes is available in addition to the formal TA Center report.

Team Composition Tool

The following tool outlines the types of team members that are both required and optional. Each interagency team will look different based on the unique environment of each state.

Team Composition Tool

Required Team Members (Senior-Level Suicide Prevention and Behavioral Health Policy Makers)

Governor-appointed Team Leader
Mayor's Challenge Team Leader(s), if applicable
State Agency Lead responsible for mental health and substance abuse (e.g., Single State Authority)
State Suicide Prevention Coordinator
National Guard (e.g., The Adjutant General or Director of Psychological Health)
State Department of Veterans Affairs
Medicaid and/or Social Security
State Provider and Peer Specialist Workforce Training Lead
Leadership from Veteran, Military Family, and Caregiver Organizations
Private sector provider and peer support leadership from programs serving the health and behavioral health needs of Service members, Veterans, and their families
Data and evaluation lead

Required Federal Representatives

U.S. Department of Veterans Affairs (VA) Veterans Integrated Service Network (VISN) representative serving your state (e.g., Chief Mental Health Officer)
VA Suicide Prevention Coordinator

Other Team Members for Consideration

Federally recognized tribal leaders
National Guard Suicide Prevention Coordinator
Reserve Affairs
Community Veterans Engagement Board (CVEB) Leader
VA Community Engagement and Partnership program [Community Engagement and Partnership Program Manager (CEP-PM) or Community Engagement and Partnership Coordinator (CEPC)]
Crisis response system lead
Law enforcement
The public and private sectors in labor/employment, criminal justice, housing/homelessness, primary care, substance abuse and mental health services (including suicide prevention), and child/family issues
Academic partners: colleges and universities
SMVF advocacy groups and social/public health organizations or coalitions
Faith-based community leaders
Public school systems
State and/or local legislators
DoD Building Health Military Communities leader
State Hospital Association
Other Service members, Veterans, and their Families Peers
Outreach or public information/public affairs

*Use the list above to guide team building/outreach efforts. Then populate the Team Roster grid on the following page and return it to the TA Center as instructed.

APPENDIX C

Governor's Challenge Partner Recruitment Letter Example

Dear Colleagues,

I am pleased to inform you that the United States Department of Veterans Affairs (VA), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), has invited [State] to participate in the Governor's Challenge to Prevent Suicide among Service members, Veterans, and their Families (SMVF). Each Governor's Challenge state will form an interagency military, Veteran, and civilian team to develop and implement a strategic action plan to prevent SMVF suicide, using a comprehensive public health approach. Governor [name] has tasked me with leading this effort for [State] and strategically forming our state team.

Please join our team and lend your voice and expertise to develop our plan to prevent suicide among SMVF! The first phase of the Governor's Challenge will extend through [date]. The enclosed fact sheet outlines each step of the process. Also enclosed is our Governor's letter of support.

Please let me know if you will be able to participate by [insert date]. Our first team meeting facilitated by VA and SAMHSA will be held on [insert date/time] via Zoom.

Thank you for your commitment to [state's] Service members, Veterans, and their families!

WORKSHEET 1

Creating Vision and Mission Statements

Creating Vision Statements

Use the following worksheet to identify, describe, and compile the central elements of your team's vision statement.

Examples of aspirational vision statements:

- "To eliminate Veteran suicide by fostering a supportive and understanding community, providing access to essential resources, and promoting mental well-being."
- "To ensure every Veteran feels valued, supported, and has access to the mental health resources they need to thrive."
- "Transforming our community into a place where Veterans can find peace, purpose, and the mental health support they need."
- "To build a resilient and supportive network where Service members, their families, and caregivers can access the necessary resources and mental health support to thrive, fostering connection, empowerment, and holistic well-being."

Describe the core issues that the team seeks to address.

Describe the core values of the team.

Identify the expected beneficiaries of the team's efforts.

Describe the ideal future condition of those beneficiaries, in respect to the core issues they face.

Creating Mission Statements

Use the following worksheet to identify, describe, and compile the central elements of your team’s mission statement. Focus on identifying who will benefit from your efforts (Service members, Veterans, families, or caregivers) and how your team will accomplish its mission.

Examples of mission statements include the following:

- “To prevent suicide among Veterans by creating a network of accessible mental health services and crisis intervention programs.”
- “To foster resilience among Service members and their families through comprehensive peer support, mental health education, and counseling services.”
- “To support caregivers and families of Veterans by connecting them to essential resources and creating a community of care and empathy.”

Describe the core purpose that the team seeks to achieve.

- *What specific issues does your team aim to address? What is the primary impact you hope to make for Veterans, Service members, or their families?*

Describe the core values of the team.

- *What values will guide the team’s high-level actions? How will these values keep the group aligned with its mission and purpose?*

Identify the expected beneficiaries of the team's efforts.

- *Who will benefit from your mission (e.g., Veterans, Service members, caregivers, or families)? Why is it important to focus on this group?*

Describe how the team plans to accomplish its goals.

- *What high-level actions will guide the team in fulfilling its mission? How will these actions ensure that all efforts remain aligned with the mission's overall goals?*

Describe the inspiration and motivation behind the mission.

- *How does your mission inspire team members to stay focused and driven? How will it motivate the stakeholders to work towards the shared goals?*

CHECKLIST 1

New Team Member Onboarding Checklist

- Orientation session completed
- Introductions to current team members
- Review team's action plan
- Access to resources (materials from past Academies, handbook, reports, tools)
- Overview of workgroups provided
- Discussion on current action items and areas of need
- Discussion on new member's potential contributions and role:
 - Engage the new member in a discussion about their skills, experiences, and how they can quickly get involved to catalyze action within the team.
- Formal or informal annual commitment
- Provide access to and describe files and documents within team's information sharing repository

MODULE 2

Strategic Planning and Implementation

Strategic action and implementation planning play crucial roles in the sustainability of suicide prevention efforts. These efforts are the foundation for the effectiveness of these initiatives. Stone et al. (2017) suggest that while identifying impactful programs is important, their success depends on how they are implemented and adapted locally by individuals who understand their community's unique needs. They advocate for data-driven strategic planning that can guide and adjust community-based prevention strategies, ensuring alignment with local risk profiles and enhancing impact through continuous monitoring and adaptation.

We focus on aligning our projects with the state's suicide prevention plan, which is a five-year plan."
—Midwestern Team Lead

This strategic emphasis is supported by Caine's (2020) description of key challenges in suicide prevention, notably the necessity for well-defined, data-informed strategic visions that bridge action, supporting comprehensive, culturally relevant prevention programs. Reifels et al. (2022) acknowledge the importance of implementation science in bridging the gap between research and practice, a sentiment echoed by the World Health Organization's "Live Life: Implementation Guide for Suicide Prevention in Countries" (WHO, 2021). Sustainable suicide prevention programs must be strategically planned and executed with an understanding of the socio-ecological context, monitoring the fidelity of implementation, and being flexible enough to adapt to emerging data and community needs.

Stages of Strategic Action Planning

It is essential to follow a structured process that guides the team from initial orientation to the execution of a comprehensive plan. Below are the major stages involved in strategic action planning:

Orientation Call

Begin the planning process with an orientation call to introduce team members to the information sharing repository (e.g. SharePoint), guiding documents, and the overall purpose of the initiative. This stage ensures that all team members have access to the necessary resources and understand the framework within which they will be working.

Team Briefings on Current Activities and Initiatives

Conduct briefing sessions to provide an overview of current activities and initiatives related to suicide prevention.

Goal Setting & SWOT

During this stage, the team will establish goals, perform a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis, and start the early development of a logic model that outlines the intended outcomes and strategies. The logic model details the causal relationships between resources, activities, outputs, and outcomes, providing a clear roadmap for implementation. Refer to Appendix D for a sample Logic Model.

Full Development of the Logic Model

This stage involves the complete development of the logic model, which serves as a blueprint for the strategic action plan. The logic model details the causal relationships between resources, activities, outputs, and outcomes, providing a clear roadmap for implementation.

APPENDIX D
Logic Model Example

EXAMPLE
CONTEXT of a community-based organization (CBO) and its mission for a specific population.
MISSION of the CBO.
VISION of the CBO.
VALUES of the CBO.
STRATEGIC PLAN of the CBO.

STRATEGY #1	ACTIVITY #1	OUTPUT #1	OUTCOME #1	OUTCOME #2
1. Develop a community-based organization (CBO) that provides a clear roadmap for implementation.	1.1. Conduct a SWOT analysis.	1.1.1. SWOT analysis report.	1.1.2. SWOT analysis report.	1.1.3. SWOT analysis report.
1.2. Develop a logic model.	1.2.1. Logic model diagram.	1.2.2. Logic model diagram.	1.2.3. Logic model diagram.	1.2.4. Logic model diagram.
1.3. Develop a strategic action plan.	1.3.1. Strategic action plan.	1.3.2. Strategic action plan.	1.3.3. Strategic action plan.	1.3.4. Strategic action plan.

Appendix D. Logic Model Example

Discussion on Sustainability and Action Planning

Early in the process, the team should engage in discussions focused on the sustainability of the proposed interventions. After the logic model is finalized, the team should expand and develop a detailed action plan (Appendix E) that specifies the “who, when, where, what, and how” of achieving the established goals. This stage ensures that the plan is not only actionable but also sustainable in the long term.

APPENDIX E
Governor's Challenge Implementation Action Plan Example

Activity	Start	End	Status	Budget
1.1. Conduct a SWOT analysis.	Q1 2023	Q2 2023	Completed	\$50,000
1.2. Develop a logic model.	Q2 2023	Q3 2023	In Progress	\$75,000
1.3. Develop a strategic action plan.	Q3 2023	Q4 2023	Not Started	\$100,000

Appendix E. Action Plan Example

Key Considerations

Data-Driven Strategic Planning

Effective strategic planning relies heavily on data to guide decision-making processes. Using data-driven approaches ensures that strategies are aligned with identified risks and community needs, helping to justify initiatives and allocate resources effectively. Reliable data sources include national health databases, such as CDC WONDER and CDC WISQARS (Appendix F), along with sources like Purdue University’s Military Family Research Institute (MFRI) Measuring Communities online data tool (Appendix F), and relevant academic research. Anecdotal information can provide context and highlight gaps, and sharing data through stories can be culturally appropriate and enhance community buy-in.

