

Partnerships

- ***How can effective collaboration support suicide prevention?***
- ***What key partnerships can expand prevention efforts?***
- ***How can common barriers be overcome?***
- ***What can be done to sustain valuable partnerships?***

Introduction

State suicide prevention leaders and program directors understand that it takes broad collaboration across a variety of sectors and organizations to implement a comprehensive prevention effort. However, collaboration is not always easy when partners have different perspectives, needs, and goals. It takes time and skill to successfully initiate, build, and sustain partnerships.

Discover lessons learned from staff in different states:

State #1 – “I’ll be honest: I didn’t fully understand how to use partnerships to advance my state suicide prevention programming. When I ran into difficulties accessing data on suicide attempts in the state, I realized hospitals were critical partners to monitor the impact of our efforts. So, I connected with a contact in the hospital association, figured out ways in which our goals aligned, set up some meetings, and our collaboration started from there.”

State #2 – “No one wants a suicide to occur, but other organizations have competing priorities. Once I learned about how the child welfare system’s top concerns intersected with specific suicide prevention strategies in my team’s plan, we were able to form some strong partnerships that furthered both of our missions.”

State #3 – “Until recently, I hadn’t had a lot of success engaging medical emergency departments in my state. Searching for an ‘in,’ I set up a few meetings with the statewide medical association and shared continuity of care success stories from other states. I am now working with two pilot sites on ED discharge and follow-up care issues.”

State #4 – “I often feel too busy to regularly connect with my partners. But when I noticed they weren’t following through on their commitments to support the project, I realized I had to find a way to communicate with them more regularly. Now we’ve embedded our collaboration deliverables as standing agenda items at our quarterly coalition meetings.”

Since many resources already exist to support partnerships and collaboration, this module (1) focuses on providing answers to common questions about partnerships for state suicide prevention efforts, and (2) offers strategies for overcoming typical challenges.

Below are the topic areas covered in this module.

Topic 1: Select the Right Partners

Topic 2: Engage Potential Partners

Topic 3: Address Institutional Barriers & Obstacles

Topic 4: Sustain Programming through Collaboration

Topic 1: Select the Right Partners

When taking on new or expanded suicide prevention initiatives, you will need to involve individuals, agencies, and community organizations that have the right skills, capacity, and access to help you meet your goals. You may need to deepen existing collaborations or find completely new partners to advance your goals, and you will want to be strategic and think through which partners are the best fit for your program needs.

Many state suicide prevention coordinators have found strategic partnerships to advance their goals.

Here are some examples:

- “We partnered with a state-wide interfaith coalition that had strong connections to communities in more than half of the counties in our state. As a result of engaging them, we empowered hundreds of religious leaders to recognize the signs of someone at risk, and connected them with local coalitions and resources.”
- “One of our task force committee members sat on the board of a local smartphone app development company. After two meetings about suicide prevention, they offered to help develop a suicide prevention smartphone app for state employees—and they offered to do it pro bono! It’s been downloaded more than 2,000 times.”
- “We presented to our State Department of Education partners on our new data dashboards on youth suicide in our state. They took immediate action and helped us implement gatekeeper training in school districts. With their help, we reached three more districts than we originally proposed to our funder.”

Following are common questions about this topic.

- **How do I know which partners can help achieve my goals?**
- **How do I bring the right partners to the table?**
- **How do I prioritize my partnerships?**

How do I know which partners can help achieve my goals?

You will want to partner with organizations or agencies that can help you achieve your suicide prevention aims. Gathering and analyzing information on potential partners can help pinpoint what they can bring to your project. Be sure to keep your specific goals and objectives for suicide prevention in mind as you think about options for collaboration.

Different partners can bring different benefits to your suicide prevention work, including:

Skills & Expertise

- To research a potential partner's skills and expertise, you'll want to ask questions like these:
 - What is the potential partner's subject matter expertise?
 - How does that expertise relate to your program's prevention strategies?
 - Do they have access to data that could help you better understand the issue of suicide attempts and deaths in your state?
 - What services do they provide that could enhance your project objectives?
 - What are the unique or untapped strengths of this partner?

