Indiana Suicide Prevention Resources Toolkit

Suicide Learning Collaborative
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Indiana Department of Health

Introduction

Death rates for suicide have continued to rise both nationally and in Indiana, despite efforts to curtail these trends. Based on recent data (2018), suicide is a top 10 leading cause of death in Indiana for people aged 10-64 years, and is the 11th overall leading cause of death for all ages.[1] While each suicide death or attempt is different, there are ways to address the multiple factors involved. Suicide prevention efforts must utilize different strategies, require a wide range of partners, coordinate community response language, and draw on a diverse set of resources and tools.

This toolkit is aimed to help address the need for practical, and when possible, Indiana-specific tools for various sectors/professionals. Within this document, the first portion details new suicide trends based on 2018 data and the second portion includes best practice tools for the following professional groups: healthcare, first responders, government, stakeholder groups, justice, employers, faith-based, media, coroners, family, education, and populations of special consideration.

This toolkit was developed in partnership between the Suicide Learning Collaborative, a multi-disciplinary working group addressing suicide in Indiana, and the Indiana Department of Health's Fatality Review and Prevention Division. Throughout the development process, members of the Collaborative were asked to supply relevant tools to their topical area as well as provide feedback on proposed tools.

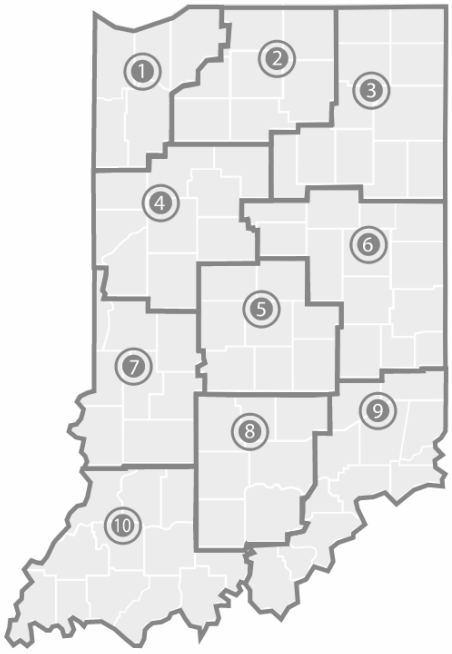
The hope for this document is that professionals from these various subgroups can utilize these tools in their work. While none of these sections are fully comprehensive for suicide prevention, there are many toolkits that specialize in just one of these topics. This toolkit serves as a simplified, action-oriented version of the other toolkits. The tools highlighted in this toolkit are primarily based off of existing national toolkits and best practice guides. We do recommend professionals read through other profession-specific toolkits referenced for further context and detail.

Stakeholder Groups

Introduction

A community coalition or stakeholder group is formed if enough people recognize the need for change and action in a community, regardless of the issue. A stakeholder group is a multi-disciplinary diverse group focused on examining a certain issue and creating/implementing actionable steps to bring about change.

In Indiana, suicide coalitions across the state are organized into ten regions. One can find out more information about the suicide coalitions here: https://www.in.gov/issp/2377.htm. Beyond suicide coalitions in Indiana, there are many other groups focused on similar topics. For example, Systems of Care groups are focused on improving the access to and quality of behavioral and mental health services for youth and families and Local Coordinating Councils are focused on planning and coordinating body for addressing alcohol and other drug problems. These groups help to implement prevention, intervention, and postvention initiatives across the state of Indiana and all have similar aims when it comes to coalition work and community change.



Stakeholder Group Resources:

- Guide to Identify Stakeholder
- Strategic Planning with Suicide Prevention Initiatives Guide
- Logic Model Template
- Managing Coalition Dynamics
- Ensuring Culturally Competent Collaboration
- Worksheet: Creating a Memorandum of Agreement
- Braiding and Blending Funding
- Coalition Annual Report Template
- National Suicide Prevention Resources
- Working with Suicide Loss and Attempt Survivors
- Suicide Training: Evidence-Based Program Repositories for Stakeholder Groups

GUIDE TO IDENTIFY STAKEHOLDERS

Very few stakeholder groups happen spontaneously. More often, individuals need to actively persuade, or recruit, potential partners to work with them. Although recruitment can be as simple as placing a phone call or sending an email, successful recruitment takes time and intentionality if you are looking to build a more long-term, sustainable collaboration. Below are a few steps to go through when thinking through which partners to engage.

Phase 1: Do Your Homework

Before reaching out, learn everything you can about your potential partner. The more you know about your potential partner, the more likely you will be to reach out to the right person and make a case for collaboration that resonates with your partner's priorities and experiences.

- Be judicious about with whom you connect first. Start with someone who can help you get the lay of the land, who has decision-making authority, or who has positive experiences collaborating in the past.
- Review the organization's past media presence as this can help you figure out which issues matters most to them and who their key players are. Has the organization recently experienced a change in leadership? Has the group expressed a need that your collaboration could address?

Phase 2: Establish a Relationship

People are more likely to work with people they know and trust. Plus, collaborations built on existing relationships are more likely to be sustained over time. So, take the time to build a relationship before moving in for the "ask." Whenever you can, make a personal connection.

- Find a mutual contact who can introduce you to the person with whom you want to connect.
- "Break bread" with your potential partner by asking him to coffee or lunch.
- Connect with your potential partner's organization on social media and share or retweet the organization's posts.
- Ask if you can begin attending meetings at your potential partner's organization or invite them to attend yours.

Phase 3: Develop your pitch

Develop a short, convincing message that clearly describes what you want from your potential partner, and how you will both benefit. Will working together provide the partner with access to needed resources? Help access hard-to-reach populations? Prevent duplication of efforts?

- Be concrete. What will collaboration look like?
- Remember that one size does not fit all when it comes to making a pitch. Your reasons for collaborating with one partner will not be the same as your reasons for partnering with another, nor will their reasons for wanting to partner with you.

