The sustainability and long-term outcomes of knowledge translation projects: A 3-year follow-up of the GAIN Collaborative Network Project

by

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Abstract

Objective: This thesis aimed to advance the study of sustainability through the exploratory use of a conceptual framework for the investigation of a collaborative project.

Methods: A qualitative case study design, utilizing document analysis and key informant interviews, was used to conduct a three-year follow-up of a collaborative mental health project. The study design and directed content analysis were informed by the Scheirer and Dearing (2011) conceptual framework.

Results: The sustained outcomes identified by the six participating agencies included: institutionalized project components, maintained client benefits, continued collaboration and sustained attention to the issue. The sustainability of project components was associated with complex interactions between the innovation, organization, and community factors investigated.

Conclusions: The study illustrated the importance of evaluating multiple aspects of sustainability to fully capture a project’s long-term effect. Complex systems theory was proposed to describe the interactions observed and as a direction for further development of the conceptual framework.
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Chapter 1
Introduction

1.1 Introduction to the problem

The gap that exists between the treatment received by many clients and what has been shown to be effective in the literature has been identified as the most pressing issue in health care research (Proctor et al., 2009). Usual care has been estimated to be 15 to 20 years behind the latest evidence-informed interventions (Boren & Balas, 1999). Early attempts to close the research-practice gap were based on the assumption that making information available is sufficient in itself to create change in clinical practice. Following the failure of such early attempts, the rapidly developing field of implementation science and knowledge translation focused on harnessing innovation characteristics and practitioner and organizational resources to translate research into practice and overcome the challenges to the long-term adoption of evidence-informed practices (Proctor et al., 2009).

Spurred by the same focus on evidence-informed care that gave rise to implementation research, and prompted by reductions in funding and a focus on spending accountability, the emphasis in knowledge translation research has expanded from the mere adoption of evidence-informed practices to the sustainability of those practices following implementation. Pilot projects that had been funded to demonstrate practice efficiency became the focus of study to evaluate program sustainability and the long-term effects of the original funding obtained (Proctor et al., 2009).

As the discipline of program sustainability is still emerging, there remains a lack of consensus on the best methods for post-implementation research and on how best to define the concepts that constitute or contribute to sustainability (Meredith et al., 2006; Blasinski, Goldman, & Unutzer, 2006). By 2012, the majority of studies remained retrospective and naturalistic; 65% of studies did not include a definition of sustainability and those that did most commonly generated novel definitions (Stirman et al., 2012). As different definitions of sustainability focus on different program outcomes, the use of different definitions yields different results. Without a guiding conceptual framework, each study reinvents definitions and methodologies, and few studies are able to use rigorous quantitative methods to study program sustainability. Due to the lack of a unifying framework or clear definitions to guide research, the accumulated literature has not
yielded generalizable findings or recommendations. Thus, the development of accepted definitions, conceptual frameworks and methods of study is imperative.

### 1.2 Research Objectives and Questions

Previous systematic reviews have noted that the literature in this field is still sparse in practical applications of the existing conceptual models, and identified a need for the development of frameworks that can unify the existing theory and provide recommendations for future studies in sustainability (Proctor et al., 2009; Greenhalgh et al., 2004). To address these recommendations in the literature, the present case study used an existing conceptual framework to guide a qualitative case study on the sustainability of a collaborative mental health project with the aims of making recommendations for conceptual framework development and providing directions for further research. Following a review of the literature, the Scheirer and Dearing (2011) framework was chosen to guide the present case study. The framework provides definitions for six aspects of sustainability that capture sustained outcomes commonly reported in the literature. The framework also includes nine innovation, organization and community factors that have been frequently reported to be associated with the sustainability of evidence-informed practices.

Through the exploratory use of the Scheirer and Dearing (2011) framework to guide the case study follow-up, the present study aims to: 1) provide evidence on different aspects of sustainability and on the factors that are associated with sustainability as defined by the framework; 2) identify strengths and limitations of the use of the framework to guide the study of sustainability of collaborative mental health projects; and 3) provide recommendations for the future study of sustainability.

To achieve the previous research aims, the present study employed the framework to answer the following specific research questions:

1. What study components and benefits were maintained in the participating agencies after the project ended?
2. How did participation in the project affect collaboration between agencies and their future activities?
3. What innovation, organizational and community factors were associated with the continuation of project components beyond the end of the project?
From an academic perspective, the present case study aims to enrich the current understanding of long-term outcomes for agencies following participation in collaborative mental health projects, and to advance the development of conceptual frameworks for sustainability. By providing insights into the sustainability of collaborative projects, the findings from this research will facilitate the long term sustainability of future collaborative mental health programs.

1.3 Chapter overview

Chapter 2 provides a detailed description of the GAIN-CN project that was chosen for the present case study. The chapter outlines the rationale for this case study selection, situates the GAIN-CN project in the context of concurrent mental health and addictions concerns in Canada, and describes the study’s development, implementation and results.

Chapter 3 presents a review of the sustainability literature, and explores previous definitions of sustainability and the concepts of adaptation, threshold, and community capacity building. It concludes by presenting the framework originally put forward by Scheirer and Dearing (2011) that was used to guide the present case study. The innovation, organization and community factors included in the framework are also presented.

Chapter 4 presents the case study methods used in the present study. It expands on the case study approach, the data collection methods of key informant interviews and document review, the qualitative data analysis and the methods used to ensure credibility of the findings.

Chapter 5 presents the case study findings. It first describes the sample of key informants interviewed and the documents retrieved for review. Drawing on information from those two sources, the results for each aspect of sustainability and factors studied are presented.

Chapter 6 discusses the findings of the present case study in light of the existing literature on sustainability. To further the framework development, the implications based on the present findings are discussed, and complex systems theory is presented as an explanation for the interactions observed in the present case study. Lastly, recommendations for future research and the limitations of the current study are presented.
Chapter 2
GAIN-CN Project case study

The present chapter details the rationale for the selection of the GAIN-CN project for the case study. A detailed overview of the project is provided, focusing on the environment in which the project emerged, and the project’s development, implementation and results.

2.1 Rationale for the selection of the project for case study

The present case study was begun in the interest of understanding the impacts short term, collaborative research projects have on participating agencies. To answer the study’s second research question, “How did participation in the project affect collaboration between agencies and their future activities,” I aimed to identify a project that engaged participating agencies in every stage of the research project. Despite prior findings on the importance of participating agency engagement in project design and implementation, in reality, participatory action models often only involve a superficial degree of participation from community agencies (Julian, 1994; Naylor et al., 2002). Projects are rarely initiated by the participating agencies, and more often agencies are recruited by researchers to collaborate on a project that has a predetermined research problem and solution (Rifkin, Muller, & Bichmann, 1988; Naylor et al., 2002). The GAIN Collaborative Network (GAIN-CN) project, described below, fully engaged participating agencies in the project design, implementation and data analysis with the aim of strengthening community collaboration and facilitating capacity building for studies in the future.

The GAIN-CN final report also found that the project had been successful in achieving its objectives, that participating service providers held positive views about their experiences in the project, and that agency leads indicated enthusiasm for the project’s utility in their agencies (Chaim & Henderson, 2009). Due to its engagement strategy and its success in meeting its objectives, the GAIN-CN project is well suited to inform the present case study’s focus on the long-term outcomes that collaborative projects have for participating agencies and on the factors that are associated with the sustainability of project activities.
2.2 Situating the project

Mental health care in Canada has followed a deinstitutionalization trend, with the number of days spent in inpatient psychiatric care declining by 38% from 1985/6 to 1998/9 (Latimer, 2005). This trend was not accompanied by sufficient investments in community care (Canadian Collaborative Mental Health Initiative, 2005), which resulted in a proliferation of community services that aim to provide services for addiction and mental health concerns. As a result, mental health care is increasingly being delivered through community centers, primary physician offices, and addiction or mental health community organizations. Integration and collaboration between such community services is needed to improve service coordination and chronic disease management.

Due to their complex needs, youth with concurrent disorders mental health and substance use (CD) disorders receive services from multiple separate sectors, such as child welfare, youth justice, mental health, housing and other social services (Chaim & Henderson, 2009). Lack of concurrent-disorder focused training for service providers and lack of concurrent-disorder screening by community organizations pose organizational challenges to efforts to provide adequate treatment for youth with concurrent disorders. System fragmentation, a lack of collaboration and integration, and a lack of resources aimed specifically at populations with concurrent disorders pose systemic obstacles to efforts to address the need of youth with concurrent disorders. These challenges, and the high individual and societal costs associated with concurrent disorders, have been identified in high-profile reports such as Best Practices in Concurrent Mental Health and Substance Use (Health Canada, 2002), Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada (Standing Senate Committee on Social Affairs, Science and Technology, 2006) and the Systems Approach to Substance Use in Canada: Recommendations for a National Treatment (National Treatment Strategy Working Group, 2008). Despite the recommendations made in these reports, there remains a need for integrated models of service delivery across the continuum of care to improve client outcomes for youth and adults living with concurrent disorders (Mental Health Commission of Canada, 2011).
2.3 Project development and objectives

In 2007, the Mental Health and Addiction Youth Network (MAYN) was formed through the addition of mental health agencies to the Youth Cluster, a long-standing network of youth addictions agencies. MAYN was formed with the purpose of addressing the needs of the youth with concurrent concerns. The network identified a lack of data on the rates of concurrent mental health and substance use-related needs among the youth who sought services across the network’s agencies. In 2008, the GAIN-CN project was launched through a collaboration between the Centre for Addiction and Mental Health (CAMH) and a subset of nine of the agencies from the larger MAYN network. Although only a subset of MAYN agencies participated in the data collection for the GAIN-CN project, the entire MAYN network remained involved in an advisory capacity, collaborating to solve data-collection challenges and contribute to the data analysis of preliminary findings.

The GAIN-CN project had three overarching goals: 1) identify the rate of substance use and mental health concerns among youth aged 12–25 presenting for service to cross-sectoral youth-serving agencies, and use the data gathered to identify gaps in the services available to youth and inform future planning processes; 2) determine the feasibility and utility of an evidence-informed screening tool in community agencies and build capacity in front-line service providers for identification and treatment planning for youth with concurrent disorders; and 3) foster collaboration and make the network more open to future collaborative projects.

The study protocol was finalized in October 2008, following collaboration with the GAIN-CN member agencies. The participating agencies collectively agreed to implement a screening tool for mental health and substance use concerns over a six-month period. The Global Appraisal of Individual Needs Short Screener (GAIN-SS) was chosen following a recommendation by the Rush et al. (2009) report on screening tools for youth with mental health and/or addictions concerns. Following consultations with participating agencies, to increase the fit and utility of the GAIN-CN project, seven items were added at the end of the GAIN-SS, regarding eating disorders, post-traumatic stress, psychosis, gambling, and gaming or internet overuse concerns (Chaim & Henderson, 2009). A locally tailored referral and resources guide was developed to ensure that referral structures were available for treatment planning. Training sessions were held for the participating agencies from November to December 2008 and data collection occurred
from January to July 2009. Two of the 10 agencies involved in the GAIN-CN project did not receive ethics approval in time to participate in the data collection process. A preliminary data analysis meeting was held for MAYN in September 2009, which provided an opportunity to discuss the preliminary data analysis and the feasibility of employing the GAIN-SS in the agencies’ context, gather feedback from each participating agency, and jointly create a dissemination plan (Chaim & Henderson, 2009).

2.4 Service provider and network capacity development

In a break from the usual passive role of partner agencies during collaborative projects (Rifkin, Muller, & Bichmann, 1988), the GAIN-CN project attempted to build capacity for participating service providers through the active use of an evidence-informed screener for a short time. Knowledge translation approaches that focus on actively engaging service providers in evidence-informed practices have been shown to be more likely to change agency attitudes towards evidence-informed practices (Gotham, 2004; Henderson, MacKay, & Peterson-Badali, 2006). By actively engaging service providers in the use of the evidence-informed GAIN-SS, the GAIN-CN project aimed to increase service provider capacity for the use of evidence-informed screeners and evidence-informed treatment planning for youth with concurrent disorders and to promote openness towards future research initiatives. The study used a Service Provider Concurrent Disorder Survey questionnaire based on Bush and Grove’s (1998) Role Perception Questionnaire to measure changes in substance use, mental health and concurrent disorders attitudes, and knowledge and practices, both prior to and following the six-month data collection period (Chaim & Henderson, 2009).

The GAIN-CN project also aimed to strengthen collaborations within MAYN and foster knowledge exchange capacity between participating agencies (Chaim & Henderson, 2009). To achieve these goals, the GAIN-CN project followed a participatory action model and engaged agencies at all stages of project design, implementation and data analysis. The participating agencies were involved in developing the project’s objectives and tailoring the implementation strategy, the GAIN-SS and the referral form to reflect the services provided by the agencies and the specific context in which they operated. Participating agencies also took part in a preliminary data analysis session and provided input for data analysis and report production. It was hoped
that ongoing engagement would promote interagency collaboration and make participating agencies more open to participating in future collaborative projects.

2.5 Project’s findings

Eighty-six percent of youth who participated in the GAIN-CN project indicated internal mental health concerns, and overall rates of mental health concerns among these youth did not differ between the client populations at different agencies. An average of 64% of youth indicated substance use in the year prior to completing the GAIN-SS, and youth presenting to community-based treatment agencies were less likely to indicate substance use concerns compared to youth presenting to hospital-based treatment or outreach, housing and support agencies. Concurrent mental health and substance use concerns were endorsed by 72% of youth presenting to hospital-based treatment agencies and by 45% of those presenting to community-based treatment agencies (Chaim & Henderson, 2009).

Data from the Service Provider Concurrent Disorder Survey described positive changes in the attitudes, knowledge and practices of service providers regarding concurrent disorders following the GAIN-CN project. A feedback survey also showed that service providers generally held positive views about their experiences in the project: 63% felt the GAIN-SS provided assistance and useful information, 87% did not consider it disruptive, 39% felt it affected service most of the time, and 60% would recommend its use. Agency leads also indicated enthusiasm for the project and the feasibility and utility of administering the GAIN-SS in their agencies’ settings (Chaim & Henderson, 2009).

Agency leads identified the following factors as key to the project’s success: managers’ commitment to facilitating change in agency practice; staff training and fostering a sense of competence; staff supervision to ensure adherence to the screening protocol; a screening protocol that fit with the existing agency protocols; and opportunities to review the screening tool during team meetings (Chaim & Henderson, 2009). The main challenge was identified as the high degree of managerial and front-line service provider turnover experienced during the study period. Due to staff changes and turnover, although 103 service providers completed the Service Provider Concurrent Disorder Survey at the training session, only 57 did so following data collection (Chaim & Henderson, 2009).
Chapter 3
Literature Review

The present chapter reviews the sustainability literature, focusing on the discussion of how to define sustainability. The common challenges of defining threshold and adaptation and capturing capacity development are discussed. The conceptual framework used to guide the present case study is presented in the second half of the chapter.

3.1 Lack of consensus on the definition of sustainability

In an early influential paper, Shediac-Rizkallah & Bone (1998) identified the lack of consensus on conceptual and operational definitions of sustainability, which had been referred to by many terms and in many fields of study. Greenhalgh et al. (2004) have also highlighted the lack of consistent definitions of sustainability in implementation science. A profusion of terminology of sustainability has arisen from a desire to better understand agency experiences post-implementation from the perspectives of multiple fields of study. Pluye, Potvin, and Dennis (2004) found that “institutionalization is the most common synonym, and other terms used to discuss sustainability include adoption, appropriation, colonization, consolidation, durability, embedding, incorporation, integration, longevity, maintenance, nesting, permanence, perpetuation, persistence, routinization, survival and viability” (p. 121). Once more, in 2012, a systematic review found the majority of studies did not define the term used for sustainability, and commonly generated novel definitions (Stirman et al., 2012). As different definitions of sustainability focus on different aspects of the phenomenon, they require different study methods and yield different results, posing a barrier to the comparison of different studies’ results and to the integration of findings into overarching frameworks.

Early definitions of sustainability focused on the extent to which successful programs were maintained and institutionalized within the regular flow of service delivery. This was reflected by the use of terms such as continuation, sustainability, institutionalization, incorporation, maintenance, or integration. To evaluate the extent of sustainability, studies using such definitions evaluated institutionalization on the dimensions of intensiveness and extensiveness of integrated activities (Goodman et al., 1993). Intensiveness captures activities’ progress from being temporary practices to being permanently embedded in their organizations. Extensiveness,
or niche saturation, captures the lateral spread of program components, and whether the program has expanded to the maximum extent to which it can penetrate an organization.

Defining sustainability as a fixed state with a clear set of outcomes makes it difficult to interpret sustainability in the case of programs that are adapted or modified from the original format, or when there is partial continuation of only a few components from an initial program. Later studies viewed sustainability as a multidimensional concept and evaluated the continuation of individual program components. Chovav and Weinstein (1997) introduced five levels of sustainability: full cessation, partial continuation, continuation in a modified form, full program continuation and full program institutionalization.

The definition of sustainability was further expanded by Shediac-Rizkallah and Bone (1998) who, following a review of the sustainability and international development literature, found that the definitions used focused on three different aspects of sustainability. The first aspect of sustainability focused on the institutionalization and integration of continued program components in the organization. The second aspect was concerned with the maintenance of health benefits, such as the capacity to maintain sufficient service coverage to continue to address health problems over the longer term following the termination of initial funding. Lastly, the authors focused on processes occurring at the level of the community as a whole, such as capacity building and gaining the knowledge needed to conduct future health-promotion projects. The authors concluded that “sustainability thus appears to be a multi-dimensional concept of the continuation process and the term encompasses a diversity of forms that this process may take” (Shediac-Rizkallah & Bone, 1998, p. 92).

The definitions of sustainability continued to evolve, and in 2008 Savaya, Spiro, and Elran-Barak placed community programs on a continuum of sustainability from being fully institutionalized to having disappeared completely. The authors differentiated between programs still in operation and discontinued programs. Continued programs were divided into those that had been downsized or sustained on a reduced scale and those that had been institutionalized or disseminated to other locations. The study noted that, in addition to becoming institutionalized, highly successful programs can spread to new agencies beyond the original program (Savaya, Spiro, & Elran-Barak, 2008). Discontinued programs were also separated into those that had disappeared completely and those that had left a legacy. A legacy was defined as the
maintenance of staff capacity, defined as trained staff, in agencies that did not maintain other study components. The study asserted that sustainability should not be studied as a dichotomy of sustained/discontinued states, but as a continuum, finding that even discontinued programs could have lasting effects within an agency by increasing staff knowledge and skill.

The wealth of studies and the richness of the theoretical definitions show the complexity of the study of sustainability (Savaya, Elsworth, & Elran-Barak, 2008). Though no agreed-upon definition of sustainability exists, most definitions of sustainability are broader in scope than simple institutionalization, and tend to focus on the continuation of multiple aspects of sustainability (Scheirer, 2013; Johnson et al., 2004). Following a review of the literature, Stirman et al. (2012) suggested that sustainability definitions should focus on the following four main factors: 1) whether program components that are associated with health benefits are institutionalized; 2) whether program benefits are maintained or improved over time; 3) whether program components are adapted; and 4) the overall capacity of the program to maintain desired health benefits. Based on those recommendations the present follow-up of the GAIN-CN project should aim to differentiate between the maintenance of programs’ activities, such as screening for concurrent disorders for youth, and the maintenance of their benefits, such as offering screening-informed treatment planning and referrals for youth with concurrent disorders. Based on Savaya, Elsworth, and Elran-Barak’s (2008) findings on the importance of legacy, the present follow-up also seeks to study whether the GAIN-CN project was associated with community capacity building or a legacy in participating agencies. It is important to emphasize that sustainability outcomes should only consider benefits that can be attributed to the original study’s objectives and to continued project activities (Yin, 2003).

Important questions on defining sustainability still remain. Should programs be referred to as sustained if they failed to deliver intended health benefits, or if more effective interventions become available? What is the threshold for considering an intervention to have been sustained when it was only partially maintained or was heavily adapted? How should sustained community capacity building be defined? These questions are addressed in more detail in the following three sections and their implications for the present study are discussed.
3.2 Decision to discontinue practices

There is agreement that practices should not be sustained if they have been shown not to be effective, or if the issue the program was designed to address is no longer a challenge in the community (Swain et al., 2010; Rog et al., 2004). Practices should also be discontinued when a validated, more effective and/or more cost-effective intervention becomes available, and they should be adapted when maintaining fidelity, which is the delivery of practices in their original form, may detract from the ability to tailor them to community needs and maintain their effectiveness (Rog et al., 2004; Cohen et al., 2008). However, not all cases are as clear-cut as those presented above, and an important debate in the literature continues on whether or when programs should be sustained. Ultimately, decisions to continue or discontinue interventions should be made with consideration to the maintenance of client benefits (Shediac-Rizkallah & Bone, 1998). However, many community programs have not undergone effectiveness trials, or there may be no information available for specific communities (Rog et al., 2004). In addition, in response to new evidence or changing agency priorities, programs may not need to be fully discontinued, but may only need to be partially discontinued, adapted, or integrated with newer practices (Stirman et al., 2012).

For the GAIN-CN project follow-up, agencies in which project components were lost to practice erosion must be differentiated from agencies that made an informed decision to discontinue project components in favour of more effective interventions. Following implementation, agencies have to decide when programs should be discontinued in favour of newer programs that better address the needs of their changing environments. When evidence on the relative effectiveness of community programs is not available, or when agencies do not have the research capacity needed to monitor performance or client outcomes, the factors that influenced agencies’ decisions to maintain or discontinue practices, such as the perceived effectiveness of program components, should be captured instead.

3.3 Threshold and Adaptations

Sustainability should not be studied as a fixed concept, as some components of the original program may be sustained over time while others may be discontinued or modified. Discussions of adaptation are divided between interpretations of adaptation as the tailoring of a program to suit an organization and interpretations of it as a form of program erosion. One side of the
argument states that labelling all deviations as negative may obscure the small adjustments needed to sustain or improve programs efficiently over long periods of time. The impetus for adaptation arises from the need to tailor an intervention for a context that differs from the one in which it was originally developed, while maintaining its effectiveness (Stirman et al., 2012). This view is in agreement with quality improvement literature, which views continuous evaluation and adaptation as necessary to address the changing needs of organizations. A review of the sustainability of community projects founded by the New Jersey Health initiative over 15 years found that the majority of programs that were sustained following implementation had been adapted by agencies, and in most cases the modifications had been made deliberately to better conform to the changing needs of the community and the client population or to improve program efficiency (Scheirer, Hartling, & Hagerman, 2008). Agencies that sustained practices post-implementation perceived adaptations as necessary and desirable in order to contend with the organizational pressures of underfinancing and understaffing, agency cultures and staff preferences. On the other hand, Swain et al. (2010) caution that the similar pressures of staff turnover, competing demands or a lack of resources for program continuation can lead to program erosion, slippage or the unintentional modification of core components of a program in such a way as to reduce the program’s effectiveness. As programs become entrenched within an agency and staff take ownership of the new practices, the distinction between model erosion and innovative adaptation can become blurred in the views of the agency personnel using the program.

Programs have core components that lead to observed outcomes and cannot be adapted without damaging a program’s effectiveness, as well as customizable components that are needed to implement the innovation but can be adapted to better fit within organizational operating procedure without losing effectiveness. The implementation literature identified this distinction as the fuzzy boundary between the hard core and soft periphery of an innovation (Rogers, 2003; Greenhalgh et al., 2004) and the sustainability literature has referred to this distinction as one between core components and customizable components (Scheirer & Dearing, 2011; Stirman et al., 2012). Adaptations made to customizable program components are generally positive as they can help tailor the program to the agency context, while changes made to core components tend to be associated with a loss of effectiveness. To protect against practice erosion or slippage, it
has been recommended that programs define the level of adaptation that can occur without a loss of program effectiveness (Stirman et al., 2012).

The debate on adaptability is closely related to the discussion of threshold. As with program components’ sustainability, their adaptability has not been found to be an all-or-nothing dichotomy, but rather to be best conceived of as a continuum. Different program components can be adapted to different extents, and the discussion of adaptation is one of degree. The discussion of threshold captures the extent to which core elements must be maintained for the program to be considered sustained and for the program to continue to deliver client benefits at levels similar to those at implementation. Thresholds for adaptation may be different between core and customizable components, as the customizable components can be adapted to a greater degree without a loss in effectiveness.

In the context of the present follow-up study, it is important to differentiate between the core and adaptable components of the GAIN-CN project, and to define the extent to which the adaptation or partial continuation of project components led to losses in effectiveness. When describing adaptations made to the project components, it is also important to ascertain whether these adaptations were due to unintentional program erosion or deliberate decisions to tailor the project components to changing agency priorities or operating routines. Section 3.6 further breaks down the GAIN-CN project into separate components that can be sustained individually.

### 3.4 Community capacity development

Community capacity development should be captured separately from the sustainability of project components, as networks or communities may maintain increased capacity to address specific mental health concerns regardless of whether individual program components or the delivery of client benefits were sustained (Hawe et al., 1997). For community collaborative projects aimed at issues ranging from substance use concerns to health care delivery, over 80% of collaborations formed during project implementation were found to have been sustained for up to 10 years after project components were discontinued (Scheirer, Hartling, & Hagerman, 2008). Conversely, a program may be sustained and continue to deliver client benefits without contributing to capacity development or to continued collaboration between participating agencies.
The definition and measurement of capacity development in collaborative networks has encountered the same challenge as the study of project sustainability outlined above, and little consensus exists on definitions and methodologies for assessing collaborative practices (Stroul & Manteuffel, 2007). Community collaboration has been defined as the “social process whereby specific groups with shared needs living in a defined geographic area actively pursue identification of their needs, take decisions and establish mechanisms to meet these needs” (Rifkin, Muller, & Bichmann, 1998, p. 933). Early definitions of the sustainability of interagency collaboration have concentrated on the institutionalization of community practices, which was defined as the routinization and integration of practices into the health care system (Holder & Moore, 2000). Such definitions are well suited to capture the actions needed to maintain interventions, engage in specific collaborations and address specific goals, but they fall short of capturing the development of soft skills which facilitate agency collaborations and can lead to the development of future projects. In addition, Mancini and Marek (2004) have stated that the study of the sustainability of interagency collaboration needs to focus on the development of capacity to identify and respond to ongoing community challenges and changes in community needs. Through participation in program implementation, a community can develop a realistic understanding of how collaborative projects work and the pace at which changes happen, learn how to negotiate common challenges and new roles and leadership responsibilities, and develop the problem-solving skills needed to address future challenges (Julian, 1994; Rog et al., 2004; Mancini & Marek, 2004). Regional directors have noted that, following participation in a comprehensive community mental health initiative for children, agencies had developed skills and knowledge crucial to ensuring the program’s future success. These included the ability to negotiate with other youth-serving agencies and enhance interagency collaboration; the application of expertise, knowledge and training for system development across the state; the development of leadership support for evidence-informed practices; and the incorporation of systems-of-care philosophy into policy documents, plans and agreements with other agencies (Stroul & Manteuffel, 2007).

Strategies to increase community capacity for collaborations have included building strong interagency relationships, involving stakeholders from various sectors, and using program evaluations (Stroul & Manteuffel, 2007). When agencies are not mandated to participate, but do so out of self-interest and are involved in the decision-making process, collaboration has been
found to benefit from a sense of collective effectiveness and willingness to cooperate to achieve community goals. Rog et al. (2004) have concluded that a history of collaboration, multisectoral involvement, and passion for work are crucial elements of the long-term sustainability of collaborative programs and the development of new programs.

If continued community collaboration is to be studied independently of the sustainability of initial project components, how long after the discontinuation of those components should it be measured? Hawe et al., (1997) stated that, when measuring community capacity building, one should focus on whether the community has become more competent in addressing related health challenges. They advised that improving learning and problem-solving capacity are higher-level goals for implementation studies, as they prepare agencies for future projects and for an environment of continuously changing technology and interventions. However, according to Pluye, Potvin, and Dennis (2004), the continued collaborations that result from capacity building activities are indicative of project continuation only as long as they maintain the same objectives as the original study. In spite of this debate, one point of agreement in the literature is that increased capacity and engagement in future activities must be directly attributed to participation in the original project (Yin, 2003). For the GAIN-CN project follow-up, it is important that the sustainability of collaborative practices and the development of community capacity building be captured separately from the sustainability of the GAIN-SS. It is also imperative to ensure that future collaborative activities can be attributed to participation in the GAIN-CN project.

3.5 Conceptual framework

3.5.1 Sustainability definitions

The conceptual framework developed by Scheirer and Dearing (2011) was chosen to guide the GAIN-CN project follow-up study design and analysis. This framework was chosen because it builds on the earlier sustainability definitions of Shediac-Rizkallah and Bone (1998) and Scheirer (2005), which were identified as the most commonly used definitions in the sustainability literature (Stirman et al., 2012). The framework has been developed for the follow-up or evaluation of health care innovations or programs that received limited funding, but Scheirer and Dearing (2011) noted that it was also relevant to studies on the diffusion of innovation within communities of practice.
The framework aims to conceptually unite the many definitions of sustainability, as presented earlier in this chapter. It presents six definitions for the study of project sustainability: 1) continuation of the benefits of the original program for clients; 2) continuation of program components and activities, 3) maintenance of community-level partnerships developed during the program; 4) continuation of new organizational practices, procedures, and policies begun during the program implementation; 5) sustained attention to the issue, and 6) program diffusion and replication in other sites (Scheirer & Dearing, 2011).

For the remainder of this thesis, the six definitions included in the framework are referred to as aspects of sustainability. The following sections describe each of the six aspects of sustainability and the specific definitions used in the GAIN-CN project follow-up.

3.5.1.1 Continuation of client benefits

For interventions aimed at improving health outcomes, maintained client benefits should be the primary outcomes studied, independently of the continuation of program components. The benefits identified should be those intended by the original study and attributable to the program’s sustainability (Scheirer & Dearing, 2011). According to Scheirer, Hartling and Hagerman (2008), for client benefits to be identified, information systems need to continue to capture individual-level clinical outcomes. If measures of clinical outcomes are not available, program measures of the volume of services can serve as proxy measures. These can include either statistics on the number of new clients who receive services or, if such statistics are unavailable, estimates by respondents on whether the current number of clients receiving services is “about the same,” or “more or less than” it was immediately following implementation (Scheirer, Hartling, & Hagerman, 2008). For the GAIN-CN project follow-up, key informants were asked whether information gathered with the GAIN-SS was being used to guide individual treatment planning or interagency referrals, and to identify continued client benefits attributable to continued use of the screener and to continued agency collaboration. The number of clients screened using GAIN-SS is identified in the following section.

3.5.1.2 Continuation of project activities

The maintenance or discontinuation of program components has been the most commonly used definition of sustainability. Scheirer and Dearing (2011) have recommended a focus on the
partial continuation and adaptation of individual project components rather than on the simple division of agencies that sustained the project activities from those that did not. It is also imperative to differentiate whether adaptations were made to the program’s core components or to the customizable components that could be adapted without damaging the effectiveness of the intervention, and whether the adapted project components could still provide the same client benefits as at the end of the project’s implementation. The GAIN-CN project follow-up identified a number of project activities that could be independently maintained: 1) continued screening for concurrent disorders; 2) continued use of the GAIN-SS; 3) enhanced service provider knowledge of concurrent disorders; and 4) improved service provider attitudes towards working with youth with concurrent disorders or using evidence-informed screening tools. As the Scheirer and Dearing (2011) framework did not include capacity building as a separate aspect of sustainability, and the GAIN-CN project identified capacity building for participating service provider as a specific project goal, enhanced service provider knowledge and attitudes towards CDs were included in the project activities section of the framework. Continued participation in interagency collaboration has not been included in this section, as it is detailed in the following section.