State example: State-Level Media Association

- Has access to major platforms (newspapers, billboards, web, etc.) that reach people in our state
- Is able to reach state and local news media outlets to disseminate specific recommendations for reporting on suicide that have been developed for the media
- Has access to data on which media outlets can best reach particular populations in the state

Capacity

- You'll want to identify partner capacities to determine your partner's ability to support your project:
 - Does this partner have the time and resources to collaborate?
 - Could they influence a different group that's critical to your goals (e.g., hospital association's relationship with local emergency departments)?
 - Do they have the clinical or training capacity to help advance any of your objectives?

State example: Faith-Based Organizations

- Serve as a trusted resource in their communities, and could help disseminate information on suicide prevention resources

- May come into regular contact with individuals in distress, and could benefit from training on how to support people and connect them to services
- Are connected to families and friends of individuals at risk who may benefit from postvention training and support

Access to Others

- Making sure your partner has the ability to influence people at risk of suicide in your state is critical. Ask yourself these questions:
 - Who is served by this partner, and how could that impact my goals?
 - Do they provide direct care services to the populations I'm trying to engage?
 - Which groups do they work with on a regular basis (i.e., other organizations, institutions, or networks that could advance your effort)?

State example: State substance abuse prevention program

- Is connected to groups across the state who may be addressing shared risk and protective factors that relate to suicide prevention
- May be working to reach similar populations (e.g., youth or men in the middle years)
- May have access to relevant surveillance data on shared risk and protective factors

How do I bring the right partners to the table?

Identifying the “right partners” depends on the scope of your project. To decide on the best partnerships to pursue, you need clear goals and objectives, as well as sufficient information about the potential partners. Then, you can think broadly about how to identify those to engage who can help you accomplish those goals and objectives.

You may even realize that a few partners may not offer sufficient support to advance your initiative—and that’s okay, too.

Example: A state identified one of its primary objectives as expanding gatekeeper training and the number of people able to recognize the warning signs in order to connect individuals who are in crisis with care.

Which of the following potential partners align well with the state’s objective?

Emergency Departments

- ✓ ED staff often engage with people who may be at risk for suicide, as well as people with major risk factors (e.g., suicide attempt, mental health crisis, substance abuse issue).
- ✓ Emergency department staff are extremely pressed for time and deal with a large number of patients each day. They may not be able to have the longer, trusting conversations that gatekeeper trainings teach.

Conclusion: Emergency departments are *not* the best choice for this objective. However, this partner may be a better fit to help the state achieve other goals/objectives like the following:

- Identify emergency department patients at risk for suicide through brief screening and intervention.
- Improve follow-up when patients at risk for suicide are discharged from the emergency department.

Community-Based Behavioral Health Organizations

- ✓ Behavioral health organization staff regularly interact with people at risk, and they are often already trained in patient engagement.
- ✓ Gatekeeper training could provide helpful skills for frontline office and non-clinical staff in identifying patients who may be at risk.
- ✓ Gatekeeper training would not be appropriate for clinical behavioral health staff, who would be expected to assess and manage at-risk clients when they are identified.
- ✓ Some behavioral health organizations are resource stretched, and staff may not have the time to attend longer trainings.

Conclusion: Community-based behavioral health organizations *could* be a strong contender to partner for this objective, but it might take a bit more investigation to determine their capacity.

- Consider the separate need to improve clinician skills in assessing and managing suicide risk, as well as evidence-based treatment of suicidality.
- Explore state associations or state departments that can speak to the capacity of this partner or offer additional support for training.

Department of Education

- ✓ Suicide is the second leading cause of death among the state's 10- to 18-year-olds. Schools are a key setting in reaching young people in this age range.
- ✓ The State Department of Education already mandates various types of training for school staff on an annual basis. This provides an existing training infrastructure for building in annual gatekeeper training for school staff.
- ✓ A state law was recently passed mandating regular education of school staff on bullying and suicide prevention.

Conclusion: The Department of Education is a strong partner to help advance this objective.