Phase 4: Choose a Delivery Approach

When it finally comes time to ask your potential partner to do something, how will you do so (i.e. send an email)? When choosing an approach, consider your existing relationship with the person and what you know about their communication style.

- Although face-to-face meetings are a nice way to add a personal touch, calling or writing potential partners can be effective if you are short on time or need to engage a number of partners.
- Consider using a combination of delivery methods. For example, begin by providing background information via email, then follow up with an in-person meeting.

This was adapted from Prevention Solutions @ EDC's "Growing Your Collaboration: Preparing for Recruitment," which can be found here: https://pscollaboration.edc.org/sites/default/files/attachments/Growing-Your-Collaboration-Preparing-for-Recruitment_508compliant_0.pdf

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STRATEGIC PLANNING WITH SUICIDE PREVENTION INITIATIVES GUIDE

When convening a stakeholder group, it is important to keep in mind a strategic planning approach that incorporates long-term goals and evaluates outcomes.

In the subsequent pages, there are step-by-step instructions on how to utilize a strategic planning approach to suicide prevention. These sections follow the outline on the left, with six steps in total. At the end of the document, there is a health equity evaluation tool so teams can check whether their interventions are designed with an anti-racism health equity lens.

This framework was largely adapted from the Suicide Prevention Resource Center's (SPRC) online training "A Strategic Planning Approach to Suicide Prevention." For individuals interested, SPRC offers this free two- to three-hour training online, here: https://training.sprc.org/enrol/index.php?id=31.

The equity tool was adapted from the National Farm to School Network's "Racial and Social Equity Assessment" which can be found here: http://www.farmtoschool.org/resources-main/nfsn-programs-and-policy-racial-and-social-equity-assessment-tool.

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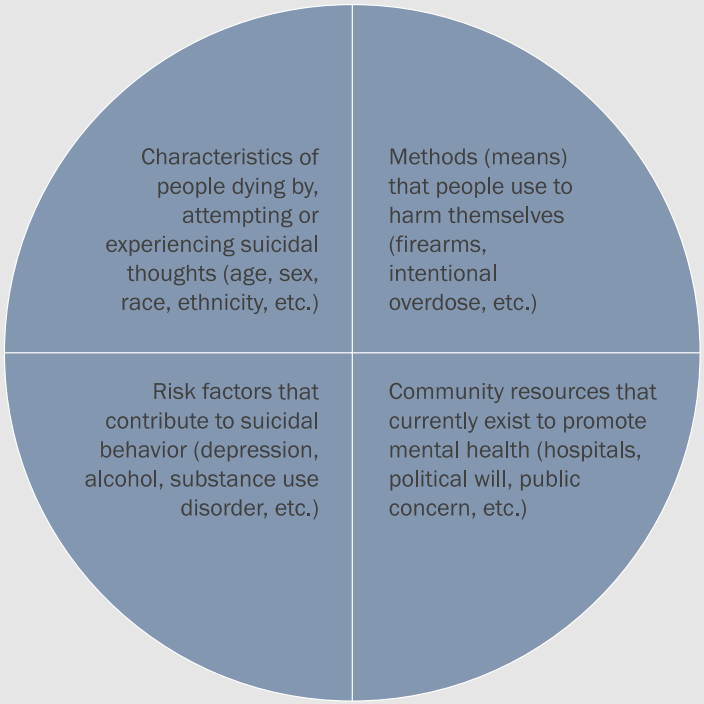
1. Describe the problem and its context

It is vital to get an accurate picture of suicide in one's community if the goal is to create effective, lasting, and purposeful prevention strategies. For example, if one thought there were only veteran suicides in a community when there were actuality teen suicides, how would one create effective prevention strategies?

Below are the various information and facts a community would want to gather before implementing a suicide prevention initiative. This information can be gleaned by reviewing research/data and talking with citizens.



2. Choose long-term goals

Without long-term goals, ideas, and strategies, groups can lose direction and not address the ultimate goal. That is why it is vital to choose a long-term strategy initially before choosing prevention strategies. As stated below, this long term goal should be specific and actionable. If one chooses too broad a goal, it may be difficult to implement the goal. For example, between the two sentences below, the first sentence is a better long term goal as it targets a specific group of people and a specific circumstance or setting.

✓ "Reduce suicidal behavior in LGBTQIA+ youth in our county." *

✗ "Reduce suicide deaths in our county."

Long term goals should surround reduction in suicidal behavior in a…

- specific **group of people**, associated with a specific risk factor
- specific **circumstance or setting**

Additionally, does this long-term goal answer the questions listed below.

- Extent – How widespread is the problem?
- Disparity – Does the problem represent a health disparity?
- Capacity – Are there resources that can be directed at the problem?
- Understanding – Is enough known about the problem to take action?

*LGBTQIA+ refers to lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or allied.

3. Identify key risk and protective factors

Shared risk and protective factors are key to getting an accurate picture of a group's characteristics. These factors are defined as:

- RISK FACTORS - Characteristics of people or environments that are associated with an increase in a health-related condition, such as suicidal behavior.
- PROTECTIVE FACTORS - Characteristics of people or environments that reduce the effects of risk factors and thus 'protect' people from risk.

With both risk and protective factors, no one factor is responsible for suicidal ideation, attempts or deaths. Below, is a chart of a few risk and protective factors specific to suicide prevention.

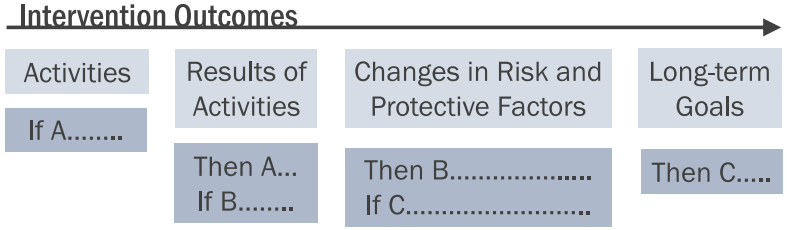
Risk Factors	Protective Factors
Mood/anxiety or substance use disorders	Effective and accessible healthcare options
Prior suicide attempt(s)	Connectedness to others
History of trauma	Problem solving/coping skills
Access to lethal means	Early treatment or detection

When choosing risk and protective factors, choose factors that would best reduce suicide ideation and attempts in the specific identified population. It is helpful to ask questions listed below.