APPENDIX F
Important Resource Links

Description	Resource
Quality Improvement Research Center (QIRC)	Quality Improvement Research Center
Measuring Communities (MC)	Measuring Communities
QIRC WISQARS	QIRC WISQARS Wisconsin Injury Prevention and Research Institute
QIRC WONDER	QIRC WONDER Wisconsin Injury Prevention and Research Institute
QIRC WISQARS	QIRC WISQARS Wisconsin Injury Prevention and Research Institute
QIRC WONDER	QIRC WONDER Wisconsin Injury Prevention and Research Institute
QIRC WISQARS	QIRC WISQARS Wisconsin Injury Prevention and Research Institute
QIRC WONDER	QIRC WONDER Wisconsin Injury Prevention and Research Institute

Appendix F. Important Resource Links

- Identify or develop a strategic action planning framework to understand core elements for planning and roadmapping (Appendix G).
- Partner with organizations like MFRI to develop tools and data visualizations, which help identify areas of need and justify initiatives.

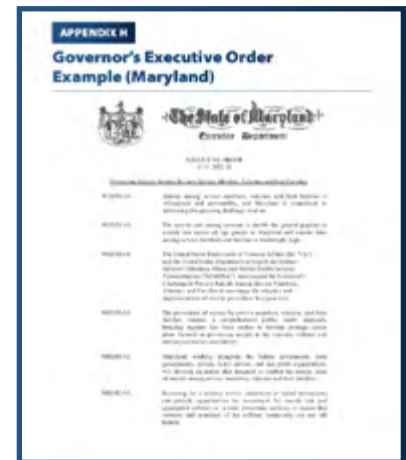


Appendix G. Implementation Roadmap Example

Structured and Formalized Planning

Structured and formalized planning provides a strong foundation for strategic initiatives. Leveraging established formal structures through executive orders and councils at the state/local level (state legislation and/or directives through the Governor’s and/or Mayor’s offices) ensures accountability, structured evaluation, and alignment with broader goals.

- **Formalized Structure:** Benefit from executive orders (example in Appendix H) or organizational/agency policy that nests the Governor’s Challenge team within a broader council, ensuring accountability and providing a foundation for strategic planning.
- **Reporting and Oversight:** The coalition’s responsibility to report back to the leadership adds another layer of oversight and support effective implementation.



Appendix H. Governor’s Executive Order (Maryland)

Adaptability and Flexibility

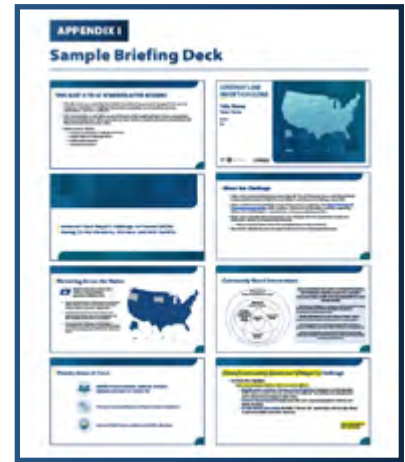
Adaptability and flexibility in strategic planning allow teams to respond to changing needs, environments, and opportunities. Regularly adjusting roles and responsibilities and establishing initiative-based working groups ensure that resources and efforts are effectively aligned with the most pressing needs.

- **Initiative-Based Working Groups:** Establish working groups focused on specific projects and priorities as needed, allowing for effective implementation without overwhelming members.
- **Regular Adjustments to Roles and Responsibilities:** Maintain flexibility by regularly adjusting roles and responsibilities based on current needs and opportunities. Examples include:
 - Rotating the Team Lead role annually to bring fresh perspectives and prevent burnout.
 - Appointing Co-Leads from different agencies during periods of high activity to share the leadership load and enhance decision-making.
 - Adding or redefining Work Group Lead positions to address new priority areas or emerging issues.
 - Temporarily reassigning team members to different workgroups to leverage their expertise for specific projects.

Engaging Leadership

Engaging executive leadership is crucial for securing support and resources. Regular reporting and showcasing successes help maintain visibility and influence, ensuring that strategic plans are supported and aligned with state priorities.

- **Regular Reporting to Leadership:** Involve regular reporting to the local governing body, such as the Governor’s office, and/or the community-at-large on a semi-annual or annual basis, ensuring continuous engagement and support for strategic plans. (See Appendix I for an example Briefing Deck.)
- **Building Influence and Showcasing Successes:** Highlight successes to engage the local governing body, such as the Governor’s office, and/or the community-at-large and build momentum, securing further support for strategy implementation.



Appendix I. Sample Briefing Deck

Practical Steps for Strategic Planning and Implementation

To ensure the success and sustainability of your suicide prevention efforts, follow these strategic steps for effective planning and implementation:

Step 1: Conduct a Needs Assessment

- **Gather Data:** Begin by gathering data on your target population (Service members, Veterans, families, and/or caregivers) to understand their specific needs and risk factors. Use community health assessments, state-specific suicide data, and national databases like CDC WONDER and WISQARS to identify key areas requiring intervention.
- **Engage Diverse Stakeholders:** Engage stakeholders from diverse sectors to contribute additional qualitative and quantitative insights and data that reflect local community challenges and strengths.

Step 2: Set SMART Goals

- **Establish SMART Goals:** Based on your vision and mission statements, establish Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) goals for each of your initiatives. These goals should address the most critical areas identified in the needs assessment.
- **Ensure SMART Goals Have Clear Outcomes:** Ensure each goal has clear outcomes that can be measured, such as increasing intent to use gun locks by a specific percentage within a certain time frame or increasing access to mental health services by a set number.

Step 3: Develop a Logic Model

- **Create Logic Model:** Create a logic model that maps out the relationships between resources, activities, outputs, and outcomes. This visual representation helps clarify how your planned activities will lead to the desired outcomes. (See Appendix I for an example logic model.)
- **Identify Short, Medium, and Long-Term Outcomes:** Ensure that your logic model identifies short-, medium-, and long-term outcomes that reflect both the direct impact and the overarching goals of your team's efforts.

Step 4: Engage Partners Early and Often

- **Involve Key Partners:** Involve key partners, such as Veteran service organizations, state health departments, mental health professionals, and community leaders, from the early stages of planning. Their input can ensure your strategies continue to be grounded in real community needs.
- **Update and Engage Partners:** Regularly update and engage partners throughout the process to keep them informed and invested in the success of the initiative.

Step 5: Create an Action Plan

- **Develop Detailed Action Plan:** After completing your needs assessment and setting your goals, develop a detailed action plan that outlines the specific steps necessary to achieve your objectives. This plan should define:
 - Who is responsible for each action.
 - Who or where these actions will be implemented.
 - What specific tasks need to be completed.
 - When each task will be initiated and completed.
 - How progress will be monitored and evaluated.
- **Include Timelines and Milestones:** Ensure your action plan includes timelines and milestones to track progress and maintain accountability.

Step 6: Utilize Data for Decision-Making

- **Use Data to Inform Planning:** Use data to inform your strategic planning and adjust your efforts as necessary. Consider both quantitative data (e.g., gun locks distributed, access to care metrics) and qualitative data (e.g., partner feedback, case studies) to continuously refine your action plan.
- **Conduct Data Reviews:** Implement regular data reviews to assess whether your strategies are achieving the intended impact and to identify any necessary course corrections.

Step 7: Monitor and Evaluate Progress

- **Monitor and Evaluate Progress:** Develop a process for ongoing monitoring and evaluation of your action plan's progress. Schedule regular team meetings to review updates on key tasks and adjust timelines or strategies as needed.
- **Use Available Tools to Measure Efficacy:** Use evaluation tools such as the RAND Suicide Prevention Evaluation Toolkit to measure the effectiveness of your initiatives and make data-driven adjustments as required.

Step 8: Adapt and Scale Strategies

- **Adjust Strategies as Needed:** Based on your evaluation results, make necessary adjustments to your strategies. Be prepared to scale successful programs to other regions or populations and discontinue or modify strategies that are not yielding the desired results.
- **Incorporate Flexibility into Strategic Plan:** Build flexibility into your strategic plan so that it can evolve in response to new data, changing needs, or emerging best practices.