The state could also possibly work with the Department of Education to:

- Put protocols in place for responding to students who may be suicidal.
 - Educate students about how to recognize and respond to peers who may be suicidal.
 - Support social-emotional development and problem-solving skill development to protect against suicide.
- Inform education systems about the importance of safe messaging and postvention resources.

How do I prioritize my partnerships?

As you know, many partners can help advance your goals and objectives, but you will not have the time or resources to engage them all. By establishing clear criteria related to the immediate needs and long-term goals of your project, you can prioritize potential partners before engaging those individuals or entities. The criteria you decide upon will help you determine the best partner(s) to pursue.

Example: One state’s objective was to improve care transitions for patients treated for suicide attempts in medical emergency departments and inpatient hospitals. The state created specific criteria to prioritize these partners.

Compare the possible partners. Which one do you think the state selected?

	Criteria #1: Stakeholder Support	Criteria #2: Level of Existing Resources and Capacity	Criteria #3: Feasibility of Implementation
Medical Emergency Departments	Several EDs in the state have expressed concern about the high number of patients they are seeing with suicide risk. However, EDs in the counties with the highest suicide rates are less connected with the state.	Ensuring continuity of care for suicidal patients is not part of current ED staff training or workflows. In a busy work environment, there may be some reluctance to incorporate additional training requirements or processes.	Medical ED staff are trained to treat immediate physical needs and refer individuals out for follow-up specialty care. EDs with embedded behavioral health specialists or ready access to community health workers may have greater capacity to provide care coordination services for the target population.
Inpatient Hospitals	The Zero Suicide model is gaining traction among many inpatient hospitals, several of whom have begun making systemic changes to their workflows for patients at risk for suicide. One of the seven Zero Suicide elements is follow-up, so there is likely stronger support and broad buy-in for this work in hospitals implementing Zero Suicide.	Many inpatient hospitals are already connected to outpatient support services, such as local behavioral health organizations or crisis lines. Therefore, they likely already have some capacity related to care transitions.	Inpatient facilities already do discharge planning with patients, and have performance incentives to reduce re-hospitalization in the month after discharge. Suicide prevention care transitions could build on existing processes while also improving hospital performance.

Conclusion: After applying the state’s criteria to these two partners, the state prioritized the care transitions effort with the inpatient hospitals because:

- Inpatient hospital staff have the skills and expertise, capacities, and access to individuals who are at risk.
- Many of the inpatient hospitals are already implementing Zero Suicide and therefore may be more receptive to improving care transitions.
- Inpatient hospitals meet the state’s criteria with fewer barriers than the medical EDs.

Topic 2: Engage Potential Partners

One of the most common roadblocks that states encounter involves an underlying assumption that partners share similar goals, and that everyone recognizes suicide prevention as a critical priority. Obviously, no one wants a suicide to occur, but a partner’s daily work and long-term goals are likely focused on other priorities. To successfully engage a partner, it’s important to take time to learn about their goals and perspectives.

Following are common questions about this topic.

- **How can I learn about a potential partner’s priorities?**
- **How can I influence a partner’s buy-in?**
- **What is the best way to frame my “ask”?**

How can I learn about a potential partner’s priorities?

Obtaining “inside information” about a partner may seem daunting, but there are several ways to gain insights into a partner’s perspective. Consider the informal resources you can access to understand a partner’s goals (e.g., a local conference or a friend who works in the department you want to engage). Alternatively, consider the formal resources you can access (e.g., state plans and mission statements). Gathering a breadth of unique information about your partner’s work, constraints, and priorities is a critical first step to effective engagement.

Following are examples of potential partners, and the formal and informal sources of information obtained about each one.

Example: Juvenile Justice

A state suicide prevention coordinator needed to gather information about the Department of Child Welfare’s juvenile justice work. Before engaging the Department’s leadership about implementing suicide prevention protocols in youth-serving facilities, the state coordinator sought specific information to help strengthen her partnership “ask.”