- Which factor would have the most impact in reducing suicidal behavior?
- What efforts has the research literature documented that address specific risk and protective factors, and were effective?

4. Select or develop interventions

When choosing the activities a group wants to implement to prevent suicide, it is important to determine whether the activity addresses the specific risk and protective factors and the long-term goal, previously identified

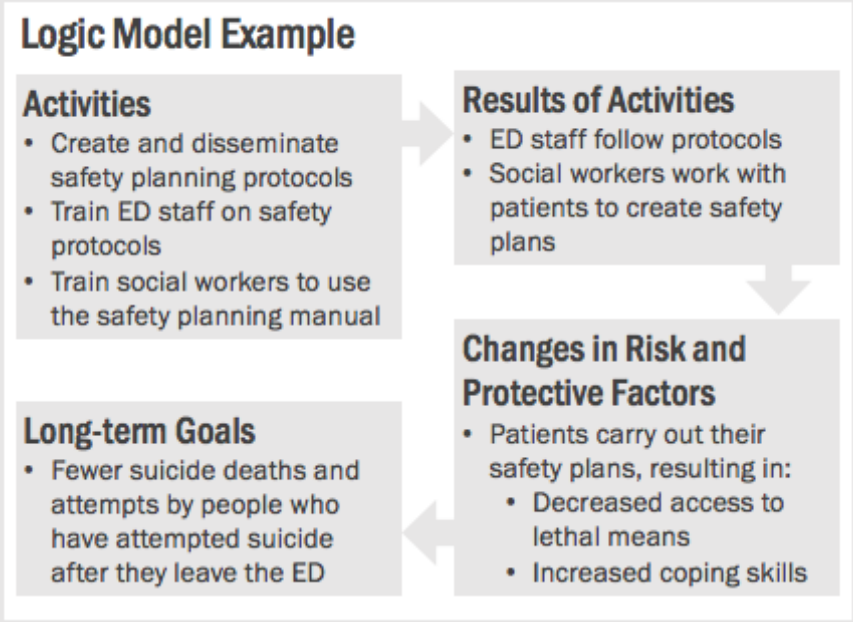


To determine whether this intervention is the best for a particular community, one can use a logic model, like the one above. Per SPRC's description, a logic model, "is a systematic and visual way to show the relationship between your intervention and the change you hope to achieve in the risk and protective factors, which will then lead to achieving your long-term goals." Logic models work as a series of "if-then" statements to assess intervention outcomes; an example of these statements are below.

"If protocols are created specifying that ED staff contact a hospital social worker after treating a patient for a suicide attempt or crisis, ED staff are taught these protocols, and social workers are trained to work with patients to create safety plans...."

"Then ED staff will follow protocols by contacting a social worker after treating a patient for a suicide attempt, and social workers will work with patients to create safety plans...."

Logic Model Example



After creating a logic model, it is helpful to create an action plan to clarify what tasks need and who is responsible for what. An list of what one may want to include is listed below. After creating the action plan, revisit the original goal. Does it capture what the group wants to implement?

Action Plan

Task	People	Timeline
A list of tasks and subtasks in the order in which they must be completed	Who has primary responsibility for overseeing each task?	Timelines and target dates for each task

*Additional helpful information could include; objectives for each task, who else will be involved in each task, what resources will be needed for each task, who should be informed about each task (even though they may not be involved)

5. Plan the evaluation

Evaluation is vital to validate an activity's efficacy. It helps determine what data needs to be collected, changes that need to be made to the project, and potential interventions to pursue in the future. Individuals charged with planning the evaluation need to consider a few key questions.

Who should be involved in the evaluation?

- Agencies, organizations, and people who will be expected to collect or provide data
- Groups that will be interested in the evaluation results

Where will the data come from?

- Accessing existing data
- Revising existing systems
- Creating a new data system

What should be evaluated?

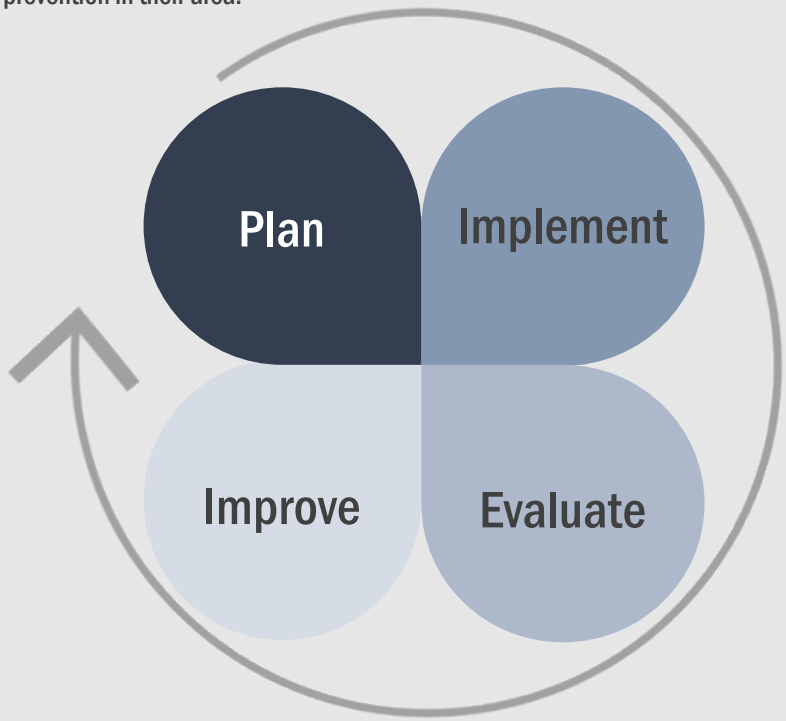
- Have the activities been implemented as expected?
- What were the results of the implemented activities?
- What changes were seen in the aforementioned risk and protective factors?
- Did the results of the implemented activities align with the long-term goals

Does the project need an evaluation specialist?