APPENDIX D

Logic Model Example

EXAMPLE					
STRATEGY #1 – [Identifying SMVF and Screening for Suicide]					
NEED ¹ :	<ul style="list-style-type: none"> [State] has low percentage of enrollees in the VA health care system (vs national average) SMVF are not accessing services/benefits for which they are eligible Lack of consistent and effective suicidal screening methodology 				
GOAL ² :	To create a system and culture that more effectively identifies SMVF in [State] in non-VA care systems and appropriates screens for Suicide Risk				
TARGET POPULATION ³ :	<ol style="list-style-type: none"> Health Care Centers and Clinicians working with SMVF State Hospital Association, SMVF National Guard 				
STRATEGY ⁴ #1 <i>(how/who)</i>	RESOURCES FOR STRATEGY		PROCESS MEASURES ⁵	OUTCOME AND EVALUATION MEASURES ⁶ <i>(for the Goal)</i>	
	HAVE	NEED		SHORT TERM	LONG TERM
<ol style="list-style-type: none"> Promote and monitor Columbia-Suicide Severity Rating Scale (CSSRS) trainings across all health care centers and expand pathways to appropriate mental health care Educate the hospital association to understand the cost/benefit for their facilities to implement “Ask the Question” (ATQ): “Have you or a family member ever served in the military?” Develop a marketing tool to promote Building Health Military Communities (BMHC) 	<ol style="list-style-type: none"> Online and fact to fact training platform, C-SSRS Cards [State] Department of Mental Health and Substance Abuse Services (*DMHSAS) has webinars [State] is one of the 7 states participating in this BHMC pilot program 	<ol style="list-style-type: none"> Gov’t leadership buy-in, Legislation, Mobile outreach, ID who already does it, tracking system [State] Hospital Association representation and buy-in BHMC State Representative included on the GC team 	<ol style="list-style-type: none"> <ul style="list-style-type: none"> # number of health care centers contacted # number of health care centers that successfully accept the request to train on C-SSRS # number of trainings conducted # number of individuals that answered “Yes” to questions 3-5 connected to a health care Professional Gov Ch team conducts a call/meeting with [State] Hospital Association and presents the ATQ benefit [State] Hospital Association accepts the request to implement ATQ <ul style="list-style-type: none"> # number of health care professionals that attended meetings BHMC State Representative agrees to join the [state] GC team Marketing Tool developed # number of locations across state where Marketing Tool is distributed 	<ul style="list-style-type: none"> Change in knowledge about the benefit of ATQ, vs other less effective identification methods (Are you a Veteran?) Change in knowledge about the benefit of C-SSRS (%) Increase in the number of SMVF identified, as a result of ATQ being implemented statewide Increased awareness and participation in the Building Healthy Military Communities (BMHC) initiative 	<ul style="list-style-type: none"> Increase in percentage of enrollees in the VA health care system Decreased rates of suicide as a result of early detection/intervention (C-SSRS) Columbia-Suicide Severity Rating Scale (C-SSRS) becomes the universal screening tool across the state health care systems Population-level changes in public attitudes/intentions/behaviors

APPENDIX E

Governor's Challenge Implementation Action Plan Example

Priority Area: 3 Increase Lethal Means Safety and Safety Planning

Focus	Strategy/Goal	Program/Policy Name (can fill in later)	Brief Description	Action Item	How much/ How many?	By When	Outcome Measures	Resources Needed	Person(s) Responsible	Date of Next Review
Increase Lethal Means Safety	Increase use of safe firearm storage options in the Veteran community	Program A (name TBD - possibly "Secure It Howard County" Gun Shop Outreach)	Multi-pronged outreach and training effort to increase awareness and options for safe firearm storage in Veteran community	Gather educational materials	500 flyers	12/1/2021	(Process measure: # of flyers printed)	Flyers	Jenna S.	11/1/2021
				Conduct outreach to local gun shops	5 gun shops	2/1/2022	Change in gun shop owners' awareness around importance of safe firearms storage	Educational materials for gun shop owners Volunteers to do outreach	Jenna S.	12/1/2021
				Schedule trainings	5 trainings scheduled	3/1/2022	(Process measure: # of trainings scheduled)	none	Jenna S.	2/1/2022
				Provide trainings	5 trainings completed	5/1/2022	Change in attendees' knowledge and self-efficacy of safe firearms storage practices pre- and post-training	Trainers to conduct trainings; evaluation survey	Jenna S.	4/1/2022
				Monitor progress and outcomes	n/a	Ongoing	Change in # of firearms stored at gun shops before and after pilot	Tracking system for # of firearms stored	Alex T.	2/1/2022
		Program B (name TBD - possibly "Secure It Howard County" VSO Outreach)	Strategy 2	Distribute educational materials to Veterans through VSOs	10 VSOs	1/15/2022	Change in Veterans' knowledge around importance of safe firearm storage before and after distribution	Educational materials for Veterans Connections with VSOs	Tim A.	10/1/2021
		CALM Training - Community Providers	n/a	Conduct CALM training with community providers	50 community providers	2/1/2022	Change in community providers' self-efficacy to talk to Veterans about safe storage	Connections with community providers	Aaron E.	10/1/2021
		Program C (name TBD)	n/a	Develop online database of storage options in the community	1 database	4/1/2022	# of hits to website that lists the database	List of storage options Web developer	Jenna S.	11/1/2021

APPENDIX F

Important Resource Links

Organization	Resource
Suicide Prevention Resource Center (SPRC)	Suicide Prevention Resource Center
Purdue University's Military Family Readiness Institute (MFRI) Measuring Communities	Home Measuring Communities
CDC WONDER	CDC WONDER
CDC WISQARS	CDC WISQARS Web-based Injury Statistics Query and Reporting System
RAND Suicide Prevention Evaluation Toolkit	Toolkit
Memorandum of Understanding Between The Harris Center for Mental Health and IDD and Michael E. DeBakey VA Medical Center	Care Coordination Agreement
Montana State Legislature Grant Example	Grant
SMVF Suicide Prevention Coalition Team Executive Orders or Legislation Example	Alabama House Joint Resolution

APPENDIX G

Implementation Roadmap Example

STATE IMPLEMENTATION ROADMAP ASK THE QUESTION EXAMPLE



APPENDIX H

Governor's Executive Order Example (Maryland)



The State of Maryland Executive Department

EXECUTIVE ORDER
01.01.2023.18

Preventing Suicide Among Military Service Member, Veterans and their Families

- WHEREAS, Suicide among service members, veterans, and their families is widespread and preventable, and Maryland is committed to addressing this pressing challenge head on;
- WHEREAS, The suicide rate among veterans is double the general population suicide rate across all age groups in Maryland and suicide rates among service members and families is troublingly high;
- WHEREAS, The United States Department of Veterans Affairs (the "VA") and the United States Department of Health and Human Services' Substance Abuse and Mental Health Services Administration ("SAMHSA") have created the Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and Families to encourage the adoption and implementation of suicide prevention best practices;
- WHEREAS, The prevention of suicide by service members, veterans, and their families requires a comprehensive public health approach, bringing together key State leaders to develop strategic action plans focused on preventing suicide in the veterans, military and military-connected community;
- WHEREAS, Maryland, working alongside the federal government, local governments, private sector entities, and non-profit organizations, will develop an action plan designed to combat the serious issue of suicide among service members, veterans and their families;
- WHEREAS, Screening for a military service connection in varied interactions can provide opportunities for assessment for suicide risk and appropriate referrals to suicide prevention services, to ensure that veterans and members of the military community are not left behind.

NOW, THEREFORE, I, WES MOORE, GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION AND LAWS OF MARYLAND, HEREBY PROCLAIM THE FOLLOWING EXECUTIVE ORDER, EFFECTIVE IMMEDIATELY:

A. The Secretary of Health and the Secretary of Veterans Affairs, or their respective designees (the "Secretaries"), shall jointly lead Maryland's efforts to prevent suicide among service members, veterans and their families.

B. The Secretaries of Health and Veterans Affairs shall convene an annual meeting at a time and place to be determined, to discuss and assess the State's efforts to prevent suicide among service members, veterans and their families.

C. Within 30 days of the issuance of this Executive Order, the Secretaries of Health and Veterans Affairs shall conduct a review of the State's short term suicide prevention strategy to identify any necessary adjustments.

D. Thereafter, in cooperation and in consultation with the appropriate State Agencies, the Secretaries shall launch a statewide "Ask the Question" campaign to provide standardized tools to all State Agencies, local governments, private sector entities, and non-profit organizations to screen constituents and customers for a military service connection in order to provide opportunities for appropriate referrals and assessment for suicide risk.


E. The Secretaries shall, through outreach and other appropriate means, elevate awareness of available funding for Maryland counties to advance goals set forth in the Governor's Challenge, including developing a coordinated intervention plan to respond to service members, veterans, and their families experiencing mental health crises, and help identify counties ready to implement the Challenge.

F. The Secretaries shall engage with the VA and SAMHSA to facilitate community and State-level efforts to prevent suicide by service members, veterans, and their families, using all available resources.

G. Every agency, department, office, division, or public authority of the State shall cooperate with the Secretaries, and, to the fullest extent permitted by law, shall furnish such information and assistance as the Secretaries determine is reasonably necessary to accomplish the purposes of this Executive Order.

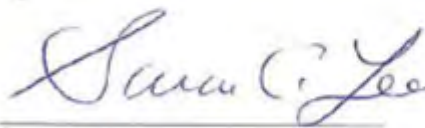
H. This Executive Order shall be implemented in a manner that is consistent with all applicable statutes and regulations. Nothing in this Executive Order shall operate to contravene any State or federal law or to affect the State's receipt of federal funding.

GIVEN Under My Hand and the Great Seal of the State of Maryland, in the City of Annapolis, this 9th Day of November, 2023.



Wes Moore
Governor

ATTEST:



Susan C. Lee
Secretary of State

APPENDIX I

Sample Briefing Deck

THIS SLIDE IS TO BE REMOVED AFTER READING

- This slide deck was created by VA's Suicide Prevention Program and is designed to be used by Governor's and Mayor's Challenge Teams when presenting to communities, partners, stakeholders, and other audiences.
- Feel free to delete or add slides as needed based on the length and topic of your presentation. We have included more slides to provide as much detail as possible, but most presentations will likely only have time to cover a few.
- Topics covered include:
 - Governor's and Mayor's Challenges Overview
 - Editable Slides for Challenge Teams
 - Public Health Approach
 - Discussion/Conclusion

GOVERNOR'S AND MAYOR'S CHALLENGE

Title Name
Team Name

Location
Date



VA  U.S. Department of Health and Human Services 

Governor's and Mayor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families

About the Challenge

- States and communities have been partnering with VA and Substance Abuse and Mental Health Services Administration (SAMHSA) on the Mayor's and Governor's Challenge since 2019.
- Mayor's and Governor's Challenge teams develop plans to implement the [National Strategy for Preventing Veteran Suicide](#), which provides a framework for identifying priorities, organizing efforts, and contributing to a national focus on Veteran suicide prevention.
- Teams work to identify their top priorities, best strategies for their community's needs, and efforts they will use to evaluate their outcomes.
 - Not one plan will fit every community, so strategies vary across communities.
- This work is critically important because local leaders know their populations best.