3.5.1.3 Maintenance of community-level partnerships

Agencies can continue to engage in collaboration following the end of a project even if other program activities are discontinued. The continuation of agency collaborations is a valuable outcome, as it can lead to increased community capacity and promote future cross-sectoral efforts that can result in a new set of benefits for clients (Scheirer & Dearing, 2011). According to Scheirer and Dearing (2011), the measurement of community competence requires a multiple-agency or coalition-level approach. However, as a proxy measurement, community capacity can be captured through the extent to which it affects each member in the community (Shedic-Rizkallah & Bone, 1998). For the GAIN-CN project follow-up, the maintenance of community-level partnerships was defined as continued engagement in interagency collaboration through MAYN, and enhanced openness and capacity for participation in future collaborative projects. Organizational benefits due to continued collaborations and capacity development for agency collaborations following participation in the project have also been included in this section. Engagement in collaborations with agencies outside of the GAIN-CN participating agencies, or
projects that could not be connected to findings or knowledge that arose from the GAIN-CN project, were not included in this section.

### 3.5.1.4 Continuation of organizational practices, procedures and policies

The institutionalization of a program’s activities is captured by the degree to which an organization changes its practices and policies and the degree to which the program becomes embedded and laterally spreads within an organization. In addition, the sustaining of changes in organizational policies and practices can be a desired outcome in itself, whether or not the initial program components are maintained. Participation in short-term interventions can lead to longer-term program changes, such as the institutionalization of no-smoking policies (Scheirer & Dearing, 2011). For the GAIN-CN project follow-up, the institutionalization of project activities was defined as the integration of the GAIN-SS into regular practice and the lateral spread of practices within the organization as captured by the use of GAIN-SS for new purposes within the agency. The use of the GAIN-CN project’s findings on youth needs and gaps in practice to inform program planning in participating agencies was also included as a reflection of organizational changes that occurred as a result of participation in the project.

### 3.5.1.5 Sustained attention to the issue

Sustained attention to an issue captures the broadest level of conceptualization of sustainability, and focuses on processes such as continued advocacy for a cause and dissemination of the underlying assumptions behind the program. Heightened issue salience, in the media or for policy makers, is a valued outcome for high-profile programs, as it can lead to increased resources for the underlying issue (Scheirer & Dearing, 2011). Advocacy activities can continue even if original program components are not maintained. Multiple units of analysis and multiple methodologies are needed to capture this concept of sustainability. Sustained attention to an issue is best captured through the study of archival records, which may reflect heightened issue salience in media, public, and policy agendas, and through the review of presentations and talks, which may reflect the extent of advocacy and knowledge dissemination efforts (Scheirer & Dearing, 2011; Scheirer, Hartling & Hagerman, 2008). For the GAIN-CN project follow-up, sustained attention to the issue and advocacy efforts were defined as advocacy efforts for additional resources that referenced the GAIN-CN project’s findings and as knowledge
dissemination activities that referenced the GAIN-CN project or its findings, such as presentations, talks, newsletters or other publications.

3.5.1.6 Program diffusion and replication

Scheirer and Dearing (2011) noted that program activities, or their underlying principles, can spread to new locations regardless of whether the activities are maintained in their original locations. This is congruent with Rogers (2003) and Savaya, Spiro and Elran-Barak (2008) who have found that successful innovations can spread to other locations beyond those targeted by the original agencies. The extent of dissemination activities by participating agencies has been used as a proxy measurement for program dissemination to new locations (Scheirer, Hartling, & Hagerman, 2008). For the GAIN-CN project follow-up, program diffusion and replication was defined as the active attempts to disseminate project activities to new programs within participating agencies or to new agencies outside of those that participated in the GAIN-CN project. Knowledge dissemination activities focused on the underlying principles of the GAIN-CN project were captured in the previous section.

3.5.2 Factors associated with sustainability

The implementation and sustainability literature has also focused on the innovation, organization and environmental factors associated with program adoption, implementation, or sustainability. Similarly to its lack of consensus on how best to define sustainability, the literature offers little consensus on which factors best predict program continuation. Systematic studies have noted that terminologies and categorizations of factors vary greatly between disciplines, and that significant duplication exists between similar concepts (Stirman et al., 2012; Scheirer, Hartling, & Hagerman, 2008; Johnson et al., 2004; Greenhalgh et al., 2004). Despite these challenges, a recent systematic study by Stirman et al. (2012) concluded that categorizations of factors in the literature map closest to the categories used in Shedia-Rizkallah and Bone (1998) and Scheirer (2005), both of which studies were used to inform the Scheirer and Dearing (2011) framework.

The Scheirer and Dearing (2011) framework included the following factors: 1) characteristics of the innovation (adaptability, cost for delivery, and support from evidence for effectiveness); 2) characteristics of the organization (good fit between organizational mandate and operating routines, presence of a champion, existing agency resources and leadership, key staff perceiving
the innovation as beneficial); and 3) community characteristics (partnerships that provide support and non-monetary resources, availability of funding in the community).

As the literature on factors associated with sustainability is too broad to summarize in this chapter, only those factors included in the Scheirer and Dearing (2011) sustainability framework are examined in greater detail in the next three sections. Past studies were used to supplement the definition of each factor, and the definitions used by the GAIN-CN project are included at the end of each section.

3.5.2.1 Innovation characteristics

**Adaptability**: Flexible or adaptable innovations that can be customized or tailored to the organization’s own needs are more easily adopted by the organization (Greenhalgh et al., 2004). If programs were adapted to the participating agencies’ needs during implementation, they were also more likely to be sustained (O’Loughlin et al., 1998). Adaptations were usually made to better access client groups with greater perceived need, or to render the intervention easier to deliver within the agency or community context (Scheirer, 2005). Innovations or programs that continue to be adaptable over time to changing organizational context and priorities are more likely to be sustained in the future (Scheirer, 2005).

**Program cost**: Programs or interventions that are inexpensive for the agency or can reduce costs through the use of volunteers to deliver services have an increased likelihood of being sustained (Scheirer, 2005). For community interventions, cost-cutting measures were found to distinguish programs that were sustained from those that were not (Savaya, Spiro, & Elran-Barak, 2008). Organizational costs should not be limited to the direct program cost but should also include staff time or other organizational resources needed to deliver and sustain an innovation (Greenhalgh et al., 2004).

**Support of evidence**: The existence of evidence on the effectiveness of treatments has been stressed as necessary for implementation and adoption (Greenhalgh et al., 2004,) and for the continuation of program components (Savaya, Spiro, & Elran-Barak, 2008). Accurate and timely feedback and evaluations on program fidelity and effectiveness can help guide the development of strategies for implementation and sustainability. Ongoing data collection, evaluation and demonstration of program effectiveness can increase the chances of successful routinization.
(Weiss, Coffman, & Bohan-Baker, 2002). For programs that are difficult to evaluate, such as community interventions, the perception and reputation of effectiveness is paramount for sustainability (Shedia-Rizkallah & Bone, 1998).

For the GAIN-CN project follow-up, intervention characteristics were defined as: 1) the adaptability of the all GAIN-CN project activities following the end of the project; 2) the organizational cost of the continuation of GAIN-CN project components, including direct cost, staff time, staff training and other organizational resources; and 3) and support from evidence for the GAIN-CN project activities, such as validity and reliability of the screening tool and the project’s effectiveness in meeting its objectives.

3.5.2.2 Organizational characteristics

Fit with mission and operating routines: Programs that were sustained were distinguished from those that were not by their strong fit with organizational goals and ability to contribute to the agency’s mission and priorities (Savaya, Spiro, & Elran-Barak, 2008). In addition, programs that were easily integrated into the existing workflow were more likely to be endorsed by frontline service providers and thus more likely to be sustained (Scheirer, 2005). These findings are congruent with the implementation science concepts of compatibility, complementarity and innovation-system fit (Rogers, 2003; Greenhalgh et al., 2004). Both of the aforementioned concepts assert that programs that are compatible with their adopter’s values, norms, perceived needs, professional skill mix, and methods of working within their agency required less accommodation and were more likely to be maintained than programs that did not meet these criteria.

Presence of a champion: The implementation and sustainability literature has commonly focused on the presence of an internal champion to advocate for the program (O’Louglin et al., 1998; Savaya, Spiro, & Elran-Barak, 2008; Scheirer, 2005). Champions have been identified as: 1) mavericks who allow early adopters freedom from usual procedures; 2) transformational leaders who get support from organizations; 3) organizational buffers who monitor loosely and ensure compliance while providing room for creativity; and 4) network facilitators who develop cross-functional coalitions in the organization (Greenhalgh et al., 2004). Studies of community interventions found that programs that were sustained were associated with the presence of
internal champions who advocated for program continuation within agencies (Savaya, Spiro, & Elran-Barak, 2008).

**Existing organizational resources and leadership:** According to Greenhalgh et al. (2004), an organization is dependent on the motivation, capacity and competence of its staff. Turnover and job-change rates have been identified as negative influences on sustainability by as many as 30% of agencies in a review of the sustainability of 48 community programs (Scheirer, Hartling, & Hagerman, 2008). Initial training and the maintenance of a well trained staff have also been reported by community studies as key to program continuation (Shedia-Rizkallah & Bone, 1998; Swain et al., 2010). If staff received high quality, on-the-job training, which was easily transferred from one person to another, the innovation was more likely to be sustained.

Strong leadership has been described as: 1) having a strong strategic vision and good managerial relations; 2) providing a positive environment that is conducive to experimentation and risk taking; and 3) encouraging staff to break away from routines and established norms (Greenhalgh et al., 2004). A flexible and decentralized organizational decision-making structure that involved staff in discussions on implementation decisions was more likely to lead to practice institutionalization (Scheirer, 2005; Greenhalgh et al., 2004). A strong and dedicated leadership can also act as a mitigating factor for the effects of staff turnover, by hiring and maintaining well trained staff. For agencies in which the leadership made decisions to continue a program, champion turnover was not found to have affected rates of program sustainability (Scheirer, Hartling, & Hagerman, 2008). Thus, the continuation of a program has been shown to be in part dependent on its having the support and goodwill of organizational leadership (Shedia-Rizkallah & Bone, 1998).

**Key staff believe the intervention to be beneficial:** Programs that were able to document success and whose effectiveness was visible to key staff members and stakeholders were more likely to be sustained (Shedia-Rizkallah & Bone, 1998). Rogers (2003) identified the relative advantage of a program and the observability of its results as key to its successful implementation and maintenance. Innovations that were perceived as effective or cost effective, and that offered clear advantages, were more easily adopted. Programs could gain support from key stakeholders by using ongoing evaluations, providing regular feedback or choosing well established and validated interventions (Scheirer, 2005).
For the GAIN-CN project follow-up, organizational factors were defined as: 1) the fit of all project components with the agencies’ priorities and operating routines after the end of the project; 2) the continued presence of a champion after the end of the project; 3) changes in organizational resources after the end of the project, as evidenced by staff turnover rates and the presence of leadership that provided support for concurrent disorder screening; and 4) staff perception on whether the GAIN-CN project components continued to be beneficial, as illustrated by staff attitudes towards the GAIN-SS and towards using evidence-informed screening tools.

3.5.2.3 Community characteristics

**Non-monetary support:** The existence of partnerships that provide non-monetary support for program continuation has been identified as a factor that can distinguish between programs that were sustained and those that were not (Savaya, Spiro, & Elran-Barak, 2008). Collaborative community ties for joint advocacy or lobbying were found to be key to program sustainability (Savaya, Spiro, & Elran-Barak, 2008; Steadman et al., 2002). The most common resources available through community partnerships were identified as in-kind resources, political support and advocacy for fundraising and additional resources (Scheirer, 2005). Greenhalgh et al. (2004) also found that the presence within a network of a change agency, which could coordinate community efforts, was associated with an increased likelihood of successful program implementation and maintenance. A change agency has the skills and technical expertise needed for project management and the coordination of implementation efforts. Within the collaborating networks, change agencies have been found to serve the following functions: 1) enabling networking and collaboration between other agencies; 2) coordinating the exchange of resources between participating agencies; 3) maintaining positive and supportive relationships and a shared language of practice with other participating agencies; and 4) providing evaluations of the joint initiatives (Greenhalgh et al., 2004).

**Availability of funding:** Insufficient funding for the continuation of program components has been the most commonly reported barrier to program sustainability (Scheirer, Hartling, & Hagerman, 2008; Stirman et al., 2012; Swain et al., 2010). A survey of 48 community programs identified lack of funding as a major barrier to program sustainability, with 83% of projects reported challenges obtaining external funding and 53% reported challenges obtaining internal
funding within the agency (Scheirer, Hartling, & Hagerman, 2008). However, a quantitative sustainability survey using a multiple regression analysis concluded that, while funding was perceived as important by stakeholders, it was not a predictor of sustainability (O’Loughlin et al., 1998). In addition, Shediac-Rizkallah and Bone (1998) have stressed the importance of the greater socio-economic and political environment in addition to funding, and added the regulatory environment for organizations as a factor for sustainability.

Lastly, for the GAIN-CN project follow-up, community influences were defined as: 1) the non-monetary resources made available through continued partnerships between the agencies that participated in the GAIN-CN project; and 2) the availability of external funding for the continuation of project activities.

### 3.5.3 Conceptual framework

**Figure 1: Scheirer and Dearing’s (2011) Generic Conceptual Framework for Sustainability**

The Scheirer and Dearing (2011) framework has conceptualized the study of sustainability as the relationship between independent variables, which it defined as the nine factors that affect sustainability, and dependent variables, defined as the six aspects of sustainability discussed in the section 3.5.1 above. Scheirer and Dearing (2011) have provided a schematic of the relationships between these independent and dependent variables, reproduced in Figure 1. As the
diagram suggests, neither the organizational support nor the availability of internal or external funding are sufficient to ensure program sustainability. The availability of funding has been proposed as an intervening variable between organizational factors and the different aspects of sustainability (Scheirer & Dearing, 2011). The sustainability of a program is the result of a multilevel system involving innovation and health care providers, which are embedded in organizations, which in turn operate in the greater health care context (Scheirer & Dearing, 2011).

There is little agreement on how much sustainability depends on innovation characteristics or internal factors as opposed to the greater social, policy or financial context. An adaptable innovation that is well supported by evidence may not be sustained due to political and financial factors that affect organizational decision-making. The greater social, policy and financial context can overwhelm the organizational factors of sustainability when there is a change in funding or in policy mandates. Scheirer and Dearing (2011) have stated that “sustainability is sometimes viewed as the product of ongoing alignments between the program and the implementing organization in response to drivers in the external organizational environment, such as policy changes and media attention” (p. 2064). To provide an example in the context of the GAIN-CN project follow-up, for use of the GAIN-SS to be sustained, it would need to be perceived as effective and receive organizational support as well as internal or external funding.

Other conceptual frameworks have been published for program implementation (Greenhalgh et al., 2004), capacity building as a factor of sustainability readiness (Johnson et al., 2004; Johnson et al., 2013), and sustainability readiness (Schell et al., 2013). However, as these models have used different definitions of sustainability, different categorizations of factors, or different terminologies than the Scheirer and Dearing (2011) framework, comparisons between conceptual frameworks or with the existing literature are challenging.

### 3.6 Synopsis of current case study

A qualitative case study was conducted for a mental health project that arose through collaboration between researchers and community agencies. The GAIN-CN project was chosen for the follow-up because it arose from a fully collaborative research model, aimed to build capacity for a cross-sectoral collaboration, was successful in achieving its goals and left
participating service providers with generally positive views about their experiences in the project.

The follow-up study used the Scheirer and Dearing (2011) framework to guide the sustainability of a collaborative mental health project. As no prior qualitative case studies have used previously published frameworks, the present follow-up is unique in using an existing framework, which includes six aspects of sustainability and nine innovation, organization and community factors, to guide the study design and data analysis. The present study aimed to: 1) provide evidence on different aspects of sustainability and on the factors associated with sustainability as defined by the framework; 2) identify strengths and limitations of the use of the framework to guide the study of sustainability of collaborative mental health projects; and 3) provide recommendations for the future study of sustainability.

The follow-up addressed the following research questions:

1. What GAIN-CN project components and benefits were maintained by the participating agencies after the project ended?
2. How did participation in the project affect collaboration between agencies and their future activities?
3. What innovation, organizational and community factors were associated with the continuation of project components beyond the end of the project?

Table 1 summarizes the six aspects of sustainability presented by Scheirer and Dearing (2011) and the GAIN-CN project components investigated in regard to each definition. The nine factors commonly associated with sustainability included in the case study were divided into three subcategories: 1) innovation characteristics (adaptability, cost, and support from evidence); 2) organization context (fit with agency priorities and operating routines, presence of a champion, agency resources and leadership, key staff perceiving the innovation as beneficial); 3) and community characteristics (non-monetary resources from community partnerships, availability of funding).
### Table 1: Sustainability Framework and GAIN-CN Project Components

<table>
<thead>
<tr>
<th>Sustainability dependent variable</th>
<th>GAIN-CN project component(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Continuation of client benefits</td>
<td>• The continued use of screening information to guide individual client-service planning or interagency referrals</td>
</tr>
</tbody>
</table>
| 2. Continuation of project activities                      | • The continued use of screening tools to identify mental health and substance use concerns in youth  
• The continued use of the GAIN-SS  
• Enhanced service provider knowledge of concurrent disorders and screening techniques for youth with concurrent disorders  
• Improved service provider attitudes towards working with youth with concurrent disorders, using evidence-informed screening tools, and engaging in research projects |
| 3. Maintenance of community-level partnerships              | • Continued engagement in interagency collaboration  
• Continued or enhanced network openness to collaborative projects                                                                                                                                                           |
| 4. Continuation of organizational practices, procedures, and policies | • Institutionalization of project components  
• Use of information on youth needs and gaps in practice to inform program planning in participating agencies                                                                                                                                 |
| 5. Sustained attention to the issue                        | • Increased awareness of concurrent disorders for participating agencies and engagement in knowledge-dissemination activities regarding concurrent disorders                                                                 |
| 6. Program diffusion and replication                       | • Active attempts to disseminate any of the above components to agencies outside those in the MAYN                                                                                                                                 |
Chapter 4
Research Methodology

This chapter describes the research methodology used, providing a detailed description of the case study design, the data collection methods of the document analysis and key informant interviews, the qualitative data analysis, the methods used to ensure credibility of the results, and the research ethics approvals obtained.

4.1 Case study design

The case study methodology is recommended for the examination of recent events that have terminated, and that the researcher is unable to influence (Yin, 2003). The case study design can be used to study programs for which the boundaries between phenomenon and context are not clearly separated, because it is context-oriented and capable of managing multiple variables within and outside agencies. A case study approach is able to produce a program evaluation incorporating the contexts of individual organizations within the overlapping context of the greater health care system in which the organizations operate (Yin, 1992).

In cases in which program /context boundaries are blurred, the case study format allows the researcher to study the relationship between processes and outcomes, rather than simply assessing outcomes (Yin, 1992). A case study design can provide a process-specific understanding of the interplay between the innovation, organizational, and community factors, and of their individual effects on the sustainability of project activities. Given the GAIN-CN project’s broad objectives and the variation in the organizational contexts of each of the participating agencies, it was necessary to employ a methodology that allowed for open-ended explorations of the individual factors and outcomes of each agency. The research questions outlined above required the investigation both of agencies that had sustained project activities as well as agencies that had not, and of the factors that influenced the decisions of individual agencies.

To increase the reliability of the data analysis, and uncover the complex relationships at work between organization and environment, Yin (2003) has recommended use of multiple data collection methods. Yin (2003) outlined six methods of data collection commonly used in case study designs: document reviews, surveys, interviews, direct observation, participant observation
and physical artifacts. As the present follow-up study focused on a small number of organizations that may have experienced high rates of turnover, the use of quantitative or survey data was deemed unfeasible. Therefore, the present case study identified document analysis and key informant interviews as the most feasible methods of data collection for the follow-up of the GAIN-CN project.

4.1.1 Unit selection and agency eligibility criteria

For meaningful insights to be gathered from the detailed analysis of a few well selected cases, it is crucial that the units of analysis be chosen to reflect the study’s focus on either individual service providers, organizations or communities (Yin, 2003). Since the current follow-up study focuses on the sustainability of the GAIN-CN project, that project was considered a single case by the present follow-up. The participating agencies were not separated as embedded units. To reflect this design, in Chapter 5, the findings on sustained project components and factors associated with sustainability are presented together across agencies.

The inclusion criterion for the present follow-up was that agencies must have participated in the GAIN-CN project in 2009. The two agencies that did not obtain ethics approvals in time and therefore did not participate in data collection were included in the follow-up because they were engaged in the project design, received training for the use of the GAIN-SS, and remained engaged in the GAIN-CN project steering committee. For the follow-up to be able to identify the factors that led to the sustainability of project components in some of the participating agencies, agencies must be included in the analysis regardless of their individual experiences after the project ended. Because the agency leads for CAMH were also the leads of the GAIN-CN project, and were involved in the present follow-up study in the respective roles of thesis supervisor and committee member, CAMH’s Child Youth and Family Program was not included in the follow-up to eliminate concerns of potential conflict of interest. Thus, nine agencies that were involved in the GAIN-CN project were eligible for participation in the follow-up.

4.1.2 Follow-up timing

There is no consensus in the sustainability literature on the best time to conduct follow-up studies. Follow-up dates varied between six months and 15 years and the majority of studies were conducted two or more years after implementation (Stirman et al., 2012). Glasgow, Vogt
and Boles (1999) have found that the majority of follow-up studies were conducted between one and two years after the end of specific funding. Recommendations for follow-up timing have stated that the follow-up should be conducted no less than one year after the end of specific funding (Stirman et al., 2012), or two or more years after the end of specific funding for studies of sustainability (Glasgow, Vogt, & Boles, 1999). The present follow-up study was conducted during the spring of 2013, three years after the end of the GAIN-CN project, well within these recommendations.

4.2 Measures

In adherence to Yin’s (2003) recommendations, two data collection methods were used to triangulate data for the GAIN-CN project follow-up. Key-informant interviews with agency leads and service providers were the primary data collection method. The main themes that arose from the key informant interviews were compared with the findings of a document review. The document review was also used to gather additional information on the social, policy and financial contexts in which the participating agencies operated.

4.2.1 Document review

Sustainability studies often used document analysis to complement both qualitative interviews and quantitative methods. The strength of the document review lies in its independence from the follow-up — the documents retrieved for review were created within the context of the participating agencies, and, unlike key-informant interviews, they were not created for the purpose of the follow-up study. Documents are by nature permanent and provide clear and exact data that is not prone to the same self-reporting biases as the key informant interviews (Yin, 2003). Whereas key informants may not accurately recall innovation characteristic a few years following implementation, due to documents’ permanent nature, they can reliably offer a glimpse into the agencies and their environment at different points in time. Documents commonly reviewed include: e-mails, agendas, meeting minutes, reports, proposals and applications, progress reports, work plans, agency mandates, and information published in websites, newsletters, journal articles, presentations, and posters (Yin, 2003; Willis, Small, & Brown, 2012; Rog et al., 2004). Sustainability studies have successfully conducted document reviews up to five years following the end of a project (Willis, Small, & Brown, 2012), thus the timing of the follow-up was not considered a challenge for the completion of the document review. The
Weaknesses of document review have been identified as: difficulty in retrieving and accessing documents, the unknown reporting bias of the original authors and the selection bias of the researchers (Yin, 2003). Due to those limitations, it has been recommended that the document review be used for corroborating or augmenting evidence from other sources (Yin, 2003). In regards to reporting bias, Barzun and Graff (1985) have recommended that researchers 1) verify claims through critical comparison with multiple sources of information; and 2) consider the potential biases that may have arisen from the relationship between the original author and the intended audience. In accordance with those recommendations, the authors and target audiences were identified for each document retrieved (Appendix I), and the findings of the document review were compared with the main themes of the key informant interviews.

The document review focused on publicly available documents that could provide information on the maintenance of the GAIN-CN project components, the use of the project’s findings for advocacy or program planning purposes, and the organizational or community factors that affected the continuation of project components. Publicly available documents were retrieved using the following search terms: “mental health and addictions youth network Toronto”, “GAIN collaborating network,” “GAIN-CN,” “mental health and addictions youth network stigma,” “Concurrent Disorders Support Services Screening Project,” “Concurrent Disorders Support Services Screening Project,” “MAYN network transitional age youth,” “Mental Health and Addictions Youth Network Toronto transitional age youth working group,” “transitional age youth working group Toronto,” “mental health screener Ontario” and “Ontario common assessment of needs”. The agency names were also added to the previous search terms, but have not been reproduced above, to protect the agencies’ confidentiality. The websites of each agency that participated in the GAIN-CN project were also searched for relevant records. Lastly, additional documents were retrieved by contacting interview participants and the GAIN-CN project team to access agency documents that may be challenging to retrieve through internet searches. For a detailed list of the publicly available documents the review aimed to retrieve and a copy of the key informant document request form, please refer to Appendix D.

4.2.2 Key informant interviews

Key informant interviews were used as the primary data collection strategy, as they best fit the exploratory aim of the present study. Unlike quantitative methods, which analyze data to confirm
or refute pre-existing theoretical hypotheses, qualitative methods are inductive and are used to elaborate on existing theory or generate new theoretical concepts and insights (Sandelowski, & Barroso, 2002). Qualitative interviews do not focus on finding evidence of causation, but instead aim to understand the events from the perspectives of its members, and reveal the associations between variables by interpreting the relative importance of the factors that influence the members’ decisions (Sandelowski, & Barroso, 2002). The findings from qualitative interviews have been criticized for being limited to the sample analyzed, and not being generalizable to the general population. However, by presenting an in-depth examination of a specific setting, key informant interviews are well suited to case study designs (Creswell, 2009; Yin, 2003).

The interview guide (Appendix F) was developed through multiple discussions with thesis supervisors and qualitative course instructors and was guided in design by the sustainability framework identified by Scheirer and Dering (2011). For the development of interview guides informed by past literature, Hsieh and Shannon (2005) recommend the use of open-ended questions followed by targeted questions on the predetermined categories of the study. The open-ended questions allow participants to raise themes that may not be anticipated by the researcher and that may therefore not be captured in a questionnaire format. They also allow participants to address any relevant factors from their own perspectives. The targeted questions allow researchers to focus on the predetermined categories identified in the framework. In accordance with the previous recommendations, the interview guide followed a semi-structured format that started with open-ended questions of interviewees’ agencies’ experiences, and followed these with targeted questions about each aspect of sustainability and factor in the framework, tailored to the GAIN-CN context. Due to the time constraints of the follow-up study, the interviews were completed before data analysis began, and the interview guide was not changed in an iterative manner.

4.2.2.1 Key informant sampling procedure

Creswell (2009) has differentiated between the sampling procedures used in quantitative and qualitative data collection. While quantitative data focus on random sampling procedures to ensure generalizability, qualitative data analysis generally focuses on purposeful sampling, where a small number of participants are selected due to their expertise to help explore the phenomena being studied (Sandelowski, 1995; Creswell, 2009). The GAIN-CN project report
identified *agency leads* for each participating agency, individuals who represented the agency on the MAYN and who coordinated the implementation of the screening tool in their agencies. The GAIN-CN project agency leads were selected as the main key informants for the follow-up, because they were most familiar with the GAIN-CN project and the processes that occurred at their agency after the end of the project. Agency leads were contacted using contact information provided in the report or other publicly available materials such as agency websites. An initial contact letter was sent to all agency leads who participated in the GAIN-CN project (Appendix A), outlining the purpose of the follow-up study and requesting their participation. Non-respondents were contacted two more times, at two-week intervals, at the same e-mail address, and one final time by phone.

As the GAIN-CN project was implemented three years ago, it was not expected that all service providers would still be working for their original agencies. Previous studies have found that community agencies experience high rates of staff turnover — as high as 33.2% annually for counselors and 23.4% for clinical supervisors for substance abuse treatment organizations (Eby, Burk, & Maher, 2010). If an e-mail was returned indicating that the agency leads who had participated in the GAIN-CN project were no longer working at that agency, the MAYN chair was asked for the contact information of an alternate key informant who had replaced the agency lead in the agency or on MAYN. These alternate informants were contacted in the same manner as the GAIN-CN project leads, outlined above.

Benzer et al. (2013) identified the need for sustainability studies to use a broader and more complex sampling than other qualitative studies. To understand within- and between-site variation in the implementation of complex studies, such as mental health interventions, the authors have recommended that sampling be broad and involve multiple respondents from the same site. Benzer et al. (2013) also caution against reducing within-site sampling in order to increase between-site sampling, as this may weaken the understanding and analysis of divergent within-site perceptions. To allow for comparisons of the perspectives of diverse persons involved in the GAIN-CN project, interviews were conducted with multiple informants who were chosen through snowball sampling. The agency leads interviewed were asked to refer service providers or other individuals who would be able to inform the discussion on the continuation of the GAIN-CN project components. While this may allow for the selection of multiple respondents per site, snowball sampling has the limitation of potential bias due to respondents recommending
individuals who share similar opinions. If the agency leads were comfortable sharing their contact information, these additional interviewees were contacted directly. If the agency leads were not comfortable sharing their contact information, they were asked to forward the study materials and the researcher’s contact information to the additional contacts.

All individuals who agreed to participate in an interview were asked to return a signed consent form (Appendix C) prior to the interview. Interviews were conducted in person when possible, to allow non-verbal behaviors to be observed and a connection to be made between the interviewer and interviewee. However, to increase participation rates and accommodate the busy schedules of community service providers, the option was also offered for interviews to be conducted by telephone.

4.3 Data Analysis

4.3.1 Key informant interviews

Interviews were digitally recorded and transcribed verbatim, and the transcripts were coded using NVivo 8 coding software.

The current study employed deductive qualitative coding, also called directed content analysis, as the coding method for the key informant interviews. Directed content analysis was chosen because it allows the findings to be connected with previous literature and to support the further development of theories (Sandelowski & Barroso, 2002; Elo & Kyngas, 2008). Conventional content analysis, or inductive qualitative coding, which has been more commonly used in qualitative sustainability studies, is best suited for areas with little prior research, because its approach to theme development is guided solely by the transcripts (Creswell, 2009). As the current study employed the Scheirer and Dearing (2011) framework in the context of community projects, inductive content analysis would have been inappropriate, as it would not allow the use of the framework to guide the analysis, and would have made it challenging to link the findings to previous literature. Unlike inductive content analysis, which is exploratory in nature, directed coding is preferable when prior research on the phenomena under study exists, but additional research is needed to conceptually extend or validate existing theoretical frameworks (Hsieh & Shannon, 2005).
Directed content analysis has been identified as useful when researchers are aware of probable topics or themes that may arise and the researcher uses a predetermined coding scheme to code transcripts (Burnard et al., 2008; Williams, Bower, & Newton, 2004). Despite those benefits, deductive coding has been criticized as being inflexible, biasing analysis towards a predetermined theory, and limiting the development of new themes in the analysis (Hsieh & Shannon, 2005; Burnard et al., 2008). To address those challenges, the respondents’ experiences that could not be coded with the preliminary coding scheme developed from the literature are included in the analysis as new codes, allowing new themes to emerge from the transcripts (Hsieh & Shannon, 2005).

The directed content analysis followed the structured approach outlined by Hsieh and Shannon (2005), proceeding in the following three stages:

1. First, based on the previous literature and the Scheirer and Dearing (2011) sustainability framework, the researchers developed a preliminary coding scheme. Operational definitions for key variables were created for each code based on previous research (Hsieh & Shannon, 2005). The transcripts were read multiple times for a thorough understanding of the meaning of the data and were coded using the preliminary coding scheme (Burnard et al., 2008; Creswell, 2009; Smith, Harre, & Van Langenhove, 1995).

2. Any text that could not be categorized with the initial coding scheme was given a new code. Though coding was only undertaken by the student, multiple sections of the transcripts as well as outstanding theoretical and coding challenges were discussed with the supervisor. Through this process, existing codes were refined and the novel codes were then analyzed to decide whether they represented a new code or a subcategory of an existing code. The interviews were then re-analysed using the revised coding scheme. The iterative process was repeated four consecutive times.