6. Implement, evaluate, and improve

Finally, getting to the implementation stage, the group implements all they have planned. Once the implementation begins, it is vital to simultaneously start evaluation efforts to determine whether goals are being met. Once all of this is completed, the process can start over again and the group can outline new goals and strategies.

Regardless of the interventions chosen, it is vital that communities begin having these conversations and determining what can be done with suicide prevention in their area.



Health Equity Evaluation Tool

Question	Yes	No	How or Why?
Could this program lead to greater access to health resources in communities of color or socially disadvantaged* communities?			
Could this program lead to increased engagement in healthy behavior or practices in communities of color or socially disadvantaged communities?			
Do people of color or socially disadvantaged individuals have greater control over community resources as a result of this program?			
Will this program work towards reducing racial health disparities in Indiana?			
Does the program have targeted impacts for a specific community of color or socially disadvantaged community?			
Are targeted communities of color or socially disadvantaged communities engaged in the development and implementation of this program?			
Does the program explicitly include a strategy for direct representation of community stakeholders?			
Are there components of this program that may unintentionally further racial and social inequities?			
If this program is created, could it create immediate change for communities of color or socially disadvantaged communities?			
If this program is created, could it create systemic change for communities of color or socially disadvantaged communities?			
Does this program directly address the needs and desires expressed by community stakeholders?			
Does this program support local leadership from socially disadvantaged communities?			
Does this program allow communities of color and socially disadvantaged communities to adapt implementation to local needs and desires?			

*The deficit-based term "socially disadvantaged" was used intentionally to align with federal classifications. Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias because of their identities as members of groups without regard to their individual qualities. Small Business Act (15 USC 637).

LOGIC MODEL TEMPLATE

As mentioned in the previous pages, it is important to have a logic model when strategically planning initiatives and programs. Below is an example of a completed logic model and on the next page is the same logic model, but blank.

Program Name: Fictional Crisis Hotline **Date:** 6/1/13

Target Population: In-crisis residents in the metropolitan areas of Baltimore, Maryland (zip codes 21201, 21202, and 21210)

Resources	Activities	Outputs	Outcomes	Evaluation	Needs
The capacities and resources available to the program	The program activities conducted with the resources	The direct products of the program activities	What your program expects to change as a result of the activities	How your program addresses outcomes	Needs in the community that the outcomes address
Three psychologists on staff trained annually in ASIST A large volunteer base from the local suicide prevention coalition that can be leveraged as needed Enough funding to run the program for one year ($50,000) Donated space to run the program at the local department of health Hotline equipment (phones, phone lines, answering service, etc.) An MOU with the sheriff's department to conduct house calls when hotline staff identify a caller as high-risk	Operate a 24-hour hotline for individuals in Baltimore	616 in-crisis callers served in the past year	**Short term:** None **Long term:** Decrease in suicide rate in Baltimore by 20% over the first 3 years	Assess changes in suicide rates before and after hotline initiation using hospital data	Mayor's Task Force Report indicated Baltimore has high rates of suicide compared with U.S. average
	Screen callers for mental health problems using the PHQ-9	550 in-crisis callers screened for mental health problems in the past year	**Short term:** Increase the identification of callers at risk for suicide by 15% in the first 6 months **Long term:** None	Assess changes in the number of callers screened for risk of suicide	An assessment conducted by the state health department identified a lack of support for in-crisis Baltimore residents

This was adapted from RAND's "Suicide Prevention Program Evaluation Toolkit" which can originally be found here: https://www.rand.org/pubs/tools/TL111.html..

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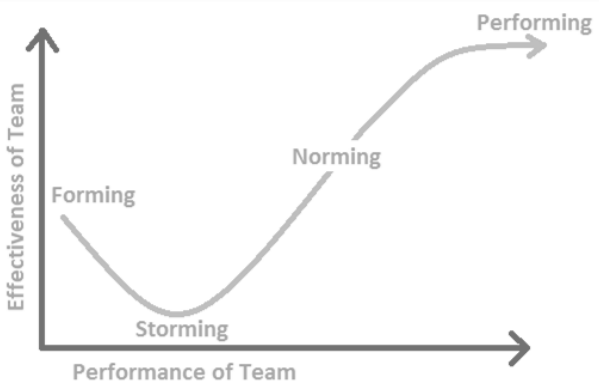
Program Name: _____ **Date:**_____

Target Population: _____

Resources	Activities	Outputs	Outcomes	Evaluation	Needs
The capacities and resources available to the program	The program activities conducted with the resources	The direct products of the program activities	What your program expects to change as a result of the activities	How your program addresses outcomes	Needs in the community that the outcomes address
	Activity 1:	Outcome 1:	Short Term: Long Term:	Measure 1:	Need 1:
	Activity 2:	Outcome 2:	Short Term: Long Term:	Measure 2:	Need 2:
	Activity 3:	Outcome 3:	Short Term: Long Term:	Measure 3:	Need 3:
	Activity 4:	Outcome 4:	Short Term: Long Term:	Measure 4:	Need 4:
	Activity 5:	Outcome 5:	Short Term: Long Term:	Measure 5:	Need 5:

MANAGING COALITION DYNAMICS

In a perfect world, every prevention collaboration would come together effortlessly: members would agree right away on goals and processes, then work together harmoniously and efficiently to produce lasting change. But as anyone who has started or managed a coalition knows, the reality of group functioning is often a whole lot messier. This tool offers an overview of four stages (originally from the *Stages of Development Team Theory*) of team development, accompanied by tips for maximizing productivity and cohesion, reducing conflict, and steering group members toward long-term success.