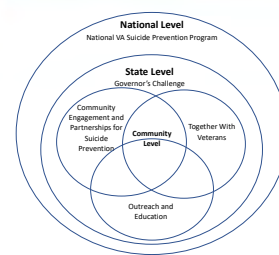
Partnering Across the Nation

 Goal: Develop state and local plans based on the public health approach to prevent suicide.

- Governor's and Mayor's Challenge teams include collaborative groups of community, municipal, military, Veteran, and other stakeholders.
- VA/SAMHSA provide technical assistance to support local efforts, document outcomes, and share strategies with other municipalities.
- The Governor's Challenge took the Mayor's Challenge to the state level, incorporating existing community strategic plans within their respective states.



Community-Based Interventions



Community-Based Interventions for Suicide Prevention (CBI-SP) serves as unifying model, from national to community levels, for all community-based efforts to end Veteran suicide.

- The Governor's Challenge** is a collaboration with VA and SAMHSA where state policy makers partner with local leaders to implement a comprehensive suicide prevention plan.
- Together with Veterans** is focused on Veteran-to-Veteran coalition building and Veteran leadership development for suicide prevention.
- Community Engagement and Partnerships for Suicide Prevention** is focused on facilitating community coalition building for suicide prevention. Outreach and Education provides VA SAVE, VHA facility partnerships, events, etc. through local Suicide Prevention Coordinators (SPCs) and does not change their critical role.

Priority Areas of Focus

-  Identify service members, Veterans, and their families and screen for suicide risk
-  Promote connectedness and improve care transitions
-  Increase lethal means safety and safety planning

[State/Community] [Governor's/Mayor's] Challenge

- Our Action Plan Highlights:
 - Below are examples. Replace with your team's efforts:**
 - Identify service members, Veterans, and their families:** Implement Ask the Question ("Have you or a loved one ever served in the military?") by adding screening question across all government agency intake forms.
 - Promote connectedness:** Develop state-wide peer support program for Veterans and family members.
 - Increase lethal means safety:** Establish "lock and talk" partnerships with local gun shops to promote suicide prevention resources.

Insert Logo/Photo Here if Desired

Team Composition

If relevant for the presentation, consider adding organizations that comprise your Mayor's/Governor's Challenge team. Below are examples. Replace with your team's info:

Our team is comprised of representatives from:

- [Governor's/Mayor's] Office
- [Location] Department of Veterans Affairs
- [Location] Department of Health
- [Location] Department of Human Services
- [Location] VA Medical Center
- [State] National Guard
- University of [Location]
- AMVETS
- American Legion
- National Alliance of Mental Illness
- Mental Health America
- Etc.

Program Highlight

If relevant for the presentation, consider sharing details about one or more of the planned strategies from your team's Action Plan. Below are examples. Replace with your team's efforts:

- The [state/community] [Governor's/Mayor's] Challenge team plans to develop a gun lock distribution pilot program, with a planned launch in January 2023.
- Components of the pilot include distribution of gun locks and increasing messaging about lethal means safety, specifically towards clinicians.
- Outcome measures for the pilot include:
 - # of gun locks distributed over 6 months
 - % increase in clinicians who offer gun locks to patients pre- and post- implementation of the pilot (6-month timeframe)

Next Steps

Describe the next steps to take toward accomplishing the goals in your action plan, or highlight any upcoming events—examples below:

- Next steps for our pilot program involve development of messaging for clinicians around lethal means safety.
 - We plan to conduct interviews with clinicians to understand clinician perspectives around gun locks and lethal means safety.
 - We are currently seeking 5-6 more clinicians for interviews – email [team member] if you are interested in participating!
- Our team is also co-hosting a Suicide Prevention Awareness event with [agency] on September 16, 2022. Go to [website] to register for the event!
- The team continues to meet monthly and will be providing a briefing to the [Governor's/Mayor's] Office in October.

Lessons Learned Through Our Challenge So Far

Edit the examples below or add your own examples of lessons learned

- After identifying service members, Veterans, and family members, it is important to have suicide risk screening and a referral process for indicated needs.
- Care coordination can assist with lethal means safety efforts, like doing gun lock distribution throughout a care coordination network.
- Safety planning can help Veterans stay safe during a crisis and during care transitions.
- Be creative and flexible to match the needs of the community.
- Collaboration with a broad range of organizations and utilizing existing programs and resources has been key to our success.

The Public Health Approach

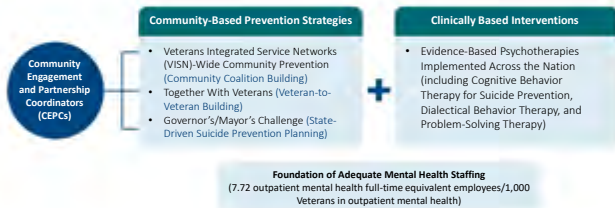
VA takes a public health approach to preventing Veteran suicide. The next three slides are meant to provide background about this approach to inform your team's strategy.

VA's Public Health Strategy

VA's public health strategy combines partnerships with communities to implement tailored, local prevention plans while also focusing on evidence-based clinical strategies for intervention. Our approach focuses on both what we can do now, in the short term, and over the long term, to implement VA's National Strategy for Preventing Veteran Suicide.



Suicide Prevention 2.0 Vision for the Distance: Combining Community & Clinical Interventions



Anchors of Hope

- 399 fewer Veterans died from suicide in 2019 than in 2018, reflecting the lowest count of Veteran suicides since 2007.
- In 2019, there was an almost 13% one-year rate decrease for women Veterans, which was the largest rate decrease for women Veterans in 17 years.
- The single-year decrease of 7% for 2019 was larger than any observed decrease from 2001 through 2018 and was a more-than-four-times-greater decrease than for the non-Veteran population.
- So far, there does not appear to be an increase in Veteran suicides related to COVID-19, but the data continues to be gathered and will be reviewed.

And yet, we need to do more. We cannot do this work without each of you.



Join Us in Action

- Suicide is a complex issue with no single cause. We all have a role to play in reducing Veteran suicide.
- We prevent suicide through meaningful connection, one person at a time. Here's what you can do to help prevent Veteran suicide:
 - Become knowledgeable about **suicide data and suicide prevention resources**. All resources can be downloaded at: https://www.mentalhealth.va.gov/suicide_prevention/data.asp.
 - Promote VA S.A.V.E. Training to your community: <https://psycharmor.org/courses/s-a-v-e/>.
 - Help create a safe community for Veterans by posting the Veterans Crisis Line number (Dial 988 then Press 1) around your organization's offices and in office newsletters.
- We want all Veterans and community partners to know that help is always available.

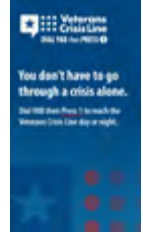
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Share the Veterans Crisis Line with your Networks

- The Veterans Crisis Line has a new, easy-to-remember number: [Dial 988 then Press 1](#).
- Help spread the word by visiting [VeteransCrisisLine.net](#) to find downloadable assets. Here are a few simple actions you can take:
 - Update your websites and digital assets with the new logo
 - Share on social media using sample posts and graphics for use on Facebook, Twitter, and Instagram
 - Use a Dial 988 then Press 1 email signature image and video conference background
 - Share the pre-written newsletter, blog, and email content with your networks

As mentioned in the notes section, copy and paste link to the Veterans Crisis Line PSA ([library found here](#)) that you would like to show your audience. The PSA can be played from this slide.



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Discussion



Thank you.

[Insert Contact Email or Team Website]

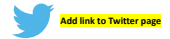
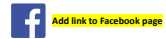
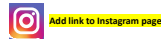
[Insert image of your logo]

21



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CHECKLIST 2

Strategic Planning Checklist

Use the following checklist to ensure all elements of strategic planning and implementation are addressed.

- Partnered with research institutes
- Developed data-driven tools
- Established formal structures with leadership support
- Formed initiative-based working groups
- Adjusted roles and responsibilities
- Engaged leadership

MODULE 3

Team Operations

The organization of a team is crucial for the success of their suicide prevention efforts. Teams structure themselves around three main priority areas with specific goals, allowing for an efficient and effective approach. They adopt different operational and record-keeping practices either at the full team level or at the priority group level to engage key members actively, ensuring continuity and commitment. By using a mix of communication channels, such as cloud-based repositories, calls, video chats, and emails, teams maintain dynamic internal and external connections. Some teams also use communication toolkits and planning templates to deliver coherent and aligned messages, essential for the team’s cohesive function and the initiative’s sustained impact.

Effective and sustainable teams rely on strategic team composition and strong community engagement. Menger et al. (2015) highlight that strong networks are enhanced by promoting regular, trust-based information sharing. Reifels et al. (2021) emphasize that community-led coalitions succeed through longevity, a community-wide focus, and frequent activities that raise awareness and provide training. These elements are crucial for fostering understanding and improving support services for suicide prevention.

“We keep it relatively simple and share things through email because the members of the team all have different platforms that they’re allowed to use.”
—Mid-Atlantic Team Lead

We use the project management platforms for managing tasks and communications, providing a centralized repository for all team-related activities.”
—Midwestern Team Lead

“Having one in-person meeting per year and quarterly virtual team meetings helps us connect and stay informed about different initiatives happening across the state.”
—Southeastern Team Lead

“Rotating meeting locations to different organizations helps keep people engaged and lets them showcase their place.”
—Midwestern Team Lead

Key Considerations

Centralized Coordination and Support

Effective team operations often rely on centralized coordination and support structures. A centralized system, where the core team acts as the hub for operations, ensures that all teams and workgroups are aligned with overall goals, facilitating effective strategic planning and implementation.

- **Centralized Hub for Direction and Support:** This hub organizes meetings and connects with community partners at state and/or local levels (such as the Governor’s office) for support. Platforms like SharePoint can be excellent for sharing updated team information.
- **Focused Project Management:** In some cases, it may be more effective to manage a single main project each year across the entire team, maintaining focus and cohesion.
- **Alignment of Teams and Workgroups:** Ensure that all workgroups are aligned with long-term goals through centralized coordination and support. It is often helpful for workgroups to work toward completing strategic milestones under the full coalition, fostering regular communication and collaboration across the larger coalition. Developing a structure that promotes ongoing dialogue and opportunities for collaboration enhances alignment and effectiveness.

