POGA Presentation

June 26th 2024
2-4pm EST

Introduction

Amy Brinkley, CAPRCII, CPSP

Executive Director Paul's Plan Ministries

Senior Recovery Support Systems Coordinator, NASMHPD

Secretary, NAMI National Board of Directors

From Peer to Career in Indiana

- **CRS/CHW Certified (2015)**
- **CRS/CHW Trained Trainer (2015)**
- **Certified Addiction Peer Recovery Coach II (2021)**
- **Volunteer**
  - NAMI Peer to Peer Support Group Facilitator
  - NAMI Peer to Peer Class Trained Trainer
  - NAMI 'In Our Own Voice Presenter'
  - NAMI Gary Indiana
- **Paid Positions**
  - CRS/CHW Contracted Trainer (SMART Goals)
  - Wraparound Parent Peer Support Provider – Community Mental Health Center (Gary Indiana)
  - Bureau Chief – Office of Consumer and Family Affairs, Division of Mental Health and Addiction
  - Promoted to Director of Recovery Support Services – Division of Mental Health and Addiction
  - Recovery Support Systems Coordinator, National Association of State Mental Health Program Directors

Developing Partnerships 201

- What do Peer Run Orgs need to know?
- How to leverage partnerships for funding and/or advocacy
- Best practices and Traps to avoid

Would you like to know more about any of the following – Building Partnerships?	1	2	3	4	5	6	TOTAL
Building strategic partnerships with diverse entities	X	X		X	X	X	5
Collaborating with partner entities to address community needs, challenges in society, and policy change	X	X		X	X		4
Developing written agreements (e.g., memoranda of understanding, contracts, etc.)	X	X	X	X	X	X	6
Evaluating partnerships	X	X		X	X	X	5
Creating partnerships that are aligned with organization goals, values, vision, and mission	X	X		X	X	X	5
Creating partnerships that align with peer values	x	x		X	X	X	5

Building partnerships
what you want to know…

What are your organization's strengths when it comes to building partnerships?

- [Names director of organization.]

- We are known in our community and organizations have reached out to us

- 1)Lived Experience and Authenticity: [Organization Name] leadership and team members have personal experiences with the justice system, which fosters trust and authenticity in partnerships. 2) Community Engagement: Strong ties with local communities in [city], particularly in neighborhoods like [lists neighborhoods]. 3)Peer-Led Approach: The organization is peer-run, peer-led, and peer-driven, making it relatable and credible to potential partners. 4)Comprehensive Support Programs: [Organization name] offers a variety of programs like [name of] Training, Community Violence Intervention training, and the SWAG curriculum, which demonstrate their commitment to holistic youth support. 5)Successful Transitions: Proven track record of supporting youth in transitioning back into their communities and schools, showcasing effective program implementation.

- our board knows people associated with different agencies. Experience in the non-profit sector and recovery-oriented services.

- We have several partnerships but I think we can do a better job

What are ways your organization may need to grow when it comes to building partnership?

- We collaborate a lot but we need to learn to build better relationships with elected officials or people who believe in what we are doing. We used to have great relationships with elected officials and when I went to wrote with TX Council, no one stepped up to do that. We lost during that time.

- Diversity

- 1)Expanding Network: Need to build relationships with a broader range of stakeholders, including private sector entities and more governmental agencies. 2) Resource Allocation: Ensuring there are enough resources (time, staff, funding) dedicated to partnership development and maintenance. 3) Formalizing Agreements: Developing and utilizing more formal written agreements (MOUs, contracts) to solidify partnerships. 4) Data Sharing and Collaboration: Enhancing capabilities to share data and collaborate on research and evaluation with partners. 5) Training and Capacity Building: Investing in training for staff on effective partnership building and management.

- We need to build partnerships with other agencies.

- Learning how to initiate and develop partnerships. Learning how not to duplicate and support each partner versus compete with them.

- To reach beyond the usual suspects. I was excited to hear the organization that presented say they work the the National Football team, The Texans. Too cool!