Stage 1: Forming

When new groups first come together, members are likely to feel both excited and anxious: eager to get started but also unsure of what will be expected of them and/or how they might contribute. To support group functioning at this stage, leaders should focus on guiding members toward ownership and investment in the newly formed group. Tips for doing this include the following:

- **Define the group's mission and goals.** The fastest way to give members a voice and reason for participating is to have them help define the direction of the group. Having a clear mission and goals will also help to allay the anxiety of members who are unclear about the group's direction.
- **Focus on creating group identity and a sense of belonging, rather than accomplishments.** Until members develop a sense of shared ownership, any accomplishments will feel false and may be attributed to the leader rather than to the efficacy of the group as a whole.
- **Build trust.** Prevention-focused collaborations often bring the same players to the table. These groups often hold deeply held opinions about one another and may or may not feel comfortable working together. Recognizing potential "turf" issues early on, and then working collaboratively to build an atmosphere of respect and trust, will lay the foundation for open dialogue and productivity over time.

Stage 2: Storming

Groups in the Storming stage are figuring out how to meet their goals and define their processes. For some members—especially those who are uncomfortable with ambiguity—this phase can generate some frustration. They may vocalize concerned about the direction the group is heading and/or have doubts that identified goals will be met. For leaders, successfully managing the Storming stage and addressing member concerns s crucial to the longevity of the collaboration. Some tips for managing dynamics during this stage include the following:

This was adapted from Prevention Solutions @ EDC's "Managing Coalition Dynamics" document, found here: https://pscollaboration.edc.org/sites/default/files/attachments/Managing-Coalition-Dynamics_508Compliant_0.pdf.

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- **Break down larger goals into smaller, achievable steps.** This will help members identify clear opportunities for participation and concrete ways to contribute, and realize immediate, short-term success.
- **Redefine goals with concrete, measurable outcomes.** Members who are uncomfortable with vague processes will rejoice at knowing exactly how success is defined. It's also helpful to begin creating the evaluation design in this phase—and to involve interested members in this process.
- **Invite members to voice their concerns openly and honestly**. Let members know that their feedback is important, and that the input of all members is valued equally. Work together to develop a process for sharing ideas and concerns.

Stage 3: Norming

In Norming, members begin working independently and/or in small, task-oriented groups, clarifying processes and objectives along the way. Groups in this phase welcome constructive criticism: members feel like they can say what they're thinking, have a sense of belonging to the group, and are realistically optimistic about meeting the group's overarching goals. Though it may appear that the group is now functioning autonomously, groups in the Norming phase benefit enormously from smart leadership. Tips for success at this stage include the following:

- **Delegate responsibility.** The Norming phase is a great time to identify and build potential leaders. One way to do so (and increase productivity at the same time) is to delegate tasks to subgroups headed by the collaboration's rising stars.
- **Refine processes (as needed).** While leaders may feel good about the swell of productivity that often marks the beginning of the Norming phase, be vigilant about identifying and reviewing processes that may hamper workflow or cause frustration for members.
- **Encourage members to get feedback and support.** Much of the leadership work of Norming is establishing a culture of positive support. Creating a space for sharing and soliciting feedback as members move toward goals is a great way to do this.

Stage 4: Performing

Groups in the Performing phase are working steadily toward their long-term goals and have a solid number of "wins" under their belt. Members are enthusiastic about both their work, feel confident about the group's abilities, and are able to anticipate and effectively address potential roadblocks. Leaders may be tempted to take a hands-off approach; instead, leaders should ensure that members remain engaged and prepared for potential changes in focus, direction, or leadership. Tips for managing group dynamics in the Performing phase include the following:

- **Allow group members to assume new roles organically—especially those related to leadership.** This will not only help members continue to grow and remain engaged but is also critical to the group's long-term sustainability.
- **Provide opportunities for professional or personal development.** Share information about relevant conferences and trainings and invite speakers in to share their expertise. Encouraging professional and personal development not only builds the capacity of your group but also shows members that you are invested in their continued growth and learning.
- **Celebrate coalition successes and wins.** Devote dedicated time to praising hard work and letting members know how much they are valued and appreciated.
- **Identify and tackle new prevention challenges.** Collaborations with a proven track record of success are ideally suited to taking on new projects and shifting their focus to address issues.

ENSURING CULTURALLY COMPETENT COLLABORATION

Cultural competence describes the ability of an individual or organization to interact effectively with people of different cultures. It also means being respectful and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse population groups. Effective collaboration depends on cultural competence. Although cultural competence isn't a quick fix and can't be accomplished simply by following a set of culturally sensitive rules and recommendations, here are some tips for increasing the cultural competence of your collaborative efforts:

Make sure that all printed, digital, and audiovisual materials reflect the culture, preferred language, and background of the populations they are meant to serve. For example, in tribal communities, symbols have language; therefore, some terms and their uses can vary depending on the audience's country of origin. Understanding and using the most appropriate terms and phrases for your intended audience helps to ensure that materials are welcomed and not deemed offensive.

Connect with culturally relevant organizations to be your outreach ambassadors. For example, if an organization focused on suicide prevention among college students and it would like to reach Latino college students, partner with a Latino organization on campus to help reach these students. The Latino organization will know the best ways to communicate to Latino college students and help outreach.

Invite a member from the community to co-present. This will help to ensure that your audience feels like they are being heard and represented in a discussion and conveys the message that the knowledge and experiences of community members are respected. For example, if the presenter was speaking about suicide prevention at a church made up of largely Spanish-speaking congregants, it may be helpful to have a Spanish-speaking individual with lived experience speak as well.

If making a presentation, practice remarks with an interpreter (if using one) to rehearse pacing and translation pauses—that is, the time it takes for the interpreter to translate content from one language to another. For example, Spanish uses more words than other languages. As a result, when translating from one language to Spanish, there is a median duration pause of 100 milliseconds longer than for other languages. This helps to reduce confusion among individuals.