Communication Channels

Maintaining robust communication channels is critical for the smooth operation of Governor’s Challenge teams. Regular meetings and effective communication strategies help keep all members informed and engaged, fostering a cohesive and well-coordinated team.

- **Meetings:** Hold meetings at regular intervals: biweekly, monthly, quarterly, or annually; either virtually or in-person. These meetings may involve various levels of participation, from task groups to leads to state and local leadership. Core team or leadership team meetings are a good way to plan for upcoming meetings or to debrief previous meetings. (Example team meeting agenda in Appendix J.)
- **Utilize Project Management Platforms:** Decide which types of communication channels work best for your teams, from regular emails to project management software with integrated communication (e.g., Basecamp), ensuring all team members have access to necessary information and can collaborate effectively.



Appendix J. Governor’s Challenge Meeting Agenda Example

Role of Technology and Tools

The use of technology and tools plays a significant role in facilitating effective team operations. These tools can help teams stay organized, track progress, and ensure that everyone is on the same page. Examples of communication platforms include Teams, Zoom, and Outlook, while examples of information management tools include SharePoint and Google Drive.

- **Managing Tasks and Communications:** Web-based project management and shared repository platforms can be used for managing tasks and communications, providing a centralized repository for all team-related activities.
- **Using Program Measurement Tools:** Employ program measurement tools (e.g., Microsoft Excel spreadsheets) and conduct regular calls to maintain coordination among team members spread across different agencies.

Engagement and Accountability

Engagement and accountability are essential for maintaining a dynamic and committed team. Regular reporting and structured responsibilities help ensure that team members remain active participants and that leadership is continuously informed and supportive of team efforts.

- **Regular Reporting to Leadership:** Involve regular reporting to the local or state leadership to keep leadership informed and engaged with the team's progress.
- **Commitment to Accountability through Project Management:** Demonstrate a commitment to accountability by managing focused projects and ensuring consistent participation and support from all team members. Reach a consensus with the team on assignments for focused projects and team members' roles based on individual strengths, then use project management tools and regular report-outs to ensure accountability.

Practical Steps

Step 1: Assess the Team's Current Communication Practices

- Determine the types of information to be shared, interoperability of communication systems, interorganizational communication protocols, capacity, and legal requirements.
- Determine the team's communication sharing needs and information sharing resources.

Step 2: Centralized Coordination and Support

- Identify a centralized system, like SharePoint, to act as a hub for guiding priority area groups and initiative-based workgroups.

Step 3: Communication Channels

- Schedule meetings at regular intervals to keep all members informed and engaged.
- Begin and continue to use web-based platforms or other channels to manage tasks and communications.

Step 4: Role of Technology and Tools

- Employ tools like Microsoft Excel for program measurement and regular calls for team coordination.

APPENDIX J

Governor's Challenge Monthly Team Meeting Agenda Example

Governor's Challenge Update & Progress Meeting
Wednesday, May 22, 2024
1:00–2:00 p.m.
[Click here to join the meeting](#)
Phone: 1-555-555-5555; Conference ID: 123456789#

Agenda

- I. Welcome and Opening Comments
 - Meeting reminder: *Suicide is an intense topic for some people. If you need to take a break, or step out, please do so. Our goal is to have an interactive, productive, and respectful meeting where we can collaborate and look at ways to better serve our Service members, Veterans, and their families.*
 - Please feel free to introduce yourself in the chat (name and organization), along with any events in your area you'd like to share with the group.
- II. Introductions: Any newcomers?
- III. Featured Topic/Speaker: *An Overview of 988: Implementation and Coordination*; Speaker First and Last Name.
- IV. Priority Area Updates
 - Group 1—Identifying and Screening
 - Veteran Connector/Videos
 - “If Trouble Is Brewing”
 - Group 2—Promote Connectedness and Improve Care Transitions
 - Outdoor Coalition/988 Collaboration
 - DNR Digest Advertisement & Hunting/Fishing License opportunity
 - Sportsmen Against Hunger
 - “Selfie Stands” initiative—Targeted Rollout—05/2025

- Seeking input from GC participants on locations during this phase
- Group 3—Lethal Means Safety and Safety Planning
 - Collaborating w/other states, that have seen success in partnering with state coalitions for responsible gun owners
 - University Institute for Firearm Injury Prevention
 - Seeking firearms retailer (gun shop owner) or safety instructor for “Community Advisory Board”
- V.** Crisis Intercept Mapping
 - Onsite completed, will be pursuing partnership w/County Sheriff’s Office to provide VA S.A.V.E. Training and information on Veteran Connector; Meeting w/Leadership on 06/27/2024
 - Potential expansion to other County Sheriff’s Offices in future
- VI.** For Your Situational Awareness
 - Suicide Prevention Commission Summit—August 6–7, 2024
 - Save the Date! Attendee registration is not yet available
- VII.** Open Forum/Public Comment/Event Sharing
- VIII.** Closing Comments & Adjournment

Next Governor’s Challenge Meeting: Wednesday, July 17, 2024 (1:00-2:00 p.m.)

CHECKLIST 3

Team Operations Checklist

Use the following checklist to ensure all elements of strategic planning and implementation are addressed.

- Identified and established a centralized hub team and workgroup information exchange
- Scheduled regular partner meetings
- Identified and employed project management software to track and manage progress
- Established regular reporting channel to leadership

MODULE 4

Strategic Evaluation and Continuous Improvement

Program evaluation is crucial in suicide prevention. It acts as a mirror reflecting the current effectiveness of programs and as a compass guiding sustainable future efforts. Acosta et al. (2014) highlight that, despite challenges like the rarity of suicide events and the complexity of program components, methodical evaluation is essential. By using evaluation tools like the [*RAND Suicide Prevention Program Evaluation Toolkit*](#) or the [*Getting To Outcomes Toolkit*](#)[®], practitioners can create program logic models that show the causal relationship between program activities and their outcomes. This helps focus on the short- and intermediate-term factors that drive change in long-term outcomes like suicide rates. Evaluation frameworks should use suitable measures and methods tailored to the program's context and resources, ensuring an accurate assessment. This strategic approach is key for the continuous improvement of suicide prevention programs, identifying successful areas and those needing improvement.

Key Considerations

Use of Program Measurement Tools

Using data and program measurement tools is crucial for aligning strategies with identified risks and needs. Data-driven approaches allow teams to justify their initiatives and track their impact, ensuring efforts are targeted and effective. Align Governor's Challenge activities with broader state initiatives, such as state suicide prevention plans, Suicide Mortality Review Committees, or suicide prevention legislation, and track progress by tying activities to state priorities.

Partnering with Universities and Research Institutions

Strengthen evaluation efforts by partnering with universities, research institutions, and other expert organizations. These partnerships can provide access to advanced analytical tools, expertise in evaluation methodologies, and additional resources to conduct thorough assessments. Universities often have dedicated research teams that can collaborate on developing evaluation frameworks, analyzing data, and sharing findings. These partnerships also offer opportunities for program improvements based on cutting-edge research and evidence-based practices.

- Engage with universities to co-design evaluations that explore the effectiveness of specific interventions within the Governor's Challenge that yield valuable insights that inform program adjustments and enhancements.

- Leverage the statistical and analytical expertise available at research institutions to conduct robust data analyses, ensuring that evaluation efforts are grounded in rigorous methodology.
- Partnering with universities can also help build the internal capacity of the Governor’s Challenge teams by providing training on evaluation techniques, data collection methods, and the use of advanced tools.

Continuous Monitoring and Adaptation

Implement a system of continuous monitoring to ensure that the evaluation process is dynamic and responsive to new data and changing conditions. Regularly revisiting and updating evaluation frameworks based on findings allows teams to remain agile and make data-informed decisions that enhance program effectiveness.

Practical Steps

Step 1: Utilize Evaluation Toolkits

- Use toolkits like the [RAND Suicide Prevention Evaluation Toolkit](#) to identify core elements of your strategy, create program logic models (Appendix D), and identify the causal relationship between program activities and outcomes.
- Choose measures and methods tailored to the program’s context and available resources (Appendix K).



Appendix K. Measuring Progress and Making Changes

Step 2: Maintain Regular Reporting and Accountability

- Team leader, co-leaders, or workgroup leaders should identify one or more individuals who can access, collect, analyze, interpret, and describe process and outcome data.
- Ensure continuous communication of progress by reporting updates on process measures. Keep a designated point-of-contact with the administrative office of state or local leaders to monitor and assess progress.

Step 3: Leverage Data and Measurement Tools

- Identify common measures with similar state initiatives to ensure coalition activities align with and support broader state goals.
- Implement tools that track and measure the impact of interventions, ensuring targeted and effective efforts. These tools could be as simple as Microsoft Excel charts and spreadsheets or commercial project management software.

APPENDIX K

Measuring Progress and Making Changes

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Iterating Your Evaluation Plan

No evaluation plan is perfect so build checkpoints into your evaluation plan:

- Obtain informal feedback through regular check-ins with evaluation staff and program participants.
- Make careful, calculated course-corrections (use sparingly!).
- Adjust your logic model as needed and as new information emerges.
- Reset goals up or down to maintain high but realistic expectations.

Common Stumbling Blocks and Ways to Pivot

Lack of Resources to Conduct an Evaluation

- Create an elevator pitch, a one-page document describing your planned evaluation, and a budget that you can present to state or federal funders.
- Search for foundation or government funding to support your efforts.
- Collaborate with local suicide researchers. You can find local researchers by searching funded grants:
 - <https://reporter.nih.gov/>
 - https://www.research.va.gov/about/funded_research/

Administrative Approval Hurdles

- Engage RAND and other experts through the Technical Assistance Center.
- Recruit a researcher to your team and allow them to prepare your regulatory documents.
- Cultivate relationships with IRB and other regulatory staff who can guide you.