3. All interviews were re-coded one last time using the final coding scheme. The final coding scheme, developed though the iterative process described above, is reproduced in Appendix G. Following recommendations from the literature (Hsieh & Shannon, 2005; Williams, Bower, & Newton, 2004; Smith, Harre, & Van Langenhove, 1995), the coding scheme was first developed using definitions from the literature then expanded to include codes that emerged from the key informant interviews.
Though qualitative analysis does not generally count responses, Hsieh and Shannon (2005) recommend the tracking of frequencies for codes in directed content analysis to support, refute, or expand the conceptual framework chosen. Thus, for the present study, quantifying the occurrence of each code across participating agencies provided meaningful information on the number of times each specific factor or the continuation of each aspect of sustainability was reported.

4.3.2 Document review

The present study used a *sequential exploratory strategy* whereby the document analysis was conducted after the deductive coding had been completed for all participating agencies. Following document analysis recommendation by Creswell (2009), the documents gathered were searched for important pieces of information that could help expand or refute the findings of the deductive coding analysis for each agency. The findings of the document review were presented alongside the themes that emerged from the deductive data analysis and were fully incorporated in the results and analysis. The document review was guided by the Written Document Analysis Worksheet, included in Appendix E, which has previously been used to identify and track information relevant to document reviews for sustainability studies (Bak, 2009).

4.4 Ensuring credibility

Unlike quantitative data analysis, which focuses on being objective, reliable, and generalizable, qualitative data analysis aims to be credible and confirmable (Denzin & Lincoln, 1994). Credibility, or trustworthiness, is defined as a measure of how truthful the interpretation, analysis and conclusions are from the perspective of the participants. Confirmability refers to the extent the findings are a result of the analysis and not of the biases of the researchers, and the extent that other researchers using the same transcripts would confirm similar findings.

To ensure that data be perceived as trustworthy and confirmable, Creswell (2009) has recommended ensuring trustworthiness through internal consistency of data collection and a lack of obvious mistakes during the interview and transcription stages. For the present follow-up study, all interviews were conducted by the same interviewer and followed the same semi-structured interview guide. The interviews were transcribed using voice transcription software, and final transcripts were checked against the original audio files. To prevent any drift in code
definitions, Creswell (2009) has recommended constant comparison between the codes and the data and writing memos about the codes and their definitions. In addition, an audit trail, triangulation with the document review, and member-checking were used to ensure the trustworthiness and confirmability of the analysis.

4.4.1 Audit trail

Barusch, Gringeri and George (2011) and Hsieh and Shannon (2005) have stressed the importance of documentation and maintaining an audit trail to ensure the transparency and accountability of qualitative data analyses. The analysis process should be described in sufficient detail, and enough quotes should be provided, that readers can understand how the analysis was carried out and how the inferences made can be linked back to the study data (Elo & Kyngas, 2008). To ensure the reliability and confirmability of the data, the audit trail should enable another researcher to duplicate the process of analysis (Elo & Kyngas, 2008; Cutcliffe & McKenna, 1999). Such measures limit the influence of the researcher’s biases and subjectivity, and provide a chain of evidence to confirm the decisions made in the study. For the present follow-up study, all processes and decisions in coding were recorded and reviewed with thesis supervisors, and are discussed in Chapter 5 alongside the results of the analysis. To provide documentation and transparency to the data analysis process, an audit table is included in Appendix H with examples of quotes on the main themes identified for each participating agency, and the code definitions are provided in Appendix G.

4.4.2 Triangulation

Triangulation is defined as the use of multiple sources of data collection to compare inferences made about qualitative data (Yin, 2003). If the same themes emerge from the convergence of several interviews or several sources of information, the triangulation process can add to the validity and confirmability of study findings (Creswell, 2009). Triangulation was performed in the present study between the information identified from the document review and the findings that emerged from the key-informant interviews. As outlined in section 4.3.2, the document analysis was conducted after the deductive coding, and its findings were compared to those of the deductive coding analysis. This approach has been identified by Creswell (2009) as being well suited for expanding on the findings of key informant interviews and increasing their validity. Yin (2003) has differentiated between full triangulation, in which the same facts are
supported by multiple sources of information, and partial triangulation, in which different sources of information are used to gather different facts which are analysed separately and only joined in the discussion. For the present case study, though the document review was conducted after the deductive coding, its findings were compared to the themes that emerged from the deductive data analysis and were fully incorporated in the results and analysis.

4.4.3 Member checking

Member checking is a commonly used method of validation for qualitative data, which aims to ensure that the views of participants have been understood correctly and that the themes included in the analysis accurately reflected participants’ experiences (Barusch, Gringeri, & George, 2011; Creswell, 2009). Burnard et al. (2008) have described it as the most transparent form of ensuring credibility, as the researchers return to study participants to validate their analysis.

It is recommended that member checking occur soon after the interview, as otherwise participants may change their views, modify their opinions to be more socially acceptable, or even dispute or retract portions of the transcript (Barusch, Gringeri, & George, 2011). With these limitations in mind, it was understood that interviewees from agencies that had not sustained the practices started during the GAIN-CN project might be more likely to retract their transcripts out of concern that these might reflect negatively upon the agencies. To compensate for this, member checking methods were adapted from Conklin et al. (2013), who had asked interviewees to review and provide corrections to an aggregate summary of the main themes discussed in interviews, instead of presenting them with unprocessed transcripts and coding schemes. Creswell (2009) has also noted that studies commonly do not provide raw data for member checking, and that instead researchers may choose to share a polished draft of the main themes, individual cases or emerging theoretical models. It was hoped that providing a polished draft of the results section, would allow key informants to gain a better understanding of the context within which the main themes that emerged from their interview were to be presented, and that key informant might therefore be less likely to retract portions of the interviews. As a consequence of this methodology, member checking was conducted six months after the interview period, to allow for sufficient time to conduct the necessary data analysis and prepare the anonymized results section. Though it is recommended that member checking happen soon after the interviews are finished, extended periods between the interviews and member checking
have been previously reported in the sustainability literature to allow for data analysis and the preparation of a summary of the findings (Sax et al., 2013). Half of the key informants participated in the member checking. The key informants that participated were part of agencies that had sustained various project components, reflecting a broad range of experiences.

4.5 Research Ethics

Research ethics approval was obtained from the CAMH Research Ethics Review Board. Following amendments to comply with the reviewers’ comments, and approval was also received from the Research Ethics committee at the University of Toronto.
Chapter 5
Results

This chapter provides an overview of the participating agencies, key informants, and documents included in the review. Drawing on the themes that emerged from the directed content analysis and the document review, this chapter describes the findings of the follow-up study for each aspect of sustainability and each of the innovation, organization and community factors studied.

5.1 Site descriptions

Key informants from six out of the nine agencies contacted agreed to participate in the follow-up study. To protect the confidentiality of participating agencies, they are referred to by number in this thesis.

Agency 1 is a community agency that provides education, mental health promotion, community support, and housing services for youth and adults with serious mental illnesses. Two programs that offer mental health services for youth with serious mental illness participated in the GAIN-CN project. During the GAIN-CN project, eight to twelve service providers from the participating programs administered the GAIN-SS as part of the intake visit.

Agency 2 is a non-profit community agency that provides individual and group counselling, day support services, and residential services for youth and adults with mental health challenges, developmental disabilities, or addictions. The one program that participated in the GAIN-CN project offers services for youth with complex mental health and substance use concerns. Eight service providers received training and administered the GAIN-SS at the intake visit.

Agency 3 is a community agency that offers supportive housing, case management and outreach to youth, adults and seniors with mental health challenges, addictions issues, or a history of homelessness. The 10 sites across the Greater Toronto Area that participated in the GAIN-CN project offer high-support residences for at-risk youth. During the GAIN-CN project, 30 service providers used the GAIN-SS during the regular intake process.

Agency 4 is a program which operates in a larger hospital context and offers a continuum of services for youth struggling with substance abuse concerns. The program that participated in the GAIN-CN project did not receive ethics approval from the agency’s ethics board in time to
participate in data collection for the GAIN-CN project, but remained engaged in all other components of the project.

Agency 5 is a community agency that provides a range of mental health, counselling, and support services to at-risk and vulnerable youth and their families. The two programs that participated in the GAIN-CN project provide shelter, residential and outpatient counselling for young men. Between the two programs, six staff administered intake forms that included the GAIN-SS.

Agency 6 is a community agency that provides short-term and long-term assistance for youth and adults who are homeless or at risk of being homeless. The program that participated in the GAIN-CN project provides shelters and residential services for youth and connects youth resources in the community. During the GAIN-CN project, 29 service providers from multiple locations across Toronto administered the GAIN-SS.

5.2 Participating key informants

For a visual representation of the interview recruiting process, please refer to Table 2. All key informants were contacted three times by e-mail and one time by phone. The GAIN-CN project report identified 10 agency leads at the nine agencies contacted for the follow-up. Following a formal invitation, five key informants agreed to participate, one did not respond, and four were found to be no longer involved with their former agencies. For agencies where the initial agency leads were no longer present, three alternate key informants were identified and formally contacted through a second round of e-mails. Of these three, one agreed to participate in the follow-up study. Through snowball sampling, the six key informants who were successfully contacted referred three additional contacts, of which two agreed to participate in the interviews.

Overall, 16 individuals’ contacts were gathered, of which 11 individuals were successfully contacted, and eight agreed to participate. The follow-up study had a 73% consent rate for the key informants that were successfully contacted. The eight key informants represented six out of the nine agencies that were eligible to participate. Agencies that participated in the follow-up included both community agencies and programs that operated in a hospital setting, including one of the two agencies that had not obtained REB approval to have their data analyzed for the GAIN-CN project report. The three agencies that did not participate included two community
agencies and one hospital agency, including the other agency that had not obtained REB approval to have their data analyzed for the GAIN-CN project report. Thus, the types of agencies and their level of participation in the GAIN-CN project were not different between the group of six agencies that participated in the present follow-up and the group of three agencies that did not.

Table 2: Key Informant Participation by Agency

<table>
<thead>
<tr>
<th>Agency</th>
<th>1st contact round Agency leads</th>
<th>2nd contact round Alternate contacts</th>
<th>3rd contact round Snowball sampling</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency 1</td>
<td>1 participated</td>
<td></td>
<td>1 participated</td>
<td></td>
</tr>
<tr>
<td>Agency 2</td>
<td>1 participated</td>
<td></td>
<td>1 did not respond</td>
<td></td>
</tr>
<tr>
<td>Agency 3</td>
<td>1 participated</td>
<td></td>
<td>No additional contacts referred</td>
<td></td>
</tr>
<tr>
<td>Agency 4</td>
<td>1 participated</td>
<td></td>
<td>1 participated</td>
<td></td>
</tr>
<tr>
<td>Agency 5</td>
<td>1 participated</td>
<td></td>
<td>No additional contacts referred</td>
<td></td>
</tr>
<tr>
<td>Agency 6</td>
<td>1 e-mail returned</td>
<td>1 participated</td>
<td>No additional contacts referred</td>
<td></td>
</tr>
<tr>
<td>Agency 7</td>
<td>1 e-mail returned</td>
<td>1 e-mail returned</td>
<td>1 did not respond</td>
<td></td>
</tr>
<tr>
<td>Agency 8</td>
<td>1 did not respond</td>
<td>No alternate contacts provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency 9</td>
<td>2 e-mails returned</td>
<td>No alternate contacts provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency 10</td>
<td>Not included in the follow-up</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** 11 potential informants were successfully contacted 73% consent rate

Table 3 provides details on the interview duration and format, and describes the key informants interviewed. Interviews lasted between 30 minutes and one hour, averaging 44 minutes. All interviews were digitally recorded with participants’ permission. Two interviews were conducted in the key informants’ offices, and the rest were conducted over the phone. The interviews were conducted between November 2012 and February 2013, and no follow-up interviews were conducted.
Key informants were asked to specify their connection to the GAIN-CN project and the positions they currently held in their agencies. Five key informants identified themselves as agency leads during the GAIN-CN project and one self-identified as a service provider who had administered the GAIN-SS during the project. Of the two key informants who had not been involved with the project, one had replaced the original agency lead due to turnover and one was now representing the agency on MAYN, though the original agency lead remained at the agency and was also interviewed. Of the eight key informants interviewed, five held management positions and three held service provider positions.

**Table 3: Key Informant and Interview Characteristics**

<table>
<thead>
<tr>
<th>Informant</th>
<th>Interview type</th>
<th>Duration</th>
<th>Involvement with the GAIN-CN Project</th>
<th>Agency Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key informant 1 Agency 1</td>
<td>In-person</td>
<td>43 mins</td>
<td>Agency lead</td>
<td>Service provider</td>
</tr>
<tr>
<td>Key informant 2 Agency 1</td>
<td>In-person</td>
<td>42 mins</td>
<td>Replaced agency lead on MAYN</td>
<td>Service provider / CD Committee member</td>
</tr>
<tr>
<td>Key informant Agency 2</td>
<td>Phone</td>
<td>45 min</td>
<td>Agency lead</td>
<td>Program Director</td>
</tr>
<tr>
<td>Key informant Agency 3</td>
<td>Phone</td>
<td>40 mins</td>
<td>Agency lead</td>
<td>Program Director</td>
</tr>
<tr>
<td>Key informant Agency 4</td>
<td>Phone</td>
<td>47 mins</td>
<td>Agency lead</td>
<td>Program Lead</td>
</tr>
<tr>
<td>Key informant 2 Agency 4</td>
<td>Phone</td>
<td>30 mins</td>
<td>Participating service provider</td>
<td>Service provider</td>
</tr>
<tr>
<td>Key informant Agency 5</td>
<td>Phone</td>
<td>60 mins</td>
<td>Agency lead</td>
<td>Clinical supervisor</td>
</tr>
<tr>
<td>Key informant Agency 6</td>
<td>Phone</td>
<td>42 mins</td>
<td>Replaced agency lead within the agency</td>
<td>Program Manager</td>
</tr>
</tbody>
</table>

**5.3 Document review**

Table 4 presents an overview of the type of documents gathered with each search strategy. A total of 44 documents were included in the review. Of these, 17 were gathered from a Google search, 15 from agency websites, nine from key informants, and three from the GAIN-CN project leads. The types of documents gathered included government reports on concurrent disorders, agency-specific annual reports, newsletters, program descriptions, and presentations that referenced the GAIN-CN project. For a detailed list of all the documents included in the review and the dates they were produced, please refer to Appendix I.
Table 4: Document Retrieval Methods and Type of Documents

<table>
<thead>
<tr>
<th>Document source</th>
<th>Number and types of documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Google search</td>
<td>1 LHIN report \3 presentations that referenced GAIN-CN project’s findings \9 newsletters</td>
</tr>
<tr>
<td></td>
<td>1 screening tool training session for mandated screening tools \3 reports on concurrent disorders</td>
</tr>
<tr>
<td>Agency websites</td>
<td>14 annual agency reports \1 program website description</td>
</tr>
<tr>
<td>Key informants</td>
<td>1 program pamphlet \7 CD screening instruction document for participating agencies \1 concurrent disorder policy</td>
</tr>
<tr>
<td>GAIN-CN project leads</td>
<td>3 project reports on new collaborative or replication projects</td>
</tr>
</tbody>
</table>

5.4 Sustainability findings

This section provides detailed findings for each aspect of the sustainability framework. Table 5 provides a quick visual summary of the continued and discontinued project components in each participating agency. First, findings on the continuation of project components and organizational changes are presented. This is followed by the findings on client benefits maintained due to continued practices. Lastly, the findings on continued agency collaboration, sustained attention to concurrent disorders, and replication and dissemination attempts are presented.
Table 5: Sustainability of Project Components for Participating Agencies

<table>
<thead>
<tr>
<th>Framework</th>
<th>Agency 1</th>
<th>Agency 2</th>
<th>Agency 3</th>
<th>Agency 4</th>
<th>Agency 5</th>
<th>Agency 6</th>
</tr>
</thead>
</table>
| Continuation of project activities | Discontinued use of GAIN-SS  
Continued CD screening  
Increased capacity to implement screening tools                                                                 | Discontinued use of GAIN-SS  
Continued CD screening  
Did not identify attitude change or increased capacity for CD                                                                                     | Continued, limited use of the GAIN-SS  
Continued CD screening  
Increased service provider CD knowledge  
Sustained positive attitudes towards CD screening                                                                 | Continued use of GAIN-SS  
Did not identify other CD screening tools  
Sustained positive attitudes towards CD screening                                                                                             | Continued use of GAIN-SS  
Continued CD screening  
Sustained positive attitudes towards CD screening                                                                                              | Erratic use of GAIN-SS  
(available at clinicians’ discretion)  
No systemic CD screening  
Did not identify attitude change or increased capacity for CD                                                                                   |
| Continuation of organizational changes | Project activities not institutionalized  
No impact on program planning                                                                                                                     | Project activities not institutionalized  
No impact on program planning                                                                                                                   | GAIN-SS became institutionalized  
Adapted GAIN-SS for 1 new purpose  
GAIN-CN information used to guide program planning                                                                                             | GAIN-SS became institutionalized  
Adapted GAIN-SS for 3 new purposes  
No impact on program planning                                                                                                                   | GAIN-SS became institutionalized  
GAIN-SS not adapted for new purposes  
No impact on program planning                                                                                                                   | Project activities not institutionalized  
No impact on program planning                                                                                                                   |
| Continuation of client benefits   | Making referrals for clients due to continued collaboration                                                                                                                                               | Did not identify continued client benefits                                                                                                  | Better screening due to service provider CD knowledge  
Client benefits of improved screening                                                                                                             | Youth are connected with services sooner due to continued use of GAIN-SS                                                                                                                              | Improved screening due to continued use of GAIN-SS                                                                                                                                           | Did not identify continued client benefits                                                                                          |
| Maintenance of community-level partnerships | Continued participation in MAYN  
Participated in Transitional Age Youth Working group  
Collaboration benefits: information sharing, professional connections                                                                 | Sporadic participation in MAYN  
Participated in Transitional Age Youth Working group  
Collaboration benefits: relationship building and greater awareness of how other agencies work                                                                 | Continued participation in MAYN  
No engagement in future projects  
Collaboration benefits: relationship building and working across sectors  
Better able to engage in collaborative projects due to ability to work across sectors                                                      | Continued participation in MAYN  
No engagement in future projects  
Better able to engage in collaborative projects due to greater awareness of how other agencies work                                                   | Continued participation in MAYN  
Engaged with the CDSS project, Stigma project and the Transitional Age Youth Working group  
Collaboration benefits: relationship building  
Better able to engage in collaborative projects due to experience with research projects                                                   |
| Sustained attention to the issue  | Did not mention advocacy efforts                                                                                                                                                                         | Successfully advocated for additional funding for staff hours                                                                               | Presented findings at provincial conference, and local meetings                                                                               | Presented findings at program meetings and scholarly conferences                                                                            | Presented findings at provincial conference                                                                                           | Did not mention advocacy efforts                                                                                                     |
| Diffusion and replication         | No diffusion of project components                                                                                                                                                                       | No diffusion of project components                                                                                                                                                                     | No diffusion of project components                                                                                                                                                                     | Currently implementing the GAIN-SS across the agency                                                                                     | Currently implementing the GAIN-SS across the agency                                                                                   | No diffusion of project components                                                             |
5.4.1 Continuation of project activities

The continuation of project activities was defined as: the continued use of the GAIN-SS, the continued use of screening tools for concurrent disorders, enhanced service provider knowledge of concurrent disorders screening, and improved service provider attitudes towards the use of evidence-informed screening tools.

Key informants from three agencies indicated the GAIN-SS was still in use as part of regular practice within the agency. The key informant from Agency 5 stated they were “using the GAIN regularly, as part of our overall initial assessments and intake processes.” The key informant from Agency 3 reported that “some programs use [the GAIN-SS] on an ongoing basis as an intake tool” while in other programs the screener was used only when service providers had concerns about mental health. Key informants from the other three agencies reported that use of the tool had been discontinued. The key informant from Agency 6 added that although service providers at the agency were “not using the screener now [...] the GAIN is available and in some instances they may use it.” However she was not aware how frequently the tool was used.

Key informants were also asked to state whether they were currently using other mental health or addictions screening tools. Key informants from four agencies, including two agencies that had not continued using the GAIN-SS, reported using other mental health or addictions screening tools. The screening tools used included: the Brief Psychiatric Rating Scale (BPRS), the Quick Inventory of Depressive Symptomatology (QUIDS), the Ontario Common Assessment Of Need (OCAN), the Brief Child and Family Phone Interview (BCFPI), the Drug Abuse Screening Test (DAST), the Alcohol Dependence Scale (ADS), the Canadian Occupational Performance Measure (COPM), the Global Assessment of Functioning (GAF), the Child and Adolescent Functioning Assessment Scale (CAFAS), the CAGE alcohol screener and CAGE Adapted to Include Drugs (CAGE-AID). The key informants interviewed did not directly attribute the use of those screening tools to their agencies’ participation in the GAIN-CN project, as some of the tools had been used prior to the introduction of the GAIN-SS and some were introduced due to external mandates after the end of the GAIN-CN project. As detailed below, while participation in the project did not influence decisions on whether or not to introduce later-mandated screening tools, it eased their implementation, due to increased service provider knowledge on concurrent disorders and improved attitudes towards evidence-informed screening tools. Only the key
informant from Agency 6 indicated that there was no systematic screening for concurrent disorders concerns in their agency. That key informant added that screening tools such as the GAIN-SS or ADAT screening tools were available, but the decision to use them was “up to the front-line staff, on a case by case basis.”

Key informants from two agencies identified increased service provider knowledge of concurrent disorder screening as a result of their participation in the GAIN-CN project. The key informant from Agency 3 stated that the knowledge gained from participation in the GAIN-CN project had eased the implementation of a government-mandated tool after the end of the project, and that the agency’s service provider capacity “continued in that we took that knowledge and expertise and [...] we now applied that knowledge and expertise to use with the OCAN” (Key informant, Agency 3). Two agency newsletters published in summer and autumn 2012 identified Agency 3 as a provincial leader in the implementation of the OCAN (Documents 5 & 6). The key informants from Agency 1 also reported increased service provider capacity at the middle-manager level. The agency lead from Agency 1, who had helped implement the GAIN-SS was reported by a colleague to be better able to implement screening tools within her program, as a result of the knowledge gained implementing GAIN-SS. The second key informant stated that “our particular team has definitely the most comprehensive [screening practice], and in particular for youth […] thanks to [Agency lead] within the team, because she was part of re-doing the intake assessment for our clients” (Key informant, 2 Agency 1).

Improved service provider attitudes towards working with youth with concurrent disorders and using evidence-informed screening tools were reported by key informants from three agencies. After initial pushback against the use of screening tools, service provider attitudes became more open to incorporating screening tools in regular practice and participating in research projects. The first key informant for Agency 4 reported that:

The most positive [outcome] really has been the ability to kind of get past some of the resistance for people or the reluctance for people to do something differently. So I think the GAIN has really been a great vehicle to be able to actually get more engagement from our clinicians around incorporating some of this into their regular practice. (Key informant 1, Agency 4)
5.4.2 Continuation of organizational practices, procedures and policies

This aspect of sustainability was defined as the organizational changes resulting from agencies’ participation in the GAIN-CN project. It included the institutionalization of project activities and the use of the project’s findings on youth needs and gaps in practice to inform program planning. Descriptions of institutionalization should capture both the intensiveness of adoption (referring to the progress of project activities toward becoming permanent), and the extensiveness of practice (referring to the degree to which the project has expanded to penetrate all possible uses within the organization) (Goodman et al., 1993). Thus, institutionalization was assigned a twofold definition as the integration of the screening tool in regular practice, which captured intensiveness, and the use of the GAIN-SS for new purposes within the agency, which captured extensiveness of practice. The use of the GAIN-SS became institutionalized in all three agencies that continued to use the screening tool.

The key informant from Agency 5 indicated that the agency had “purchased our own license and written it into our Service Plan,” and was in the process of expanding its use across the agency. Within Agency 5, the screening tool was used only for intake screening, and was not adapted for new purposes within the agency.

The first key informant from Agency 4 reported on the tool institutionalization as follows: “We’re probably not [at] 100%, but I think we’re pretty close. So I think it’s now pretty much been sort of integrated into their usual practice that a GAIN is done with every new patient, client that they’re seeing.” The use of the tool had been expanded for three additional purposes. First, the agency had obtained ethics approval and continued gathering youth consent to use data from the program that participated in the GAIN-CN project for research purposes. Second, the key informant stated that the agency was considering “an 8-week follow-up GAIN, to start looking at the GAIN not just as an assessment tool, but as something that we can actually use to kind of monitor progress” (Key informant, 1 Agency 4) in the program that had participated in the GAIN-CN project. Lastly, Agency 4 was planning to expand its use of the GAIN-SS across the agency to identify rates of concurrent disorders among youth, with the intent of gathering data that could be used to advocate for additional mental health resources. The first key informant described the initiative as follows:
Probably a pilot study which will sample from a variety of different inpatient and outpatient programs in the hospital to try to actually just get some sense of what’s the prevalence within a high risk population of adolescents coming to [Agency 4…] what’s the prevalence of concurrent disorders using the GAIN. (Key informant 1, Agency 4)

The agency’s website mentioned their outcome measurement initiative and the use of a short mental health and substance abuse screener (Document 34).

The key informant from Agency 3 mentioned that the GAIN-SS had become institutionalized and the agency had obtained special permission from their funding body to use it to identify youth needs and provide services to youth who had not received formal mental health diagnoses. The key informant reported that the agency’s funders had previously required that youth have a formal mental health diagnosis to access services at the agency. However, because the GAIN-SS is a validated screening tool, its completion has been deemed sufficient for the agency to provide services for youth who lack a diagnosis. The informant detailed the adapted procedure that resulted from GAIN-CN project participation, as in cases where “[youth seeking services] don’t come with a diagnosis, and so we would do the GAIN screener to see likelihood of endorsement of mental health issues, and that’s enough [for] our funder to allow for us to work with them” (Key informant, Agency 3).

Scheirer and Dearing (2011) have stated that changes in practices and policies are important goals in themselves, regardless of whether other program activities were continued. Thus, key informants were also asked to identify organizational or program planning changes made as a result of their participation in the GAIN-CN project. Only one informant indicated that the project’s findings had been used internally to inform program planning. Following the identification of a gap in agency services by GAIN-CN and subsequent projects, Agency 3 reorganized their programs to offer programs specifically targeted at transitional age youth. According to the agency’s key informant, the GAIN-CN report “helped with our strategic review of all of our youth programs. It helped, it wasn’t the only piece, but helped inform our program and services and how we should shape them, and so it’s been helpful both internally and externally.” The agency’s shift towards providing services for transitional age youth was documented in two agency annual reports (Documents 25 & 26) and two agency newsletters (Documents 27 & 28). Although such retrospective accounts should be viewed with caution, a program pamphlet retrieved in the document review corroborated the key informant’s assertion
that the new programs were responses to community needs highlighted by GAIN-CN and subsequent projects (Document 29).

The key informants from Agency 1 stated that the agency had focused its services on youth with concurrent disorders after the project had ended, but neither of that agency’s key informants attributed the change to participation in the GAIN-CN project. The first key informant of that agency explicitly ruled out such an attribution, stating that, prior to 2009, the agency “didn’t have a Concurrent Disorder Team, but, not as a result of the GAIN project, but as I said, just [because of] what’s happening around mental health and concurrent disorders, we have since then developed a Concurrent Disorder Team.”

The document review retrieved a total of 14 annual reports from the participating agencies, and besides the two annual reports referenced above in relation to Agency 3, no other references were made in these to the institutionalization of GAIN-SS.

5.4.3 Continuation of client benefits

Scheirer and Dearing (2011) stated that client benefits should be studied as a separate aspect from sustainability, as program activities can be maintained without the continuing delivery of client benefits. Previous studies have stated that program measures of volume of services provided could serve as proxy measures for client benefits when measures of clinical outcomes are not available (Scheirer, Hartling, & Hagerman, 2008). Rates of screening using the GAIN-SS were presented in the previous section. As neither the participating agencies nor the GAIN-CN project actively tracked client outcomes, key informants were asked whether the information gathered with the GAIN-SS had been used to guide individual client service planning or interagency referrals, and to identify continued benefits attributable to either the continued use of the screener or continued agency collaboration.

Key informants from the three agencies that continued to use the GAIN-SS reported that the information from the screening tool helped connect youth with treatment sooner than had been the case prior to its use, and that it was used to inform treatment, case-management decisions and client referrals. The key informants from Agencies 4 and 5 stated that the screener information was used to identify the top presenting issues and to determine what treatment or case-management options to pursue with clients. Regarding youth with eating disorders, the first key
informant from Agency 4 reported that “because the GAIN is done right at the beginning, we’re often able to flag those young people sooner than we might have before, and then a counsellor is able to broker an appointment for them perhaps a bit sooner than might have happened in the past.” The key informant from Agency 3 stated that, of the benefits that resulted from participation in GAIN-CN project, the “most significant is from getting more positive care, like being [...] screened well.” She also identified new benefits for youth as a result of the adapted use of the GAIN-SS to screen and offer services to youth lacking a formal mental health diagnosis, stating that their service providers “have not turned away a client yet because they didn’t fit the criteria, even though they didn’t have a diagnosis.”

The second key informant for Agency 1, which discontinued the use of the GAIN-SS screener, reported benefits for clients due to continued interagency collaboration following the end of the project. Continued collaboration resulted in an improved ability to make referrals to meet the needs of youth, and that key informant specifically credited his agency’s collaboration with Agency 2, who “do a lot of work with dual diagnosis. [...] so now here we are, we have an excellent funnel system or system to pick up the phone, ask questions with, partner with in terms of helping a client, working together with them” (Key informant 2, Agency 1).

5.4.4 Maintenance of community-level partnerships

Scheirer and Dearing (2011) identified the continuation of community partnerships as an important outcome regardless of whether program activities are continued. Key informants from all participating agencies stated they remained connected with MAYN. However, key informants from two agencies reported that their participation had been sporadic during the three years since the GAIN-CN project ended. The key informant from Agency 2 stated that “our agency has made a recommitment to be actively involved [in MAYN] again. I mean, I was still reading the minutes and getting the minutes regularly if I wasn’t attending, but we have decided to get more involved and more consistently.” Despite reporting a similar disruption in attendance, by the key informant for Agency 6, the annual reports for Agency 6 for 2009 and 2011 made references to the agency’s partnerships with MAYN (Documents 14 & 23), showing their commitment to interagency collaboration. As MAYN had been operating prior to 2009, however, continued engagement with the network cannot be solely attributed to agencies’ participation in the GAIN-CN project.
The impact of continued collaborations can be measured through the extent to which they affect each member of a network, as a proxy measure of their effect on the network as a whole (Shediac-Rizkallah & Bone, 1998). Key informants were asked whether their participation in the GAIN-CN project had had an impact on the collaboration between the participating agencies.

Key informants from five agencies reported agency benefits due to continued involvement in MAYN. Most commonly cited were the ability to make professional connections to address the needs of youth and the capacity for information sharing with other agencies. The second key informant from Agency 1 stressed the value of information sharing within the network, stating that “ever since I’ve been part of MAYN, I’ve just been amazed of what’s been out there, and here I am, somebody working in the field for many, many years and I realize that there’s so much that I don’t know, because the system is so fragmented.” In addition to information sharing, the key informant from Agency 2 expanded on the importance of relationship building within the network. She reported benefitting from “not only networking, but the ability to sort of learn from each other at a different level than just sharing information. [...] If you have a bit of a relationship, it’s easier than cold-calling somebody about how they address certain things, [or] their particular programs.” A public presentation given in 2010 about the experience of participating in the GAIN-CN project identified the ability to develop and strengthen professional relationships as one of the defining benefits of participating in the project (Document 10).