This was adapted from Prevention Solutions @ EDC's "Tips for Ensuring a Culturally Collaborative Collaboration" document, found here: pscollaboration.edc.org/sites/default/files/attachments/Tips-for-Ensuring-a-Culturally-Competent-Collaboration_508compliant.pdf. The graphics are from Noun Project (Languages by supalerk laipawat, shake hands by fajar hasyim, presentation by Gregor Cresnar, Language by the Icon Z)

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WORKSHEET: CREATING A MEMORANDUM OF AGREEMENT

A memorandum of agreement (MOA) is a written document that describes how two parties will work together to meet a common objective. MOAs help partners specify the purpose of their collaboration, as well as the roles and responsibilities of each partner in achieving articulated goals. MOAs can range from informal (a firm handshake) to formal (a binding legal document that holds parties responsible to their commitment). The terms memorandum of agreement and memorandum of understanding (MOU) are often used interchangeably. This tool presents the major sections of a standard MOA, accompanied by a template that can be adapted.

- **Purpose and Scope.** This section conveys the "big picture" of why and how all parties will work together. It typically includes a clear mission or vision statement that defines the primary purpose of the collaboration and how it will benefit the community. It may also include the goals and objectives that the collaboration hopes to achieve. Other components may include name of all parties involved in the collaboration; brief description of the scope of work and desired outcomes; financial obligations of each party, if applicable; dates that the agreement is in effect; key contacts for each party.

- **Background.** This section contains a brief description of the agencies participating in the collaboration, as well as any current or historical ties between partners.

- **Responsibilities under this MOA.** This section contains a brief description of how partners will work together (i.e., what they will be doing), as well as individual partner responsibilities. It can also describe expectations for meetings and communication (e.g., frequency and approach), and the types of management and decision-making processes that will be used. It may also include descriptions of:

    - How information will be shared across agencies, including any policies or procedures that inform and/or dictate the selected approach.
    - Partner responsibilities related to evaluation, data collection, data sharing, and reporting.
    - Who has decision-making authority? Some MOAs may benefit from a delineation of decision-making authority.

- **Funding.** This section describes each partner's fiscal duties, if any, ensuring that these are consistent with the stated goals and planned activities.

- **Effective Date and Signature, including:**
    - *Duration of the Agreement*—the effective date that the agreement begins and how long it will be in effect, as well as circumstances under which the agreement can be modified or terminated.
    - *Signatures*—the MOA is not considered in effect until all parties have signed. Each party should keep an original signed copy.

This was adapted from Prevention Solutions @ EDC's "Worksheet: Creating a Memorandum of Agreement" document, found here: pscollaboration.edc.org/sites/default/files/attachments/Worksheet-Creating-A-Memorandum-of-Agreement_508Compliant.pdf

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Memorandum of Agreement Template

MEMORANDUM OF AGREEMENT (MOA)

Between

_____
(insert legal name of Party A)

And

_____
(insert legal name of Party B)

This is an agreement between "Party A," hereinafter called

_____
(insert commonly called name or acronym of Party A)

And "Party B," hereinafter called

_____
(insert commonly called name or acronym of Party A)

I. PURPOSE AND SCOPE

The purpose of this MOA is to clearly describe the roles and responsibilities of each party as they relate to:

In particular, this MOA is intended to:

II. BACKGROUND

III. RESPONSIBILITIES UNDER THIS MOA

(Party A) shall undertake the following activities:

(Party B) shall undertake the following activities:

IV. FUNDING

This MOA does (does not) include the reimbursement of funds between the two parties (clearly describe details of funding agreement/reimbursement).

V. EFFECTIVE DATE AND SIGNATURE

This MOA shall be effective upon the signature of Parties A and B authorized officials. It shall be in force from _____ to _____.

Parties A and B indicate agreement with this MOA by their signatures.

Name	Name
_____	_____
Title	Title
_____	_____
Party A	Party B
_____	_____
Date	Date
_____	_____

BRAIDING AND BLENDING FUNDING

With numerous grants and funding opportunities these days, it can be difficult to know how to coordinate all the funding. That is why it is vital to blend and braid funding. Blending funding involves co-mingling the funds into one "pot" whereas braiding funding involves using multiple streams to pay for different things. The subsequent templates help to navigate these complex funding frameworks.

Step 1: Prior to developing the funding model, your group must identify what you hope to accomplish by blending and braiding funding. Fiscal coordination strategies are only a means to an end, and to be successful, the end needs to be well defined. Regardless of the scope of your goals, you need to clearly define them and outline what you will be funding. Fill out the questions below.

- What population do we need to serve?
  - Demographics of the population (age, income, race/ethnicity)
  - Needs of the population (health, mental health, housing, etc.)
  - Strengths/protective factors of the population
  - Other resources/systems likely to be serving the population

- What are the services or interventions that are part of our program?
  - Services we will provide, including case management
  - Services we will refer out
  - Services we will purchase
  - Priority of services we're planning – which ones must be provided versus preferred, but not critical
  - Length of services we expect to provide on average

- Evidence-based of the services we're planning What will our services accomplish and how will we know?
  - Desired outcomes from the services
  - Plan for monitoring, evaluation, and quality assurance

- Where are we delivering the services?
  - Whether home-based services will be included
  - Whether school-based services will be included
  - Other locations where services will be provided
  - Staff and client transportation needs to access service sites

- Who will deliver the services?
  - Qualifications of providers who will implement services
  - Number of providers needed to implement the array of services
  - Qualifications of supervisors

- What infrastructure is needed to support the program?
  - Indirect expenses (phones, supplies, physical space, etc.)
  - Daily direct expenses (staff, equipment, transportation, etc.)
  - Other direct expenses (supervision, training, evaluation, etc.)

This was adapted from the Spark Policy Institute's Colorado Guide 1: Blending and Braiding: A step by step instructions to develop and expand fiscal coordination.