Low Survey Participation Rates

- Use multiple recruitment methods (e.g., phone calls emails) and sites (e.g., VA clinics, VFWs)
- Offer gift card incentives for participation. If resources are limited, enter participants into a “raffle” in which they could win a gift card to cut down on costs.
- For hard-to-reach populations, build relationships with community partners who can facilitate recruitment. Consider using snowball sampling or other purposive recruitment.

Lack of Access to Important Data

- Engage RAND and other experts through the Technical Assistance Center
- Consider using publicly available data or data that are available upon request
 - <https://www.dspo.mil/>
 - https://www.mentalhealth.va.gov/suicide_prevention/data.asp

Messy or Incomplete Data

- Update your data collection form so that it is clear, brief, and only accepts answers in the form that you need for analysis (e.g., numbers only, free text, options to select “none” or “other” where needed).
- Work with a statistician to determine the amount of missing data, if there are patterns in the missing data (e.g., only dissatisfied service recipients replied), and ways to address this in the analyses.

Analyzing Data

- Engage RAND and other experts through the Technical Assistance Center.
- Identify simple ways to present your data using descriptive statistics (e.g., percents, averages).
- Recruit a statistician or researcher to your team who has experience with data analysis.

Resources

Name of Resource	Description of Resource	Link
RAND Literature Review of Suicide Prevention Program Evaluations	A literature review of suicide prevention programs that includes a discussion of outcome measures used to evaluate them	https://www.rand.org/pubs/technical_reports/TR1317.html
RAND Literature Review of Mental Health Stigma and Discrimination Reduction Program Evaluations	A literature review of mental health stigma and discrimination reduction programs that includes a discussion of outcome measures used to evaluate them	https://www.rand.org/pubs/technical_reports/TR1318.html

Name of Resource	Description of Resource	Link
Community Toolbox	Resources for developing, implementing, and evaluating community interventions created by the Work Group for Community Health and Development at the University of Kansas	https://ctb.ku.edu/en/get-started
HealthMeasures.net	Tested and validated measures of physical, mental, and social health, including health-related attitudes. Free to download and use.	https://www.healthmeasures.net/search-view-measures
National Consortium on Stigma and Empowerment Resources	A list of resources available on the National Consortium on Stigma and Empowerment website, including a toolkit containing measures	http://www.stigmaandempowerment.org/resources
Social-Personality Questionnaire Instrument Compendium	A website that links to various social and personality psychology measures	http://www.webpages.ttu.edu/areifman/qic.htm
PsycTESTS®	A research database of psychological tests maintained by the American Psychological Association (subscription required)	http://www.apa.org/pubs/databases/psyc-tests/index.aspx

CHECKLIST 4

Strategic Evaluation Checklist

Use the following checklist to ensure all elements of strategic evaluation and continuous improvement are addressed.

- Identify an appropriate suicide prevention toolkit or framework
- Identify core components and construct logic models
- Select process and outcome evaluation measures
- Provide regular reports to leadership and the community
- Track progress with reports
- Align activities with state initiatives
- Implement data-driven tools

MODULE 5

Expansion and Key Partner Engagement

The longevity and effectiveness of suicide prevention efforts are greatly improved by expanding coalitions and strategically engaging key partners. Building a broad-based task force or team that includes partners from various sectors—healthcare, education, law enforcement, and community organizations—ensures a multidisciplinary approach to addressing the complex issue of suicide. Such an expansion fosters diverse perspectives and expertise, which are vital for the program’s adaptability, responsiveness to community needs, and increasing the likelihood of equitable outcomes for the diversity of populations involved. Engaging additional key partners not only enriches intervention strategies but also establishes a network of support that can amplify the program’s reach and sustainability.

Incorporating Diversity, Equity, and Inclusion (DEI) in Engagement

When expanding coalitions and engaging key partners, it is crucial to integrate DEI principles to ensure that all community voices are represented and valued. This approach not only enhances the coalition’s effectiveness but also helps to address systemic inequities that may exist within the community.

- Consider adopting non-traditional practices that specifically reach and benefit non-majority and underrepresented communities. Examples include adjusting messaging channels to be culturally relevant, building strong connections with influential local leaders to enhance community engagement, and creating feedback loops that directly involve members of diverse communities.
- Before engaging partners, conduct a thorough landscape analysis that includes an assessment of the community’s historical context, particularly focusing on systems of oppression such as racism, sexism, and ableism. This analysis should identify gaps in current coalition representation and highlight opportunities to include underrepresented groups. Resources for conducting landscape analyses include:
 - o [Veterans Geography of Opportunity Tool](#)
 - o [VA Minority Veteran Program Coordinators](#)
 - o [MFRI Measuring Communities](#)
- Ensure that coalition leadership and membership reflect the diversity of the community. This might involve actively recruiting partners from minority groups or those who have been impacted by inequities. Creating a safe space for these voices to be heard and valued is essential for fostering a culture of safety and trust within the coalition.

Importance of Key Partners and Feedback Loops

Strategic communication with key partners is essential for sustainable suicide prevention. Transparent and regular communication of progress, challenges, and outcomes helps in obtaining and retaining leadership buy-in, which is crucial for the continuation of support and resources. Informed leaders are more likely to advocate for the program’s mission and facilitate its objectives within larger agency, organizational, and policy frameworks. Furthermore, establishing feedback loops is essential for continuous improvement and sustainability. By actively soliciting and incorporating feedback from all partners involved—leaders, current and future team members, collaborators, and project beneficiaries—suicide prevention efforts can be fine-tuned and tailored to better serve the target population. This iterative process not only strengthens the program’s effectiveness but also ensures that partners remain engaged and invested in the program’s success. Incorporate DEI-focused questions in your feedback loops. Ask whether all voices were represented and heard during discussions, particularly those from non-majority groups. Assess if DEI principles are being integrated effectively and whether any barriers to inclusion exist. This feedback should be used to continuously refine and improve coalition strategies.

Key Considerations

Utilizing Established Networks and Previous Relationships

Leveraging established networks and relationships is vital for expanding coalition efforts and engaging new partners. By building on existing connections, teams can broaden their understanding of statewide initiatives and identify new collaborators.

- Ensure that outreach efforts are inclusive, targeting not only traditional partners but also organizations and groups that serve diverse, non-majority and underrepresented populations. Tailor your engagement strategies to meet the needs and preferences of diverse communities.
- Leverage established networks and relationships is vital for expanding coalition efforts and engaging new partners. By building on existing connections, teams can broaden their understanding of statewide initiatives and identify new collaborators.
- Evolve from a statewide task force and bring in a diversity of partners during regular meetings to observe, present, share resources, and explore potential new members. Prepare a list of developed questions for the meetings to engage participants in meaningful discussion and informal consultation of their expertise.

Leveraging Executive Orders and Legislation

Using executive orders and state legislation can provide formal backing and structure for coalition efforts. These tools ensure accountability and sustained focus on the team’s goals, helping to establish core members, identify new members, and maintain a structured approach from the outset.

- Draft and pursue support for an executive order to nest the team within a broader task force or team, ensuring sustained focus.
- Reference pre-existing, similar state legislation requiring the development of a statewide Veteran suicide prevention plan to help identify or establish core members and structure.

Practical Steps for Establishing Networks and Leveraging Executive Orders and Legislation

- Organize meetings with diverse partners to observe, present, share resources, and explore new memberships.
- Prepare questions to engage meeting participants in meaningful discussion and gather informal consultation.
- Pursue support for executive orders to integrate the team within a broader council.
- Reference state legislation to establish not only core members but new, potential partners as well.

“During our quarterly meetings, we bring in a variety of partners to present, share resources, and explore potential new members.”
—Midwestern Team Lead

DEI-Centric Strategies

- Actively seek out and include partners who represent marginalized or underrepresented groups. This can enhance the coalition’s ability to address the unique needs of diverse populations within the community.
- Provide training on cultural competency to all coalition members, ensuring that they are equipped to engage effectively with diverse communities.
- Tailor communication strategies to ensure they are accessible and relevant to all community members, particularly those from non-majority groups.

CHECKLIST 5

Expansion and Engagement Checklist

Use the following checklist to ensure all elements of coalition expansion and strategic engagement are addressed.

- Celebrate key milestones
- Provide regular updates to leadership
- Organize regular meetings
- Engage participants with questions
- Draft executive orders for support
- Reference state legislation

MODULE 6

Financial and Programmatic Sustainability

Long-term financial and programmatic sustainability are crucial for the future of suicide prevention efforts. Achieving sustainability requires a multifaceted approach to funding and policy engagement. A diversified funding strategy is essential, incorporating grants, donations, in-kind resources, designated budget line items, and braided funds from multiple sources to protect programs against economic fluctuations and policy changes.

Grants from governmental and private entities provide substantial support but are often time-bound and subject to shifting priorities. Grant opportunities include Federal grants such as the U.S. Department of Veterans Affairs Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP), and SAMHSA grants for suicide prevention, or grants through foundations and partnerships such as the Spirituality, Mind, Body Institute (SMBI) at Columbia University, the Centers for Disease Control (CDC) Foundation, the Agency for Healthcare Research and Quality (AHRQ), or the American Foundation for Suicide Prevention (AFSP) grants. Donations offer more flexibility, allowing programs to innovate and respond to immediate needs. In addition to these options, opioid grants, housing grants, peer support funding, and justice services grants provide further opportunities for financial sustainability, helping programs expand their reach and address critical needs within their communities. These can be obtained from charitable organizations such as the Bob Woodruff Foundation or the Gary Sinise Foundation. Budget line items ensure a steady stream of funding, signaling institutional commitment, while braided funding, a strategic combination of different funding streams, maximizes resources and enhances program stability.