What do you hope to learn during the POGA course about building partnerships?

- I want to learn how to get my employees to get better at building relationships with the people they interact with. How do I get them to see how vital it is for our organization? We talk about it and even have an outreach coordinator who only outreaches to people she knows.

- how to best complement each other

- ways to build strong lasting partnerships for our agency

- How to initiate and cultivate effective partnerships.

- How do you reach out to not the usual suspects. Do you go in twin an elevator speech or asking for money or something else.

State Perspective

State Role

- **Oxford Houses**
- **Regional Recovery Hubs**
- **Recovery Cafes**
- **Increased Peer Workforce**
- **Behavioral Health Commission Admin Support**
- **Recovery Support Workgroup**
- **Indiana Recovery Council (survey)**
- **Leadership Fellows Academy Launched**

Lived experience feedback loop
Co-producing recovery and resiliency in Indiana process evolution

Starting point

- ***2008–2019: Silos***

- Indiana Recovery Council (IRC), Recovery Support Workgroup (RSW), Mental Health and Addiction Planning and Advisory Council (MHAPAC) efforts informed DMHA to varying and sometimes contradictory degrees.

- ***2019–2021: "De/siloing"***

- Began to coordinate recovery efforts by collaboration and intentional focus on all initiatives between the IRC, RSW and MHAPAC.

Recovery/resiliency and consumer advisory silos

IRC = Indiana Recovery Council

- *What is the Indiana Recovery Council?*

- The Indiana Recovery Council is comprised of 16 individuals that support the goal of a recovery-oriented, person-centered service delivery system in Indiana.

- *What does the Indiana Recovery Council do?*

- Established in 2004, the IRC acts in an advisory capacity to the DMHA and the DMHA Mental Health and Addiction Planning and Advisory Council (to matters pertaining to Indiana residents affected by mental health and addiction issues).

Recovery/resiliency and consumer advisory silos

RSW = Recovery Support Workgroup

What is the Recovery Support Workgroup?

- The Recovery Support Workgroup is comprised of more than a dozen state agencies, community (statewide) stakeholders and more than 51% of people with lived experience.

What does the Recovery Support Workgroup do?

- The Recovery Support Workgroup uses recovery data to validate the lived experience feedback from the IRC and inform recommendations to DMHA for funding, policy and programs.

Co-producing recovery and resiliency in Indiana process evolution...

Outcome as of July 2021

_____

- **_Step 1_**: IRC identifies lived experience gaps and needs for RSSs.

- **_Step 2_**: RSW provides data-informed recommendations to DMHA / MHAPAC to address lived experience gap

- **_Step 3_**: DMHA / MHAPAC to review, then accept or reject recommendations of the RSW, and to utilize existing funding (specifically BG) to fund programs and initiatives that are approved for funding by DMHA / MHAPAC.

RSW Closer Look - Gap Analysis

2012/2019 Statewide Gap Analysis

• The following reflects their findings and identified the top five recovery supports:

• Personal support networks **(Community)**

• Peer support services **(Community)**

• Hobbies and interest **(Purpose)**

• Prevention and wellness **(Health)**

• Safe and affordable housing **(Home)**

Contracted with Essential Virtual Solutions July1, 2020 – SFY21

• Reviewing RSW Membership (50% + lived experience voice representation)

• Standardize process for goals, objectives, outcomes (survey current members)

• Create a template for data reports (measuring outcomes) (data group added)

• Recommendation/Implementation phase 6 month (employment supports group added)

Standardized Forms Created for RSW include:

❑ Charters for Subgroups

❑ Data Set Brief Form

❑ Data Request Form

❑ Process Flow Chart

Recovery Support Workgroup

RSW STAKEHOLDERS

RSW MISSION

'Our mission is to recommend and promote identified needed supports and resources for individuals in wellness and recovery from mental health and substance use disorders across Indiana.'