To capture increased community capacity, key informants were asked whether participation in the GAIN-CN project had had an impact on the nature of collaborations between agencies and on their agency’s engagement in future collaborative projects. Key informants from three agencies reported that participating in the GAIN-CN project had provided a sense of cohesion and demonstrated the feasibility of cross-sectoral projects, making such statements as “That was the first project the Mental Health and Addiction Youth Network did, which kind of galvanized it. [...] it could show that we could work across sectors. That was pretty exciting” (Key informant, Agency 3). Key informants also reported more effective interagency collaborations due to the development of a shared language between agencies and an improved understanding of how the other agencies worked. Informants reported that participation in the project brought “a greater awareness, I guess, about how our different agencies work and different ways to learn” (Key informant, 1 Agency 4). Agencies also recognized that, due to the experience of participating in a
cross-sectoral project, they became better equipped to engage in future collaborative projects. This sentiment was captured by the key informant from Agency 5, who stated that:

> Because we had already worked through, if we want to do another research project…This is kind of the workflow, this is how this hangs together, this is how we would pull this off as a collaborative [project]. So, you know, every time when you do another research project together, you are building on the experiences you’ve already had of working together. (Key informant, Agency 5)

The key informants from four agencies each reported that their agency had engaged in three collaborative initiatives that arose as a result of the GAIN-CN project: the Stigma Project, the Concurrent Disorder Support Services (CDSS) Network Project and Transitional Age Youth Working Group. Figure 2 presents a slide of a presentation given on the benefits of collaborative projects, which illustrates the relationship between projects that were informed by the GAIN-CN project or that replicated its methods (Document 10). The figure refers to the GAIN-CN project as the Local Youth Screening Project and to the CDSS project as the Local Youth and Adult Screening Project. The Transitional Age Youth Working Group is not included on the figure. The National and Provincial Youth screening project are expanded on in section 5.4.6, as the projects did not involve collaborations with the agencies that participated in the GAIN-CN project.

Notably, the key informants from four agencies participated in at least one of these three collaborative projects. These included staff members from the three agencies that did not maintain use of the GAIN-SS and that reported being only sporadically involved with MAYN.
The Stigma Project aimed to examine the experiences of stigma faced by youth with concurrent disorders. The project was initiated by MAYN and CAMH, and key informants from Agencies 5 and 6 reported participating in the project. The informant from Agency 5 stated that the Stigma project was the first undertaken by MAYN following their participation in the GAIN-CN project:

We then went on, maybe a year later, to do a collaborative project to look at stigma, youth and stigma around mental health and addictions issues and I think doing it through the MAYN made it much easier … like we already had an experience of doing this. So I think it made it less daunting to do this again. (Key informant, Agency 5)

The Concurrent Disorders Support Services (CDSS) Project was launched in collaboration between the GAIN-CN project leads and the Toronto Concurrent Disorders Support Services Network (Documents 20, 35). The CDSS project replicated the methods of the GAIN-CN project in 10 youth and adult-serving agencies across the greater Toronto Area in 2010 (Document 20, 35). The CDSS Project report, retrieved through the document review, confirmed that Agency 5 participated in the project (Document 35). The key informant from Agency 5 described the project as “a second similar project with the Concurrent Disorder Support Services Network [...] It was kind of a replication, but with a larger pool and into the adult sector.” The project was successful in identifying the needs of youth and adults seeking services at participating agencies,
and participating service providers reported positive attitudes towards the utility of the screening tool (Document 20, 35).

Key informants identified four agencies as having been involved with the Transitional Age Youth Working Group, which was created to address issues of access and to streamline services for transitional age youth. The key informant from Agency 5 stated that:

Based on the two studies [GAIN-CN and CDSS], where the same thing panned out with transitional age youth, the MAYN network has gotten a formal working group specifically to do work around transitional age youth and how to address the barriers faced by young people trying to make the jump from children’s mental health to adult mental health services. (Key informant, Agency 5)

5.4.5 Sustained attention to the issue

Scheirer and Dearing (2011) have stated that an important outcome of a project is persistent, heightened attention to the social problems it was designed to address. Attention devoted to the problem in publicly available documents, media reports and presentations can reflect the focus of advocacy efforts, and can lead to policy makers paying attention to and allocating more resources to the social problem (Dearing & Rogers, 1996). Sustained attention to the issue was therefore defined as advocacy efforts for additional resources and as presentations, talks, newsletters or other publications that referenced the GAIN-CN project or its findings.

The key informant from Agency 2 reported successfully advocating for additional resources using the findings of the GAIN-CN project. That agency included the project’s findings in an application to the Ministry of Children and Youth Services and received funding for additional staff hours. The key informant elaborated that:

Probably when we submitted, like a year and a half ago or so, when new positions were allocated to child’s mental health. Actually, the agency got two positions, but 1.5 of them were allocated to my program area and the other half was allocated to [Program 2] So yeah, some of the research and findings went into the submission to the Ministry.

(Key informant, Agency 2)

Key informants from three other agencies stressed the importance of having the project data to lobby for new resources, but did not provide examples of specific attempts to do so. The key informant from Agency 5 elaborated that “So, for me [the GAIN-CN] was quite a watershed
moment, because now we were getting some numbers to back up what a lot of us have been saying all along. Without those numbers, you can’t advocate the way you need to.”

Key informants from three agencies reported having given presentations that referenced the GAIN-CN project and its findings. Key informants indicated that they had referred to the project’s findings in presentations given in academic venues, such as an adolescent health academic meeting, and non-academic venues, such as program meetings, other community agencies, or provincial conferences. The key informant from Agency 3 stated that she referred frequently to the GAIN-CN report “Whenever I talk about transition, I do. Whenever I’m asked to be on an advisory committee around transition, I do that. I often refer to it.”

The document review noted that, following the end of the GAIN-CN project, findings were presented to “local stakeholders including service providers, agency leaders and policy makers, as well as at multiple international, national and local conferences, meetings, and forums” (Document 38). Three presentations that referenced the GAIN-CN project were retrieved through the document review. These presentations advocated for collaborative projects to improve knowledge sharing and capacity building (Document 10), presented the GAIN-CN project model and the findings of the CDSS project (Document 20), and presented the findings of the GAIN-CN project to illustrate recent efforts to increase early concurrent disorder identification in Ontario (Document 17). Three online newsletters retrieved from the CAMH website (Documents 16, 18, & 19) provided detailed descriptions of the project, highlighted the importance of screening for concurrent mental health and addictions for youth, and stressed the importance of cross-sectoral collaborations.

5.4.6 Program diffusion and replication

Interventions or their underlying concepts may spread to other locations even when they are not maintained in their initial locations. As the extent of uptake in other agencies is difficult to measure, the identification of practice dissemination activities by staff or proponents can be used as a proxy measure for program diffusion (Scheirer & Dearing, 2011). This outcome of sustainability was defined as active attempts to disseminate project activities to new programs or agencies. These efforts were considered different from advocacy or knowledge dissemination efforts, which did not specifically aim to influence practices in other programs or agencies.
None of the key informants interviewed recalled engaging in dissemination activities outside of their agencies. Key informants from Agencies 4 and 5 reported plans to expand the use of the GAIN-SS to new programs within their agencies. The key informant from Agency 5 explained that the use of the screening tool had been expanded to three new programs during the agency’s participation in the CDSS project. Three documents retrieved also described the involvement of the agency in the CDSS project (Documents 10, 20, & 35). At the time of the key informant interview, the agency was planning to expand the use of the GAIN-SS across Agency 5. The first key informant from Agency 4 also reported that the GAIN-SS was planned to be expanded across her agency as part of a research project to gather rates of concurrent disorders in adolescents seeking services at the agency.

The document review retrieved information on three replications of the GAIN-CN project across Canada. As Figure 2 indicates, a national replication was conducted from 2010 to 2013, and a provincial replication is being conducted from 2009 to 2014 (Documents 10 & 38). No documents were retrieved regarding the provincial replication, as it is ongoing and will not be completed until 2014. The national project, called the National Youth Screening Project, replicated the methods of the GAIN-CN project in 10 networks across Canada (Document 38). As a result of the knowledge sharing efforts undertaken following the end of the GAIN-CN project, multiple communities across Canada showed interest in replicating the project’s activities, prompting the launch of the National Youth Screening Project. The project used the version of the GAIN-SS that had been modified in collaboration with the GAIN-CN participating agencies (Document 38). Lastly, a draft report was also retrieved for the Central West Concurrent Disorders Network’s Concurrent Disorders Screening Initiative, which stated that the project replicated the methods of the GAIN-CN project in the Central West LHIN (Document 41). Beginning in June 2011, 15 agencies from Central West Concurrent Disorders Network implemented the version of the GAIN-SS that had been modified during the GAIN-CN project (Document 41).

5.5 Factors associated with sustainability

This section provides detailed findings for each factor outlined in the Scheirer and Dearing (2011) framework. Table 6 provides a quick summary of all the factors in the framework and
whether each acted as a barrier or facilitator for participation in the study, continuation of the GAIN-SS, or continued engagement in collaborative initiatives.

Key informants were asked to identify whether each factor acted as a barrier or facilitator for the continuation of project activities. The interview guide did not aim to ask participants about factors that influenced adoption decisions, but some key informants spontaneously commented on the factors associated with their participation in the project. Key informants did not differentiate between influences on adoption and sustainability, commenting on their experiences holistically from the design stages to the present day. A differentiation between factors that affected adoption or sustainability was made during the coding process to ensure that the continuation of project components was not wrongly attributed to factors that were primarily associated with decisions to participate in the project.
### Table 6: Barriers and Facilitators for Adoption and Sustainability

<table>
<thead>
<tr>
<th>Framework</th>
<th>Agency 1</th>
<th>Agency 2</th>
<th>Agency 3</th>
<th>Agency 4</th>
<th>Agency 5</th>
<th>Agency 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptable</td>
<td>Did not comment on adaptability</td>
<td>Did not comment on adaptability</td>
<td>Neither a barrier nor a facilitator for adoption: additional questions added to the GAIN-SS</td>
<td>Adoption facilitator: the addition of questions to GAIN-SS GAIN-SS Sustainability Facilitator: the addition of questions to GAIN-SS</td>
<td>Adoption facilitator: the addition of questions to GAIN-SS GAIN-SS Sustainability Facilitator: the addition of questions to GAIN-SS</td>
<td>Did not comment on adaptability</td>
</tr>
<tr>
<td>Cost</td>
<td>Adoption facilitator: the provision of free training, study materials and the GAIN-SS license</td>
<td>Adoption facilitator: the provision of free training</td>
<td>Adoption facilitator: the provision of free training</td>
<td>Adoption facilitator: no upfront fee</td>
<td>Adoption facilitators: the provision of free training and the GAIN-SS license</td>
<td>Did not comment on project cost</td>
</tr>
<tr>
<td>Innovation Characteristics</td>
<td>Facilitator for GAIN-SS sustainability: the tool was seen as a quick and effective way to start a conversation Neither a barrier nor a facilitator for future collaboration: Project achieved objectives</td>
<td>Facilitators for GAIN-SS sustainability: the tool was seen as an effective way to start a conversation, and it provided additional information on the youth</td>
<td>Barriers to GAIN-SS sustainability: the tool did not aid referrals, and it did not follow youth across the system Facilitator for future collaboration: Project achieved objectives</td>
<td>Facilitators for GAIN-SS sustainability: the tool was quick and effective, and it picked up a broad set of concerns Neither a barrier nor a facilitator for future collaborations: Project achieved objectives</td>
<td>Facilitators for GAIN-SS sustainability: the tool was effective, and it helped with case management. Barrier for GAIN-SS sustainability: GAIN-SS overlapped with existing questionnaires Facilitator for future collaboration: Project achieved objectives</td>
<td>Facilitator for GAIN-SS sustainability: the tool was valid, short and a quick way to gather information</td>
</tr>
<tr>
<td>Support from Evidence</td>
<td>Facilitator for GAIN-SS sustainability: the tool was seen as a quick and effective way to start a conversation</td>
<td>Facilitators for GAIN-SS sustainability: the tool was seen as an effective way to start a conversation, and it provided additional information on the youth</td>
<td>Barriers to GAIN-SS sustainability: the tool did not aid referrals, and it did not follow youth across the system Facilitator for future collaboration: Project achieved objectives</td>
<td>Facilitators for GAIN-SS sustainability: the tool was quick and effective, and it picked up a broad set of concerns Neither a barrier nor a facilitator for future collaborations: Project achieved objectives</td>
<td>Facilitators for GAIN-SS sustainability: the tool was effective, and it helped with case management. Barrier for GAIN-SS sustainability: GAIN-SS overlapped with existing questionnaires Facilitator for future collaboration: Project achieved objectives</td>
<td>Facilitator for GAIN-SS sustainability: the tool was valid, short and a quick way to gather information</td>
</tr>
<tr>
<td>Organization Characteristics</td>
<td>Adoption facilitator: fit with agency’s focus on concurrent disorders</td>
<td>Adoption facilitator: fit with the agency mandates of providing mental health and addiction services</td>
<td>Adoption facilitator: fit with the agency’s desire to show same level of need as hospital sector</td>
<td>Adoption facilitators: fit with agency desire to introduce more validated tools and to obtain information about youth needs</td>
<td>Adoption facilitator: fit with agency priority to get information about youth needs and to give a voice to youth</td>
<td>Neither a barrier nor a facilitator for adoption: project aimed to test the feasibility of the GAIN-SS</td>
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</tr>
<tr>
<td>Barrier for GAIN-SS sustainability: lack of fit with priority to create an internal screening tool</td>
<td>Facilitator for future collaboration: fit with goals to coordinate services and provided the resources to achieve agency priorities</td>
<td>Facilitator for GAIN-SS sustainability: fit with agency priority to provide services for all youth regardless of diagnosis</td>
<td>Facilitator for GAIN-SS sustainability: fit with the agency initiative for outcome tracking</td>
<td>Facilitator for GAIN-SS sustainability: fit with the patient centered view of the agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitator for collaboration: collaboration provided the resources to achieve agency priorities</td>
<td>Interview inconclusive</td>
<td>Interview inconclusive</td>
<td>Interview inconclusive</td>
<td>Interview inconclusive</td>
<td>Interview inconclusive</td>
<td>Barrier for GAIN-SS sustainability: champion turnover</td>
</tr>
<tr>
<td>Champion</td>
<td>Interview inconclusive</td>
<td>Interview inconclusive</td>
<td>Interview inconclusive</td>
<td>Facility for GAIN-SS sustainability: champion provided leadership for the team</td>
<td>Interview inconclusive</td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td>Facilitator for future collaboration: leadership made a decision to be more actively involved in MAYN</td>
<td>Did not comment on leadership.</td>
<td>Did not comment on leadership.</td>
<td>Did not comment on leadership.</td>
<td>Did not comment on leadership.</td>
<td>Facility for GAIN-SS sustainability: leadership decision to continue use of the tool regardless of staff turnover</td>
</tr>
<tr>
<td>Barriers for GAIN-SS sustainability: high turnover posed challenge for maintenance of skilled staff</td>
<td>Adoption facilitator: lack of agency expertise for research</td>
<td>Neither a barrier nor a facilitator for GAIN-SS sustainability: agency experienced restructuring (not turnover)</td>
<td>Adoption facilitator: lack of internal resources for research</td>
<td>Adoption facilitator: lack of agency resources for research</td>
<td>Adoption facilitator: lack of agency resources for research</td>
<td>Barriers for GAIN-SS sustainability: practice was lost due to champion turnover</td>
</tr>
<tr>
<td>Agency Resources</td>
<td>Facility for future collaboration: leadership made a decision to be more actively involved in MAYN</td>
<td>Did not comment on leadership.</td>
<td>Did not comment on leadership.</td>
<td>Did not comment on leadership.</td>
<td>Did not comment on leadership.</td>
<td>Facility for GAIN-SS sustainability: leadership decision to continue use of the tool regardless of staff turnover</td>
</tr>
<tr>
<td>Agency leadership made a decision to develop an internal tool</td>
<td>Adoption facilitator: lack of agency expertise for research</td>
<td>Neither a barrier nor a facilitator for GAIN-SS sustainability: agency experienced restructuring (not turnover)</td>
<td>Adoption facilitator: lack of internal resources for research</td>
<td>Adoption facilitator: lack of agency resources for research</td>
<td>Adoption facilitator: lack of agency resources for research</td>
<td>Barriers for GAIN-SS sustainability: practice was lost due to champion turnover</td>
</tr>
<tr>
<td>Neither a barrier nor a facilitator for GAIN-SS sustainability: high turnover posed challenge for maintenance of skilled staff</td>
<td>Barrier for GAIN-SS sustainability: practice lost due to supervisory turnover</td>
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<tr>
<td>Staff support</td>
<td>Did not identify staff pushback or attitude change towards evidence informed screening tools.</td>
<td>Did not identify staff pushback or attitude change towards evidence informed screening tools.</td>
<td>Facilitator for GAIN-SS sustainability: attitude change towards evidence informed screening tools</td>
<td>Facilitator for GAIN-SS sustainability: attitude change towards evidence informed screening tools</td>
<td>Facilitator for GAIN-SS sustainability: attitude change towards evidence informed screening tools</td>
<td>Did not identify staff pushback or attitude change towards evidence informed screening tools.</td>
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</tr>
<tr>
<td>External funding</td>
<td>Neither a barrier nor a facilitator for GAIN-SS sustainability: program funded by the Ministry of Child and Youth Services.</td>
<td>Neither a barrier nor a facilitator for GAIN-SS sustainability: program funded by the Ministry of Health and Long Term Care.</td>
<td>Neither a barrier nor a facilitator for GAIN-SS sustainability: program was funded by Adult Mental Health.</td>
<td>Neither a barrier nor a facilitator for GAIN-SS sustainability: mandated to implement the OCAN.</td>
<td>Neither a barrier nor a facilitator for GAIN-SS sustainability: mandated to implement the BCFPI and CAFAS.</td>
<td>Neither a barrier nor a facilitator for GAIN-SS sustainability: mandated to implement the ADAT.</td>
</tr>
<tr>
<td>Community factors</td>
<td>Facilitator for adoption: change agency provided coordination.</td>
<td>Facilitators for future collaboration: prior engagement with MAYN, and MAYN provides access to research expertise.</td>
<td>Facilitator for adoption: change agency provided coordination.</td>
<td>Facilitator for future collaboration: additional resources due to cross-sectoral collaboration.</td>
<td>Facilitators for future collaboration: prior engagement with MAYN, and MAYN provides access to research expertise.</td>
<td>Facilitators for future collaboration: change agency coordinates network, and MAYN provides access to additional resources.</td>
</tr>
<tr>
<td>Non-monetary resources</td>
<td>Facilitators for future collaboration: prior engagement with MAYN, and MAYN provides access to additional resources.</td>
<td>Barriers for future collaboration: staff workload interfered with meeting attendance.</td>
<td>Barriers for future collaboration: change agency limited collaboration with other agencies.</td>
<td>Barriers for future collaboration: different cultures between agencies.</td>
<td>Barriers for future collaboration: different cultures between agencies.</td>
<td>Barriers for future collaboration: different cultures between agencies.</td>
</tr>
</tbody>
</table>

Legend: • Barrier or facilitator for project participation • Barrier or facilitator for GAIN-SS continuation • Barrier or facilitator for future collaboration
5.5.1 Innovation characteristics

5.5.1.1 Adaptability

Key informants were asked whether the adaptability of the project components had had an impact on their continuation. Innovation adaptability focused only on the adaptability of the GAIN-CN project components, such as the GAIN-SS screener, and did not focus on their use for new purposes.

Key informants from two agencies mentioned that the tool’s adaptability was important for agencies’ decisions to participate in the project and adoption of screening practices. Most commonly mentioned were the additional questions added to the screening tool to better tailor it to participating agencies’ contexts. The key informant from Agency 3 recalled that the screener had been expanded to encompass eating disorders, but did not identify this as facilitator for participation.

Key informants from two agencies also stated that the additional questions had been associated with the maintenance of the screening tool at their agencies. The first key informant from Agency 4 reported that “being able to flag patients who might actually endorse some of the disordered eating symptoms that our counsellors might not otherwise be screening for right away […] has been probably a little bit of an addition to what we might normally have.” The key informant from Agency 5 also stated that “after that study ended, we actually made the decision to buy our own [GAIN-SS] license to use and we’re using the CAMH version, not the original, because we found the fifth section quite useful.” The fifth section mentioned by the informant contains the questions added after consultation with the agencies participating in the GAIN-CN project.

5.5.1.2 Cost

Scheirer (2005) has reported that the cost of delivering interventions and training staff can affect sustainability, and that less expensive interventions or interventions that can be delivered by volunteers are more likely to be sustained. In accordance with recommendations by Greenhalgh et al. (2004), costs were defined as the sum of all resources and staff time needed to continue the GAIN-CN project components.
The key informants commented that the low cost of participating in the GAIN-CN project was a facilitator for their decision to participate in the project. Key informants from five agencies reported that through the project they received free training and the ability to try the GAIN-SS without having to purchase a license. As CAMH provided training and licenses for the GAIN-SS, the agencies were not required to devote monetary resources to participation in the project. The first key informant from Agency 1 stated that the most important resources provided through GAIN-CN “were definitely the training and using the GAIN-SS [...] They were providing us with everything we needed, including making all the photocopies and all the assessment handouts and the forms. So I don’t believe that there were any costs.” Three other key informants identified staff time, both for agency leads and service providers, as the only cost to their agency for participating in the project.

Participating agencies were also asked whether the costs associated with project activities had had an impact on their continuation. The key informants from the three agencies that discontinued the use of the GAIN-SS did not cite cost as a factor in decisions to discontinue the tool. The key informants from two agencies, that continued using the GAIN-SS, identified the costs of continued activities as the cost of purchasing a license and the staff time required to ensure compliance with screening procedures. The second key informant from Agency 4 identified cost as “the time spent in trying to get […] all the stakeholders engaged and doing the process, because it doesn’t work if it’s not consistent.” However, when asked whether this type of cost had had a negative impact on their agencies’ decisions to continue using the screening tool, the key informants from Agencies 4 and 5 noted that the costs identified did not pose a barrier to the continuation of the screener.

5.5.1.3 Support from evidence

Previous studies stressed the importance of evidence of programs’ effectiveness to their adoption and maintenance (Greenhalgh et al., 2004; Savaya, Spiro, & Elran-Barak, 2008). For programs that are difficult to evaluate, such as community interventions, the perception of effectiveness is paramount for sustainability (Shedia-Rizkallah & Bone, 1998). Key informants were therefore asked to reflect on the effectiveness of the GAIN-CN project in meeting its objectives and the effectiveness of the GAIN-SS in their agencies.
Key informants from four participating agencies reported that the project had met its objectives of identifying rates of concurrent disorders among youth seeking services at participating agencies. The key informant from Agency 3 reported that the project had been successful in showing “the same level of need of client endorsement in the community as in the hospital [...] and in identifying] where the gap is in the community, and in serving youth.” The project’s ability to meet its objectives was also reported by two key informants to have had an effect on the likelihood of engaging in future projects. The key informant from Agency 3 reported as much, stating that “we showed [...] that we, the Youth Network, [...] and CAMH was able to produce something that was impressive.” The key informant from Agency 5 also stressed the importance of the GAIN-CN project’s findings on transitional age youth which, along with the findings of the CDSS project, contributed to the development of the Transitional Age Youth Working Group.

Key informants from five agencies also reported that the GAIN-SS had been an effective screening tool. Key informants reported that the tool had prompted a discussion between staff and youth, provided additional information that would not have been captured otherwise, and screened for a broad range of issues. The first key informant from Agency 4 stated that the screener provided her agency with a persuasive illustration of the utility of data collection practices, stating that “the GAIN was perfect. It’s short, it doesn’t take a lot of time, and I think it was a great demonstration of how it is important to actually be collecting data [to] be able to reflect on it about larger program issues.”

Two drawbacks were identified. The key informant from Agency 3 reported that the GAIN-CN project had not been successful in streamlining referrals between participating agencies, stating that the project “didn’t work so that the GAIN screener followed them wherever they went if they navigated through the system, [...] we had youth coming to us who had already filled it out twice.” Agency 3 continued using the screening tool despite its perceived drawbacks, a decision that the key informant reported was facilitated by the tool’s adaptation for the new purposes outlined in section 5.4.2. The key informant from Agency 5 reported that some of the screener’s questions overlapped with other questionnaires used at the agency. Despite this drawback, the effectiveness of the GAIN-SS was a facilitator of decisions to maintain its use – the key informant from Agency 5 reported that “we like that it’s valid and reliable.”
5.5.2 Organizational factors

5.5.2.1 Fit with organizational procedures and priorities

The fit between an organization’s priorities and project components has been identified as an important factor for sustainability, with programs that are seen as contributing to an organization’s goals being more likely to be sustained (Scheirer, 2005; Shediac-Rizkallah & Bone, 1998). Key informants were therefore asked whether the project’s components fit with organizational priorities and operating procedures, and whether such a fit or lack thereof influenced decisions to maintain project components.

Key informants from five agencies reported that congruence between the GAIN-CN project’s objectives and their organizations’ priorities influenced their decisions to become involved with the project. Agencies reportedly joined the GAIN-CN project to: focus on addressing the needs of youth with concurrent disorders, show the severity and complexity of youths’ needs, introduce validated screening tools to the agency, and develop a shared language of practice between the agencies in MAYN.

Key informants also reported that fit with agencies’ priorities was an important factor in decisions to continue using the GAIN-SS and engage in future agency collaborations. The key informants from the three agencies that continued to use the tool indicated that it either continued to fit or had been adapted to fit the evolving priorities of their agencies. The first key informant from Agency 4 reported that:

[The agency] acknowledged that we need to be looking at trying to track how our patients are progressing through treatment and using the GAIN. The GAIN can be used in that way in addition to kind of being used for screening. So it’s one of the ways that we may be looking at it, trying to actually look at evaluating some of the outcomes of our treatment interventions. (Key informant 1, Agency 4)

Of the three agencies participating in the present follow-up study that discontinued the use of the GAIN-SS, Agency 1 was the sole organization whose key informants reported that the screening tool had been discontinued because it no longer fit with the agency’s goals. That agency’s leadership had decided to create an agency-specific concurrent disorder policy, which included screening forms and treatment planning guidelines that could be used across all programs and across all age groups (Documents 13, 33, 42). This initiative was reflected in the agency’s
2010/2011 annual report, which described the creation of a central database to collect data on rates of concurrent disorders and to inform treatment planning (Document 36).

The fit between the screening tool and agency priorities was found to be separate from the fit between interagency collaboration and agency priorities. The key informants from Agency 1 reported that the agency had discontinued the use of the GAIN-SS due to the screener’s lack of fit with agency priorities, but stressed that the agency had continued to engage in interagency collaboration because it offered a way to continue to address the agency’s priorities. The key informants from the three participating agencies that discontinued the use of the screening tool stated that interagency collaborations continued to fit with their agency priorities of addressing the needs of youth, and thus that their agencies had remained engaged in the network. The key informant from Agency 6 elaborated on how interagency collaboration supported their agency’s specific needs: “one way to be able to [meet the needs of youth] is to work with people who, and organizations who, have similar mandates and figure out how to meet the needs [...] and I think MAYN is a very good way of doing that.”

5.5.2.2 Presence of a champion

Champions have been identified as key for program sustainability as they can advocate for and secure funding for the continuation of practices within the agency (Scheirer, 2005). To be able to influence practice, champions need to have access to upper management and control over day-to-day operations (Scheirer, 2005). To determine the presence of a champion, key informants were asked who had led the participation in the GAIN-CN project and whether those leads were still involved in the agency.

Two of the three key informants who had not been agency leads during the implementation of the GAIN-CN project, identified the presence of a champion as an important factor for sustainability of the GAIN-SS. Among these two was the key informant from Agency 6, who reported that:

I think that often times when there is something new that is introduced into an organization, it needs a champion or someone to implement and sustain it and I don’t think that that happened here. [...] The person who was in my position prior [...] She was the champion for getting this rolling [...] she left and it went with her. (Key informant, Agency 6)
The second key informant for Agency 4 reported that the champion role taken by that agency’s lead during GAIN-CN project facilitated the maintenance of the project components and provided leadership within the program.

The five key informants, who had taken the role of agency leads during GAIN-CN project and had continued to work for the same agencies, did not self-identify as champions. For example, the second key informant in Agency 4 identified that agency’s lead as a champion, but that agency lead herself did not self-identify as a champion. Other agency leads described themselves as having been instrumental in overcoming staff pushback, as the key informant from Agency 3 reported that “It took a lot of time for me to train and push staff to say ‘no, you need to do this.’” It is therefore unclear whether the agency leads that did not self-identify as champions did in fact fulfill the role of a champion and should be classified as such.

5.5.2.3 Agency resources and leadership

The availability of organizational resources and staff knowledge, capacity and attitudes have been identified as critical to program continuation (Shediac-Rizkallah & Bone, 1998; Swain et al., 2010). Turnover and job change rates have also been commonly identified as barriers for sustainability (Scheirer, Hartling, & Hagerman, 2008). The key informants were therefore asked whether agency resources or staff turnover rates in the three years since the end of the GAIN-CN project had facilitated or posed barriers to sustainability.

Lack of research capacity was identified by key informants from three agencies as having been an important factor in decisions to participate in the GAIN-CN project. The first key informant from Agency 4 reported that:

[For] agencies that didn’t really have a lot of internal resources around scholarship, the ability to have their data analyzed […], and then the information that compared them to other agencies, […] was a very useful service for agencies that wouldn’t otherwise have the resources to be able to do that. (Key informant 1, Agency 4)

Key informants were also asked whether service provider turnover had posed a barrier to sustained project activities. Key informants from three agencies that had continued to use the GAIN-SS indicated no staff turnover or very low rates of turnover following the GAIN-CN project. Key informants from two other agencies identified supervisory turnover as a factor for
the discontinuation of screening practices, as project activities had been lost during the staff transition period. When asked about staff turnover, the key informant from Agency 2 reported that “probably to some degree at both levels, but more the supervisory [...] positions change, supervisors change, I wasn’t managing one of those programs and [...] sometimes things get lost with those changes.” The key informant from Agency 6 reported that staff turnover had had a negative impact on the continuation of screening practices as well as continued participation in the network, stating that “the person who was in my position prior [...] she was the champion for getting this rolling. [...] there was a big gap before I came in to fill those shoes, and when I came in, I’m starting from scratch again” (Key informant, Agency 6).

Key informants from two agencies reported that the presence of strong leadership had made screening for concurrent disorders a priority for the agency, a fact that acted as both a facilitator and a barrier for the continuation of project components. In Agency 5, the GAIN-SS was identified by leadership as a way to address agency needs, and was thus continued. In contrast, the key informants from Agency 1 reported that the agency leadership’s strong support of screening for concurrent disorders had actually led to the discontinuation of the GAIN-SS. This came about because, shortly following the end of the project the leadership of Agency 1 launched a Concurrent Disorders Policy that was tailored to the agency’s context, and outlined agency-specific screening and treatment recommendations which did not incorporate the GAIN-SS (Document 15).

Decisions by agencies’ leadership to continue use of the tool were also found to have acted as mitigating factors for the negative effects of staff turnover. The key informant from Agency 5 stated: “I don’t think staff turnover has [affected the project], because the management made decisions to continue it forward, so it has meant that we had to repeat the ‘Train the Trainer,’ and get new people on board.” In contrast, the key informant from Agency 6 reported that a lack of leadership involvement in day-to-day operations and the champion’s departure had resulted in the loss of screening practices during the [champion] transition period, and as a result the screening practice had “just fallen off the radar in this space.”