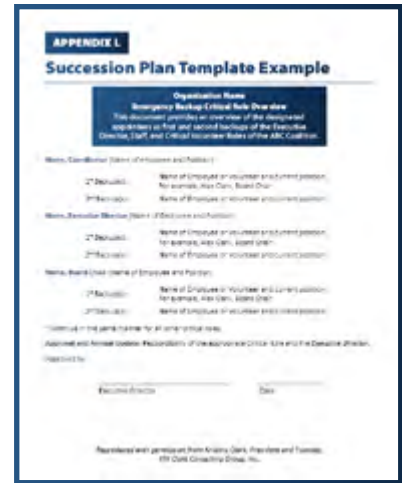
To support these financial strategies, formalized partnerships with legislators, local nonprofits, charitable organizations, and policymakers are crucial. These alliances can lead to the development of supportive legislation and policies that not only secure funding but also embed suicide prevention within public health mandates. Advocacy and ongoing dialogue with these partners help align program goals with state and local health priorities, potentially opening avenues for sustainable support. Legislative champions for suicide prevention can be instrumental in enshrining funding and policy support, making prevention efforts a consistent concern on the political agenda.

“Our Governor’s Office is getting more involved, looking at policy recommendations from us, which we’re very excited about.”
—Southeastern Team Lead

Key Considerations

Succession Planning

Succession planning is a critical component of sustainability in suicide prevention coalitions, as it ensures the continuity and resilience of leadership and key operations even in the face of unexpected changes. Effective succession planning prepares organizations for both short-term and long-term transitions by identifying and training backups for essential roles, thereby safeguarding the coalition’s mission and ongoing efforts. This forward-looking approach helps maintain organizational stability, minimizes disruptions, and ensures that the coalition’s work continues seamlessly, even during leadership transitions. As outlined in Appendices L and M, a comprehensive succession plan includes designated appointees for critical roles, short-term staffing strategies, and cross-training plans, all of which are vital for sustaining the coalition’s impact over time.

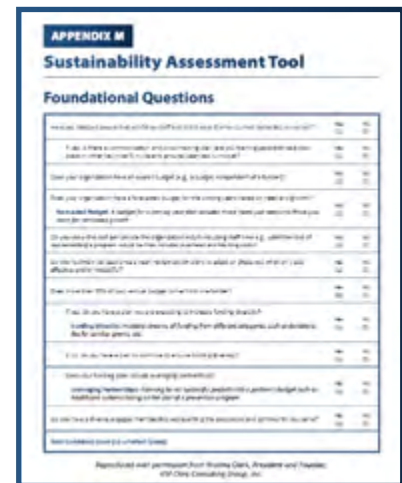


Appendix L. Succession Plan Template Example

Practice to Policy for Sustainability

Practice to Policy for Sustainability focuses on how effective practices are codified within organizations to ensure that they endure beyond individual programs and funding cycles, ultimately becoming standard operating procedures that guide long-term efforts.

- Document and formalize successful strategies and practices into organizational policies, ensuring consistent application across programs.
- Develop and implement policy documents that outline key procedures and pursue leadership buy-in for organization-wide adoption.
- Integrate best practices into training and onboarding to maintain consistency and ensure all staff are equipped to implement them.
- Establish audits, reviews, and reporting structures to monitor adherence to policies.
- Align organizational policies with broader public health strategies such as the [National Suicide Prevention Strategy](#) and the [Centers for Disease Control’s Suicide Prevention Resource for Action](#), advocating for their integration into state initiatives.



Appendix M. Sustainability Assessment Tool

Diversified Funding Strategies

A diversified funding strategy is essential for the long-term sustainability of suicide prevention programs. Securing strategic funding from various agencies supports the team's efforts and ensures financial stability. Formalized agreements and memorandums of understanding (MOUs) underpin financial sustainability by coordinating resources and commitments.

Some examples of funding sources include: VA's SSG Fox SPGP; SMBI's pilot program grant, the John Templeton Foundation, inclusion of Governor's Challenge initiatives in the State budget and legislative mandates. For example, Indiana's Governor's Challenge MOU (Appendix N) between the Family and Social Services Administration (FSSA) and the Department of Veterans Affairs (IDVA) formalizes their collaboration, ensuring the Suicide Prevention Project Director role is adequately funded and supported to advance suicide prevention initiatives.

- After understanding the necessary resources to achieve the desired strategies, secure strategic funding from various agencies, including planning and implementation grants, to maintain initiative momentum.
- Utilize MOUs and agency-level coordination to identify resources and funding sources and to secure consistent funding and support.

Reporting and Accountability

Regular reporting and accountability mechanisms are crucial for maintaining the sustainability of suicide prevention efforts. Structured frameworks, such as legislation, executive orders, and councils, provide accountability and oversight, ensuring that efforts are regularly reviewed by higher authorities. This continuous monitoring fosters improvement and maintains focus on key objectives.

Practical Steps

Step 1: Understand Your Coalition's Funding Needs

- Determine the level of funding and resources needed based on the strategic initiatives to be implemented.

Step 2: Develop Diversified Funding Strategies

- Apply for grants from various agencies, including planning and implementation grants.
- Formalize agreements to secure consistent funding and support.

Step 3: Implement Reporting and Accountability Mechanisms

- Set up structured frameworks for regular reporting about continued need and use of funds, to higher authorities.
- Ensure continuous monitoring and review of efforts to foster improvement, determine any additional resource needs and maintain focus.

APPENDIX L

Succession Plan Template Example

Organization Name

Emergency Backup Critical Role Overview

This document provides an overview of the designated appointees as first and second backups of the Executive Director, Staff, and Critical Volunteer Roles of the ABC Coalition.

Name, Coordinator (Name of employee and Position)

- 1st Backup(s): Name of Employee or Volunteer and current position.
For example, Alex Clark, Board Chair
- 2nd Backup(s): Name of Employee or Volunteer and current position

Name, Executive Director (Name of Employee and Position)

- 1st Backup(s): Name of Employee or Volunteer and current position.
For example, Alex Clark, Board Chair
- 2nd Backup(s): Name of Employee or Volunteer and current position

Name, Board Chair (Name of Employee and Position)

- 1st Backup(s): Name of Employee or Volunteer and current position.
For example, Alex Clark, Board Chair
- 2nd Backup(s): Name of Employee or Volunteer and current position

*Continue in the same manner for all other critical roles.

Approval and Annual Update: Responsibility of the appropriate Critical Role and the *Executive Director*.

Approved by:

Executive Director

Date

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KM Clark Consulting Group, Inc.*

APPENDIX M

Sustainability Assessment Tool

Foundational Questions

Have you selected people that will fill key staff and board roles if/when current leadership moves on?	Yes (1)	No (0)
If yes, is there a communication and cross training plan (are you training people to take your place or other key roles?) in place to ensure seamless turn-over?	Yes (1)	No (0)
Does your organization have an overall budget (e.g., a budget independent of a funder)?	Yes (1)	No (0)
Does your organization have a forecasted budget for the coming years based on need and growth? Forecasted Budget: <i>A budget for a coming year that includes those items you need and those you want for continued growth.</i>	Yes (1)	No (0)
Do you know the cost per service the organization incurs including staff time e.g., what the cost of implementing a program would be that includes overhead and training costs?	Yes (1)	No (0)
Do you routinely (at least once a year) review action plans to adapt or phase out what isn't cost effective and/or impactful?	Yes (1)	No (0)
Does more than 30% of your annual budget come from one funder?	Yes (0)	No (1)
If yes, do you have a plan you are executing to increase funding diversity? Funding Diversity: <i>Multiple streams of funding from different categories such as donations, fee for service, grants, etc.</i>	Yes (1)	No (0)
If no, do you have a plan to continue to ensure funding diversity?	Yes (1)	No (0)
Does your funding plan include leveraging partnerships? Leveraging Partnerships: <i>Planning to roll successful projects into a partner's budget such as healthcare systems taking on the cost of a prevention program.</i>	Yes (1)	No (0)
Do you have a diverse engaged membership representing the population and community you serve?	Yes (1)	No (0)
Total Combined Score (10 = Perfect Score):		

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KM Clark Consulting Group, Inc.*

APPENDIX N

Indiana Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING

Contract #000000000000000000XXXX

This Memorandum of Understanding (“Memorandum”) is entered into by and between the **Indiana Family and Social Services Administration, Division of Mental Health and Addiction** (hereafter referred to as FSSA/DMHA) and the **Indiana Department of Veterans Affairs** (hereafter referred to as IDVA). In consideration of the mutual understandings and covenants set forth herein, the Parties agree as follows:

GENERAL INFORMATION & PURPOSE

- A. The purpose of this Memorandum is to establish the terms and conditions under which the FSSA/DMHA and IDVA co-manage the operation and functions of the Indiana Governor’s Challenge (IGC) position of Suicide Prevention Project Director (SPPD).
- B. The IGC represent a multi-agency collaboration to address suicide among the Indiana Veteran Community. The role of the SPPD is best achieved through leadership based in both FSSA/DMHA and IDVA. The ability to work within FSSA/DMHA and have direct advisement from the State Suicide Prevention Director (a key leader of the IGC leadership) is imperative. The creation of the SPPD position enables the SPPD to bring the IGC programs and initiatives to FSSA/DMHA and deliver FSSA/DMHA programs and services to the IGC network. The SPPD will act as a mentor and trainer in suicide and crisis intervention for the IGC network.
- C. The IDVA is a state agency created pursuant to IC 10-17-1-2.
- D. The FSSA/DMHA is a state agency created pursuant to IC XXX.

PROVISIONS

The IDVA agrees to:

- A. Support the SPPD position in partnership with the FSSA/DMHA.
- B. Provide functional management of SPPD, to include:
 - Assign and coordinate the SPPD position to travel for community coalition

training, support, and outreach inside of Indiana, and the surrounding Indiana Border States.