<u>**Currently fifty-seven members representing twenty-six agencies**</u>
Indiana Housing Community Development Authority
Center for Supportive Housing
Division of Mental Health and Addiction
Office of Medicaid, Policy and Planning
The Wellness Council/Indiana Chamber of Commerce
Department of Workforce Development
Indiana Works/APSE/ASPIRE Indiana
NAMI Indiana & NAMI Indianapolis
Mental Health America of Indiana & MHA Northeast Indiana
Key Consumer
Indiana Addictions Issues Coalition
Indiana Department of Health
Indiana Department of Education
Indiana Criminal Justice Institute
Indiana Department of Correction
Indiana Department of Child Services
Indiana Management Performance Hub
Essential Virtual Solutions, LLC contractor
Additional Community Organizations
50% + people with direct lived experience

Indiana Recovery Council 2020 Survey

First time survey administered to people with mental health and substance use disorder lived experiences.

Key Considerations:

1.19 Total Recovery Centered and Demographic Questions included
2.Survey open approximately 4 weeks from July 24, 2020 – August 20, 2020
3.Survey was sent out 6 months into the COVID pandemic
4.199 People with mental health and addiction lived experience completed the survey

The survey asked respondents demographic questions to identify their gender, race, ethnicity, age group, and the county in which they reside.

| Mental Health Lived Experience - 20% | Co-Occurring 50% | Substance Use Disorder Lived Experience - 18% | Family – 11% |

Survey Results

BARRIERS TO TREATMENT/RECOVERY SUPPORTS

	TOTAL	WHITE/CAUCASIAN	BLACK/AFRICAN AMERICAN
MEDICATION	27%	25%	14%
HOUSING	34%	33%	36%
COST/INSURANCE	52%	52%	36%
DISTANCE	19%	19%	36%
CHILDCARE	16%	16%	14%
AVAILABILITY/ACCESS	50%	51%	50%
TRANSPORTATION	32%	31%	50%

Dimensions of Recovery Missing from Daily Lives:

|	Total	White/Caucasian	Black/African American
• Health	47%	47%	29%
• Home	48%	46%	71%
• Community	39%	39%	50%
• Purpose	52%	51%	57%

Outcomes from the RSW Partnerships

- BMV allocated dollars to pay for mobile vans to visit recovery organizations and offer on the spot ID's

- DNR offered state park passes to families impacted by SUD to help address the need for community and sober/social events

- IHCDA and CSH partnered on a grant with DMHA to develop a training for peers across the state on how to navigate the housing continuum

- IDOC partnered with DMHA to start peer training and certification within the DOC's

- IDOH began allocating serious dollars to peer run organizations directly to start addressing social determinant of recovery nees

NASMHPD'S DIVISION OF RECOVERY SUPPORT SERVICES (DRSS) SURVEY
19 states responded

Populations reportedly being focused on by states:

- 14 of the 18 states focus on Criminal Justice Involved

- 17 of the 19 states focus on SUD's

- 19 of the 19 states focus on Mental Health

- 14 of the 19 states focus on Homeless

Population Focus by States
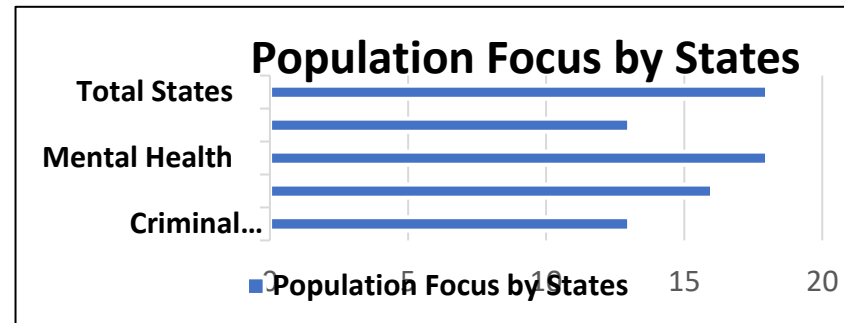
NASMHPD Division of Recovery Support Services (DRSS)
2021 Survey Overview

Key Takeaways

DRSS Members	• 44 States/Territories Received the Survey • 19 States/Territories Responded
Types of RSS Focus of RSS	• 20 Distinct RSS Types Reported • 12 Diverse Populations Targeted
RSS Partnerships RSS Funding	• 12 Diverse State Agencies/Systems Involved in RSS Implementation • 8 Diverse Funding Streams Used to Implement RSS

PowerPoint Presentation (nasmhpd.org)

Recovery oriented system of care

What is ROSC?

ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

Building a rosc

- **Stakeholder Engagement:**
  - Involve a wide range of stakeholders including individuals in recovery, family members, service providers, community organizations, and policymakers.
  - Establish a common vision and shared goals through collaborative efforts.

- **Infrastructure Development:**
  - Create a ROSC leadership team to guide the implementation process.
  - Develop policies and practices that support the ROSC framework.

- **Financing and Sustainability:**
  - Explore diverse funding sources including federal, state, local, and private funds.
  - Implement funding mechanisms that support long-term sustainability of recovery services.

ROSC Conclusion

• States aiming to implement a ROSC should focus on creating a person-centered, integrated, and sustainable system that promotes long-term recovery. By engaging stakeholders, developing a robust infrastructure, securing diverse funding, and continually measuring and improving performance, states can build effective recovery-oriented systems that enhance the health and well-being of individuals and communities.

• Implementing a ROSC is an ongoing process that requires commitment, collaboration, and a willingness to adapt and innovate. By following the guidelines and principles outlined in the ROSC 2010 toolkit, states can make significant strides towards building a supportive and effective recovery environment.

Local Perspective

Sequential intercept model Mapping (local nonprofit point of view)

• Sequential Intercept Model Mapping workshops were developed by Policy Research Associates, Inc. (PRA), known internationally for its work regarding individuals with behavioral health needs who are involved in the criminal justice system. Sequential Intercept Model Mapping workshops are tailored to the specific community and designed to provide an opportunity to bring together key stakeholders to explore how behavioral health and criminal justice systems intersect in serving this population. Sequential Intercept Model Mapping Workshops aim to assist with:
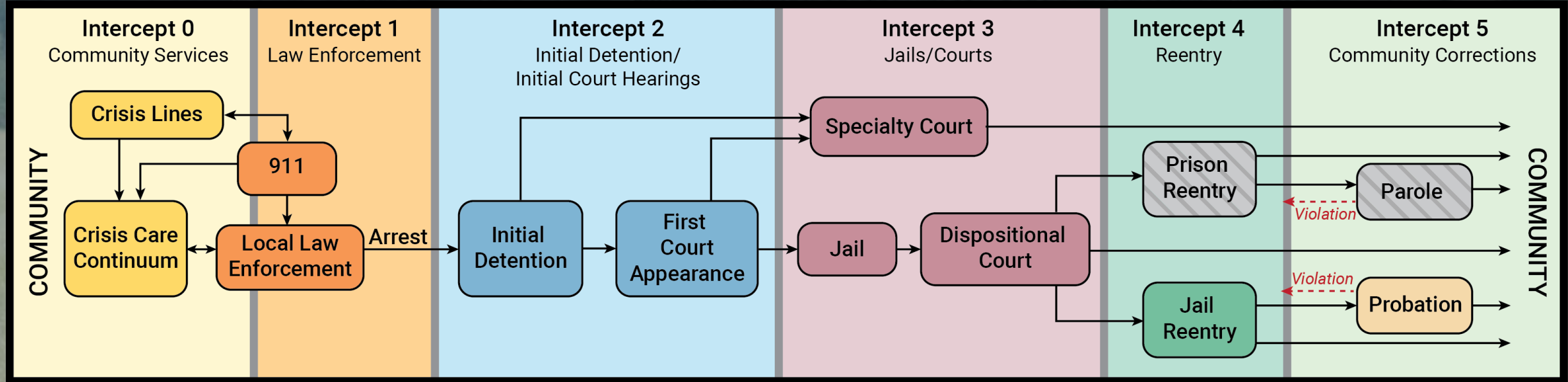
• Identification of resources, gaps in services, and opportunities for improvement