Formal sources:

- **Juvenile Justice Task Force**
The state coordinator found out about a statewide Juvenile Justice Task Force. She then downloaded the task force's annual report, which included specific information about its current work to prevent self-injury among justice-involved youth. She also reached out to the task force lead to explore joining the group. Doing so enabled her to learn more and establish relationships.
- **Local Law School Institute**
The state coordinator discovered an institute operated by a local law school focused on juvenile justice issues in the state. She set up a meeting with institute staff to learn more about their findings on current policies and practices with suicidal youth.

Informal sources:

- **College Roommate**
The state coordinator set up a lunch meeting with her college roommate, who now manages local service systems for families of youth engaged in the justice system. From the conversation, she learned more about key leadership in the state's juvenile justice system and their level of interest in suicide prevention.
- **Alternative High Schools**
The state coordinator found out more about the network of alternative high schools for students that has engaged with the justice system. Through a connection on the state suicide prevention coalition, she was able to speak with small groups of students and staff to learn more about some of the issues faced by youth engaged in the system.

Example: Veteran-Affiliated Groups

A state suicide prevention coordinator sought to expand the Office of Suicide Prevention's ability to serve veterans throughout the state but was unsure of the best groups or organizations to engage in this effort. So, the state coordinator located some specific information to help direct her work.

Formal sources:

- **State Office of Veterans Affairs**
The state coordinator set up a meeting with the state VA office to learn more about their current suicide prevention efforts. She learned that the VA is very interested in collaborating with partners to better reach veterans who do not use VA services.
- **Local VFW**
By consulting with coalition members, the state coordinator identified a Veterans of Foreign Wars (VFW) chapter in a remote part of the state that is interested in suicide prevention. She contacted the group and found out that they want to implement gatekeeper trainings for all of their members.

Informal sources:

- **Health Department Connection**
The state coordinator mentioned to a friend in the epidemiology section of the state health department that she was looking into suicide prevention among veterans. The friend mentioned a state-level team looking at behavioral health for service members, veterans, and their families before offering to make an introduction to the group chair.
- **Primary Care Association**
The state coordinator mentioned her work with veterans to her primary care doctor at a routine appointment. The doctor mentioned that the Primary Care Association in the state is very interested in improving cultural competence to better serve veterans.

How can I influence a partner's buy-in?

After gathering information about a potential partner from formal and informal sources, consider what you've learned about the partner's priorities and whether they overlap with your own goals. Identify how a partnership could complement and support their work. To influence a partner's buy-in, recognize and focus on "what's in it for them."

Gather Information about Partners' Priorities >> Cross Check with Your Goals >> Identify "What's in it for them"

Example: Mary, a state suicide prevention coordinator, wants to improve identification and referral of older adults at risk of suicide in primary care settings. She has identified a large health care organization with a focus on primary care and serving mainly older adults as a priority partner. See how Mary used this process to influence the partner's buy-in.

Gather Information about Partners' Priorities

Based on information Mary gathered about this organization, she identified several priorities:

- Improve patient outcomes
- Ensure patient health and safety
- Ensure financial health of the organization
- Develop compassionate and competent staff
- Integrate services better with behavioral health
- Reduce costs through preventive measures

Cross Check with Your Goals

Mary compared the partner's priorities with her goal to find overlaps. For example:

- Health Care Organization Priority Goal: Improve patient outcomes
- Mary's Priority Goal: Improve screening and referrals for people at risk of suicide

- **Overlap:** Ensure all staff are knowledgeable about resources to improve the efficiency of the care transitions process.

Mary went through this process to cross check her goals with all of the identified priorities of the potential partner. Based on the overlap, she **prioritized four goals** that she will be focusing on to develop a pitch for the health care organization.

What’s in it for them?

For each priority below, see how Mary could influence their buy-in.