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Step 2: Fill in the "population" column with the answers to the questions. In the example below, based on a homeless services program, the population includes two age ranges and two types of need – at risk and already homeless. They also noted that their population is likely to be lower income and some of the youth would be runaways without families.

Step 3: Collect information about your funding streams from your fiscal staff, the funder's documentation sent to your organization, the funder's website, or by talking to the funder directly. Review the information and start to enter the specific information that tells you what is allowed and not allowed in the context of your program design. Write that information in the "funding stream" columns.

EXAMPLE:

Population	Funding Stream 1	Funding Stream 2
What population do we need to serve?		
Youth ages 12-18	Eligible if parent/guardian is income eligible	Yes, if homeless
At risk of losing their housing	Yes, provided the risk of losing housing is leading to risk related to self-sufficiency, out-of-wedlock pregnancy, or keeping a two-parent family together	Not eligible, must be homeless

TEMPLATE:

Population	Funding Stream 1	Funding Stream 2
What population do we need to serve?		
What are the services or interventions that are part of our program?		
What will our services accomplish and how will we know?		
Where are we delivering the services?		
Who will deliver the services?		
What infrastructure is needed to support the program?		
What is the time frame for our funding streams? (including allowability of no-cost extensions)		

Step 4: Create a list that breaks out into distinct subgroups all of the populations and services you want to fund. The goal is to have non-overlapping groups. In the example below, based on a homeless services program, the population includes two age ranges (youth ages 12 - 18, young adults ages 19 - 24), two types of need (at risk of being homeless, homeless), and three demographic factors (low-income, runaway, have children).

Step 5: Using the template below, place an X for what is allowable by each funding stream. You should end up with a grid that clearly shows what each funding stream can and cannot fund.

EXAMPLE:

Population	Funding Stream 1	Funding Stream 2
What population do we need to serve?		
Ages 12-18, at risk of losing housing, low-income families		X
Ages 12-18, at risk of losing housing, non-low-income families	X	
Ages 12-18, at risk of losing housing, runaway (no family income known)		X
Ages 12-18, homeless, low-income families		X
Ages 12-18, homeless, non-low-income family	X	X
Ages 12-18, homeless, runaway (no family income known)	X	

TEMPLATE:

Population	Funding Stream 1	Funding Stream 2
What population do we need to serve?		

Step 5: Using the previous templates, to complete the plan. Make sure to engage the fiscal and programmatic staff in the design of the plan, as they will be responsible for implementing it.

COORDINATED FINANCING PLAN

_____(*enter program/organization name*)_____
_____(*date created*)_____

PROGRAM DESIGN

- Provide a short overview of the program design, including eligible populations, direct services, and nonservice delivery activities.

FUNDING SOURCES

- Briefly list each funding source, the contact information, the amount, duration, and any critical information to understand the purpose of the funding stream in supporting the program. For example, one funding stream might be comprehensive, supporting all components, while another funding stream is for primary health care services only.

PROGRAM BUDGET

- Briefly describe the Program Budget.
- Indicate any key decisions made that relate to the budget, such as the total population served.

COST ALLOCATION

- Briefly describe your overall cost allocation model.
- Indicate whether you are blending or braiding.
- Include a list of all the sources of financial information and how to access them.

TRACKING AND REPORTING

- Include a timetable for your reports to your funders, including fiscal and programmatic reporting.
- Include your tracking and reporting tools. These tools should capture all of the information needed for all of your funders. They must include a timesheet to track personnel time spent on specific clients and on non-client-based activities.
- Include your protocol for completion of reports using the information collected. You will want to indicate how frequently programmatic staff must complete the tracking tools and the process for inputting data into various funders' databases or reporting templates.

FINANCIAL SYSTEMS

- Include a brief description of how your Coordinated Financing Plan aligns with existing financial practices and systems.
- Indicate where the Coordinated Financing Plan requires additional practices or systems and include protocols for those.
- Address potential need for segregating your funding in your accounting systems. This is critical for many public funding streams, and particularly important if you are a faith-based organization.

CONTRACTING

- Include an explanation of your contracting system (pre-approved providers, fixed price contracts, capitated contracts, case-rate contracts for multiple services).
- Include an explanation of your reporting requirements to ensure contractors provide sufficient information to meet reporting needs.

COALITION ANNUAL REPORT TEMPLATE

An annual report is a great way for groups to report out on outcomes. This report can begin with a review of the group's missions, goals, and structure and then summarize the various activities – usually task forces objectives, activities, and outcomes for the year. Below is an example of a coalition annual report and on the subsequent pages is a blank annual report template.

Coalition Annual Report Example

Mission
The Happy Valley Community Coalition is a community-wide alliance committed to improving the quality of life for all those living in Happy Valley.

Goals
To increase access to health care, especially for the uninsured, to advocate for local, state, and Federal health policy changes that increase access, and advocate for quality patient care through every stage of medical treatment.

2000-2001 Objectives
- *To increase Happy Valley residents' usage of the Community Dental Center to 25% of the total participants.*
- *Identify town health needs and resources and advocate for coordinated responses with Happy Valley Health Care and other providers.*
- *Implement, track, and evaluate the effectiveness of the coordinated outreach plan for enrollment in MassHealth.*
- *Involve consumers in the evaluation of the Happy Valley Community Dental Center.*
- *Implement a preventative educational dental program in Happy Valley.*

Task Force Activities
- *Distributed 25,000 pink business cards with phone numbers to call for health insurance enrollment assistance.*
- *Dental Center evaluation completed by patients.*
- *Provided informational luncheons for 50 medical office managers on community health center.*
- *8 people attended and 3 people testified at the public hearing on May 10 for the Health Now! Legislation*
- *Participated in the Community Health Access Project (CHAP).*

Outcomes
- *53.5% of total users of the Dental Care Center are from Happy Valley.*
- *Identified and advocated for health needs of Happy Valley residents.*
- *690 people enrolled in MassHealth and CMSP*
- *CHAP efforts brought #1,279,000 in resources to the valley.*

This was adapted from *Evaluating Community Collaboration*'s, "Coalition Annual Report" document, found here: tomwolff.com/resources/baker.pdf

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Coalition Annual Report Template

Mission:

Goals:

Year's Objectives:

1.
2.
3.
4.
5.