• Development of priorities for change with regard to systems transformation/improvement and service delivery

• Strategic action planning

• Optimizing use of local resources

• Furthering delivery of appropriate services

SIM Mapping

- Meaningful cross-system collaboration is required in order to establish effective and efficient services for people with behavioral health needs in the criminal justice system.

- This workshop is unlike other types of consultations or staff development training programs. The Indiana SIM Mapping Facilitators serve as expert guides, helping the group to develop a plan for their community.

- This makes the composition of the group extremely important. While some workshops involve advertising to the entire provider community, it is essential that the organizers gather a group that represents key decision makers from the relevant provider systems and varied levels of staff.

Sequential Intercept Model

Munetz & Griffin, 2006; Abreu, Parker, Noether, Steadman, & Case, 2017; PRA, 2019

A SIM Mapping Worksh
Agenda (Day 1)

- Registration

- Opening

- Mapping

- Priority Setting

8:30   **Registration**

9:00   **Opening**
- Welcome and Introductions
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!
- Keys to Success

The Sequential Intercept Model
- The Basis of Cross-Systems Mapping
- Six Key Points for Interception

Cross-Systems Mapping
- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities
- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap Up
- Review

4:00   **Adjourn**

There will be a 15 minute break mid-morning and mid-afternoon.

There will be break for lunch at approximately noon.

A SIM Mapping Workshop Agenda (Day 2)

- Half Day
- Networking
- Review of Day 1
- Action Planning
- Next Steps

8:30	Registration and Networking
9:00	**Opening**
	• Remarks
	• Preview of the Day
	Review
	• Day 1 Accomplishments
	• Local County Priorities
	• Keys to Success in Community
	Action Planning
	Finalizing the Action Plan
	Next Steps
	Summary and Closing
12:00	Adjourn

Who is on your invite list?

- *everyone needs a backup

- Criminal Justice
  - Law enforcement
  - Judges
  - Prosecutors
  - Defense Bar
  - Sheriff's Office
  - Parole / Probation / Community Corrections
- Behavioral Health
  - Community Mental Health and Addiction Trmt
  - Correctional Health Care
  - Crisis Response Orgs
  - Peer-based services
  - Local treatment authorities
  - Hospitals
  - People with lived experience & their families
  - Advocates
- Community Services
  - Housing and homelessness service providers
  - Veteran services orgs / Vet Health Admin
- Administration
  - Mayors & executives
  - County boards / Commission members

Priority Area 3: Reduce fragmentation of peer services

- 3.1 Develop a peer network

- 3.2 Work towards an open access, person-centered approach to peer services across the SIM intercepts

- 3.3 Develop a scope of practices (SOP) for each group of peers in Tippecanoe

- 3.4 Develop best practice plan

Multi-Peer Organization Partnership Grant/MOU

Document 1 (left):

- All participating organizations will maintain accurate financial records and provide documentation as required.

4. Governance and Decision-Making

- Establish a Steering Committee with representatives from each participating organization.
- The Steering Committee will oversee program implementation, ensure grant compliance, and address any issues that arise.
- Decisions will be made by consensus within the Steering Committee.

5. Confidentiality

- All parties agree to maintain the confidentiality of sensitive information related to participants, volunteers, and peer supporters.
- Information sharing will be done in accordance with relevant privacy laws and organizational policies.

6. Term and Termination

- This MOU will be effective from the date of signing and will continue until the completion of the grant period, unless terminated earlier by mutual agreement.
- Any party may terminate their participation in this MOU with 30 days written notice to the other parties.

7. Amendment

- This MOU may be amended by mutual written agreement of all parties.

8. Signatures

By signing below, the parties agree to the terms and conditions outlined in this MOU.