Health Care Organization Priorities	How to Influence Their Buy-In
Improve patient outcomes	Mary's project could support referrals of patients at risk for suicide and could facilitate data-sharing agreements between the organization and mental health providers to provide feedback on outcomes of referred patients.
Ensure patient health and safety	Mary's project could train frontline and clinical staff in screening and risk identification and could also help them to build appropriate policies and protocols for flagging and referral.
Integrate services better with behavioral health	Mary could use her existing connections and departmental influence with behavioral health providers to set up initial dialogue on better integrated services.
Reduce costs through preventative measures	Mary could provide technical support around how suicide prevention can be tied to quality improvement measures and could also offer data on patient outcomes of clients referred by the organization for suicide care.

What is the best way to frame my “ask”?

Partnerships are more successful if a partner knows how they’ll also benefit from the effort. Develop a short (five-minute) “ask” or elevator speech when you first approach a partner. Explain clearly what you want them to do and how those activities make sense based on their perspective and priorities.

Example: Betsy, a state suicide prevention coordinator, is working on improving care transitions for patients at risk for suicide when they are discharged from EDs. After gathering information about a large hospital system in her state, she determined that the ED administrator would be the best person to engage, as she oversees all hospital ED services, workflows, and training initiatives.

Which of the following options is the strongest way for Betsy to frame her “ask”?

Option 1: “As part of our state’s effort to reduce the number of suicide deaths, we want to improve care transitions for patients treated for suicide risk when they’re discharged from the ED. Would you be interested in partnering on this effort?”

Conclusion: Although this “ask” ties in with the state’s goals, it does not explicitly acknowledge the ED’s perspective and priorities or how the ED would benefit from the partnership.

Option 2: “As part of our effort to reduce the number of suicide deaths in the state, we want to improve the care for those at risk of suicide when they are discharged from local EDs. What are your priorities and how can we partner to reduce the number of patients who are readmitted to your hospital for suicide attempts?”

Conclusion: This option is okay, but it is not the strongest option. While Jan inquires about the ED’s priorities, this approach might inadvertently indicate that she hasn’t taken time to consider the ED’s needs in advance. In addition, Jan’s inquiry puts the burden of identifying opportunities for improvement on the ED manager, possibly causing her to perceive the partnership as too much work.

Option 3: “Suicide risk is highest for at-risk patients within 30 days after discharge from an ED. So better patient supports can improve health outcomes and reduce re-hospitalization. We know that you and your staff are busy, but we also know that you see many patients with mental health needs. We have proven programs that address the problem. Can we find a time to meet with you to discuss how we can support your efforts to engage these patients?”

Conclusion: Yes, this is a strong option since it acknowledges the ED’s perspective and priorities. In addition, it provides data that is important to both the state and the ED, and focuses on how the partnership would support the ED.

Topic 3: Address Institutional Barriers & Obstacles

Obstacles related to organizational infrastructure and culture can complicate a partnership, particularly around a sensitive issue such as suicide. For instance, some organizations may be reluctant to collaborate on collecting or sharing data related to suicide for fear of it reflecting poorly on their organization. Other times, partners may be within bureaucratic organizations, where multiple approvals and formal agreements are required for any collaboration.

Following are common questions about this topic.

- **How can I address obstacles to accessing data?**
- **What if my partner has limited time and resources?**
- **How can I address misperceptions and organizational cultural barriers?**

How can I address obstacles to accessing data?

Agencies and institutions, such as public health or law enforcement, routinely gather data that could help you better understand suicidal behaviors in your state or community. However, one of the most challenging aspects of suicide prevention partnerships often involves access to data.

Once you identify key data keepers, it's important to present a compelling case for why they should share data with you and directly address any potential barriers to data sharing. Plan what you will say in advance, and be sure to tailor your case to the particular interests of each data keeper you encounter.

The following strategies can help make your case and address common obstacles to data sharing.

Articulate the Need

- Potential obstacle: Some agencies and groups don't routinely share data publicly, and may not fully understand how it can be used for prevention.
 - Strategy: Explain how the partner's data can help your suicide prevention efforts be more effective.
 - Example: Child fatality review teams are tasked with applying their findings into prevention efforts but often aren't connected to the right partners. Suicide prevention programs offer a great opportunity to use the data.