The key informant from Agency 2 also reported that agency leadership had been associated with continued collaboration, and attributed her agency’s recommitment to participation in MAYN after a period of sporadic engagement to decisions by the leadership to become actively
involved. When asked about what prompted the agency’s recommitment to participation in the network, the key informant stated that “I think probably our ED having a discussion with [MAYN Chair][...], the need to sort of focus on mental health and addictions and concurrent disorders, and how best to coordinate services. So we felt it was important to be more actively involved in that.”

5.5.2.4 Key staff believe the intervention to be beneficial

To facilitate their adoption and sustainability, procedures must be understood as effective within an organization and must receive stakeholder support (Rogers, 2003). As a result, in addition to leadership support, which was covered in the previous section, the present follow-up study examined service providers’ attitudes towards the GAIN-SS or other screening practices.

As identified in section 5.4.1 key informants from three agencies reported improved service provider attitudes towards evidence-informed screening following participation in the GAIN-CN project. The change in service provider attitudes was also identified as a facilitator for the long-term continuation of the GAIN-SS and for its adaptation for new purposes. The key informant from Agency 4 stated that the change in attitudes had been identified as an important factor in the maintenance of screening practices and that the agency had reached “the point where we’re looking at being able to build on what we’ve already been doing with the GAIN,” referring to adapted uses of the GAIN-SS within the agency, which are referred to in section 5.4.2. In the past, according to the first key informant from Agency 4, service provider pushback had “got in the way of actually using other tools that we’ve tried to introduce to the program.” The key informant from Agency 3 also elaborated on staff pushback, stating that “when I was training the staff on how to use the GAIN screener, I had a staff pushback and say, ‘a screener is too impersonal,’ ‘I don’t like these screeners,’ ‘[clients] are not used to it,’ ‘it’s new.’” However, as the key informants reported that participation in the project had offered a way to bring about a change in attitudes, initial pushback was not reported as being associated with the discontinuation of screening practices. Key informants from all three agencies that had reported staff pushback also identified service provider attitude changes as being associated with the GAIN-SS ultimately becoming institutionalized.
5.5.3 Community factors

5.5.3.1 External funding

In the sustainability literature, the availability of external funding has been commonly reported as a key factor for sustainability (Stirman et al., 2012; Rog et al., 2004; Swain et al., 2010). Shedia-Rizkallah and Bone (1998) stressed the importance of socio-economic and political considerations in addition to funding, and of the regulatory environment for organizations as a factor for sustainability. The key informants interviewed for the present follow-up study mentioned a variety of funding sources for their existing programs, which included: the Ministry of Children and Youth Services, Local Health Integration Networks (LHINs), and the Ministry of Health and Long Term Care. Lack of funding was not identified as a major barrier to sustainability of the GAIN-CN project components, due to the low cost of participation and maintenance of the GAIN-CN project components.

While lack of funding was not identified as a barrier to the continuation of project activities, the funding received by agencies was associated with mandated screening tools, which posed barriers to the continuation of the GAIN-SS. Key informants from four agencies mentioned being mandated by government agencies to use screening tools such as the ADAT, CAFAS and the Ontario Common Assessment of Need (OCAN). The use of mandated screening tools, particularly the OCAN, was identified as competing against the use of the GAIN-SS by key informants from three agencies. In addition, the document review determined that Agency 1 had also been mandated to implement the OCAN tool (Document 37), though it was not identified as a barrier for the sustainability of the GAIN-SS by the key informants from the agency.

The OCAN is a mental health screener that was developed to address the lack of unified screening practices for community mental health agencies across the province of Ontario and to facilitate referrals across agencies (Document 7 & 8). The OCAN can be updated on an Integrated Assessment Record (IAR) that allows for information to be shared between mental health service providers to reduce repetitive screening and to standardize assessments (Document 9). In 2013, all 14 LHINs were in the process of implementing the screener across the 294 community mental health organizations that are eligible to implement the OCAN (Document 9).
The key informant from Agency 2 reported that the mandate to implement the OCAN was a factor in the discontinuation of the GAIN-SS. The agency switched to the OCAN even though, as the key informant reported, “the OCAN isn’t as youth-friendly. It was designed for a population of seriously mentally ill individuals and [...] because we serve the transitional age youth, some of the questions, and the length and the format really are really not a good fit.”

Two other key informants reported that their agencies had continued to use the GAIN-SS in addition to the mandated screening tools. The key informant from Agency 3 stated that, despite the usefulness of the OCAN which could be uploaded and shared on the IAR (Document 12), the GAIN-SS had been continued alongside it, because, as outlined in section 5.4.2, their funders allowed the agency to use the validated GAIN-SS in place of a formal diagnosis to offer services for youth with mental health concerns. She explained that for such youth, “instead of requiring a diagnosis, which can be prohibitive and barrier to a young person because they often don’t have a diagnosis, then we use the GAIN screener”. The key informant from Agency 5 also reported that the GAIN-SS was being used alongside the mandated screening tools because the agency would “rather ask too many risk-needs questions than not enough.”

5.5.3.2 Partnerships and non-monetary resources

The existence of collaborative community ties that can offer non-monetary support for agencies, such as in-kind resources or political support, has been identified as a key factor of sustainability (Savaya, Spiro, & Elran-Barak, 2008; Steadman et al., 2002). The key informants from three agencies reported that the partnerships offered access to research resources the agencies had not had prior access to. The key informant from Agency 5 reported that “because we don’t have a research department here [...] for us to partner with an agency that has access to that was kind of critical.” The key informant from Agency 2 stated that it was valuable to the agency “to be able to be part of something where there is [...] more of a research evaluative capacity.” A presentation given in 2010 about the experience of participating in the GAIN-CN project reported that gaining access to research expertise, and a research ethics board had been an important benefit for agencies that had not had access to such resources internally (Document 10). The agencies continued to engage in collaborative research projects, such as the Stigma project or the CDSS project, for which they received support from research expertise.
In addition to the research expertise needed to engage in projects, key informants from two agencies also reported that collaboration had given them access to resources that allowed them to better address the needs of youth. The second key informant from Agency 1 explained that “all agencies have been asked to do more with less nowadays during this economic downtime and we’re seeing that [such collaborative practices are] the way to go, so that we could pool our resources together, pool our experiences together for the better cause of the clients that we’re serving.” The key informant from Agency 6 made the similar statement that, “with limited resources, organizations are being asked to do ‘more with less,’ and one way to be able to do that is to work with people who and organizations who have similar mandates [...] and I think MAYN is a very good way of doing that.” In addition, the benefits of continued collaboration through MAYN have been previously identified in section 5.4.4, as information sharing and the development of professional relationships and referral networks with other agencies.

Key informants were asked to identify any additional facilitators or barrier for continued engagement in collaborative practices. Key informants identified pre-existing relationships with the other agencies and the existence of a change agency as important factors for decisions to participate in the GAIN-CN project and for continued collaborations afterwards.

As the first key informant from Agency 4 stated “I’ve actually been a member of that group for a long time. [...] I’ve been a part of that group and have worked with [MAYN Chair] and others who represent the different youth addictions Agencies for some time.” These pre-existing connections facilitated the continuation of collaborations following the end of the GAIN-CN project, but also made it difficult to isolate the influence of the project on ongoing partnerships.

The existence of a change agency, identified as CAMH, was also cited as a factor for agencies’ decisions to become involved in the GAIN-CN project, and for continued collaborations after the project’s end. The change agency was identified as having provided the research expertise and coordination needed for the project. “[CAMH] coordinated all of the different agencies. They’ve set up the summary research day where everybody came together and the results were presented” (Key informant 1, Agency 1). Following the end of the GAIN-CN project, the change agency remained a facilitator for sustaining collaborations, as it provided administrative support and coordinated network meetings. The key informant from Agency 6 reported that:
In terms of administratively keeping the group together, that [the CAMH project lead, who was a MAYN chair …] does a lot of work to do that, and I think that that is also key to part of the success. I mean, taking the minutes, setting up the meetings, reminding people, those sorts of things, I think, are very important, and […] we’d fall apart without that stuff. (Key informant, Agency 6)

While the change agency provided the expertise and coordination needed to complete the study, key informants also identified it as a barrier to collaboration between the agencies during the implementation period of the GAIN-CN project. Two key informants reported that, as a result of the change agency’s coordination efforts, their agencies did not have increased direct collaboration with the other agencies during the GAIN-CN project. The key informant from Agency 3 reported that “the connecting point was CAMH. […] it didn’t really deepen my connection with other agencies.” However, that same key informant also stated that, although more agency collaboration would have provided a deeper experience, the agencies did not have the skills needed to complete the project without the change agency’s coordination. She stated that “I’m not saying that people would have been willing to do that, […] I don’t know if people would have been necessarily equipped, willing, ready to do that.” (Key informant, Agency 3)

Additional barriers to collaboration identified by key informants were the busy workloads of agency representatives and the cultural differences between community and hospital agencies. The key informants from two agencies stated that the busy workloads had posed challenges to attending MAYN meeting. The key informant from Agency 2 stated that “I would say the only thing would be workload […], for me and I’m sure for other people too, that would affect the ability to attend all the meetings.” In addition, the key informant from Agency 4 identified that the cultural and policy differences between hospitals and community agencies had posed challenges to working together on collaborative projects. She remarked that:

It’s that tension between clinical care and service delivery and scholarship and how both clients and staff at those agencies respond or react to those kinds of projects. […] there are different processes and policies in place that either make it easier to engage in research or more challenging, depending on the culture. (Key informant 1, Agency 4)

As identified in section 5.4.4, the first key informant from Agency 4 also remarked that while cultural differences pose ongoing challenges, the GAIN-CN project also helped develop a shared language between agencies, and an improved understanding of how the other agencies work.
Chapter 6
Discussion

This chapter revisits the research questions introduced in Chapter 1 in relation to the main themes identified in the present follow-up and the sustainability literature. Based on the present follow-up study’s exploratory use of Scheirer and Dearing’s (2011) framework, the strengths and limitations of that framework for conducting the case studies are reviewed in relation to each research question. Lastly, the discussion outlines the limitations of the present case study and recommends directions for further study.

6.1 Summary of findings for GAIN-CN project follow-up

The GAIN-SS became institutionalized in three agencies, and two of those were currently in the process of expanding the use of the screener to new programs beyond those that had participated in the GAIN-CN project. The sustained use of the screening tool helped connect youth with treatment sooner than had previously been the case, and the information gathered with the help of the tool was used to inform treatment, case management and client referral decisions.

The continued use of the GAIN-SS was associated with: 1) the addition of new questions that facilitated a fit with agency priorities; 2) its adaptation to align its use with evolving agency priorities; 3) the perception that it was quick to deliver and effective in gathering information; 4) support from agency leadership and from a champion which remained with the agency; and 5) a positive change in service provider attitudes towards evidence-informed screeners. The GAIN-SS had been discontinued in three agencies due to: 1) a lack of fit with agency priorities; 2) reported lack of efficacy in aiding referrals between agencies; 3) a champion’s departure and leadership that was not involved in day to day operations; and 4) high staff turnover; and competing demands of mandated screening tools. Two of the three agencies that discontinued the tool did so in favour of mandated screening tools, such as the OCAN, that continued to screen for mental health and addiction concerns. As the GAIN-CN project had provided the necessary training and a five-year licence for the use of the GAIN-SS for free for the participating agencies, key informants identified staff time as the only cost of maintenance of the screening tool, and thus did not identify project cost or the availability of external funding as barriers for the continuation of the screener.
At the end of the GAIN-CN project, a service provider survey identified positive changes in service providers’ knowledge of concurrent disorders and attitudes towards using evidence-informed screening tools. These changes were identified as having been maintained in the three agencies that continued using the screening tool, and were associated with the continuation of the screener and its adaptation for new purposes.

At the time of the three year follow-up, all six participating agencies remained connected with MAYN. Continued participation in the network was associated with information sharing and the ability to make professional connections that facilitated youth referrals. However, as MAYN had been operating prior to 2009, continued participation in the network cannot be fully attributed to the GAIN-CN project. Nevertheless, participation in the GAIN-CN project was associated with improved capacity for interagency collaboration, which could be attributed to the agencies’ engagement in the project. Key informants from three agencies reported that participation had provided a sense of cohesion, helped develop a shared language between agencies, provided an improved understanding of how the other agencies worked, and demonstrated the feasibility of cross-sectoral projects. In turn, the key informants reported that the improved collaboration between agencies after the end of the project facilitated engagement in subsequent cross-sectoral projects. The follow-up study noted that four agencies participated in two subsequent research projects focused on concurrent disorders and a working group focused on transitional age youth that was based on the findings of the GAIN-CN. Continued participation in MAYN and engagement in future projects was found to have been facilitated by: 1) the demonstration of the feasibility of cross-sectoral projects by the GAIN-CN project; 2) leadership decision to continue collaborations; 3) prior relationships with other participating agencies; 4) the presence of a change agency to coordinate projects, provide research expertise and organize ongoing meetings; and 5) the provision of non-monetary resources that helped address agency priorities. Barriers were identified as: 1) champion turnover; and 2) the presence of a change agency that limited direct collaboration between participating agencies. However those barriers were not sufficient to cause discontinuation of participation in MAYN.

Lastly, the present follow-up’s investigation of advocacy efforts determined that the GAIN-CN project’s findings and the knowledge on collaboration gained from participation in the project were disseminated through presentations given in both academic and non-academic venues by three participating agencies.
6.2 What study components and benefits were maintained in participating agencies after the project ended?

First, it should be noted that the sustainability of project components is not the only marker of success for the GAIN-CN project, and it represents only one measure among many. In a short period of time, the project successfully implemented the GAIN-SS and gathered information on the rates of concurrent disorders among youth presenting to participating agencies. The agencies that did not sustain all project components, as defined by the six aspects of sustainability used in the present follow-up, nonetheless successfully participated in the project and contributed evidence on rates of concurrent disorders, which was broadly disseminated and used by all the agencies involved in the project. In addition, Rog et al. (2004) caution that sustainability is only one marker of the success of a network; for networks that are no longer in operation, this fact should not be taken to detract from the success of work already accomplished; and for active networks, it should not detract from ongoing work being conducted.

The current study was conducted in response to calls for the use of existing definitions or frameworks to guide study design and analysis (Stirman et al., 2012; Greenhalgh et al., 2004). The current study aims to advance the sustainability literature by providing a demonstration of the use of the Scheirer and Dearing (2011) conceptual framework in a qualitative case study design and by providing a detailed description of the sustainability of the GAIN-CN project components as captured through the framework.

The institutionalization of project components has been the most commonly used definition of the sustainability of an intervention (Stirman et al., 2012). The present follow-up study captured the continued use and institutionalization of the project screening tool (GAIN-SS) within three participating agencies. Continued use of the tool was reported to be associated with more effective screening for youth, and resulted in clients being connected with services faster than had been the case prior to the project. As described in Chapter 3, the discussion of the sustainability of the GAIN-SS is inevitably informed by the discussion of threshold and adaptation. Partial discontinuation of program components is a common finding within the evolving contexts and priorities of community agencies (Stirman et al., 2012). Not all agencies continued to use the GAIN-SS to the same extent. One reported that the tool had been partially discontinued and was used at clinicians’ discretion, while two others reported that plans were
being made to expand use of the tool into new programs within the agencies, which would expand the client population that benefits from improved screening. For the study of adaptation, Rogers (2003) urged the differentiation between adaptations that result in a loss of effectiveness, and adaptations made to tailor the program to the agency’s context without a loss in effectiveness. In the case of the GAIN-SS, the adaptations made during the implementation phase tailored it to the agencies’ context by adding new questions, and the adaptations made after the end of the project involved the use of the screener for new purposes to address the agencies’ evolving priorities. Both cases were associated with increased sustainability of the GAIN-SS, and with reported sustained client benefits. These findings are consistent with studies on the adaptations made for community programs, which are focused on maintaining system capacity to ensure a desired goal rather than on maintaining a specific set of procedures (Stirman et al., 2012).

Through the use of the Scheirer and Dearing (2011) framework, additional aspects of sustainability were identified. Following their participation in the project, service providers reported increased knowledge of concurrent disorder screening, and that attitudes that were more open to the use of evidence-informed screeners had replaced initial pushback against the GAIN-SS. In addition, the collaborative capacity developed through participation in the GAIN-CN project, and the evidence that arose from the project, were both associated with the development of two research initiatives (the Stigma and CDSS projects) and an advocacy group (the Transitional Age Youth Working Group). Furthermore, the study of advocacy efforts determined that the GAIN-CN project’s findings and the knowledge on collaboration gained through participation in the project were disseminated through presentations given in both academic and non-academic venues, such as conferences or provincial meetings. Contrary to earlier studies that found that continued agency collaboration was commonly associated with the maintenance of project components (Stroul & Manteuffel, 2007), the present follow-up found that continued engagement in MAYN was not associated with continued use of the GAIN-SS. As the continuation of the GAIN-SS following the data collection period was not a primary goal of the GAIN-CN project, it may not have been an area of emphasis for MAYN following the end of the project. This is consistent with more recent studies that have shown that, for mental health projects, continued collaborations and partnerships were less commonly associated with the
sustainability of program components than for medical or public health projects (Stirman et al., 2012).

The present follow-up study aimed to illustrate the importance of studying all six aspects of sustainability to fully capture a project’s long-term impact for participating agencies and for their continued collaboration. Unlike the study of institutionalization, which has focused on the continuation of specific practices and their integration in operating routines, the study of sustainability focuses on the broader continuation of project activities in a variety of forms that are ultimately concerned with meeting clients’ needs (Johnson et al., 2013). If the present follow-up had used a sustainability definition that focused only on the institutionalization of the new screening practice, important sustained project components and client benefits would have been missed, and only a partial understanding of the sustainability of the GAIN-CN project would have been obtained. In the ever-changing health care environment, even projects designed to address community needs identified by participating agencies themselves may be discontinued in favor of new evidence-informed practices that are introduced shortly after the project’s conclusion. Thus, the institutionalization of project components should not be the ultimate goal of sustainability, but should rather be defined as a key goal among a chain of outcomes that increases population health benefits over time (Pluye, Potvin, & Dennis, 2004).

In light of those findings, the main contribution of the Scheirer and Dearing (2011) framework to the sustainability literature lies in its provision of six aspects of sustainability that can be used to capture the broad outcomes a project can have for participating agencies. As follow-up studies do not commonly state definitions for sustainability or generate novel ones, the study of sustainability beyond the institutionalization of practices is an emerging discipline, and only limited generalizations can be drawn from the existing literature. The development of consistent definitions and standardized approaches for their measurement is imperative to facilitate comparisons between studies, and to foster an understanding of how to promote all aspects of sustainability. Further research is recommended on the less-commonly studied aspects of sustainability identified by Scheirer and Dearing (2011) which capture sustained outcomes beyond program institutionalization.

The present study was started with the aim of determining what the long-term outcomes had been for participating agencies, but a new question arises about which outcomes are most
appropriate to study. As the participating agencies identified a broad range of reasons for having become involved with the project, ranging from a desire to introduce validated screening tools to a desire for evidence with which to advocate on behalf of clients’ needs, it becomes necessary to question which aspects of sustainability are more valid or appropriate for study, for what purposes and to whom. Whether all six aspects of the sustainability are considered equally significant presupposes the question of what constitutes a desired outcome for what type of programs or in what circumstances (Smith et al., 2011). As the preference for some outcomes over others is based on judgments of value, the question of which outcomes should be the focus of study cannot be resolved through empirical methods (Smith et al., 2011). Gruen et al. (2008) have suggested that, because different health care fields have presumed different desired outcomes, they have therefore used definitions that focus on different aspects of sustainability: health promotion studies have focused on the maintenance of health benefits; organizational change studies on program institutionalization; and community-led projects on network development and capacity building. In contrast, Scheirer (2013) has proposed that different types of interventions are more commonly associated with different sustained outcomes, and thus should be studied differently. Further study is needed on the appropriateness of existing models for sustainability in different fields of study, for different types of interventions and for different health care contexts. The present study recommends increased dialogue between researchers, stakeholders, program funders and policy makers on which aspects of sustainability should constitute the focus of research in order to accurately capture stakeholders’ goals and the reality of the health care environment in which they operate.

6.3 How did participation in the project affect collaboration between agencies and their future activities?

Rog et al. (2004) have noted that, despite the recent focus on collaborative practices and networks to tackle health care challenges, there are few recommendations offered by the literature on how to build capacity for collaboration. The present study aimed to further the study of sustainability by illustrating how engagement in the GAIN-CN project helped develop capacity for collaboration and how, in turn, increased capacity fostered participation in future research initiatives.
As described in Chapter 3, the lack of consensus on definitions and methodologies for assessing the sustainability of collaborative practices poses challenges to drawing concrete recommendations on how to define and promote interagency collaboration (Stroul & Manteuffel, 2007). Definitions of continued collaboration have focused both on the institutionalization of community collaborations (Holder & Moore, 2000), and on the development of soft skills that facilitate collaboration and are associated with the development of future projects that respond to the evolving needs of the community (Mancini & Marek, 2004). Following the end of the GAIN-CN project, all participating agencies continued to attend network meetings and reported that they had benefited from strengthened professional connections, continued information sharing and improved access to non-monetary resources needed to better address the needs of youth. In addition, key informants reported that participation in the GAIN-CN project led to the development of a shared language of practice, an improved understanding of how other agencies work and a sense of cohesion provided by successfully completing a cross-sectoral project. The present follow-up study aims to illustrate the importance of capturing both continued engagement in the network and the development of soft skills to fully capture the effect of participation in the GAIN-CN project. Following participation in the project, a legacy remained in the form of new skills, capacity and experience, which in turn set the stage for further community activities and facilitated the development of the Stigma and CDSS projects.

Within the GAIN-CN project follow-up, capacity building was identified both as an outcome of the agencies’ participation in the project and as a facilitator of sustained collaboration. The sustainability literature offers little agreement on whether capacity building is best characterized as an outcome (Shediac-Rizkallah & Bone, 1998) or a factor of sustainability (Johnson et al., 2004). Program development has been commonly described along a linear and sequential model, going through the phases of program design, implementation, evaluation and program sustainability (Goodman et al., 1993; Goodson et al., 2001). Such linear models suggest an artificial separation between each phase and do not take into account the continuous learning and adjustment that shape a program’s sustainability (Pluye, Potvin, & Dennis, 2004). More recently, the project life cycle has been conceptualized as an ongoing, cyclical process that includes intermediate as well as distal outcomes (Johnson et al., 2013). The description of capacity building as an intermediate outcome best captures the experiences reported by participating agencies following the end of the GAIN-CN project: agencies’ participation in the project
increased their capacity for research (an intermediate outcome), which in turn facilitated increased engagement by participating agencies in future research projects (a distal outcome). As the Scheirer and Dearing (2011) framework does not elaborate on the conceptual relationship between capacity building and the other aspects of sustainability, further research is recommended on the study of capacity building as an intermediate outcome, with the goal of its separate inclusion in the conceptual framework.

The engagement of participating agencies during the implementation phase of the GAIN-CN project can help explain the project’s success in enhancing agency collaboration when other projects have failed to engage community agencies (Naylor et al., 2002). As identified in Chapter 2, the GAIN-CN project engaged participating agencies in the identification of the project’s objectives, in tailoring the implementation to their specific context, and in analyzing preliminary data (Chaim & Henderson, 2009). This is consistent with findings from participatory action research and past systematic reviews, which have found that the early involvement of stakeholders in implementation and planning can help develop the research skills needed to engage in future projects (Stroul & Manteuffel, 2007; Julian, 1994; Johnson et al., 2004; Green, 1989). Engagement in collaborative projects offers realistic expectations on the workflow and pace of collaborative work and a chance to negotiate roles and resolve potential conflicts, making future collaborations more likely to succeed (Rog et al., 2004). In addition, the sense of mutual trust and the history of accomplishments identified by the key informants after the end of the GAIN-CN project have been found to be associated with the development of strong and active networks (Julian, 1994; Rog et al., 2004).

Despite the commonly reported benefits of agency engagement during the project implementation stages, the process factors that capture engagement were reported less commonly than expected in the sustainability literature (Gruen et al., 2008). Stirman et al. (2012) have suggested that process factors may be underrepresented in the sustainability literature because they are commonly identified as part of, or obscured under, other related factors. For example, the process of engagement in tailoring the intervention to the organizational context is commonly identified as the fit between an innovation and an organization and is classified as an organizational factor (Stirman et al., 2012; Gruen et al., 2008; Savaya, Spiro, & Elran-Barak, 2008). In addition, process factors are most commonly identified in qualitative studies and are not well captured by the surveys and questionnaires used in quantitative studies (Stirman et al.,
The lack of focus on process factors in the existing sustainability literature, and the Scheirer and Dearing (2011) framework’s use of this existing literature (Shedic-Rizkallah & Bone, 1998; Scheirer, 2005; Scheirer, Hartling, & Hagerman, 2008) to inform the factors of sustainability, may help explain the framework’s lack of focus on process factors. Further research is recommended on how early agency engagement can foster capacity development and the sustainability of collaborative practices. The addition of process factors, which capture participating agency engagement, to the Scheirer and Dearing (2011) conceptual framework is recommended.

6.4 What innovation, organizational and community factors were associated with the continuation of project components beyond the end of the project?

As detailed in Chapter 3, despite the extensive research that has focused on the factors that influence sustainability, it remains challenging to make comparisons between studies and to draw concrete conclusions, due to the different terminology used by different disciplines and the use of different combinations of factors in different studies (Greenhalgh et al., 2004). The current case study answered calls in the literature for the use of qualitative methods to explore the relationships between the factors that influence sustainability and the outcomes observed (Stirman et al., 2012). It identified two main findings: 1) the factors included in the framework had both uniform and divergent influences on the different aspects of sustainability; and 2) sustainability was associated with the dynamic interaction between factors and no single factor was identified as being sufficient for any single aspect of sustainability.

6.4.1 Uniform and divergent influences on different aspects of sustainability

The innovation, organization and environmental factors included in the Scheirer and Dearing (2011) framework were differently associated with the six different aspects of sustainability. The next sections illustrate the uniform and the divergent influences identified for the different aspects of sustainability, and the need to define the same factor differently in relation to each aspect of sustainability. Given the large number of aspects of sustainability and factors that were identified through the use of the framework, only one example from the GAIN-CN project is used to illustrate each trend identified in the findings.
**Uniform influences:** Some of the factors were reported to have had uniform influence across different aspects of sustainability. For instance, a fit with agency priorities was commonly reported as a facilitator for both the continued use of the GAIN-SS and continued engagement in the network. The GAIN-SS was maintained in agencies in which it continued to fit with agency priorities or in which it could be adapted to fit the agency’s evolving priorities, such as the collection of client outcome measures. The GAIN-CN project follow-up also found that the fit between agency priorities and project components had to be studied individually for each project component. Following the end of the GAIN-CN project, for some agencies, only certain project components continued to fit with agency priorities (such as continued collaborations) while others did not (such as the continuation of the GAIN-SS). While there is agreement in the literature that project components that fit with, and could be seen as contributing to, organizational goals and priorities are more likely to be sustained (Shediac-Rizkallah & Bone, 1998; Greenhalgh et al. 2004; Stirman et al., 2012), there is little agreement on how the concept of fit should be categorized. Past systematic studies have used different categorization schemes for the factors associated with sustainability: fit with organizational policies and procedures has been categorized as an innovation factor (Stirman et al., 2012; Greenhalgh et al., 2004), an organizational characteristic (Savaya, Spiro, & Elran-Barak, 2008), and as a process factor focusing on the dynamic interplay between the innovation and the agency context (Gruen et al., 2008).

**Divergent influences:** The follow-up study found that some factors acted as barriers or facilitators for only some of the aspects of sustainability included in the framework. For example, the presence of external screening mandates was identified as a barrier only for the sustainability of the use of the GAIN-SS, but not for continued collaboration or advocacy efforts. Conversely, prior relationships with the other agencies were identified as a facilitator for continued engagement in the network, but were not associated with the maintenance of the GAIN-SS following its implementation. The existence of a history of collaboration and of mutual respect and trust have been commonly reported in the literature as facilitators of the maintenance and success of networks (Rog et al., 2004), but they have not been reported in relation to the sustainability of evidence-informed practices (Stirman et al., 2012; Greenhalgh et al., 2004). Other factors acted both as a barrier and as a facilitator for continued interagency collaboration and the development of future collaborative projects. The existence of a change
agency was reported to have been a facilitator to continued collaborations after the end of the project, due to its provision of administrative support and network meeting coordination. This is consistent with previous studies that have shown that change agencies are associated with the coordination of community efforts, facilitation of linkages and exchanges, and provision of technical expertise needed to implement evidence-informed practices (Lomas, 2000; Greenhalgh et al., 2004; Rogers, 2003). However, by acting as the main connection point between agencies during the GAIN-CN project, the change agency was reported to have limited the development of deeper connections between the participating agencies themselves. It is important to note that the participating agencies also reported a lack of internal research capacity, and did not identify themselves as ready to conduct a similar project without the coordination and expertise of the change agency. Though the barrier posed by the change agency has not been previously reported in the literature, the lack of research capacity of local practitioners has been identified as a challenge for their collaboration with researchers (Lomas, 2000). Rogers (2003) noted that a change agency ultimately facilitates capacity development with the aim of making agencies better able to independently make decisions on the adaptation and continuation of an innovation.

**Different conceptualizations:** To capture the association between support from evidence and the different aspects of sustainability, the factor was conceptualized differently in relation to each aspect of sustainability. For example, for the continuation of the GAIN-SS, support from evidence was defined as the validity and reliability of the screening tool and its effectiveness within participating agencies. This is congruent with past studies that have shown that findings from effectiveness research or demonstrable client benefits were associated with the institutionalization of medical interventions or evidence-informed practices (O’Loughlin et al., 1998; Stange et al., 2003; Savaya, Spiro, & Elran-Barak, 2008; Scheirer, 2005). However, for continued collaboration following the end of the GAIN-CN project, the success of the project as a whole in meeting its objectives was reported as evidence on the benefits of collaborative practices. Past studies on network development have also documented that a history of achievements and demonstrable outcomes act as facilitators for continued collaboration (Rog et al., 2004; Ruch-Ross et al., 2008; Naylor et al., 2002; Drug Strategies, 2001). If relevant evidence had only been defined as the validity and reliability of the GAIN-SS, the reported association between the success of the GAIN-CN project and continued collaboration would have been missed. Despite the wealth of qualitative research on the benefits of interagency
collaboration and capacity building, due to the challenges in evaluating the effectiveness of collaborative practices — such as the lack of accurate baseline measures, the number of confounding influences on population outcomes and the lack of research expertise in community agencies — community collaboration “seldom allows the detailed evaluation needed in the scientific literature” (Ruch-Ross et al., 2008, p. e568). Researchers have argued that historical, personal and expert evidence of the benefits of implementing an intervention within an organization may be more important for participating agencies than technical evidence of effectiveness, and may become foregrounded when such information is not available (Bak, 2009; Tonelli, 2006). Given the challenges in evaluating community practices, further research is needed on what types of evidence are most commonly associated with decisions to continue collaborative practices.

As the three examples above illustrate, the present case study contributes to the sustainability literature by illustrating that different factors have different influences on the six aspects of sustainability included in the framework. The influence of each factor should be studied separately for each aspect of sustainability, rather than assessing the influence of one factor on the sustainability of a project as a singular whole. As the majority of studies conducted to date have not defined sustainability, or have done so using such terms as institutionalization, routinization, or continuation (Stirman et al., 2012; Scheirer, 2013), the factors that lead to sustained outcomes besides program institutionalization have not been widely explored and are not well understood. In addition, past reviews that have included definitions of sustainability that focused on multiple aspects, such as Shediac-Rizkallah and Bone (1998), Scheirer (2005) or Stirman et al. (2012), presented factors in parallel to outcomes and did not elucidate the relationship between which factors were more commonly associated with each aspect of sustainability. As described in the previous chapter, the factors included in the framework were most commonly associated with the institutionalization of the screener or with continued engagement in the network. To illustrate: despite the fact that three of the participating agencies were involved in knowledge dissemination efforts, the factors included in the present study did not fully capture why some agencies chose to engage in knowledge dissemination activities while the others did not. Defining the different aspects of sustainability is imperative to understanding which factors are most commonly associated with the sustained practices captured by each aspect of sustainability in the Scheirer and Dearing (2011) framework. Studying
sustainability without defining possible outcomes is not conducive to understanding the mechanisms through which outcomes are achieved (Scheirer, 2013). Further research is needed on which factors are more commonly associated with each aspect of sustainability, focusing especially on the aspects of sustainability beyond institutionalization of project components.