NAMI WCI

_____

[Name, Title] [Date]

Recovery Cafe

_____

[Name, Title] [Date]

Phoenix

Document 2 (center):

- Recruitment and Hiring:
  - Hire at least one full time or two certified peer supporters each.
  - Conduct joint recruitment, interviews, and selection processes.
- Training and Support:
  - Provide initial and ongoing training for peer supporters.
  - Ensure peer supporters are equipped to coordinate volunteer activities and provide support.
- Volunteer Coordination:
  - Organize and manage volunteer activities for work release participants.
  - Rotate peer supporters to provide consistent support.
  - Plan for one event per year for each participating organization as selected by the peer committee made up by each organization. All other events to be nominated, selected, and voted on by the peer committee monthly.
- Collaboration and Communication:
  - Participate in monthly coordination meetings and quarterly workshops.
  - Share best practices and strategies for effective peer support and community engagement.
- Reporting and Evaluation:
  - Maintain records of volunteer hours, peer support sessions, and community impact.
  - Contribute to bi-annual program evaluations and quarterly reports to DMHA.

2.2 PPM:

- Grant Administration:
  - Serve as the primary grant administrator for the DMHA funding.
  - Distribute funds to participating organizations as per the agreed budget and timelines.
- Financial Oversight:
  - Monitor and ensure proper use of grant funds.
  - Prepare and submit financial reports to DMHA.

2.3 DMHA:

- Funding:
  - Provide the necessary funding for the initiative as per the grant agreement.
- Oversight:
  - Monitor program progress and ensure compliance with grant requirements.
  - Support program evaluation and provide feedback for improvements.

3. Funding and Financial Management

- Funds provided by DMHA will be administered by PPM.
- PPM will disburse funds to participating organizations based on agreed-upon budgets and timelines.

Document 3 (right):

Memorandum of Understanding (MOU)

This Memorandum of Understanding (MOU) is made and entered into as of [Date], by and between the following organizations:

- NAMI WCI
- Recovery Cafe
- Phoenix
- Mental Health America (MHA)
- People with Purpose Ministries (PPM)
- Department of Mental Health and Addiction Services (DMHA)
- Tippecanoe County Community Corrections

Purpose

This MOU outlines the roles, responsibilities, and collaboration framework for developing and implementing a community-led peer support volunteer initiative funded by a DMHA grant. This initiative aims to:

- Coordinate volunteer efforts by individuals in the Tippecanoe County work release program to volunteer in the community they live in
- De-silo efforts between peer supporters in Tippecanoe County serving people with mental health and/or substance use impacted by the criminal justice system by having peer supporters from all participating recovery organizations working together to lead teams of volunteers from TCCC to serve in the community and offering peer support in the process.
- Support peer organizations and Tippecanoe County Community Corrections by streamlining volunteer/service efforts utilizing all participating organizations (recovery/peer organizations) in the process and providing direct support to participants at work release.

Terms and Conditions

1. Objectives

- Coordinate a community-led peer support volunteer initiative.
- Hire and support certified peer supporters from each organization.
- Engage work release participants in community projects and events.
- Provide direct peer support to work release participants.
- Foster collaboration among participating organizations to reduce silos in peer support services.

2. Responsibilities of Participating Organizations

2.1 NAMI WCI, Recovery Cafe, Phoenix, MHA, and PPM:

Memorandum of Understanding

Memorandums of Understanding (MOUs)

Memorandums of Understanding (MOUs) are essential tools for formalizing partnerships between peer run community organizations and other entities. These agreements outline the roles, responsibilities, and expectations of each party, ensuring clarity and mutual understanding. Steps to Drafting and MOU include:

1. Identify Potential Partners

2. Initial Engagement

3. Define Partnership Objectives

4. Draft the MOU

5. Review and Revise

6. Finalize the MOU

7. Sign the MOU

Key Components of an MOU

- **Purpose and Scope:** Clearly state the purpose of the MOU and the scope of the collaboration.