- Assign and coordinate the SPPD position to travel out of state for suicide prevention, intervention and post-vention training and conferences.
- Share non-profit partner referrals and resources to current and future online platforms and applications through IDVA and IGC partnership entities.
- Share outreach efforts and opportunities for the SPPD position and FSSA/DMHA.

C. Allow access to IDVA physical locations.

D. Provide the support necessary to make the SPPD position successful.

E. Enable sharing administrative level access to any database, digital and tech lists, spreadsheets, web-based programs, and applications related to the IGC.

F. Provide feedback to SPPD and FSSA/DMHA leadership that will result in the continuous improvement of the program for continued IDVA support and funding.

The FSSA/DMHA agrees to:

A. Provide SPPD position in partnership between IDVA and FSSA/DMHA.

B. Provide formal management of SPPD, to include:

- Time approval (vacation, personal, and sick time)
- Travel approvals inside and outside of Indiana
- Review, approve, and/or deny transportation requests pursuant to the State of Indiana travel policies.
- FML and other approved absence requests.

C. Provide equipment and workspace to the SPPD including, but not limited to, laptop, cell phone, and internet/cell service.

D. Ensure that the SPPD enters data, case notes, and other relevant information into all

current systems of record utilized by the IDVA and the IDOH.

- E. Partner, develop, and report quarterly SPPD progress, training, and goals to the IDVA Health & Wellness Coordinator for review in each fiscal year.
- F. Complete Peoplesoft required reporting on time.
- G. Share compiled quarterly SPPD metrics with the IDVA within the partnership.
- H. Provide feedback to the IDVA that will result in the continuous improvement of the program for continued IGC support and funding.

The FSSA/DMHA and the IDVA agree to:

- A. Provide formal (FSSA/DMHA) and functional (IDVA) management of SPPD to include:
 - Annual performance metrics review and sharing.
 - Discipline and performance resolution.
 - Attendance of mandatory and voluntary training required by the United States Department of Veterans Administration (VA).
 - Attendance of mandatory and voluntary training required by the federal Substance Abuse and Mental Health Services (SAMHSA).
 - Performance evaluations and annual work appraisals.
 - Any work-related conflicts or unexpected issues that arise during this Memorandum will be resolved between FSSA/DMHA and IDVA in a timely manner and cooperatively and then enforced by FSSA/DMHA Human Resources/State Personnel Department under the applicable rules and laws of the State of Indiana.

CONSIDERATION

IDVA shall provide FSSA/DMHA a pro-rated annual amount of \$90,000.00 for Fiscal Year 2024 and then \$90,000.00 annually for the subsequent Fiscal Year 2025 in monetary consideration pursuant to this Memorandum.

TERM OF MEMORANDUM

This MOU shall be effective immediately upon the signature of all parties. It shall commence on September 21, 2023, and it shall remain in effect until June 30, 2025. This Memorandum may be renewed by mutual written agreement of the parties.

AMENDMENTS

No alteration or variation of the terms of this Memorandum shall be valid unless made in writing and signed by the parties hereto. No oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto.

MODIFICATION AND TERMINATION

- A. This Memorandum may be amended and/or extended by mutual agreement of the Parties. Any such amendment or extension shall be by written mutual consent of the Parties with the same formality as this original Memorandum.

- B. This Memorandum may be terminated in whole or in part by either Party, upon thirty (30) days' written notice, if such Party determines that termination is in its best interest.

- C. If either Party has failed to comply with the terms of this Memorandum, either Party may, upon thirty (30) days' prior written notice to the other Party, terminate this Memorandum. The notice of termination shall state the reason(s) for the termination and the effective date.

- D. No waiver of any provision hereunder shall operate as an amendment or bind a Party to future waiver of the same unless incorporated in an amendment pursuant to the provisions of this Memorandum.

- E. This Memorandum may be rendered null and void, in whole or in part, by changes in federal or state law, or if funding and appropriations prevent any party from fulfilling

its terms. In such an event, each Party agrees to notify the other Parties as soon as possible.

F. If the Director of the State Budget Agency makes a written determination that funds are not appropriated or otherwise available to support continuation of this Memorandum, the Memorandum shall be cancelled. A determination by the Budget Director that funds are not appropriate or otherwise available to support continuation of performance shall be final and conclusive.

SEVERABILITY

If any provision of this Memorandum is found unenforceable, the remaining provisions shall continue in full force and effect.

ENTIRETY OF AGREEMENT

This Memorandum, consisting of seven pages, represents the entire and integrated agreement between the parties and supersedes all prior negotiations, representations, and agreements, whether written or oral.

NOTICE TO PARTIES

Whenever any notice, statement or other communication is required under this Memorandum, it shall be sent to the following addresses, unless otherwise specifically advised:

Notices to FSSA/DMHA shall be sent to:

Michelle R. Bulington, State Suicide Prevention Director, Division of Mental Health and Addiction, Indiana Family and Social Services Administration
402 W Washington Street
Indianapolis, IN 46204
219-252-4312
email

Notices to IDVA shall be sent to:

Joseph DeVito, Outreach Director

777 N. Meridian Street, Suite 300
Indianapolis, IN 46204
317-232-3910
email

ATTACHMENTS

The following documents are attached to this Memorandum and are incorporated by reference.

- A. The SPPD Job Description is attached as **Exhibit A**
- B. The SPPD Job Analysis Questionnaire (JAQ) is attached as **Exhibit B**
- C. The Significant Barrier to Employment (SBE) Eligibility Triage Form is attached as **Exhibit C**.

NON-COLLUSION AND ACCEPTANCE

The undersigned attests, subject to the penalties for perjury, that the undersigned is the properly authorized representative, agent, member, or officer of the agreeing Party. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent, or officer of the Party, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Memorandum other than that which appears upon the face hereof. Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC 4-2-6-1, has a financial interest in the Memorandum, the Party attests to compliance with the disclosure requirements in IC 4-2-6-10.5.

In Witness Whereof, the Indiana Department of Veterans Affairs and the Indiana Department of Health have, through their duly authorized representatives, entered into this Memorandum. The parties, having read and understood the foregoing terms of this Memorandum, do by their respective signatures dated below agree to the terms thereof.

CHECKLIST 6

Sustainability Funding Checklist

Use the following checklist to ensure all elements of financial and programmatic sustainability are addressed.

- Secure strategic funding
- Formalize MOUs and agency coordination
- Establish regular reporting frameworks
- Monitor and review efforts continuously
- Provide regular reports to leadership
- Align efforts with legislative requirements

Summary

Governor's Challenge leads and team members have shown immense fortitude in building out and driving their missions forward over the past several years. To sustain that momentum, building in sustainability is key. While some teams may already be in an implementation phase, it's never too late to start integrating best practices to ensure the longevity of the projects that have been developed.

By integrating diverse and structured team compositions, employing data-driven strategic planning, and ensuring robust communication channels, Governor's Challenge can build a resilient framework that adapts to changing needs and maintains focus on long-term objectives. Regular reporting and accountability, leveraging established networks, and engaging high-level leadership will help secure ongoing support and resources. Practical resources such as example executive orders, MOUs, strategic planning tools, and funding strategies are provided to assist coalitions in implementing these best practices. Ultimately, this toolkit aims to empower Governor's Challenge teams to enhance organizational capacity to ensure the sustained impact of their suicide prevention initiatives.

To support your sustainability efforts, visit the [Governor's Challenge Sustainability Resource](#) page to access downloadable tools and resources.

Glossary

Term	Definition
Anecdotal Information	Information based on personal accounts, stories, or observations rather than scientific data.
Basecamp	A project management platform that aids small teams in tracking various tasks and responsibilities.
Braided Funding	A funding strategy that combines resources from multiple sources to support a single initiative, ensuring greater financial stability and flexibility.
CDC WONDER	A database provided by the Centers for Disease Control and Prevention (CDC) that offers a wide range of public health data, including statistics on injuries and diseases.
CDC WISQARS	The Web-based Injury Statistics Query and Reporting System provided by the CDC, which offers data on fatal and nonfatal injuries.
Coalition	A group of individuals or organizations that come together to achieve a common goal, often involving collaboration across different sectors.
Community Engagement	The process of working collaboratively with community members to address issues that affect their well-being.
Cultural Humility	An approach to intercultural exchange that emphasizes understanding and respecting cultural differences and recognizing one's own cultural biases.
Detail	A temporary task-oriented assignment involving individuals from different organizations who work together to achieve a specific goal and then return to their original roles.
Diversity, Equity, and Inclusion (DEI)	Principles aimed at promoting fair treatment, access, opportunity, and advancement for all people, while striving to identify and eliminate barriers that have prevented the full participation of some groups.
Executive Order	A directive issued by a governor or president that has the force of law without requiring legislative approval.

Term	Definition
Formalized Partnerships	Official agreements between organizations or entities to collaborate on specific projects or initiatives, often outlined in memorandums of understanding (MOUs).
Implementation Science	The study of methods and strategies to promote the integration of research findings and evidence into healthcare policy and practice.
Logic Model	A visual representation that links program activities to their expected outcomes, showing the relationships between resources, activities, outputs, and outcomes.
Memorandums of Understanding (MOUs)	Documents outlining the terms and details of an agreement between parties, including their roles and responsibilities.
Multi-Jurisdictional	Involving multiple geographic or administrative regions, such as states, counties, or municipalities.
Programmatic Sustainability	The ability of a program to maintain its operations and impact over time, often through stable funding, effective leadership, and ongoing community support.
RAND Suicide Prevention Program Evaluation Toolkit	A resource developed by the RAND Corporation to help organizations evaluate their suicide prevention programs through structured, evidence-based methods.
Socio-Ecological Context	The social and environmental factors that influence individuals and communities, including cultural, economic, and political aspects.
Task Force	A group of people assembled to work on a specific project or to address a particular issue, often on a temporary basis.
Vision Statement	A future-oriented declaration of an organization's goals and aspirations, designed to inspire and guide its members.
Work Group	A subset of a larger team focused on specific tasks or areas of interest, often with defined roles and responsibilities.

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