Task Force Activities:

-
-
-
-

Outcomes:

-
-
-

NATIONAL SUICIDE PREVENTION RESOURCES

As a coalition, the group may be asked to help connect individuals with care or to direct individuals to national resources. Listed below are several contact lines.

The National Suicide Prevention Lifeline: Call 1-800-273-TALK (8255)
A free, 24/7 confidential service that can provide people in suicidal crisis or emotional distress, or those around them, with support, information, and local resources.

Crisis Text Line: Text "IN" to 741-741
This free text-message service provides 24/7 support to those in crisis. Text 741-741 to connect with a trained crisis counselor right away.

Additional Phone Resources:

- **The Veterans Crisis Line and Military Crisis Line:** Call 1-800-273-TALK (8255) Press 1, Text 838255
- **Trevor Project (LGBTQ+ Youth):** Call 1-866-488-7386, Text "TREVOR" to 202-304-1200
- **Trans Lifeline:** Call (877)565-8860
- **Crisis Line for Individuals Deaf and Hard of Hearing:** Call 1-800-273-8255 (video relay service or voice/caption phone), Call 1-800-799-4889 (TTY)
- **Ayuda en Español:** Llama al número 1-888-628-9454

National Websites:

- **American Association of Suicidology:** https://www.suicidology.org
- **American Foundation for Suicide Prevention:** https://www.afsp.org
- **Mental Health America:** https://www.mhanational.org/
- **Mental Health.gov:** https://www.mentalhealth.gov/get-help
- **Suicide Prevention Resource Center:** https://www.sprc.org

This was adapted from Reporting on suicide's "Get and Share Support" webpage which can be found here: https://reportingonsuicide.org/onlinemedia/. The graphic is from Noun Project (phone by monkik).

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WORKING WITH SUICIDE LOSS AND ATTEMPT SURVIVORS

Supporting someone who has lost a loved one (suicide loss survivors) and individuals with lived experience (suicide attempt survivors) can feel overwhelming and complex. There are ways to help.

Suicide Loss Survivors

Accept their feelings: Loss survivors grapple with complex feelings after the death of a loved one by suicide, such as fear, grief, shame, and anger. Accept their feelings and be compassionate and patient and provide support without criticism.

Use sensitivity during holidays and anniversaries: Events may bring forth memories of the lost loved one and emphasize this loved one's absence.

Use the lost loved one's name: Use the name of the person who has died when talking to survivors. This shows that you have not forgotten this important person and can make it easier to discuss a subject that is often stigmatized.

There are numerous postvention resources available to suicide loss survivors. A few are listed below.

- Survivors of Suicide Loss Support Groups - https://afsp.org/find-a-support-group/
- LOSS (Local Outreach to Suicide Survivor) Teams - https://lossteam.com/
- Alliance of Hope - https://allianceofhope.org/
- American Foundation for Suicide Prevention - https://afsp.org/ive-lost-someone

Suicide Attempt Survivors

Ask and listen: Be an active part of your loved ones' support systems and check in with them often. If they show any warning signs for suicide, be direct. Tell them it's OK to talk about suicidal ideation. Practice active listening techniques and let them talk without judgment.

Be understanding: Do not make them feel guilty. Don't make it about you. Listen and be as understanding as possible.

Give a hug: Let them know that they are still loved and that you still want them in your life. Sometimes, a hug can say more than a thousand words.

Get them help and take care of yourself: Don't be afraid to get your loved one the help they might need. The Lifeline is always here to talk or chat, both for crisis intervention and to support allies. Helping a loved one through a crisis is never easy. You might want to talk about your feelings with another friend or a counselor.

This was adapted from Suicide Prevention Lifeline's webpages on Loss Survivors and Attempt Survivors, found here: https://suicidepreventionlifeline.org/help-yourself/loss-survivors/

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Evidence-Based Program Repositories for Stakeholder Groups			
Training	**Program Description**	**Format**	**Target Audience**
National Registry of Evidence-Based Programs and Practices (NREPP) SAMHSA https://www.samhsa.gov/nrepp	• This searchable registry, maintained by the Substance Abuse and Mental Health Services Administration, lists programs with evidence of effectiveness in preventing or reducing behavioral health problems, including suicide.	Site	• All stakeholder groups
SAMHSA's Evidence-Based Practices Resource Center SAMHSA https://www.samhsa.gov/ebp-resource-center	• This Resource Center contains a collection of science-based resources for a broad range of audiences. The resources include Treatment Improvement Protocols, toolkits, clinical practice guidelines, and other resource types.	Site	• All stakeholder groups
SPRC Resources and Programs Repository Suicide Prevention Resource Center https://www.sprc.org/resources-programs	• This searchable repository provides information on several types of suicide prevention programs, such as education/training, screening, treatment, and environmental change.	Site	• All stakeholder groups
Promising Prevention Practices Suicide Prevention Resource Center https://www.sprc.org/aian/promising-prevention-practices	• This list of promising prevention practices is culturally appropriate for American Indian/Alaskan Native settings. The recommended resources below provide information on culturally appropriate practices that may reduce risk and increase protective factors for suicide.	Site	• All stakeholder groups
Evidence-Based Practices & Programs National Institutes of Health https://prevention.nih.gov/research-priorities/dissemination-implementation/evidence-based-practices-programs	• These federal resources can help individuals identify evidence-based disease prevention approaches that have the potential to impact public health.	Site	• All stakeholder groups
Evidence-Based Programs Directory Youth.gov https://youth.gov/evidence-innovation/evidence-based-program-directories	• Multiple federal agencies have put together registries that list evidence-based programs as a way to disseminate information about programs and their level of effectiveness.	Site	• All stakeholder groups