- **Roles and Responsibilities:** Define the roles and responsibilities of each party to avoid any misunderstandings.

- **Resources and Contributions:** Specify the resources (financial, personnel, etc.) that each party will contribute.

- **Communication Plan:** Establish how the organizations will communicate, including the frequency of meetings and reporting mechanisms.

- **Duration and Termination:** State the duration of the MOU and the conditions under which it can be terminated.

- **Dispute Resolution:** Include procedures for resolving any disputes that may arise.

- **Signatories:** Identify the individuals who will sign the MOU on behalf of each organization.

MOU Key Considerations

Internal Review:

- Have the draft MOU reviewed by your organization's leadership and legal team to ensure it meets your organization's standards and compliance requirements.

Partner Review:

- Share the draft with your partner organization for their review and feedback. Be open to making necessary revisions to accommodate their concerns and suggestions.

Agreement on Terms:

- Ensure both parties agree on all terms and conditions outlined in the MOU. Make any final adjustments based on mutual agreement.

Formal Approval:

- Obtain formal approval from the governing bodies or senior leadership of both organizations.

Official Signing Ceremony:

- Conduct a formal signing ceremony to emphasize the importance of the partnership and to celebrate the collaboration.

Documentation:

- Ensure that all parties receive a copy of the signed MOU and that it is filed appropriately within each organization's records.

MOU Key Considerations cont.

Action Plan:

- Develop an action plan to implement the activities and initiatives outlined in the MOU.

Regular Check-ins:

- Schedule regular meetings to monitor progress, address any issues, and ensure ongoing communication between the partners.

Evaluation:

- Periodically evaluate the partnership's effectiveness in achieving its goals and make adjustments as necessary.

Review Before Expiry:

- Review the MOU a few months before it expires to decide whether to renew, revise, or terminate the agreement based on the partnership's outcomes and future goals.

Termination Clause:

- Follow the agreed-upon termination process if either party decides to end the partnership.

Conclusion

Following these strategies and steps, peer run community organizations can develop effective MOUs that provide a solid foundation for successful and sustainable partnerships.

These agreements not only formalize collaborations but also enhance mutual understanding, ensuring that all parties work together harmoniously towards common goals.

2600 Chilton Dr,
Lafayette Indiana 47909
Phone: (765) 430-7283

Memorandum of Understanding

Paul's Plan Ministries (PPM) and Fairfield Township Trustee

Paul's Plan Ministries (PPM) and The Fairfield Township Trustee hereby agree to a partnership to provide temporary housing to homeless individuals/families using the house located at _____Wabash Avenue, Lafayette IN.

The terms of this agreement are as follows:

Paul's Plan Ministries will refer potential families for temporary placement to the Township Trustee. These individuals/families will be current program participants of PPM who have been interviewed, screened, assessed, and approved for the 90-day PPM Step Up Step Down program and will have a housing plan in place with a maximum stay of 90 days.

The individuals/family will receive and agree to living guidelines and policies as set forth by the Trustee. The Trustee will alert the staff at PPM to any issues or concerns that may occur during the time the individual/family is living in the home.

The individual/family will live temporarily at _____Wabash Avenue while awaiting their permanent housing placement. During this time, the staff/volunteers at PPM will continue to provide peer support and case management services which will continue until the individual/family is moved into their permanent housing.

PPM agrees to monitor the individual/family during their stay and attend to any issues that arise. PPM will be available by phone, email, and in person peer support throughout the week and weekends to individuals/family and the trustee as needed.

PPM agrees to conduct appropriate screening and background checks on each person prior to referral to Trustee and will ensure no more than 3 individuals or 5 family members at a time shall live at _____Wabash Avenue, Lafayette Indiana at any given time and as approved by the Trustee.

The Trustee has the right to terminate the individual/family's stay at any time if the individual/family does not abide by and follow the residential living agreement but will notify the PPM staff prior to doing so.

