Building and Sustaining Partnerships
Cohort 9 State/Tribal Training Series
November 6, 2014 3-4:30 p.m. EST

Full Webinar Recording: http://www.sprc.org/grantees/webinars

Notes for TRIBAL Breakout Session – Key Considerations in Reaching Perplexing Partners or Settings

Session Participants: Brandy Judson – Native American for Community Action
                          Cyndi Nation – Tanana Chiefs Conference
                          Thomasine Fife – Muscogee (Creek) Nation
                          Eddie Villegas – Florida – University of S. Florida
                          Stephanie Craig Rushing – NW Portland Area Indian Health Board

I. DISCUSSION
Discussion focused on who grantees felt they may have challenges with in establishing relationships.
This prompted the group to share solutions and advice on how to overcome challenges with partners.

Challenges:
- One behavioral health program has an MOA with the hospital with Fairbanks Memorial Hospital (FMH). Suicide attempters go to the hospital, but once the client is released the suicide prevention program is not notified for follow-up
- Care coordinators/behavioral health aids fill out the Medivac (Medical Air Transport) which will help with the coordination for follow-up
- Working with Community Mental Health Centers to coordinate care so people don't fall through the gaps. Perceived competition to serve clients simultaneously creates a problem in developing relationships even though we are trying to achieve the same goal.
- Different organizations (i.e. Recovery, Diabetes Prevention, Substance Abuse, Behavioral Health, etc.) within a tribe to support initiatives without funds
- Asking for support with some of the bigger agencies in the community, i.e., Hospital, BH, etc. to share data

Overcoming Challenges:
- Provide support to partners via training and diversion youth activities, instead of funding.
- Personal relationship goes a long way
- Establish coordinators at each site, who are trained and receive technical assistance by the grant program

In addition, successful strategies to make the case for the partnerships were shared:
- Fill training needs (as applicable) the partner may have
- Provide what is meaningful to the partner i.e., accurate data
- Fund a part-time local site coordinator
- Provide funds to implement an evidence based initiative selected by the tribe
- Establish specific objectives with concrete activities with the partner to show a clear indication of how they relate to the greater Goal/s.

The group concluded the discussion by emphasizing that partnerships rely on identifying the right person and negotiating (i.e. space to provide activities; screening, training), while being flexible.

Notes for STATE Breakout Session – Key Considerations in Reaching Perplexing Partners or Settings

Session Participants:

      Barri Faucett, Jacki Payne, Patrick Tenney – WV Department of Health & Human Services

      Dave Miers, Jennifer Fry, Susan Adams – NE Department of Health & Human Services

      Mark DeKraai, Kate Speck - University of NE – Public Policy

      Gib Sudbeck, Jannet Kittams-Lalley, Roland Loudenburg- SD Department of Social Services

      Jan Ulrich- KY Department of Health

      Jeffery Hill – RI Department of Health

      Jennifer A., Jennifer Kirby, Melissa Sparks, Scott Ridgway – TN Department of Mental Health

      Kim Walton – IN Community Health Network

      Lauren Bizyk, Pat Smith – MI Department of Health

      Nicole Lawson, Savannah Kalman – OK Department of Mental Health & Substance Abuse

      Shaye Erhrd – PA Office of Mental Health & Substance Abuse Srv.

      Sigrid Pechenik – NY Research Foundation for Mental Hygiene

      Sigrid Reinert – WA State Department

      Teresa Belew - AR Department of Health

      Yolanda Jenkins, Robert Dunleavy, – DE Division of Prevention & Behavioral Health Srv.

      Jay

      Lily G.

      Janell

I.   DISCUSSION

The initial discussion focused on what kind of partners grantees were planning to partner with for the new grant:

- Large community mental health authority
- Emergency Departments
- Public/Private Inpatient psychiatric hospitals
- Law Enforcement
- Crisis response systems/ Crisis lines
- State Behavioral Health regions
- State Suicide Prevention coalitions

- Large hospital groups
- School systems
- Department of Child Services
- Juvenile Correctional Facility
- Community Mental Health centers
- NVRDS systems, fatality review teams

- Behavioral Health providers
- Counties
- Student Assistance Program Trainers
- Colleges
- Foster care

In addition, participants discussed potentially challenging relationships, as well as solutions and advice on how others worked with partners to overcome challenges.

Challenges:
- Staff turnover can interrupt/disrupt relationships, unless an MOU is in place
- Emergency Department relationships can be challenging
- Working with other state agencies: limited resources, not having the same resources to participate/contribute; getting data
- Contracts asking for too much work with too few resources
- Going from informal agreements to formal protocols
- Data-sharing resistance
- Concern about how data may reflect on agency/partner

Overcoming Challenges:
- Champions can be helpful in establishing a relationship
- Engaging people/agencies early on in planning can help engage them
- Drawing on natural affinities/shared interests
- Asking partners from previous grants what you can do better (safe space, no notes to encourage frankness); which allowed for improvements to new contracts
- Creating 'no blame, no shame' culture as part of data sharing agreements
- Using non-state agency partner to collect data (more neutral entity)
- NVDRS helps access data, as do VA and child death review systems
- Get buy-in at the top (superintendents) AND buy-in from champions from the schools (including school nurse association)
- Strategies that worked to engage schools
    - State legislation requiring training can be very persuasive/opens doors
    - Grassroots engagement on a school-to-school basis; building a positive reputation