Gain Buy-In & Support

- Potential obstacle 1: Sharing data takes effort—systems may not talk to each other, information may be captured by hand, and data might not be in an easy-to-use format.
 - Strategy 1: As much as possible, make the process easy for your partner.
 - Example: You can prepare and regularly share graphic data reports with your partner that can be used to help advance their priorities and goals.
- Potential obstacle 2: Sharing data involves some degree of risk, both around the privacy of individuals affected by suicide and the reputation of the group sharing the data.
 - Strategy 2: Outweigh the risk with benefits: explain how your prevention efforts—and the data keeper's contribution to those efforts—will benefit their goals and the people they serve.
 - Example: Prepare and regularly share graphic data reports with your partner that they can use to inform and advance their priorities.

Provide Clarity & Reassurance

- Potential obstacle: Some organizations may be concerned about violating privacy regulations by sharing data and fear they could be liable.
 - Strategy 1: Offer to enter into a more formal data-sharing agreement or memorandum of understanding that will ensure the data is protected and confidentiality maintained.
 - Strategy 2: Provide clarity related to HIPAA and other privacy laws about what, why, and how data *can* be shared.
 - Example: Provide staff training on enrolling patients into a follow-up program to ensure staff provide clarity to patients and families about how any personal data will be used.

Be Transparent

- Potential obstacle: Agencies want to be assured that their data won't be misinterpreted or misrepresented. And they don't want to be surprised!
 - Strategy 1: Describe upfront how you will (and won't) use the data, and be prepared to fully address any concerns. Keep in mind that some agencies may want to review any products you create with their data prior to their release (e.g., fact sheets, reports).
 - Strategy 2: Establish formal agreements/memoranda of understanding (MOUs) with specific provisions to protect data provided by stakeholders.
 - Example: Develop an MOU that clarifies that all data will be securely stored and not shared in public domains such as filing systems or publically accessible online servers.

What if my partner has limited time and resources?

Lack of time and resources are some of the most common partnership challenges. Collaborators often have good intentions, but they may not have the time to follow through or fully engage in a partnership as a result of competing demands and other limitations.

While these barriers are real, you may be able to find ways to continue the collaboration (i.e., reducing the scope requested of the partner or offering other resources and supports to allow the partner to continue their involvement at an appropriate level).

Example: One state had to overcome time and resource barriers to continue collaboration with a crisis center.

Past collaboration

- The state previously collaborated with a large crisis center to implement follow-up services for

patients discharged from psychiatric emergency departments.

- The state provided technical assistance to help the crisis center build and improve its follow-up program capacity.

New barriers: Collaboration stopped due to crisis center budget cuts

- The crisis center lost two major grants and came to the state Office of Suicide Prevention to say they were not able to continue the same follow-up program due to their reduced capacity.

Overcoming barriers: New commitment to the partnership

- The state connected the crisis center with the state suicide prevention coalition, which often engages private sector stakeholders to raise funds for suicide prevention.

How can I address misperceptions and organizational culture barriers?

Different partners can have very different styles and ways of interacting, down to the language they use to describe their work or how they engage with people at risk. They may even think differently about the best approaches to prevent suicide deaths. Knowing about these differences up front can help you frame your collaboration request differently so that your partnership will be more likely to succeed.

Some possible strategies

- Learn more about the language your partner uses. Try to speak their language when meeting with them.
- Seek to understand their values or initiatives—and where they overlap with your own.
- Probe partners for any misunderstandings about the intention of your work, and correct these misperceptions.

Example: A state wants to use the best language and framing to reduce possible cultural barriers in partnering with a local gun shop.

How would you start the conversation with the gun shop owner if you were the state representative? See the gun seller's reaction and the outcome to two different approaches.

Approach A

State Rep: "With the number of suicide deaths in our state increasing, we've begun working with a diverse set of partners in various communities to address this issue. Since you're a leader in our community, we'd love for you to help us teach people how to remove lethal means from their homes."

Gun Shop Owner: “Hm. I worry about that. It sounds like you're proposing limiting my customers' legal right to access and bear arms. Are you trying to promote gun control? I'm just not sure there's anything I can do to prevent suicide. You should talk to someone else about this...”