PPM also agrees to provide cleaning services once the family has moved out of the home. PPM will be responsible for any broken or damaged items. PPM will provide pest control services when necessary to address any issues related to bed bugs or lice.

SAMHSA/Federal Considerations

SAMHSA /office of recovery

SAMHSA National Recovery Agenda Goals

- **Inclusion** - To foster the meaningful involvement of an array of people with lived/living experience to improve behavioral health practice and policy and to foster the social inclusion of people with behavioral health conditions.

- **Equity** - To increase equity and opportunities for recovery for underserved and under-resourced populations and communities including people of color, youth, older adults, women and girls, LGBTQI+, rural, veterans and people with disabilities.

- **Peer Services** - To expand peer-provided recovery support services within every community.

- **Social Determinants** - To address key social determinants that support recovery including access to high quality and affordable housing, education, social supports, transportation, and employment.

- **Wellness** - To expand holistic, self-care strategies and to integrate recovery-oriented practices and systemic reform into the full continuum prevention, harm reduction, treatment, crisis care, and recovery support.

2023-2026 SAMHSA Strategic plan

The 2023–2026 SAMHSA Strategic Plan presents a new person-centered mission and vision highlighting key guiding principles and presenting new priorities, goals, and objectives. To achieve its mission, SAMHSA has identified five priority areas to better meet the behavioral health needs of individuals, communities, and service providers.

The five priority areas are:

- Preventing Substance Use and Overdose

- Enhancing Access to Suicide Prevention and Mental Health Services

- Promoting Resilience and Emotional Health for Children, Youth and Families

- Integrating Behavioral and Physical Health Care

- Strengthening the Behavioral Health Workforce

2023-2026 SAMHSA Strategic plan

- **SAMHSA's work is guided by four core principles that are being integrated throughout the Agency's activities.**

- **The four core principles are:**

- Equity

- Trauma-Informed Approaches

- Recovery

- Commitment to Data and Evidence

Future possibilities are growing

- Possible Partnerships

- CCBHC's
- Crisis Service Providers
- ??
- ???
- ??

Leveraging Partnerships for Funding and Advocacy

- **Objective: Share strategies on how to use partnerships to secure funding and advance advocacy efforts.**
  - **Funding Opportunities through Partnerships**
    - Joint grant applications
    - Shared resources and co-funding opportunities
    - Case Study: Successful partnership leading to funding (interactive discussion)
  - **Advocacy through Partnerships**
    - Building a unified voice
    - Engaging policymakers collectively
    - Interactive Exercise: Developing an advocacy plan with partners (breakout rooms)

In Closing

Best Practices and Traps to Avoid

Objective: Highlight effective strategies and common pitfalls in developing and maintaining partnerships.

- **Best Practices**
  - Clear communication and shared goals
  - Regular evaluation and feedback loops
  - Formalizing partnerships with MOUs or agreements
  - Case Study: Successful partnership practices (group discussion)
- **Traps to Avoid**
  - Misaligned goals or values
  - Lack of clarity in roles and responsibilities
  - Overdependence on a single partner
  - Interactive Discussion: Sharing experiences and lessons learned (open forum)

Would you like to know more about any of the following – Building Partnerships?	1	2	3	4	5	6	TOTAL
Building strategic partnerships with diverse entities	X	X		X	X	X	5
Collaborating with partner entities to address community needs, challenges in society, and policy change	X	X		X	X		4
Developing written agreements (e.g., memoranda of understanding, contracts, etc.)	X	X	X	X	X	X	6
Evaluating partnerships	X	X		X	X	X	5
Creating partnerships that are aligned with organization goals, values, vision, and mission	X	X		X	X	X	5
Creating partnerships that align with peer values	x	x		X	X	X	5

Building partnerships
what you want to know…

THANK YOU

Amy Brinkley, CAPRCII, CPSP

Executive Director, Pauls Plan Ministries

Senior Recovery Support Systems Coordinator, NASMHPD

amybrinkley2000@gmail.com