6.4.2 Interactions between factors

As the Scheirer and Dearing (2011) conceptual framework defined six aspects of sustainability and nine commonly reported factors, the framework lent itself well to a comparison between the facilitators and barriers associated with the six aspects of sustainability across the participating agencies. By framing the study of sustainability as the relationship between independent and dependent variables, Scheirer and Dearing (2011) also opened a discussion about the mechanisms through which factors interact to create changes in sustained outcomes.

For the present follow-up study, no single factor was identified as being sufficient for the continuation of any one aspect of sustainability. Instead, each aspect was associated with the complex interaction between the innovation characteristics, the organizational context, and the greater policy and financial environment. The present follow-up study aimed to illustrate the importance of focusing on the relationships between factors, in addition to studying how individual factors are positively or negatively associated with sustainability. Overall, ongoing alignment with agency priorities and evidence on the benefits of continued practices were found to help facilitate the sustainability of project components, but did not guarantee it. For example, in addition to those two factors, the sustainability of the GAIN-SS was associated with: adaptations made to the screener to tailor it to an agency’s context; presence of an internal champion and leadership that offered support for evidence-informed screening; attitude change among front line staff; lack of staff turnover; and lack of mandates for the use of other screening tools.

The Scheirer and Dearing (2011) conceptual diagram reproduced in Figure 1, in Chapter 3, provided a high-level overview that stressed the interconnection of all factors and did not provide specific hypotheses on the relationships between the factors included in the framework. Accordingly, the conceptual framework could not guide the interpretation of the complex interactions observed in the GAIN-CN project follow-up. Lack of detail on the relationships between organizational and contextual factors is not unique to the Scheirer and Dearing (2011)
framework, but rather is representative of the lack of a unifying theoretical model within the sustainability literature. Studies continue to present sustained outcomes in parallel to the factors studied, and sustainability is studied as a procedural *black box*, with the factors that influence sustainability as inputs and sustained outcomes as outputs, but with little emphasis on the interactions through which the factors lead to the outcomes identified (Stirman et al., 2012; Gruen et al., 2008).

The lack of concrete recommendations on how to promote sustainability is not the result of a lack of study on the influences of individual factors, but rather of a lack of understanding of how those factors interact to pose barriers to, or facilitate, sustainability (Johnson et al., 2013; Gruen et al., 2008). The lack of consensus on the mechanisms through which the factors influence the outcomes identified has resulted in apparently contradictory findings on the influences of commonly reported factors. For example, some authors have argued that the challenge of securing external funding is the most commonly reported barrier for sustainability (Swain et al., 2010), others have concluded that while external funding is perceived as important by stakeholders, it does not emerge as a predictor of sustainability (O’Loughlin et al., 1998), and still others have stated that the use of local or internal funding, as opposed to external funding, was found to increase commitment to the sustainability of project components (Naylor et al., 2002).

To illustrate the aforementioned lack of consensus, Greenhalgh et al. (2004) stated that “no amount of empirical research will provide a simple recipe for how champions should behave that is independent of the nature of the innovation, the organizational setting, the sociopolitical context, and so on.” (p. 615). Thus, the interactions between internal factors and contextual influences are not extraneous to the study of sustainability, but are an integral part of it, and should now constitute the main focus of research (Greenhalgh et al., 2004). In examining the sustainability of the GAIN-CN project through the application of the Scheirer and Dearing (2011) framework, the present study aims to provide a process-focused understanding of the association between interactions of innovation characteristics, organizational factors and community factors and the six aspects of sustainability identified. The following section uses complex systems theory, or ecosystem theory, to help analyze how the dynamic interactions between factors were associated with the different aspects of sustainability identified following the GAIN-CN project.
6.4.2.1 An example in complex systems

Despite the use of complex systems theory in health care research for over a decade (Byrne et al., 1998; Plsek & Greenhalgh, 2001; Medical Research Council, 2008; Lanham, 2013), few studies have applied this theory to the study of sustainability (Gruen et al., 2008) and complex systems theory has not been used in relation to the factors most commonly reported in the sustainability literature.

The factors included in a complex system can be human, procedural, material, theoretical or social (Clark, 2013), and thus include all the innovation, organization, and health care environment factors that influence the sustainability of project components. The interactions between the factors in a complex system are as important as the primary influences of the factors themselves (Clark, 2013). As previously detailed, the continuation or discontinuation of the GAIN-SS was reported to have been associated with its adaptability and its support from evidence; the organizational context in which it was used, as defined by stability of the workforce, service provider attitudes towards evidence-informed screeners and agency priorities; and the greater policy environment.

Within complex systems, factors are interconnected such that the presence or absence of a factor changes the context in which they all operate, and thus changes the influence of the other factors upon one another (Plsek & Greenhalgh, 2001). Behind complex system theory is the concept of an ecosystem, in which organizations “are continually engaged in a set of highly interrelated interactions with every other element constituting the environment in which they exist” (Gruen et al., 2008, p. 1582). The environmental condition in which agencies operate is not static and constant; and changes in environmental conditions over time change the conditions in which the factors interact (Gruen et al., 2008). As the present follow-up study identified, after the end of the GAIN-CN project, participating agencies reported changes in external screening mandates that competed with the use of the GAIN-SS. Depending on the internal characteristics of each participating agency, the changes in external screening mandates were associated with different outcomes for the each agency. In agencies that reported changes in resources due supervisory turnover, a common barrier to sustainability, the external mandates were associated with the discontinuation of the GAIN-SS. However, the GAIN-SS continued to be used alongside the later-mandated screening tools in agencies that reported a continued fit with agency priorities.
and service provider attitudes that were more open and knowledgeable about using evidence-informed screening tools. The changes in community factors were moderated by the organizational characteristics unique to each agency leading to the continuation or discontinuation of project components in each agency.

In addition to describing how the interaction between community and organizational factors was associated with the sustainability of the GAIN-SS, complex system theories can also illustrate how adaptations can arise in its use. The outcomes of a complex system are more than the sum of its factors — the interactions between factors and the continuous changes in environmental and organizational characteristics can give rise to novel or adapted outcomes (Clark, 2013). To illustrate with a specific example, the adaptation of the GAIN-SS for new purposes in Agency 4 emerged due to the interactions between the intervention characteristics of the GAIN-SS (adapted to the agency context, maintained at a low cost, supported by evidence) and the agency characteristics (presence of a champion, low turnover and improved service provider attitudes towards CD screening). According to Gruen et al. (2008), new interventions bring changes to the system and create opportunities for new outcomes that were not possible prior to the project. Within Agency 4, the introduction of the GAIN-SS, and the service provider change in attitudes towards evidence-informed screeners that occurred following its implementation, created the opportunity for its use for novel agency initiatives, such as outcome measurement and gathering internal rates of concurrent disorders for advocacy purposes.

Complex systems theory acknowledges that due to variation in and interactions between factors natural variation will occur in the system’s outcomes (Gruen et al., 2008; Plsek & Greenhalgh, 2001). As observed in the present follow-up study, the same project was associated with different aspects of sustainability in participating agencies due to the agencies’ evolving priorities, organizational resources, and policy contexts. Following engagement in the GAIN-CN project, agencies reported: sustained use of the screener, increased service provider capacity for concurrent disorder screening, increased capacity for collaboration and engagement in future projects, engagement in knowledge translation activities, and sustained client benefits. Complex systems theories suggest that, because the factors within a system have influences across the greater organizational and health care system, outcomes should also be defined and studied across the whole system (Plsek & Greenhalgh, 2001). Thus, according to complex system theories, the six aspects of sustainability included in the Scheirer and Dearing (2011) framework
do not represent distinct phenomena, but instead focus on different parts of a continuous complex health care system. Kuhn (2004) has concluded that complex systems theory “removes simplistic hopes of an ordered and controllable existence” (p. 12) and that, by treating all outcomes as observable parts of a single system, it allows for the identification of underlying patterns that lead to all observed outcomes. While it can be used to understand the mechanisms through which all aspects of sustainability can be facilitated, Paley (2010) cautions that complex system theory is only an explanatory model for the natural variation that occurs in outcomes within health care systems and it cannot be used to inform the discussion of what constitutes a desired outcome.

In conclusion, the interaction and alignment of multiple factors relating to innovation (adaptability and support from evidence), organizational context (fit with agency priorities, lack of supervisory turnover, and a change in attitudes) and community context (screening mandates, non-monetary resources from collaboration) was associated with variation in the six aspects of sustainability across the participating agencies. As the present study aims to illustrate, the Scheirer and Dearing framework (2011) represents an ideal starting point for the study of sustainability from a complex systems perspective, as it clearly defines factors within and outside an organization and defines six aspects of sustainability across the organizational and health care system. Given the prior, successful use of complexity theory to increase understanding of how to promote health service improvements (Tembeisel, 2013; Xiao et al., 2013) the further study of sustainability from a complex systems theory perspective is recommended. By clarifying the interactions between factors within health care environments, complex systems models can help make recommendations on how to promote sustainability in challenging contexts or when certain factors are absent.

6.5 Recommendations for further research

Rather than providing definite and generalizable conclusions, the present study aimed to make recommendations for further research through the use of a conceptual framework for the process oriented follow-up of a project within the health care system. For the study of sustainability, the study of the interactions between factors should replace the study of the individual determinants of successful adoption and sustainability as the main focus of research. It is recommended that research questions be posed from a process-oriented perspective, which is capable of focusing on
the mechanisms through which factors influence the observed outcomes. What features of an innovation lead to sustainability with a specific organizational context? How can organizational characteristics be harnessed to foster the sustainability of an innovation within the specific policy environment in which the organization operates? For research to progress towards the study of the complex systems that underline sustainability, the following specific recommendations are proposed:

First, as the mechanisms that underline sustainability cannot be studied without clearly defining the independent and dependent variables to be studied, the high number of studies that have not provided a definition for sustainability, or that have included definitions too broad and thus difficult to interpret and compare, continues to pose challenges to drawing generalizations from the literature on sustainability. The profusion of terminologies, used across studies and disciplines to describe the factors that influence sustainability, poses additional challenges to comparisons between studies. The present study restates previous recommendations for the use of common definitions and terminology, for both the different aspects of sustainability and the factors that influence them (Greenhalgh et al., 2004; Stirman et al., 2012). The use of conceptual frameworks, such as Scheirer and Dearing’s (2011), which define multiple dependent and independent variables, is recommended.

Second, to further an understanding of the mechanisms through which factors interact to pose barriers to or facilitate different aspects of sustainability, the use of logic models or visual-causal diagrams is recommended (Greenhalgh, 2010; Paley, 2010; Glasgow et al., 2012). By outlining causal relationships between factors, logic models can also help identify: 1) congruence between theorized models and the research literature; 2) contradictions within the literature that can highlight flawed evidence or potential interactions between factors that need to be further explored; 3) gaps in the literature; and 4) potential sources of information in other relevant fields of study (Urban & Trochim, 2009).

Lastly, further research is recommended on the best methods for the theoretical application of complex system theory for the study of health care program sustainability. As with the definitions of sustainability, there are no strictly preferable models for the theoretical study of health care sustainability, and models should be chosen based on their fit with study purposes, their explanatory potential and their potential to further theoretical developments (Clark, 2013).
Paley (2007) has cautioned that, as complexity theory becomes more fashionable, weakly theorized interpretations are likely to accumulate, which will be counterproductive to the development of sound theoretical models and the adoption of complex systems theory to the mainstream study of sustainability. New frameworks for the development and evaluation of complex systems within health care environments (Medical Research Council, 2000, 2008) can be used to inform and advance the development of complex models for sustainability. Further theoretical work is needed to assess the methods through which complex systems theory can be best applied to the study of program sustainability within health care environments.

6.6 Limitations of the current follow-up study

A number of challenges common to qualitative case studies were identified for the present study.

Retrospective accounts must be viewed with caution due to the challenges of self-reporting, post-hoc justification, and social desirability bias. As engagement in evidence-informed screening may be seen as the socially desirable response, participants may overemphasize the sustainability of project components. In addition, previous studies have also questioned whether key informants feel comfortable commenting on the organizational barriers faced by their agencies (Scheirer, Hartling, & Hagerman, 2008). Such limitations are not unique to the present study, and reflect the overall challenges of conducting qualitative studies on sustainability. When possible, the current study used multiple respondents per site and compared interview and document review information to reduce the likelihood of systematic biases.

Low response rates may be associated with potential key informant selection bias. The current study saw a 69% success rate in attempts to contact respondents three years after the end of the GAIN-CN project. Of those, 73% consented to participate in the present study, or 50% of the total participants that had been identified as potential respondents. The participation rates reported by the present study are similar to those that have previously been reported in the sustainability literature, with surveys reporting consent rates of 70% for those successfully contacted and total participation rates of 53% of all potential informants (Scheirer, Hartling, & Hagerman, 2008). The low success rate in contacting respondents is unsurprising, as previous studies have reported turnover rates as high as 24% annually for clinical supervisors within community substance abuse agencies (Eby, Burk, & Maher, 2010). To increase study participation, the current study contacted respondents multiple times by both e-mail and phone,
contacted the MAYN chair to obtain contact information for alternate informants, offered flexible times for in-person or telephone interviews, and did not restrict participation to agency leads who were involved with the GAIN-CN project. Concerns of responder bias include that informants from agencies that sustained projects components are hypothetically more likely to participate than those from agencies which did not sustain projects components (Creswell, 2009). However, the present study captured a full range and an almost equal balance of organizational experiences, including agencies that had sustained all project components and agencies that had discontinued the GAIN-SS, engaged sporadically in MAYN, or did not engage in knowledge dissemination or advocacy activities.

The present study extensively covered a single descriptive case in a real-life context. It sought to investigate the sustainability of a single project that had been implemented in 10 agencies. The researcher of the present follow-up study had no control over the actions taken during or following the GAIN-CN project, and thus was unable to purposely select cases to ensure maximum variation among organizational or contextual variables across different settings. Thus, the study’s findings are not as generalizable as those of studies that have included a wider sample of agencies from more diverse settings. The relative importance of certain factors may be different in other health care fields, other types of health care organizations, or other types of interventions. The present study’s findings are also limited to projects that engaged participating agencies in the project design and implementation, and may not be generalizable to projects that mandate predesigned health care interventions.

Additional limitations were posed by study methods that may have limited the development of themes from the key informant interviews. As detailed in section 4.2.2, due to time constraints, the interviews were conducted prior to data analysis, and the present study did not alter the interview guide in an iterative manner to pursue emerging themes. Thus, the interview guide that was developed from the Scheirer and Dearing (2011) framework was used to conduct all interviews. This constrained analysis by limiting the pursuit of themes unique to the follow-up study. To illustrate, the main finding that specific factors were differently associated with the six aspects of sustainability has not been previously reported in the literature, and as a result the interview guide enquired about the influence of each factor but did not consider each in relation to each other aspect of sustainability. Changing the interview guide in an iterative manner would have allowed for this unique finding to be probed further and described in more detail.
In addition, the deductive coding scheme was based primarily on the Scheirer and Dearing (2011) framework, and was not fully peer reviewed by an expert in the field, which may have limited the theoretical triangulation used in the analysis of the data. The deductive coding approach has been criticized as potentially biasing analysis towards a predetermined theory (Hsieh & Shannon, 2005; Burnard et al., 2008). Additional theoretical triangulation, through the use of multiple theoretical perspectives or an expert’s peer review, would have helped moderate the limitations of deductive coding methods and facilitated the development of new themes in the analysis. In addition, the lack of peer review may limit the credibility of the application of the coding scheme. However, in order to address concerns of credibility member checking and triangulation with the document review were used to ensure the findings reported accurately reflected the sustained project components and influences described for each agency.

Lastly, the present follow-up study anticipated that agency leaders who had participated in the GAIN-CN project would have identified as champions within their respective agencies. However, none of the five agency leaders interviewed self-identified as champions, despite reporting they had been instrumental in overcoming initial staff pushback and setting agency priorities. It is debatable whether agency leaders should be categorized as champions when they did not self-identify as such. This challenge, too, is not unique to the present study, Scheirer (2005) has commented on the challenge of determining whether other influential persons, such as strong executive directors, should be considered champions if they had not identified as such.

### 6.7 Conclusion

Through the exploratory application of the Scheirer and Dearing (2011) sustainability framework to a qualitative case study, the present study aims to highlight the range of aspects of sustainability that were maintained in participating agencies following a collaborative mental health project. The study provides new data on different aspects of sustainability and highlights the importance of studying multiple aspects of sustainability in order to fully capture the long-term outcomes of a project within participating organizations and networks.

The present study also illustrates the divergent influences of individual factors on different aspects of sustainability and the complex interactions between factors that lead to partial continuation of project components within participating agencies. Sustainability was found to have been dependent on the interaction of multiple factors, with no one factor being identified as
sufficient for the continuation of individual program components. The current study contributes to the understanding of sustainability from a complex systems perspective by analyzing the interactions between innovation and organizational influences that occurred within the health care context.

It is hoped that the present study can advance the development of conceptual frameworks for sustainability by illustrating the interactions between innovation, organizational and community influences that are associated with the sustainability of project components across organizations and networks. The study of interactions between factors associated with sustainability is recommended as the main focus of future research.
Bibliography


Appendices

Appendix A: Interview Invitation Letter
Appendix B: Information Sheet
Appendix C: Consent Form
Appendix D: Document Request Letter
Appendix E: Document Analysis Worksheet
Appendix F: Interview Guide
Appendix G: Code Definitions
Appendix H: Deductive Coding Audit Table
Appendix I: Document Review Summary
Appendix A: Interview Invitation Letter

Hello [Name],

My name is Andra Ragusila and I am conducting a follow-up of the GAIN Collaborating Network Project which was conducted in the early half of 2009. I hope to better understand how projects like the GAIN-CN evolve over time and to capture the diffuse impact they can have in the community. The follow-up is conducted in collaboration with Joanna Henderson and Gloria Chaim as part of my Master’s thesis dissertation.

You were selected because as an agency leader you helped facilitate the implementation of the GAIN-CN project. I am interested in all your experiences, good or bad, so please consider participating. The 45-minute interview can take place at your agency, at the University of Toronto’s St George campus, at the CAMH Queen site or over the phone.

**If you would be willing to speak with me please reply to this e-mail. I have also attached an information sheet with additional details about this study.**

Please feel free to forward this e-mail to anybody else who participated in the GAIN-CN project. I hope to conduct two or three interviews in each agency.

Please feel free contact me with any questions or concerns.

Thank you,

Andra Ragusila
Appendix B: Information sheet

Name of study:
The sustainability and long-term outcomes of knowledge translation projects:
A 3-year follow-up of the GAIN Collaborative Network Project

Responsible investigators:
Andra Ragusila 416 535 8501 x 36572
Dr. Joanna Henderson 416 535 8501 x 34959
Dr. Paula Goering 416 979 6844

Purpose: The overall objective of the study is to understand the long-term outcomes of the GAIN Collaborative Network project (GAIN-CN). The study will be conducted as part of Andra Ragusila’s Masters’ thesis dissertation. The GAIN Collaborative Network project aimed to increase the use of screening procedures for concurrent mental health and addiction concerns in youth, over a period of 6 months. The current study plans to conduct a 3-year follow-up of the GAIN-CN project. The goal is to explore the long-term outcomes of the screening project for your organization and to understand what factors in your agency may be related to these outcomes. It is hoped the results of the study will contribute to the design of more sustainable knowledge translation strategies in the future.

Procedure: As part of the study, you will be asked to participate in an interview. The interview takes roughly one hour, scheduled at your convenience. The interview will be audio recorded to facilitate transcription of the interview for analysis.

Eligibility: To be eligible to participate in this study, you must have participated in the GAIN Collaborative Network project conducted in spring 2009 by Dr. Joanna Henderson, Gloria Chaim, and the MAYN network.

Benefits: Participation in this study may or may not lead to immediate benefits to you. No compensation will be provided for participation in this study. The information may be used to plan knowledge translation projects.

Risks: Responding to the questions in an interview may be stressful to some individuals. If you feel significant discomfort, please stop the interview and mention this to the interviewer.

Voluntary Participation and withdrawal: Your participation in this study is voluntary. You may choose to withdraw from the study at any time. Your choice to not participate or your choice to withdraw will not have any impact on your organization and will not affect any future contact you may have with the Centre for Addiction and Mental Health or its related services.

Confidentiality: Your identity will be kept confidential to the full extent provided by law. Neither your name nor any other personal identifier will be used in any reports or publications arising from this study. The research team will ensure that no information that you expressed in the interview that is identifying will be included in the final reports or be made available to anybody outside the research team. The audio recordings of the interviews will be deleted following transcription. Interview files will be stored in a locked room and on a secure network, and only the research team will have access to them. As part of the Research Services Quality Assurance role, studies may be audited by the Manager of Quality Assurance. Your research records and CAMH records may be reviewed during which confidentiality will be maintained as per CAMH policies and to the extent permitted by law.

Additional Information: If you have questions about the study that are not answered in these Information Sheets, please ask them. In addition, if you have questions in the future you may contact the study investigators at the telephone numbers given on the first page. Dr. Padraig Darby, Chair, Research Ethics Board, Centre for Addiction and Mental Health, may be contacted by research subjects to discuss their rights. Dr. Darby may be reached by telephone at 416-535-8501 ext. 6876.
Appendix C: Consent Form

Name of study:
The sustainability and long-term outcomes of knowledge translation projects:
A 3-year follow-up of the GAIN Collaborative Network Project

Responsible investigators:
Andra Ragusila 416 535 8501 x 36572
Dr. Joanna Henderson 416 535 8501 x 34959
Dr. Paula Goering 416 979 6844

Purpose: The overall objective of the study is to understand the long-term outcomes of the GAIN Collaborative Network project (GAIN-CN). The study will be conducted as part of Andra Ragusila’s Masters’ thesis dissertation. The GAIN Collaborative Network project aimed to increase the use of screening procedures for concurrent mental health and addiction concerns in youth, over a period of 6 months. The current study plans to conduct a 3-year follow-up of the GAIN-CN project. The goal is to explore the long-term outcomes of the screening project for your organization and to understand what factors in your agency may be related to these outcomes. It is hoped the results of the study will contribute to the design of more sustainable knowledge translation strategies in the future.

Procedure: As part of the study, you will be asked to participate in an interview. The interview takes roughly one hour, scheduled at your convenience. The interview will be audio recorded to facilitate transcription of the interview for analysis.

Eligibility: To be eligible to participate in this study, you must have participated in the GAIN Collaborative Network project conducted in spring 2009 by Dr. Joanna Henderson, Gloria Chaim, and the MAYN network.

Benefits: Participation in this study may or may not lead to immediate benefits to you. No compensation will be provided for participation in this study. The information may be used to plan knowledge translation projects.

Risks: Responding to the questions in an interview may be stressful to some individuals. If you feel significant discomfort, please stop the interview and mention this to the interviewer.

Voluntary Participation and withdrawal: Your participation in this study is voluntary. You may choose to withdraw from the study at any time. Your choice to not participate or your choice to withdraw will not have any impact on your organization and will not affect any future contact you may have with the Centre for Addiction and Mental Health or its related services.

Confidentiality: Your identity will be kept confidential to the full extent provided by law. Neither your name nor any other personal identifier will be used in any reports or publications arising from this study. The research team will ensure that no information that you expressed in the interview that is identifying will be included in the final reports or be made available to anybody outside the research team. The audio recordings of the interviews will be deleted following transcription. Interview files will be stored in a locked room and on a secure network, and only the research team will have access to them. As part of the Research Services Quality Assurance role, studies may be audited by the Manager of Quality Assurance. Your research records and CAMH records may be reviewed during which confidentiality will be maintained as per CAMH policies and to the extent permitted by law.

Additional Information: If you have questions about the study that are not answered in these Information Sheets, please ask them. In addition, if you have questions in the future you may contact the study investigators at the telephone numbers given on the first page. Dr. Padraig Darby, Chair, Research Ethics Board, Centre for Addiction and Mental Health, may be contacted by research subjects to discuss their rights. Dr. Darby may be reached by telephone at 416-535-8501 ext. 6876.

Version 14May 2012

Initials____________Date ______________
Appendix D: Document Request Letter

Dear [Name],

I had the pleasure of speaking with you earlier in the year for a follow-up of the GAIN Collaborative Network project, which I am conducting for my Master’s thesis with Joanna Henderson and Gloria Chaim.

I am currently conducting a document review to supplement the information gathered and to aid the interview analysis process. I will be conducting web searches to locate publically available information about your organization (e.g., annual reports, program descriptions, etc.) from the period prior to project implementation (2007/2008) and following project completion (2011/2012).

If, in addition, you have any documents that can be shared publically that demonstrate the incorporation of any aspects of the project into your organization’s policies and practices, or that show the use of the GAIN-CN information for advocacy purposes, it would terrific if you could provide them to us for inclusion in this part of the project.

Some examples are:
  o Reports, website pages, online or in-print articles or presentations that include information about/references to:
    o The GAIN-CN project, including your use of the project’s findings and/or report for advocacy
    o Your agency’s screening practices
    o Descriptions of the mental health and substance use needs of youth at your agency
    o Concurrent disorder services offered by your agency
    o Interagency collaboration for improving referral and other transitions
    o Interagency collaboration on other projects
  o Also, if you have easy access to your organization’s program/service descriptions (e.g., pamphlets) and/or annual reports for 2007/2008 and/or 2011/2012, and wouldn’t mind sending them along.

Your assistance will be invaluable to meeting this project’s objectives. If you have any questions or concerns about the document review, please do not hesitate to contact me.

Sincerely,
Andra Ragusila
Appendix E: Document Analysis Worksheet

1. Type Of Document (Check one):

___ Newspaper
___ Letter
___ Patent
___ Memorandum
___ Map
___ Telegram
___ Press release
___ Report
___ Advertisement
___ Congressional record
___ Census report
___ Other

2. Date(s) of document: __________________________________________________________

3. Author (or creator) of the document: _____________________________________________

4. Title: ______________________________________________________________________

4. What audience was the document written? ______________________________________

5. Document information

   A. List important pieces of information presented in the document.

   ________________________________________________________________

   B. Purpose / why was the document written?

   ________________________________________________________________

   C. Brief description

   ________________________________________________________________
Appendix F: Interview Guide

**Interview script and questions**

Thank you for agreeing to take part in the interview. For my Master’s thesis project, I am conducting a follow-up study of the GAIN-CN. The project was designed collaboratively by the MAYN network and Joanna Henderson and Gloria Chaim at CAMH in the fall on 2008. The study ran from January to July 2009. The results were presented in the fall of 2009. I will start with a set of broad questions about the project sustainability and will then move on to more detailed questions.

1. What is your name, title and main role within the organization?
   You were identified as an agency lead with the project, did you remain in the same role since 2009?
2. Describe what you recall as the main components the GAIN-CN project? What were the objectives of the project?
3. When you think back to the project, what components were sustained?
4. What made some components more likely to be continued?
   What made some more likely to be discontinued?

Next, I will ask you more specific questions about participating in the study. For the rest of the interview, I will be referring to all components of the project, including:
- Screening for concurrent disorders (i.e., with the GAIN-SS screening tool)
- Collaboration between agencies (i.e., through the increase interagency referrals and participation in MAYN).

5. Thinking of the CD screening, how has it developed since your participation on the survey? Was the GAIN-SS continued? How it is used in your agency?
6. Thinking about how the project was designed, was the project adapted to fit your organization’s operating routines or to fit with your organization’s mission statement? Did this influence its sustainability in your agency?
7. Did the GAIN-CN objectives fit with your organization’s mission statement and operating routines?
8. What changes did your organization make to practices, policies and procedures to accommodate participating in the GAIN-CN project? How did these procedures evolve following the end of the project?
9. We’ve talked about changes, were there any benefits or drawbacks of CD screening practices or of agency collaboration that were maintained? Were there any benefits or drawbacks that were maintained for clients?
10. Have you seen the GAIN-CN report or attended the presentation of the report? Do you have access to a copy of the findings? Did you get feedback for your agency? Was it useful?
11. What did the administration think of the project? What about your perspective/your colleague’s? Tell me about the staff attitudes towards the GAIN-SS or other screening practices?
12. How were the GAIN-CN findings on youths’ needs used following the project? Were they used internally to inform treatment planning?
13. Tell me about the attention paid to concurrent disorders or screening procedures following the GAIN-CN project? Did you engage in advocacy efforts following the end of the project?
14. Did you use the project’s findings to influence the service delivery in other local youth-serving agencies or networks?
15. Was there a sense of community partnership or collaboration with other agencies during the GAIN-CN project? How were these partnerships different from pre-existing ones, like MAYN? How have these partnerships changed following the end of the project?
16. What has been important in sustaining these agency collaborations? What have been the major barriers to maintaining them?
17. Were new resources available to your agency as a result of these collaborations, such as funding or knowledge sharing, capacity building, a feeling of community...?  
18. Were new projects started as result of the focus on concurrent disorders and screening?
Next, I would like to ask you a few specific questions about the project.

<table>
<thead>
<tr>
<th>Question</th>
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</thead>
<tbody>
<tr>
<td>19. Was there a cost associated with participating in the project?</td>
</tr>
<tr>
<td>Did this have an impact on the continuation of the CD screening?</td>
</tr>
<tr>
<td>20. Tell me about the financial support for CD practices and screening</td>
</tr>
<tr>
<td>practices?</td>
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<tr>
<td>21. Who led the participation in the GAIN-CN project? Are they still</td>
</tr>
<tr>
<td>working in the agency?</td>
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<tr>
<td>22. Tell me about the staff turnover and its possible effects on the</td>
</tr>
<tr>
<td>screening practices or interagency collaboration?</td>
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<tr>
<td>23. Tell be about the leadership for CD screening practices in your</td>
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<tr>
<td>organization?</td>
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</table>

Lastly, to conclude the interview....

