Prioritize Your Partners

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 partnerships before engaging those individuals or entities. The criteria you decide on will help you determine the best partner to pursue.

Here are some potential criteria to consider as you prioritize your partnerships:

- ☐ **Feasibility of Implementation** – What is the "lowest hanging fruit?" Which partner is most ready to help you advance your goals? What could your priority partner accomplish most easily?
- ☐ **Availability of Strong Partners** – Is there a partner with higher capacity or better reach to target populations that is ready to help you achieve the goals of your project/grant?
- ☐ **Level of Existing Resources and Capacity** – Are there certain partners already on board or connected to suicide prevention efforts elsewhere that could get started on particular objectives or activities? Are resources available to formalize partnerships as subcontracts, mini-grants, or memoranda of understanding?
- ☐ **Stakeholder/Community Support Level** – Have your stakeholders, target communities, or advisory group identified priorities in terms of what partner should be engaged first?
- ☐ **Critical Need** – Does the partner have the potential to address an essential or urgent gap in services or infrastructure?
- ☐ **Other**: _____

Use the following charts to prioritize potential partners for the objectives in your suicide prevention plan. After identifying one objective for each chart, choose three criteria from the list above. The example can guide you.

Objective: (*Example) Improve care transitions of patients treated for suicide attempts*

Potential Partner	Criterion #1: *Stakeholder & community support level*	Criterion #2: *Level of existing resources & capacity*	Criterion #3: *Feasibility of implementation*
Inpatient hospitals	*Zero Suicide implementation has started in many inpatient hospitals, so there is likely stronger support and buy-in for implementing continuity of care improvements.*	*Many inpatient hospitals are already connected to outpatient support services (e.g., community behavioral health organizations and/or local crisis centers). Therefore, they likely have some degree of capacity related to care transitions.*	*Hospitals already provide intensive discharge planning with patients. Hospitals also have strong performance incentives to reduce hospitalization within a specific period after discharge. Care transitions efforts can build on these existing processes and culture.*
Medical emergency depart-ments	*Several ED departments in the state have expressed concern about the high number of patients they are seeing with suicide risk. However, the state has few connections to EDs in those counties with the highest suicide rate.*	*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 to 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.*

Potential partner based on criteria: *Inpatient hospitals*

Objective:			
Potential Partner	**Criterion #1:** _____	**Criterion #2:** _____	**Criterion #3:** _____
Potential partner based on criteria:			

Objective:			
Potential Partner	**Criterion #1:** _____	**Criterion #2:** _____	**Criterion #3:** _____
Potential partner based on criteria:			