Outcome: The gun shop owner interpreted the state's suicide prevention effort more broadly as a gun-control initiative and not as an approach to safe gun use.

Approach B

State Rep: “These data charts I am sharing with you show that suicide deaths in our state are increasing, and you can see that over 55% of people who died by suicide last year used a gun. We are working on a gun safety initiative to help build awareness in the gun-owning community about how to keep each other safe in times of crisis. Since you have a direct relationship with local gun owners and encourage them to think about safety, we're hoping you would be interested in working with us to reduce suicide deaths by firearm in our state.”

Gun Shop Owner: “Of course. We are firm believers in safety and education. As long as this work doesn't affect my customers' rights to own firearms, I'd be happy to explore this further.”

State Rep: “Wonderful. We're confident you can really help us truly make an impact.”

Outcome: This conversation resulted in a strong start to the partnership because the state approached the gun shop owner keeping in mind his perspective and goals, and used data to show how his work is tied into the issue of suicide. The state went on to help him install flyers and implement gatekeeper training to help staff recognize the signs of someone at risk.

Topic 4: Sustain Programming through Collaboration

Just as it's not always easy to initially involve partners in your suicide prevention efforts, it can be equally challenging to get prevention efforts “baked into” partner systems, habits, and culture so that these activities can be sustained. To build partners' ownership of the work and their investment in continuing it, it's important to find specific ways you can formalize their engagement. When your partners effectively embed prevention practices into their work, your efforts can continue beyond a limited initiative or funding period.

Following are common questions about this topic.

- **What strategies can help me maintain the relationship?**
- **What can I do to formalize my partnerships?**
- **What do I do when my partner experiences major changes?**

What strategies can help me maintain the relationship?

It can be challenging to keep partners engaged over the long term due to competing demands, stretched resources, or leadership and staffing changes—or a combination of all three! It's important to consider how you will keep partners informed about overall progress and how they can stay involved. Engaging in specific ways related to key achievements and next steps is an essential element in maintaining buy-in from your partners and their leadership.

Following are examples of how some states maintained engagement with their partners.

- To ensure partners stay abreast of activities and accomplishments, one state launched a new e-newsletter to highlight progress, partner contributions, new opportunities, and upcoming activities. The newsletter's readership quickly grew, and it became a tool for partners to make the case for ongoing collaboration.
- Another state created a website that featured training opportunities, coalition meeting minutes, and links to social media, etc. This strategy proved an effective way to share information with the state's network, as well as to highlight partner contributions and perspectives to the group through regular guest blog posts.
- Some state suicide prevention coordinators schedule their informal time together with key partners. During this time, they intentionally inquire about new initiatives and listen for any significant changes in partner staffing, policies, or major goals that might affect the collaboration.
- Several states use quarterly "partner calls" to share updates on prevention work. These calls effectively ensure partner participation because they consistently offer partners opportunities to share updates about their latest work and new projects.
- For more important or larger collaborative efforts, many states develop memoranda of understanding or other formalized agreements with their partners. This work helps to solidify expectations and ensures that both parties have agreed on their respective contributions toward shared goals.
- Several states host annual conferences or other partner appreciation events. These events don't need to be long or overly complex to provide time and space to celebrate program progress and identify how partners want to contribute to future activities.
- If a formalized agreement exists with partners, states may also find it important to regularly check in on the progress of the work and their partners' engagement. By setting up an annual or semi-annual review of your formalized agreement, you can identify challenges or modifications that can help you maintain a strong partnership.

What can I do to formalize my partnerships?

There are various approaches you can consider to formalize prevention work with partners. These strategies can support continued suicide prevention work even when a funding cycle or specific initiative ends. In some cases, you may realize you need different partners to sustain an effort than you did to launch it. Although not every partnership can be formalized, identifying the appropriate ways to “bake in” partners' key suicide prevention functions is critical. Possible approaches include formal agreements, standing coalition or task force membership, or regular standing meetings with the partner.