<table>
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<tr>
<th>Question</th>
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<tr>
<td>24. What was the most significant outcome of your participation in the</td>
</tr>
<tr>
<td>study?</td>
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<tr>
<td>25. Is there anything you might have occurred to you during the course</td>
</tr>
<tr>
<td>of this interview that we didn’t talk about?</td>
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Thank you for your participation!!
## Appendix G: Code Definitions

### SUSTAINABILITY

<table>
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<tr>
<th>Continueion of project activities</th>
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<tbody>
<tr>
<td><strong>GAIN-SS maintained →</strong> Include quotes on continued screening using the GAIN-SS screener, regardless of how prevalent the use is, or the purpose for which the tool was used.</td>
<td></td>
</tr>
<tr>
<td><strong>GAIN-SS discontinued →</strong> Include quotes on the discontinued use of the GAIN-SS following the end of the project GAIN-CN project.</td>
<td></td>
</tr>
<tr>
<td><strong>Continued CD screening →</strong> Include quotes on all mental health, addictions or concurrent mental health screening tools, these may include: mandated screening tools or tools used due to previous focus in the agency, or may be mentioned without a reason for their use. Must be after the end of the project.</td>
<td></td>
</tr>
<tr>
<td><strong>CD screening discontinued →</strong> Include quotes on discontinued or lack of systematic CD screening in the agency after the end of the GAIN-CN project.</td>
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<tr>
<td><strong>Service provider attitude change →</strong> Code quotes which refer to changes in service provider attitudes which occurred during the study, and were sustained after the end of the project. Also include quotes on attitude change which continued to occur in the periods after the study. Include references to changes in attitudes towards screening, research projects, or interagency collaboration.</td>
<td></td>
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<tr>
<td><strong>Increased service provider capacity →</strong> Include quotes about increased capacity for CD following the end of the project Only include quotes if the changes were sustained after the end of the project. Include quotes on increased capacity at the level of service providers (better knowledge of CD and screening) or at the level of the agency leads.</td>
<td></td>
</tr>
<tr>
<td><strong>Lack of attitude change →</strong> Include quotes on lack of change in service provider attitudes towards concurrent disorders during the project, or quotes on the changes in attitudes that were not maintained after the end of the project.</td>
<td></td>
</tr>
<tr>
<td><strong>Lack of capacity change →</strong> Include quotes on a lack of change in service provider capacity towards concurrent disorders, or if the changes in capacity were not maintained after the end of the GAIN-CN.</td>
<td></td>
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</tbody>
</table>

### Continuation of new organizational practices, procedures, and policies

|  |
| Project components became institutionalized → Include quotes on the changes made to mandates, policies and procedures made during the GAIN-CN project, and which were maintained after the end of the project. Also include quotes in whether project components became institutionalized after the end of the GAIN-CN project. Include both quotes on practices which have become institutionalized and quotes on plans to institutionalize tools in the future (i.e. we are discussion writing it in our service plan, but have not yet done so). |  |
| **Institutionalized activities discontinued →** Include quotes on activities which were institutionalized during the GAIN-CN project and were discontinued after. |  |
| **GAIN-SS used for new purposes →** Include quotes on the GAIN-SS being used for other purposes outside of the initial GAIN-CN project objectives (intake screening). Do not include quotes on the GAIN-SS being tailored to be more easily administered during intake. |  |
| **Program planning impact →** Include quotes of how the GAIN-CN project’s findings or participation in the GAIN-CN project impacted program planning or service delivery within the agency. |  |
| **Program planning no impact →** Include quotes if the GAIN-CN project results identified did not have an impact on service delivery or program planning within the agency. |  |
### Continuation of client benefits

**Identified benefits** → Include quotes on the identified client benefits due to continued screening or to continued collaboration. Include quotes only if they can be attributed to the continuation of project activities after the end of the GAIN-CN project. Include quotes on whether the information from the GAIN-SS is used to inform service planning, is reviewed at team meetings, or is used to guide referrals. Include anecdotal quotes on the benefits as they are perceived by the interviewees, regardless of evidence for client outcomes.

**Identified drawbacks** → Quotes on the identified drawbacks for clients due to continued screening and continued collaboration. Include quotes only if they can be attributed to the project, and were continued after the end of the project. Include quotes which outline the screener information not being used to inform service planning, is not reviewed at team meetings, or is not used to guide referrals. Include anecdotal quotes on the drawbacks as they are perceived by the interviewees, regardless of evidence for client outcomes identified.

### Maintenance of community-level partnerships

**MAYN participation** → Include quotes on continued participation in MAYN following the end of the GAIN-CN project. Include quotes on both the interviewer as the main participant or on another person from the agency as the main contact for the network.

**Discontinued participation in MAYN** → Include quotes on discontinued participation in the MAYN network following the end of the GAIN-CN project. Include quotes if neither the interviewee nor another person from the agency is attending.

**Continued collaboration benefits** → Include quotes on the benefits of continued collaboration following the end of the GAIN-CN project. Examples include information sharing, access to additional resources, strengthening personal relationship with the other members.

**Continued collaboration drawbacks** → Include quotes on drawbacks which can be attributed to continued collaboration after the end of the GAIN-CN project.

**Increased capacity for collaboration** → Include quotes on how participating in the project changed the nature of collaboration, if these changes were maintained after the end of the project. Examples include better understanding of how individual agencies in the network work, having a shared language, having confidence in the capacity of the network to successfully complete research projects.

**No change in capacity for collaboration** → Include quotes if the project had no impact on the nature of collaboration between the MAYN agencies following the end of the project or if the impact on the nature of collaboration was not maintained.

**New collaborative projects** → Include quotes on the involvement in new projects which arose as a result of the continued collaboration or the project’s findings. Include quotes on projects for which the GAIN-CN project was identified as a catalyst but not sole cause. For each of the ones identified in this section, code all quotes referring to participation in the following studies: Stigma Project, MAYN transitional youth working group, CDSS Project.

**Future projects no involvement** → Include quotes about the agencies’ lack of engagement in future collaborative efforts.

### Sustained attention to the issue

**Advocacy for additional resources** → Include quotes on advocacy for additional resources using the GAIN-CN findings. Include examples of successful efforts for obtaining additional resources, and quotes on the importance of having numbers for future advocacy efforts, whether the numbers have been used for advocacy efforts or not.

**No advocacy for additional resources** → Include quotes about the agencies not attempting to, or planning to attempt in the future to use the GAIN-CN findings to engage in advocacy for additional resources.
Knowledge dissemination → Include quotes about presentations, posters, publications or other knowledge disseminations activities given as a result of the participation in the study.
No knowledge dissemination → Include quotes if the agencies did not engage in knowledge translation activities to share their GAIN-CN experiences or the GAIN-CN project’s findings.

<table>
<thead>
<tr>
<th>Program diffusion and replication</th>
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<tbody>
<tr>
<td>Dissemination activities → Include quotes describing dissemination activities of the practices of the GAIN-CN project in other programs within the participating agencies or in agencies outside of those which participated in the GAIN-CN project. Do not include dissemination attempts which involved presentations or knowledge dissemination activities only.</td>
</tr>
<tr>
<td>Lack of dissemination attempts → Includes quotes from agencies which did not engage in attempts to disseminate practices to new programs or other agencies.</td>
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<tr>
<th>FACTORS WHICH AFFECT SUSTAINABILITY</th>
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<tbody>
<tr>
<td>Adaptability</td>
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<tr>
<td>Adaptability for adoption → Include quotes of adaptations made prior/during to the project if they were associated with the adoption of the GAIN-SS or participation in the project.</td>
</tr>
<tr>
<td>Adaptability not important for adoption → Include quotes stating that no adaptations were made prior to the project, or that they were not associated with adoption or decisions to participate in the project.</td>
</tr>
<tr>
<td>Adaptability for sustainability → Include quotes of adaptations made after the project had ended or quotes on the adaptations made during the project design which were associated with the sustainability of project components. Include examples of the tool being adapted but do not include examples of the tool being use for a separate purpose. Example of adaptability after the project ended: it can be staff administered/self-administered, administered early/late in the intake visit, by highly/not highly trained staff.</td>
</tr>
<tr>
<td>Adaptability not important for sustainability → quotes stating that no adaptations were made after the end of the project, or that they did not play an important role for sustainability.</td>
</tr>
<tr>
<td>Cost</td>
</tr>
<tr>
<td>Costs for adoption → Include all costs and resources needed by the agencies participate in the project, during project design or implementation. These can include: costs incurred to maintain a trained staff, purchasing a license, staff time to participate in the sustained activities.</td>
</tr>
<tr>
<td>Inexpensive for adoption → Include quotes on whether participation in the project was inexpensive, the training required was inexpensive, or the license was provided; or that the cost of participating in the project did not have an effect on decisions to participate in the study.</td>
</tr>
<tr>
<td>Costs for sustainability → Include all costs and resources needed by the agencies to maintain the project components after the end of the project. These can include: costs incurred to maintain a trained staff, purchasing a license, staff time to participate in the sustained activities.</td>
</tr>
<tr>
<td>Inexpensive for sustainability → Include quotes on whether the sustained activities were inexpensive to deliver, the training required was inexpensive, could be delivered by volunteers.</td>
</tr>
<tr>
<td>Supported from evidence</td>
</tr>
<tr>
<td>Project effectiveness → Include quotes on whether the project was effective in meeting its objectives or in providing numbers on concurrent disorders.</td>
</tr>
<tr>
<td>Project not effective → Include quotes on the project not being effective in meeting its objectives or providing rates of concurrent disorders.</td>
</tr>
<tr>
<td>Screening tool effectiveness</td>
</tr>
<tr>
<td>----------------------------</td>
</tr>
<tr>
<td>Screening tool drawbacks</td>
</tr>
</tbody>
</table>

### Priorities fit

<table>
<thead>
<tr>
<th>Priorities fit for adoption</th>
<th>Include quotes on the reason the agencies got involved, and the fit between the project and the agency mandates and priorities before/during the GAIN-CN project.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of fit with priorities at adoption</td>
<td>Include quotes on whether there was a lack of fit between the project objectives and the agency mandates and priorities at the time of the project.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continued fit with priorities</th>
<th>Include quotes of whether project activities continued to fit with changing agency priorities (i.e. focus on outcome measures, providing care for transitional youth). Why did the agency continue using it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of fit with agency priorities</td>
<td>Include quotes on the lack of fit between agency priorities and project components after the end of the project.</td>
</tr>
</tbody>
</table>

### Champion

<table>
<thead>
<tr>
<th>Champion presence</th>
<th>Include quotes which refer to the presence of a champion after the end of the study to advocate for the continuation of project activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of champion</td>
<td>Include quotes which identify a champion as missing after the end of the project, and which identify champion turn over as a barrier for the sustainability of project components.</td>
</tr>
</tbody>
</table>

### Agency resources and leadership

<table>
<thead>
<tr>
<th>Research capacity</th>
<th>Include quotes which identify the agency capacity to engage in research projects, these include having the expertise to conduct and coordinate research projects, or having the resources for to pay for research staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of research capacity</td>
<td>Include quotes which identify lack of expertise or resources to conduct research studies and lack of research staff.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff turnover</th>
<th>Include quotes on front line staff or manager turnover, and quotes on whether staff turnover had a negative impact on participation in the continuation of study activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of turnover</td>
<td>Include quotes on lack of staff turnover or on whether staff turnover had no effect on the continuation of the project activities after it ended.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strong leadership</th>
<th>Include quotes on strong leadership for CDs, examples include following the lead of middle managers, an agency focus on CDs, putting an emphasis on continued collaboration and involvement in day-to-day program operations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of strong leadership</td>
<td>Include quotes on weak leadership or leadership that does not follow the lead of middle managers, does not have a focus on CDs, does not put an emphasis on agency collaborations, does not get involved in the agency’s daily activities.</td>
</tr>
</tbody>
</table>

### Key informants believe it to be beneficial

<table>
<thead>
<tr>
<th>Attitude change</th>
<th>Include quotes on attitude change during or after the study. Include descriptions of activities taken to bring about attitude change to overcome pushback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of attitude change</td>
<td>Include quotes on a lack of attitude change, or whether staff pushback was maintained through the study. Also include quotes which reflect pushback within agencies which poses a barrier for continued project components</td>
</tr>
</tbody>
</table>
### External funding

- **Funding available for CD focus** → Include quotes on sources of funding for the programs after the end of the project. Include current sources of funding for the agency programs.

- **Lack of funding for CD activities** → Include quotes on lack of external funding for programs or for specific continued activities. Also include quotes on lack of agency funding for the continuation of project components.

- **Mandates and regulations** → Include quotes on specific mandates on agency screening or treatment for the participating agencies that is associated with the funding received. Example may include mandated screening tools or client treatment criteria.

### Partnerships that lead to non-monetary support of the focal organization

- **Resources made available through collaboration** → Include quotes on the resources that were made available for agencies due to continued collaboration after the end of the study.

- **Lack of resources made available through collaboration** → Include quotes which identify no resources were made available through the continued collaborations.

- **Additional facilitators for collaborations** → Include quotes on the any other factors which may have facilitated continued engagement in the MAYN network.

- **Additional barriers to collaborations** → Include quotes on barriers to collaboration encountered after the end of the study due in addition to the barriers captured through the factors included in the network.

- **Change agency** → Quotes referring to the role and leadership of the change agency. Examples may include coordinating schedules, taking minutes, providing leadership and being available for individual meetings.

- **Change agency barriers to collaborations** → Include possible barriers for collaboration due to the presence of a change agency.
### Appendix H: Deductive Coding Audit Table

#### SUSTAINABILITY

<table>
<thead>
<tr>
<th>Continuation of project activities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main theme: Continued use of the GAIN-SS</strong></td>
<td></td>
</tr>
<tr>
<td>Agency 1: “I’m not aware of any programs using it right now, but I don’t know everything that goes on in the programs, so they could very well be, but for our team, in particular, we’re not using the GAIN” (KI 1)</td>
<td></td>
</tr>
<tr>
<td>Agency 2: “I’m not actually sure in the [Program 1], and it hasn’t been at [Program 2], although I think that we’ve talked about it again recently.”</td>
<td></td>
</tr>
<tr>
<td>Agency 3: “The GAIN screener can be provided by staff when they feel they see potential concerns for mental health and/or addiction that will use that, and some programs use it as an ongoing basis as an intake tool”</td>
<td></td>
</tr>
<tr>
<td>Agency 4: “So I think it’s now pretty much been sort of integrated into their usual practice that a GAIN is done with every new patient, client that they’re seeing.” (KI 1)</td>
<td></td>
</tr>
<tr>
<td>Agency 5: “We will actually be using the GAIN regularly, as part of our overall initial assessments and intake processes.”</td>
<td></td>
</tr>
<tr>
<td>Agency 6: “We’re not using the screener now, and we weren’t when I stepped into this role.”</td>
<td></td>
</tr>
</tbody>
</table>

| **Main theme: Continued concurrent disorder screening (other screening tools)** | |
| Agency 1: “The CD-screen assessment is something that was developed here at [Agency1], I believe, to be used by all the clinicians so that it’s relevant for all the different programs, not just youth or early intervention, but for everybody to use.” (KI 1) | |
| “We use the BPRS[...] We have other screenings as needed like the QUIDS, which is a depression scale and the RUNERS which is something to screen for mania. We have the GAFF, and we having nursing assessments that we do fairly frequently. (KI 1) | |
| Agency 2: “We’ve had to implement a different database there and other requirements from the Ministry of Health, such as the OCAN tool” | |
| Agency 3: “But we have, in all of our programs, mandated OCANs. So the OCAN assessment is mandated for all but one of our youth programs.” | |
| Agency 4 | |
| Agency 5: “Yeah, we use the Ministry mandated tools in the various programs. So within the Mental Health side, we use the CAFAS which is the Child and Adolescent Functioning Assessment Scale. We use the BCFPI at intake which is the Brief Child and Family Phone Interview. We use our own internal risk needs assessment.” | |
| Agency 6: “I would say, no, not systemic. [...] Up to the frontline staff on a case by case basis.” | |
| “There’s also the ADAT tools especially for [Program 1]. Those are mostly addiction based tools, but I think you asked some questions around mental health” | |
| “We have intake forms [...] , but they’re not clinical forms.” | |

| **Main theme: Service provider improved CD screening capacity and attitude change** | |
| Agency 1: “I do believe that our particular team has definitely the most comprehensive one, and in particular for youth. [...] , thanks to [Agency leader], within the team, because she was part of re-doing the intake assessment for our clients.” (KI 2) | |
| Agency 2 | |
| Agency 3: “I think it continued in that we took that knowledge and expertise and we continued to use the tool just as I described earlier, and we now applied that knowledge and expertise to use in the OCAN.” | |
| “A lot of [pushback], but now it is well prepared for them to have now started to do the OCAN and they had to realize this is part of their job, and so that has certainly expanded and deepened with GAIN” | |
| Agency 4: “So I would say the most positive really has been the ability to kind of get past some of the resistance for people or the reluctance for people to do something differently. So I think the GAIN has really been a great vehicle to be able to actually get more engagement from our
120

clinicians around incorporating some of this into their regular practice.” (KI 1)

Agency 5: “At the end of that they came back and did focus groups with my staff that used the GAIN, and my clinical staff reported that they really liked using the tool. […] They found it fairly easily to work into how they start clients up right now. So my staff had good buy in.”

Agency 6

**Continuation of new organizational practices, procedures, and policies**

<table>
<thead>
<tr>
<th>Main theme: Institutionalization of project components</th>
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</thead>
<tbody>
<tr>
<td>Agency 1</td>
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<tr>
<td>Agency 2</td>
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<tr>
<td>Agency 3: “We would do the GAIN screener to see the likelihood of endorsement of mental health issues, and that’s enough by our funder to allow for us to work with them.”</td>
</tr>
<tr>
<td>Agency 4: “We’re probably not a 100 percent, but I think we’re pretty close. So I think it’s now pretty much been sort of integrated into their usual practice that a GAIN is done with every new patient, client that they’re seeing.” (KI 1)</td>
</tr>
<tr>
<td>Agency 5: “We’ve have purchased our own license and written it into our Service Plan and all that kind of stuff.”</td>
</tr>
<tr>
<td>“So the goal is that once we kind of work the bugs on how that’s going to flow, that we will actually be using the GAIN regularly, as part of our overall initial assessments and intake processes.”</td>
</tr>
<tr>
<td>Agency 6</td>
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</table>

<table>
<thead>
<tr>
<th>Main theme: GAIN-SS use for new purposes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency 1</td>
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<tr>
<td>Agency 2</td>
</tr>
<tr>
<td>Agency 3: “That program which is funded out of mental health adult dollars, we used the GAIN screener to ensure that, because we are funded, that the person has to have a mental health issue to receive our services, instead of requiring a diagnosis, which can be prohibitive and barrier to a young person because they often don’t have a diagnosis, then we use the GAIN screener”</td>
</tr>
<tr>
<td>Agency 4: “So I think it’s now been pretty successfully imbedded into their ongoing practice, and we are now at the point where we are taking about should we be doing an 8-week follow-up GAIN, to start looking at the GAIN, not just as an assessment tool, but as something that we can actually use to kind of monitor progress and treatment.” (KI 1)</td>
</tr>
<tr>
<td>“So we’re looking at actually doing probably a pilot study which will sample from a variety of different inpatient and outpatient programs in the hospital to try to actually just get some sense of what’s the prevalence within a high risk population of adolescents coming to [Agency 4], what’s the prevalence of concurrent disorders using the GAIN” (K11)</td>
</tr>
<tr>
<td>“We are continuing to actually renew the ethics so that we can continue to be collecting this at an ongoing basis.” (K11)</td>
</tr>
<tr>
<td>Agency 5</td>
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<tr>
<td>Agency 6</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Main theme: GAIN-CN project impact on program planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency 1: “We didn’t have a Concurrent Disorder Team, but not as a result of the GAIN project, but as I said, just what’s happening around mental health and concurrent disorders, we have since then developed a Concurrent Disorder Team.” (K1)</td>
</tr>
<tr>
<td>Agency 2: “Well, they were used to make a case for getting more resources for our Agency, not for helping where [they were] allocated.”</td>
</tr>
<tr>
<td>Agency 3: “It helped with our strategic review of all of our youth programs. It helped, it wasn’t the only piece, but helped inform our program and services and how we should shape them, and so it’s been helpful both internally and externally.”</td>
</tr>
<tr>
<td>Agency 4: “I wouldn’t say that it has really been used.” (K1)</td>
</tr>
<tr>
<td>Agency 5: “I don’t know if it’s had an impact on our service delivery, because we’ve known this for years and years.”</td>
</tr>
<tr>
<td>Agency 6: “It didn’t translate down into what it should have.”</td>
</tr>
</tbody>
</table>
### Continuation of client benefits

**Main theme: Client benefits due to continued project components**

**Agency 1:** “[Agency 2], they do a lot of work with dual diagnosis. So that’s been one of our biggest challenges within [our] team. What do we do with guys who have dual diagnosis? Like we really don’t know, so now here we are, we have an excellent funnel system or system to pick up the phone, ask questions with, partner with in terms of helping a client, working together with them.” (KI 2)

**Agency 2**

**Agency 3:** “I think the most significant is from getting more positive care, like being [...] screened well. That’s probably the best.”

“We have not turned away a client yet, because they didn’t fit the criteria, even though they didn’t have a diagnosis.”

**Agency 4:** “Because the GAIN is done right at the beginning, we’re often able to flag those young people sooner than we might have before and then a counsellor able to broker an appointment for them perhaps a bit sooner than might have happened in the past, so it’s allowed us to flag some of those patients for whom it might be a bit more important to get their health assessment or get them connected up with a health care professional sooner rather than later.” (KI 1)

**Agency 5:** “There was a section of what the worker deemed as sort of the top presenting issue or two and then resulting from that, what were the first things that they were going to pursue with this client in terms of either treatment or case management [...] In then looking at the GAIN scores to say, “where were the elevated scores, and what does this mean for what I’m going to look at to do first with this young person”

“Yea, and the thing I heard from staff was that they did appreciate that there were a number of items on the GAIN which were not on our current risk needs assessment, or they were asked in a different way and what I sort of heard from staff was that they appreciated that information.”

**Agency 6**

### Maintenance of community-level partnerships

**Main theme: Continued participation in MAYN**

**Agency 1:** “In terms of the MAYN network, the partnership continues right now with another clinician who is attending the team”. (KI 1)

“Yes. And I’ve been part of them for over a year, I would say. It’s been over the past year.” (KI 2)

**Agency 2:** “Our agency has made a recommitment to be actively involved [in MAYN] again. I mean, I was still reading the minutes and getting the minutes regularly, if I wasn’t attending, but we have decided to get more involved and more consistently”

“I have started again to attend them and there are one or two other people that do attend, as well, from time to time.”

**Agency 3:** “I think I tend to be on the Mental Health and Addiction Youth Network, someone that is not a lurker. I tend to be a real participant.”

**Agency 4:** “So I’ve actually been part of the, which I guess is now, MAYN which used to be the youth cluster group. So I’ve actually been a member of that group for a long time.” (KI 1)

**Agency 5:** “I represent the Agency on a whole range of networks including MAYN.”

**Agency 6:** “[Talking about engagement in the network] There was a big gap before I came in to fill those shoes, and when I came in, I’m starting from scratch again. [...] I started to attend the MAYN meetings.”

### Main theme: Benefits of continued collaboration

**Agency 1:** “I think just the awareness of what’s out there. That’s been the biggest one. Ever since I’ve been part of MAYN, I’ve just been amazed of what’s been out there, and here I am, somebody working in the field for many, many years and I realize that there’s so much that I don’t know, because the system is so fragmented out there, basically”. (KI 2)

“So, just the fact that what we are now doing, that’s even opened the doors. We’re supporting each other intensely that way.” (KI 2)

“Just attending the MAYN meetings every few months or so is helpful in a sense that it allows...”
us to be updated on what everyone is doing and what resources they have and, as a clinician, it’s something that is really important. “(KI1)

Agency 2: “I think relationship building is also important, and not only networking, but the ability to sort of learn from each other even at a different level than just sharing information. Figuring out how another organization has made something work, or how they address certain issues, is helpful too. Knowing who you can go to, through knowing them a little bit through sitting in meetings. [...] If you have a bit of a relationship, it’s easier than cold-calling somebody about how they address certain things, [or] their particular programs.”

Agency 3 “Q: What was the most significant outcome of your participation in the study then? A: For sure it was working collaboration across sectors.”

“Helped us solidify or gel our relationship with one another, but probably might big benefit was getting more connected to [MAYN Chair]. [...] So that would probably be the most beneficial thing to me.”

Agency 4

Agency 5 “I feel like, through the process, I certainly built better professional connections which I would argue paid off for [Agency 5].

Agency 6: “There’s a lot of information sharing that goes on.”

“Yeah, there’s been connections that are made there. We can find ways to collaborate.”

<table>
<thead>
<tr>
<th>Main theme: Increased capacity for collaboration</th>
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</thead>
<tbody>
<tr>
<td>Agency 1</td>
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<tr>
<td>Agency 2</td>
</tr>
<tr>
<td>Agency 3: “As a Network, we had never done that before.”</td>
</tr>
<tr>
<td>“That was the first project the Mental Health and Addiction Youth Network did, which kind of galvanized it. [...] Yeah, I think, like I mentioned, it could show that we could work across sectors. That was pretty exciting.”</td>
</tr>
<tr>
<td>“Just doing a project and learning to speak the same language as the hospital sector, like CAMH and other hospitals. So we were able to compare apples and apples.”</td>
</tr>
<tr>
<td>Agency 4: “I think it’s made us perhaps a little bit more … a greater awareness, I guess, about how our different Agencies work and different ways to learn actually.” (KI 1)</td>
</tr>
<tr>
<td>Agency 5: “Well, because we had already worked through if we want to do another research project. This is kind of the work flow, this is how this hangs together, this is how we would pull this off as a collaborative. So, you know, every time when you do another research project together, you are building on the experiences you’ve already had of working together.”</td>
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<table>
<thead>
<tr>
<th>Main theme: Engagement in new research projects</th>
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</thead>
<tbody>
<tr>
<td>Agency 1: “We’re trying to work hand in hand with the LHINs right now, with the Ministry of Community and Children and Youth Services, because everybody has been working silos up until now [...] That’s the latest thing that we are doing with MAYN, trying to create a central access for youth with concurrent disorders [...] That’s exactly it, the central access. We’re trying to streamline services for transition aged youth.” (KI 2)</td>
</tr>
<tr>
<td>Agency 2: “No other research projects that I can think of, no.”</td>
</tr>
<tr>
<td>[The agency was identified as participating in Transitional youth working group by Agency 1].</td>
</tr>
<tr>
<td>Agency 3: “There was an additional project that was introduced which was the Stigma Project that was introduced through the Mental Health and Addiction Youth Network [...] we didn’t participate, which is unfortunate.”</td>
</tr>
<tr>
<td>Agency 4</td>
</tr>
<tr>
<td>Agency 5: “We then went on, maybe a year later, to do a collaborative project to look at stigma, youth and stigma around mental health and addictions issues and I think doing it through the MAYN made it much easier … like we already had an experience of doing this. So I think it made it less daunting to do this again.”</td>
</tr>
<tr>
<td>“So we participated in a second similar project with the Concurrent Disorder Support Services Network, because I also sit that. It was kind of a replication, but with a larger pool and into the adult sector”</td>
</tr>
</tbody>
</table>
| “Based on two studies, where the same thing panned out with transitional age youth, the MAYN network has gotten a formal working group on specifically to do work around transitional age youth and how to address the barriers faced by young people trying to make
the jump from children’s mental health to adult mental health services.”

Agency 6: “Maybe it was Stigma, and we participated in gathering information for her project. I think it was Stigma and Mental Health.”

“The MAYN Network is doing right now is trying to look at how youth who are in that transitional age between youth services and adult services, how they are supported in making that connection from youth services to adult services. [...] the group is really well positioned to look at what needs to be done and then potentially fill some of those gaps.”

“We sit on the small steering committee and we’re actively participating in the discussions and contributing. [...] We’re still in the early stages, but we’re pretty actively involved in that piece.”

<table>
<thead>
<tr>
<th>Sustained attention to the issue</th>
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<tbody>
<tr>
<td><strong>Main theme:</strong> Advocacy efforts for additional resources</td>
</tr>
<tr>
<td>Agency 1</td>
</tr>
<tr>
<td>Agency 2: “Probably when we submitted, like a year and a half ago or so, when new positions were allocated to child’s mental health, yes. Actually, the Agency got two positions, but 1.5 of them were allocated to my program area and the other half was allocated to [Program2] So yeah, some of the research and findings went into the submission to the Ministry.”</td>
</tr>
<tr>
<td>Agency 3: “What that [the GAIN-CN project report] verified to me as look the same level of need. They’re in acute care in the hospital and we’re seeing them every day with no psychiatric support, no nurse support [...]. I’ve been able to talk about that and realize what the gaps in the system are. Where the gap is in the community and serving youth, and that’s been helpful for me in terms of advocacy.”</td>
</tr>
<tr>
<td>Agency 4: “We’re comfortably talking about funding and ensuring that we’re addressing our target population and GAIN was a good way to have some numbers to indicate this and we could either advocate for more funding or different kinds of resources.” (KI 2)</td>
</tr>
<tr>
<td>Agency 5: “So, for me that was quite a watershed moment, because now we were getting some numbers to back up what a lot of us have been saying all along. Without those numbers, you can’t advocate the way you need to.”</td>
</tr>
<tr>
<td>Agency 6</td>
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</table>

| Main theme: Knowledge dissemination activities which referred the GAIN-CN project or its findings |
| Agency 1 |
| Agency 2 |
| Agency 3: “I referred to the GAIN screener findings in some presentations, including Children’s Mental Health Conference of Ontario next week.” |
| “Well, any sort of work around transitional age youth … I’m trying to think of where I have. It’s been several years, but whenever I talk about transition, I do. Whenever I’m asked to be on an advisory committee around transition, I do that. I often refer to it …” |
| Agency 4: “We’ve actually presented the data specific to our program at a couple of scholarly meetings” (KI 1) |
| “We have a regular monthly program administrative meeting where members from all of our programs attend and we talk about shared goals and we review common information. It’s basically a time when all of the members of our substance abuse program come together, so we often do presentations of different kinds of projects or different kinds of things, so it was at that meeting.” (KI 1) |
| “We presented our internal data at an [Retracted to protect confidentiality] Conference, at an academic meeting a couple of years ago.” (KI 1) |
| Agency 5: “Yeah, the three of us did a workshop at a provincial conference.” |
| Agency 6 |

<table>
<thead>
<tr>
<th>Program diffusion and replication</th>
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</thead>
<tbody>
<tr>
<td><strong>Main theme:</strong> Diffusion of screening practices within participating agencies</td>
</tr>
<tr>
<td>Agency 1</td>
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<td>Agency 2</td>
</tr>
<tr>
<td>Agency 3</td>
</tr>
<tr>
<td>Agency 4: “We’re actually looking at rolling out a project that is using the GAIN that might actually be across the [Agency 4] to screen young people across [Agency 4] for concurrent disorders. So</td>
</tr>
</tbody>
</table>
it’s currently actually part of a project that we’re moving forward to actually have it be a cross hospital screener for teenagers who come to [Agency 4]. So we are looking at perhaps rolling it out more broadly within the organization in the context of a research project at this point in time.” (KI 1)

Agency 5: “We actually opted to do the GAIN not just in the [Program 1] and the [Program 2], but we also decided to use the GAIN with the young people in our [Program 3], another program which is our [Program 4] and the use of our [Program 5]. So we actually, the second study, we rolled it out in all the programs except our [Program 6].”

“So now we are currently in the process of doing a pilot using the GAIN at intake with the clients coming into our residential treatment programs. So the goal is that once we kind of work the bugs on how that’s going to flow, that we will actually be using the GAIN regularly, as part of our overall initial assessments and intake processes. [...] One program is [using the GAIN-SS] as we’re working out […] how we want to further roll it out”

**FACTORS**

1 **INNOVATION CHARACTERISTICS**

**Adaptability**

<table>
<thead>
<tr>
<th>Main theme: Adaptability as a factor for adoption</th>
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<tbody>
<tr>
<td>Agency 1</td>
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<tr>
<td>Agency 2</td>
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<tr>
<td>Agency 3: “I think they brought in eating disorders. Everything else I was pretty okay with at the point of seeing the screener.”</td>
</tr>
<tr>
<td>Agency 4: “Our program had actually worked with CAMH in terms of adding some of the additional sections to the GAIN that aren’t validated, particularly the questions around disordered eating because we’re in a hospital, and because we have an eating disorder program” (KI 1)</td>
</tr>
<tr>
<td>Agency 5: “It was really, really not going to work for our clientele to sign their full name on a consent. It would have killed it. So people were able to work things through with the Review Board so clients just needed to initial.”</td>
</tr>
<tr>
<td>“I recollect questions on disordered eating, which are actually … that was part of the section added by CAMH, not part of the original GAIN.”</td>
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<table>
<thead>
<tr>
<th>Main theme: Adaptability as a factor for sustainability</th>
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<tbody>
<tr>
<td>Agency 1</td>
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<td>Agency 2</td>
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<tr>
<td>Agency 3</td>
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<tr>
<td>Agency 4: “There’s variation about when the counsellors would do it. Some at the beginning of a session, some at the end, some preferred to read the survey out loud to patients” (KI 2)</td>
</tr>
<tr>
<td>“Being able to flag patients who might actually endorse some of the disordered eating symptoms that our counsellors might not otherwise be screening for right away. [...]So I think the set of questions around the screening for disordered eating has been probably a little bit of an addition to what we might normally have information that we might have gotten about our patients.” (KI 1)</td>
</tr>
<tr>
<td>Agency 5: “After that study ended, we actually made the decision to buy our own license to use and we’re using the CAMH version, not the original, because we found the fifth section quite useful.”</td>
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**Cost**

<table>
<thead>
<tr>
<th>Main theme: Cost as a factor for adoption</th>
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<tbody>
<tr>
<td>Agency 1: “So the resources that were given to use were definitely the training and using the GAIN.” (KI 1)</td>
</tr>
<tr>
<td>“They were providing us with everything we needed, including making all the photocopies and all the assessment handouts and the forms. So I don’t believe that there were any costs.” (KI 1)</td>
</tr>
<tr>
<td>Agency 2: “We had someone come and do training with the group of staff that would be involved”</td>
</tr>
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</table>
| Agency 3: “Certainly my time and all my Directors’ and staff time, but I don’t think we gave any money
towards it.”
“CAMH said, “hey, if you guys want training, we’ll go out and do the training.”
Agency 4: “I don’t believe that there was actually an up-front fee that was contributed to be participating, but I think each Agency had to identify what internal resources were going to be directed towards doing this. So I guess there would be sort of in-kind indirect costs associated with the time that individuals would be spending in participating in the project.” (KI 1)
Agency 5: “So I suppose, if one were to get very nit-picky and say, however many hours I spent, that was my salary, and the salary of… I had myself and one other staff did the “Train the Trainer,” and then we trained our staff internally “Getting to pilot the GAIN because CAMH got the license, so we got to pilot the game without having to… it was like trying on a pair of shoes without having to buy them, to be rather colloquial about it. We got to pilot a tool that had already been sort of pre-screened without the commitment of buying a whole license right off the bat.”

Main theme: Cost as a factor for sustainability
Agency 1
Agency 2
Agency 3
Agency 4: “Being able to identify who can do that additional work relating to actually capturing the data so that we can review it on a regular basis. So I think that’s the… again, luckily she stepped in to volunteering to do that. So I think that’s the other piece when you’re in an Agency where it isn’t clear that that’s part of somebody’s job description, finding people who are additionally prepared to take on some of those other things that need to be done in order to actually collect the data and look at it.” (KI 1)
“I’d say the time spent in trying to get everybody sort of all the stakeholders engaged and doing the process, because it doesn’t work if it’s not consistent.” (KI 2)
Agency 5: “Then after that study ended, we actually made the decision to buy our own license. […] Q: And did this kind of cost have an impact on the project and the continuation of using the tools?
A: No, because we obviously went on and continued to use it in various form and still are.”

Support from evidence
Main theme: Project effectiveness as a factor for sustainability
Agency 1: “We were given the results, which was interesting, kind of highlighting some of the gaps in services.” (KI 1)
“I think it raises awareness of providing services for clients’ both mental health and substance use needs, so definitely, in that sense, it kind of highlights something that we already think is important and because we serve a group of individuals within the gap years that has been identified with the results, then it really highlights again, the need for services.” (KI 1)
Agency 2
Agency 3: “I thought the Report was great and from my perspective the Report showed the same level of need of client endorsement in the community as in the hospital. […] I’ve been able to talk about that and realize what the gaps in the system are. Where the gap is in the community and serving youth”
“ But that collaboration part was good and we showed as well that we, the Youth Network and CAMH, were able to produce something that was impressive. “
Agency 4: “So it was interesting to be looking at some of our data from what it looked like in some of the Agencies, and kind of looking at Agencies that I thought perhaps targeted similar kinds of use to us. […] It was helpful to be able to be looking at some of the ranges of what people got in other Agencies.” (KI 1)
“I mean I think it’s helpful because it’s kind of validating the complexity.” (KI 1)
Agency 5: “I think it was useful particularly, […], but one thing that we noticed in the first study was how transitional age youth, i.e., those youth coming up to their 17th, 18th birthday, who were transitioning out of Children’s Mental Health took a sharp nosedive.”
“Based on two studies, where the same thing panned out with transitional age youth, the MAYN network has gotten a formal working group on specifically to do work around
transitional age youth [...].”
Agency 6: “Q: Did you ever see the Report [...] Do you remember it as being useful or identifying any kind of useful information?
A: No. I didn’t read it in the level that I could give feedback to you.”

<table>
<thead>
<tr>
<th>Main theme: GAIN-SS effectiveness as a factor for sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency 1: “So it complemented some of the substance use tools that we had, and it was actually a lot shorter than some of those.” (KI 1)</td>
</tr>
<tr>
<td>“One of the benefits was definitely ... was raise the conversation with clients regarding mental health and substance use and the different topics provided prompts for clients to be able to open up about different substances or gambling [...] and on line stuff, that maybe within your regular conversation may not come up. So it was good in that way. ” (KI 1)</td>
</tr>
<tr>
<td>Agency 2: “So it’d give the worker more information and the youth an opportunity to provide the information in a different way.”</td>
</tr>
<tr>
<td>“I think it served as something to talk about with the youth to get more information. So it was used to engage the youth in a discussion about what some of their struggles were.”</td>
</tr>
<tr>
<td>Agency 3: “We didn’t work so that the GAIN screener followed them wherever they went if they navigated through the system, so they may have filled it out … I mean we had youth coming to us who had already filled it out twice”</td>
</tr>
<tr>
<td>Agency 4: “The GAIN was perfect. It’s short. It doesn’t take a lot of time, but I think it was a great demonstration of how it is important to actually be collecting data and be able to reflect on it about larger program issues.” (KI 1)</td>
</tr>
<tr>
<td>“The GAIN is so easy to use and does give people immediate information back that they can use clinically was helpful in that regard.” (KI 1)</td>
</tr>
<tr>
<td>“Well it touches on a whole range of issues in a very short period of time, so if our session or if our initial intake didn’t cover, it didn’t get brought up, then the GAIN would pick up on it” (KI 2)</td>
</tr>
<tr>
<td>Agency 5: “We like that it’s valid and reliable, and from what I understand from the folks from GAIN, they’re testing the questions in the fifth section to see if the fifth section is also valid and reliable.”</td>
</tr>
<tr>
<td>“The only little hitch we had was that some parts of the GAIN overlapped. Some of the questions overlapped with some of the things that we already ask in our risk needs assessment. So it was a tiny bit repetitive, but not so repetitive that staff and clients felt burdened to the point of not participating.”</td>
</tr>
<tr>
<td>Agency 6: “I think that it’s a valid tool and I know that it’s been designed to be short, just short and quick as possible to find out the relevant information.”</td>
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<table>
<thead>
<tr>
<th>ORGANIZATION CHARACTERISTICS</th>
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<tbody>
<tr>
<td>Priorities fit</td>
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<tr>
<td><strong>Main theme: Fit with agencies priorities as a factor for adoption</strong></td>
</tr>
<tr>
<td>Agency 1: “I think it was a really good time because just with the Ministry and the priorities of the Agency itself, concurrent disorder became one of the focuses for the Agency, just prior to ... just around the time, that I think the GAIN project was ending, just kind of picking up on the climate of the different initiatives, as an Agency, we wanted to pay attention to.” (KI 1)</td>
</tr>
<tr>
<td>Agency 2: “Well, it seemed to be a fit with a couple of the programs in our Agency in terms of their mandate of providing services to youth with mental health and substance use issues.”</td>
</tr>
<tr>
<td>“Well, it looked like an interesting tool to try out in terms of getting a different kind of feedback from the youth at the intake stage, about what their issues were. Like a pen and paper version versus what they say.”</td>
</tr>
<tr>
<td>Agency 3: “There was, for me, I wanted to show that the same severity of need of the clients that we are serving are presenting in hospital like CAMH as in the community where we are serving them with […] so much fewer resources. I believed that we were serving the same level of need in both these services that are so inequitably funded and that was one, that for me I really wanted to look at; the other I wanted to look at was just doing a project and learning to speak the same language as the hospital sector, like CAMH and other hospitals. So we were able to compare apples and apples.”</td>
</tr>
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</table>
| Agency 4: “That we haven’t really been using any validated tools in a consistent way and we felt that this
would contribute to the ability for individual clinicians to be able to get more information about the young people” (KI 1)

“Remember the general idea was to get a snapshot of what kinds of teens we were seeing in our program, who were seeking services and also to get a better idea or sense of the other issues that were going on along with their addictions.” (KI 2)

Agency 5: “So, I think it was really important that we bring the voices and the experiences of the young people from this particular program in this particular group of young people forward, because they are a group of young people that are probably some of the most marginalized youth out there. Homeless street involved youth some of them with severe mental health issues and some pretty heavy duty addiction.”

Agency 6: “The initial project was looking at how feasible it was for organizations to use [the GAIN-SS screener].”

Main theme: GAIN-SS fit with agencies priorities as a factor for sustainability

Agency 1: “I think the GAIN was one of the ones they considered for a follow-up from the CD screen assessments. The CD screen assessment is something that was developed here at [Agency1], I believe, to be used by all the clinicians so that it’s relevant for all the different programs, not just youth or early intervention, but for everybody to use. (KI 1)

Agency 2

Agency 3: “We use it to get over that barrier of service where “sorry, you don’t have a diagnosis, you don’t get service.” And we’ve used that quite effectively and it’s a useful use for us.” “So I think we’ve become more “concurrent” positive and better serve those young people, and that is what we identified as the gap in service for those youth with complex needs that are presenting mostly stay in hospital and when they move out and need three or four years to stabilize, we are those people who do that.”

Agency 4: “Sadly, our program actually really doesn’t do a huge amount that actually tracks outcomes of patients. So we have sort of subjective senses of how our patients are doing and the proxy that if they keep coming back for treatment then chances are they are benefitting from it. [...] So we’ve acknowledged that we need to be looking at trying to track how our patients are progressing through treatment and using the GAIN. The GAIN can be used in that way in addition to kind of being used for screening.” (KI 1)

Agency 5: “We really like the timeframes, the way it’s asked. [...] We like that it asks questions from the young person’s perspective. It asks them to tell us what’s going on for them.”

Agency 6

Main theme: Collaborations fit with agencies priorities as a factor for sustainability

Agency 1: [speaking about agency collaboration] “we could pool our resources together, pool our experiences together for the better cause of the clients that we’re serving, and that’s been the beautiful thing about it. I think the Agencies have been seeing it that way and it’s been working out.” (KI 2)

Agency 2: “I think probably our ED having a discussion with [MAYN Chair] I think and the discussions about system re-design and the need to sort of focus in the Ministry on mental health and addictions and concurrent disorders, and how best to coordinate services. So we felt it was important to be more actively involved in that, at a couple of levels, like in the organization.” “One of the things behind looking at the systems and coordination. It’s kind of happening everywhere at every Ministry.”

Agency 3

Agency 4

Agency 5

Agency 6: “In terms of being part of the MAYN Network, I think it’s an amazing opportunity for Agencies to connect and identify areas that we can work on collaboratively and in a collective way. [...] and one way to be able to do that [meet the needs of youth] is to work with people who and organizations who have similar mandates and figure out how to meet the needs, because there’s lots of needs, and I think MAYN is a very good way of doing that.”

Champion

Main theme: Champion as a factor for sustainability

Agency 1

Agency 2
**Agency resources and leadership**

**Main theme: Lack of research capacity as a factor for adoption**

Agency 2: “I mean that’s something at our Agency we don’t really have the capacity to do. [...] we don’t have a position that is focused on that, or necessarily anybody with the particular skills or expertise.”

Agency 3

Agency 4: “Agencies that didn’t really have a lot of internal resources around scholarship, the ability to have their data analyzed and then presented back for them for their own individual Agencies, and then the information that compared them to other Agencies, and I think that was a very useful service for Agencies that wouldn’t otherwise have the resources to be able to do that” (KI 1)

Agency 5: “We don’t have a research department here, we don’t have paid researchers, we don’t have access to that”

“... get access to researchers and Boards of Ethics and that kind of stuff which we don’t have access to within [Agency 5].”

**Main theme: Staff turnover as a factor for sustainability**

Agency 1: “I think staff turnaround is always an issue. Like for screening for all of these things. Yeah, that’s constantly in flux, and so that’s why I actually find myself doing [training] a lot” (KI 2)

Agency 2: “Yeah. And I think the other thing is like staff… positions change, supervisors change, I wasn’t managing one of those programs and [...] sometimes things get lost with those changes.”

“Q: When you talk about turnover ending up being a factor, do you mean at the front level staff or at the higher up?
A: Supervisory [...] Probably to some degree at both levels, but more the supervisory.”

Agency 3: “So it is not turnover, just reduction. We experience, as an Agency, very low staff turnover. [Q: [...] has this had an impact on the use of the GAIN at all?]  
A: No.”

Agency 4: “So we haven’t really had any staff turnover … we haven’t had any new staff that have joined since we’ve started implementing the GAIN, so that hasn’t been an issue for us. We’ve had a couple of new CYCs, but that hasn’t been an issue because they are not the ones that actually administer the GAIN in [Program 1]” (KI 1)

Agency 5: “I think one staff might have left as the study was wrapping up [...]”

“Q: What about after the end of the project, has turnover been … has it had an impact on concurrent screening, at all?
A: I don’t think staff turnover has.”

Agency 6: “I think it was probably just staff change over. [...] I think the thing that people might say is “staff turnover.” So when [Agency Lead] left our organization, there was a big gap before I came in to fill those shoes, and when I came in, I’m starting from scratch again. So, as a group member, I would figure that that would be a bit frustrating.”
Main theme: Leadership as a factor for sustainability
Agency 1: “We’ve had to kind of shift and follow the Agency lead in terms of where we’re going in concurrent disorder. And I think, just part of that though, is that the Agency’s intent is to address some of the expressed needs that the whole Agency has expressed in terms of what’s missing in our services.” (K11)
Agency 2: “I think probably our ED having a discussion with [MAYN Chair] [...], the need to sort of focus on mental health and addictions and concurrent disorders, and how best to coordinate services. So we felt it was important to be more actively involved in that. [...] I think that our Agency has made a re-commitment to be actively involved again.”
Agency 3
Agency 4
Agency 5: “I don’t think staff turnover has, because the management made decisions to continue it forward, so it has meant that we had to repeat the “Train the Trainer,” and get new people on board.”
Agency 6: “The person who was in my position prior and me right now is sort of responsible for the day-to-day operations, [...] and she left and it went with her.”
“The person that I report to and that she would have reported to, they don’t manage at that level.”

Key informants believe it to be beneficial
Main theme: Overcoming staff pushback as a factor for sustainability
Agency 1
Agency 2
Agency 3: “And I think of an example when I was training the staff on how to use the GAIN screener, I had a staff pushback and say, “a screener is too impersonal,” “I don’t like these screeners,” “they’re not used to it,” “it’s new.”
“So I think the pushback was about starting the assessments and that. It took a lot of time for me to train and push staff to say “no, you need to do this.”
“So I think the GAIN screener was helpful for that, and it highlighted for me some areas that … and it got staff using the screeners [...] So that was a good starting point.”
Agency 4: “Well again, we’ve actually had a fair bit of, I would say, resistance to actually having our clinicians [...], so in the past many of our clinicians have felt that if they actually administer any kind of tools to the patients that they see, that that would kind of interfere with the development of the therapeutic relationship, that it might actually take up time, that the young people might not be happy filling out forms when they thought they were coming to see a counselor.” (K11)
“It’s been a way for us to nudge our thinking and nudge some of the things we’re doing a little bit, to engaging it a bit more scholarship across our program, not with just a few people who might be interested in it.” (K11)
“It’s actually at the point where we’re looking at being able to build on what we’ve already been doing with the GAIN.” (K11)
Agency 5: “Think it was a little bit harder for the [Program 1] staff to implement, but that’s the nature of the work they do there. Right? You really have to be out of the box in how you engage these young people, [...]. I think we were talking about staff response and it was a little bit harder for [Program 1] staff.”
“They found it clinically useful and they found it not very arduous. They found it fairly easily to work into how they start clients up right now. So my staff had good buy in.”
Agency 6

COMMUNITY CHARACTERISTICS

External Funding
Main theme: Funding sources for the programs that participated in the GAIN-CN project
Agency 1: “Now the LHIN funds adult mental health and addiction services. [...] Then there’s the Ministry of Children and Youth Services, they are the ones responsible for funding child and youth kind of stuff.” (K12)
Agency 2: “The [Program 2] program is funded by the Ministry of Health and Long Term Care.”
Agency 3: “My mental health program, which is funded through adult mental health dollars”
| Agency 4: “Our program is funded outside … I mean our outpatient program is funded outside of the hospital budget. So we’re funded specifically from the Ministry and the Ministry really funds very specifically for clinical care“ (KI 1) |
| Agency 5 |
| Agency 6 |

**Main theme: Screening mandates and client criteria as a factor for sustainability**

**Agency 1:** “Unfortunately, we do have a limited criteria in accepting clients in our program, so one of the things that came up is there are some individuals that would benefit from services and from access to mental health and substance use clinicians, but our teams aren’t able to provide service for them because we do have specific criteria. […] The first one is our team and our criteria is somebody needs to have a symptom of psychosis, less than a year and then the other team is … they need to have a mental health diagnosis and be between the age of 16 and 24, preferably with a psychiatrist, I believe.” (KI 1)

**Agency 2:** “We’ve had to implement a different database there and other requirements from the Ministry of Health, such as the OCAN tool, etc. “The OCAN isn’t as youth-friendly. It was designed for a population of seriously mentally ill individuals and not all of the, because we serve the transitional age youth, some of the questions and the length and the format really are really not a good fit, but we have to do it.”

**Agency 3:** “But we have, in all of our programs, mandated OCANs. So the OCAN assessment is mandated for all but one of our youth programs.” “But the OCAN screener is what we use for all of our clients on an ongoing basis, except for our Child and Youth Program for 14 to 18 year olds, where we are not mandated and we use another system mandated through the Ministry of Child and Youth Services.” “Because we are funded, that the person has to have a mental health issue to receive our services, instead of requiring a diagnosis, which can be prohibitive and barrier to a young person because they often don’t have a diagnosis.”

**Agency 4**

**Agency 5:** “Yeah, we use the Ministry mandated tools in the various programs. So within the Mental Health side, we use the CAFAS which is the Child and Adolescent Functioning Assessment Scale. We use the BCFPI at intake which is the Brief Child and Family Phone Interview. […] With a few adjustments on our end, might actually drop the internal risk needs assessment in favour of the GAIN. We haven’t gotten that far yet. We’d rather ask too many risk needs questions than not enough.”

**Agency 6:** “If they’re moving on to different types of treatment, we will have to complete the ADAT forms.”

| Non-monetary support |
| **Main theme: Resources made available through collaboration as a factor for sustainability** |
| **Agency 1:** “All Agencies have been asked to do more with less nowadays during this economic downturn and we’re seeing that that is the way to go, so that if we could pool our resources together, pool our experiences together for the better cause of the clients that we’re serving, and that’s been the beautiful thing about it.” (K12) |
| **Agency 2:** “I mean that’s something at our Agency we don’t really have the capacity to do. So it’s good to be able to be part of something where there is the capacity, more of a research evaluative capacity.” |
| **Agency 3:** “It was good to work with the hospital sector like CAMH. It was good to work with that clinical sector and it was also good to work with the shelter sector or emergency shelter sector. Yeah, so the other ones didn’t really help me so much” |
| **Agency 4:** “Agencies that didn’t really have a lot of internal resources around scholarship, the ability to have their data analyzed and then presented back for them for their own individual Agencies, and then the information that compared them to other Agencies, and I think that was a very useful service to be able for Agencies that wouldn’t otherwise have the resources to be able to do that.” |
| **Agency 5:** “Because we don’t have a research department here […] for us to partner with an Agency that has access to that was kind of critical.” “Hopefully also paid off for CAMH, because we would allow them to catch a glimpse into young people that CAMH wouldn’t have access to, right?” |
Agency 6: “Really, if you look at what’s happening, with limited resources organizations are being asked to do “more with less,” and one way to be able to do that is to work with people who and organizations who have similar mandates and figure out how to meet the needs, because there’s lots of needs, and I think MAYN is a very good way of doing that.”

**Main theme: Pre-existing relationships as a factor for sustainability**

Agency 1: Because [Agency Lead] was always a part of the MAYN (mental health and additions youth network),” (KI 2)

Agency 2: “I had attended some of the MAYN meetings that [MAYN Chair] that are usually held down at [Agency 4].”

Agency 3

Agency 4: “So I’ve actually been a member of that group for a long time. I would say over 10 years, so I’ve been a part of that group and have worked with [MAYN Chair] and others who represent the different youth addictions Agencies for some time.” (KII)

Agency 5: “Most of the members of the GAIN Collaborative were part of the MAYN Network, so it’s not as though we were developing new relationships”

Agency 6

**Main theme: Change agency**

Agency 1: “And then, at the hub of it all is CAMH. They are the big cog in this machine.”(KI 2)

“They coordinated all of the different Agencies. They’ve set up the summary research day where everybody came together and the results were presented. So, they did a really good job in coordinating everybody.” (KI 1)

“In terms of the initial part, where I wasn’t involved, how the development of and how they collaborated with the different Agencies, but while it was being implemented, except for CAMH, it didn’t have any other contact, I don’t think, with other Agencies.” (KI 1)

Agency 2

Agency 3: “The connecting point was CAMH. I think that was clear it wasn’t … it didn’t really deepen my connection with other Agencies.”

“Would probably have been a deeper experience, […] I don’t know if people would have been necessarily equipped, willing, ready to do that. Part of the reason to move forward, because CAMH was wanting to do it.”

Agency 4: “A great part about the project was that there was this central source”

Agency 5

Agency 6: “In terms of administratively keeping the group together, that [the MAYN Chair who was a CAMH project lead, …] does a lot of work to do that, and I think that that is also key to part of the success. I mean, taking the minutes, setting up the meetings, reminding people, those sorts of things, I think, are very important, and […] we’d fall apart without that stuff.”

**Main theme: Barriers to continued collaboration**

Agency 1: “The barriers continue to be of the physical nature, like trying to do more with less. So it’s always trying to get the right coordination. How many hours can you fit in? Some Agencies always seem to be doing more than others, and sometimes I can see that maybe posing as a little bit of a problem, but the barriers are just that, because people still have workloads.”(KII)

Agency 2: “I would say the only thing would be workload […], for me and I’m sure for other people too, that would affect the ability to attend all the meetings. Yeah, that would be the only barriers.”

Agency 3: “I think … no, I don’t think so … barriers? No.”

Agency 4: “There are a number of Agencies that are clearly connected with larger academic institutions like [Agency 4] and CAMH and [Agency 9] and then there are other Agencies that are more community based, and I think it is a bit of a challenge because there are different processes and policies in place that either make it easier to engage in research or more challenging, depending on the culture.” (KII)

Agency 5

Agency 6
## Appendix I: Document Review Summary

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<tr>
<th>ID</th>
<th>Document type</th>
<th>Title/summary</th>
<th>Date produced</th>
<th>Author</th>
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<tbody>
<tr>
<td>1</td>
<td>Government report</td>
<td>Best practices report on concurrent disorders.</td>
<td>2008</td>
<td>Researchers/Policy makers</td>
<td>Stakeholders / General public</td>
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<td>2</td>
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<td>3</td>
<td>Government report</td>
<td>Best practices recommendations on concurrent disorders.</td>
<td>2006</td>
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<td>4</td>
<td>Screening / Treatment training package</td>
<td>Participating agency concurrent disorder training package</td>
<td>Received July 2013</td>
<td>Participating agency</td>
<td>Service providers</td>
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<tr>
<td>5</td>
<td>Newsletter</td>
<td>Describes competing mandated screening tools within one participating agency.</td>
<td>Autumn 2012</td>
<td>Policy makers/stakeholders</td>
<td>General public</td>
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<td>6</td>
<td>Newsletter</td>
<td>Describes competing mandated screening tools within one participating agency.</td>
<td>Summer 2012</td>
<td>Policy makers/stakeholders</td>
<td>General public</td>
</tr>
<tr>
<td>7</td>
<td>Screening / Treatment training package</td>
<td>Detailed training presentation, identifies characteristics of competing screening tools.</td>
<td>September 2010</td>
<td>Policy makers/stakeholders</td>
<td>Service providers</td>
</tr>
<tr>
<td>8</td>
<td>Newsletter</td>
<td>Description of competing mandated screening tools</td>
<td>February 2009</td>
<td>Policy makers/stakeholders</td>
<td>General public</td>
</tr>
<tr>
<td>9</td>
<td>Program website</td>
<td>Describes competing mandated screening tools</td>
<td>May 2012</td>
<td>Policy makers/stakeholders</td>
<td>General public</td>
</tr>
<tr>
<td>10</td>
<td>Presentation Slides</td>
<td>Identifies the connection between GAIN-CN and future projects.</td>
<td>November 2011</td>
<td>Researchers</td>
<td>Stakeholders and researchers</td>
</tr>
<tr>
<td>12</td>
<td>Newsletter</td>
<td>Describes competing mandated screening tools</td>
<td>Autumn 2012</td>
<td>Policy makers/stakeholders</td>
<td>General public</td>
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<tr>
<td>13</td>
<td>Screening / Treatment training package</td>
<td>Participating agency concurrent disorder training package</td>
<td>Received July 2013</td>
<td>Participating agency</td>
<td>Service providers</td>
</tr>
<tr>
<td>14</td>
<td>Annual report</td>
<td>Participating agency annual report, identified continued collaboration with MAYN network.</td>
<td>2011</td>
<td>Participating agency</td>
<td>Stakeholders</td>
</tr>
<tr>
<td>15</td>
<td>Concurrent disorder policy</td>
<td>Participating agency concurrent disorder training package</td>
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<td>Type</td>
<td>Description</td>
<td>Date</td>
<td>Audience</td>
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<td>16</td>
<td>Newsletter</td>
<td>GAIN Collaborating Network launches youth screening project</td>
<td>Accessed July 2013</td>
<td>Researchers</td>
<td>General public</td>
</tr>
<tr>
<td>17</td>
<td>Presentation Slides</td>
<td>Academic presentation on concurrent disorders, includes detailed findings from GAIN-CN.</td>
<td>May 2011</td>
<td>Researchers</td>
<td>Stakeholders and researchers</td>
</tr>
<tr>
<td>18</td>
<td>Newsletter</td>
<td>Describes the GAIN-CN project as a model for agency collaboration.</td>
<td>2010</td>
<td>Researchers</td>
<td>General public</td>
</tr>
<tr>
<td>19</td>
<td>Newsletter</td>
<td>Describes the GAIN-CN project as a model for agency collaboration.</td>
<td>Winter 2009</td>
<td>Researchers</td>
<td>General public</td>
</tr>
<tr>
<td>20</td>
<td>Presentation Slides</td>
<td>Concurrent Disorders Support Services GAIN Short Screener Project</td>
<td>2011</td>
<td>Researchers</td>
<td>Stakeholders and researchers</td>
</tr>
<tr>
<td>21</td>
<td>Annual report</td>
<td>Participating agency annual report.</td>
<td>2011</td>
<td>Participating agency</td>
<td>Stakeholders</td>
</tr>
<tr>
<td>22</td>
<td>Annual report</td>
<td>Participating agency annual report, identified continued collaboration with CAMH.</td>
<td>2010</td>
<td>Participating agency</td>
<td>Stakeholders</td>
</tr>
<tr>
<td>23</td>
<td>Annual report</td>
<td>Participating agency annual report, identified continued collaboration with MAYN network.</td>
<td>2009</td>
<td>Participating agency</td>
<td>Stakeholders</td>
</tr>
<tr>
<td>24</td>
<td>Annual report</td>
<td>Participating agency annual report.</td>
<td>2012</td>
<td>Participating agency</td>
<td>Stakeholders</td>
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<tr>
<td>25</td>
<td>Annual report</td>
<td>Participating agency annual report, identified gap in services and identified program planning to address needs identified in GAIN-CN.</td>
<td>2011</td>
<td>Participating agency</td>
<td>Stakeholders</td>
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<tr>
<td>26</td>
<td>Annual report</td>
<td>Participating agency annual report, identified gap in services and identified program planning to address needs identified in GAIN-CN.</td>
<td>2012</td>
<td>Participating agency</td>
<td>Stakeholders</td>
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<tr>
<td>27</td>
<td>Newsletter</td>
<td>Identifies agency priorities and outlines impact on program planning.</td>
<td>Spring 2012</td>
<td>Participating agency</td>
<td>General public</td>
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<tr>
<td>28</td>
<td>Newsletter</td>
<td>Identifies agency priorities and outlines impact on program planning.</td>
<td>Oct 2011</td>
<td>Participating agency</td>
<td>General public</td>
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<tr>
<td>29</td>
<td>Program Pamphlet</td>
<td>Identifies the connection between GAIN-CN, future projects, and program planning activities.</td>
<td>Oct 2011</td>
<td>Participating agency</td>
<td>General public</td>
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<td>30</td>
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<td>32</td>
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<td>Participating agency annual report.</td>
<td>2012</td>
<td>Participating agency</td>
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<td></td>
<td>Screening / Treatment training package</td>
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<td>Service providers</td>
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<td>33</td>
<td>Program website</td>
<td>Program webpage described the concurrent disorder screening in the agency.</td>
<td>May 2012</td>
<td>Participating agency</td>
<td>General public</td>
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<td>34</td>
<td>Project report</td>
<td>CDSS collaborative project report acknowledges the GAIN-CN project as model for project, and outlines participating agencies.</td>
<td>2011</td>
<td>Researchers</td>
<td>Stakeholders / General public</td>
</tr>
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<td>35</td>
<td>Annual report</td>
<td>Participating agency annual report describes concurrent disorders as an agency priorities and identifies competing screening tools.</td>
<td>2011</td>
<td>Participating agency</td>
<td>Stakeholders</td>
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<tr>
<td>36</td>
<td>Annual report</td>
<td>Participating agency annual report describes competing mandated screening tools.</td>
<td>2012</td>
<td>Participating agency</td>
<td>Stakeholders</td>
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<td>37</td>
<td>Project report</td>
<td>Replication project acknowledges the GAIN-CN project as model for project and outlines the importance of advocacy efforts.</td>
<td>2013</td>
<td>Researchers</td>
<td>Stakeholders / General public</td>
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<td>38</td>
<td>Annual report</td>
<td>Participating agency annual report.</td>
<td>2011</td>
<td>Participating agency</td>
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<td>39</td>
<td>Annual report</td>
<td>Participating agency annual report.</td>
<td>2012</td>
<td>Participating agency</td>
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</tr>
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<td>40</td>
<td>Project report</td>
<td>Project replication report acknowledges the GAIN-CN project as model for project,</td>
<td>2011</td>
<td>Researchers</td>
<td>Stakeholders / General public</td>
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<td>41</td>
<td>Screening / Treatment training package</td>
<td>Participating agency concurrent disorder training package</td>
<td>Received July 2013</td>
<td>Participating agency</td>
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<td>42</td>
<td>Screening / Treatment training package</td>
<td>Participating agency concurrent disorder training package</td>
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<td>Participating agency</td>
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<td>43</td>
<td>Screening / Treatment training package</td>
<td>Participating agency concurrent disorder training package</td>
<td>Received July 2013</td>
<td>Participating agency</td>
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</tr>
<tr>
<td>44</td>
<td>Screening / Treatment training package</td>
<td>Participating agency concurrent disorder training package</td>
<td>Received July 2013</td>
<td>Participating agency</td>
<td>Service providers</td>
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