Below are a few different approaches to formalize a partnership. States are most successful when they prioritize partners who are most critical for sustaining their efforts.

Formalized Agreements

Establishing a formal agreement (e.g., memorandum of agreement) between your agency and a partner is one way to “bake in” the critical activities your partner contributes for suicide prevention.

How can *formal agreements* promote sustainability? Formal agreements can be time- and labor-intensive on the front end, but they allow you and your partner to identify the specific activities and work to be maintained in the future. Since they are legally binding, these documents can serve to help sustain partnerships when/if core staff or leadership change.

Coalition Engagement

Inviting a partner organization to serve as a standing member of your coalition or task force more formally engages this partner in your prevention activities.

How can *coalition engagement* promote sustainability? Coalitions typically meet on a regular basis and include other stakeholders that can prevent suicides in the state or a community. And in the event that a partner experiences staff change, the expectation would be for that organization to continue participating with a replacement representative.

Regular Meetings

Even something as simple as scheduling a regular or reoccurring meeting with a partner can help to sustain collaboration.

How can *regular meetings* promote sustainability? By meeting regularly and with purpose, the partnership work becomes an expectation of “how we do things” and “how we collaborate.” These meetings can strengthen your partnership and highlight challenges or opportunities moving into the future.

What can I do when my partner experiences major changes?

You partner's goals, mission, or leadership will eventually change. When that happens, you'll need to reevaluate and reframe the partnership. If your collaborative efforts were successful and your partner felt valued and engaged, there are likely ways you can maintain a collaborative relationship in the future. Or you and your partner may decide to stop activities for the time being and revisit at a later time.

Example: Greg, a state suicide prevention coordinator, experienced some major shifts with one of his most critical partners, the State Department of Behavioral Health (DBH). Explore how Greg might handle these changes.

Leadership Change

Larry and Joan, the two key DBH staff involved in DBH's suicide prevention, have decided to retire. Greg is concerned that this staffing change will diminish recent progress in increasing care coordination between emergency departments and community mental health providers in rural parts of the state. What should Greg do to continue the care coordination efforts?

- Find a new partner to take on the work
Greg could explore engaging a different partner to advance care coordination. But he recognizes that it will be difficult to find organizations with the same level of access and authority to make significant progress within the state's mental health system.
Conclusion: This is probably not the best choice.
- Work with DBH leadership
Greg could get connected with DBH leadership to discuss the project and major accomplishments. Unfortunately, with Larry's and Joan's departures and other changes occurring at DBH, the director is unavailable for several months.
Conclusion: This is probably not the best choice.
- Seek Larry and Joan's guidance
Greg could work with Larry and Joan before they retire to better understand the transition process within the DBH. With this approach, he can help guide DBH's transition documents, and identify other key DHB staff to participate on partner calls during the hiring process.
Conclusion: This is probably the best choice for Greg moving forward.

Mission Change

Over the summer, the DBH commissioner mandated the department to shift its focus almost exclusively to substance abuse treatment and prevention. DBH staff are feeling stretched by the new work. On a partner check-in call, they seemed uncertain about whether they could continue their suicide prevention activities. What might Greg do to maintain his partnership with DBH?

- Highlight other suicide prevention activities DBH could take on
Response: Greg could highlight other suicide prevention activities DBH might take on. However, this approach probably won't convince them to continue the partnership. New projects would likely increase their workload and exacerbate the present barriers to continued collaboration.
Conclusion: This is probably not the best choice.
- Emphasize overlapping prevention strategies
Response: Greg could review the change in DBH's scope, and cross reference it with his own goals, initiatives, and knowledge about public health. Greg can highlight new or existing ways the suicide prevention work can be done in tandem with the substance abuse work, without adding new work.
Conclusion: This is probably the best choice for Greg moving forward.

Summary

Ultimately, change can (and inevitably will) occur with your partners. Like Greg, you can prioritize ways to stay abreast of significant changes with your partner, and respond in ways that continue to support their work while strengthening the relationship. Taking care to address major changes head-on will demonstrate your dedication to the partnership and put you in a solid position when future changes occur.

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