

## SUMMARY REPORT

# Fostering a Collaborative Culture between TPP and Title X Grantees Panel

AUGUST 12, 2021

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## Introduction

On behalf of the U.S. Department of Health and Human Services (HHS), Office of Population Affairs (OPA), NORC hosted a virtual expert panel, *Fostering a Collaborative Culture between Title X and TPP Grantees*, on June 22 and 23, 2021 with a pre-panel webinar on June 9, 2021 for OPA to set the stage with expectations for expert panel discussions and their ideas for collaboration. The overall goal of the meetings was to demonstrate a need and build a foundation for collaboration between Title X Family Planning Service (Title X) and Teen Pregnancy Prevention (TPP) grant programs to strengthen their local impact. The objectives were as follows:

- Define collaboration in contexts of Title X programs and Tier 1 and Tier 2 TPP programs
- Determine the values and benefits of collaboration for Title X and TPP grantees through success stories
- Identify facilitators, barriers, and other key factors to successful collaboration between Title X and TPP programs
- Identify supports necessary from OPA and others for effective and sustainable collaboration

This report provides an overview of the expert panel, summarizes the key themes discussed during the expert panel meeting, and provides recommendations for follow-up by OPA.

## Expert Panel Overview

### Expert Panelists

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Of the 15 grantee organizations contacted, 12 (80%) agreed to have at least one representative participate as a panelist for the meeting: six (6) TPP grantees, five (5) Title X grantees, and one (1) grantee that represented both TPP and Title X. All representatives were asked for their active participation to share their input, experiences, and opinions regarding the culture of collaboration. In addition to active participation, one TPP and one Title X grantee were asked to share stories on collaboration between the programs. Meeting time – including the pre-panel webinar – totaled eight and a half hours.

### Meeting Overview

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All meetings were conducted virtually by NORC staff using Zoom meeting platform.

The pre-panel webinar on June 9<sup>th</sup> was primarily facilitated by OPA staff. During the webinar, OPA staff provided an overview of the Title X and TPP programs, introduced the goals and purpose of the panel, and detailed expectations for expert panelists, and presented their ideas for collaboration between Title X and TPP grantees to initiate reactions and responses from the panelists.

The meeting discussions on June 22<sup>nd</sup> and June 23<sup>rd</sup> were facilitated by NORC staff. In the beginning of the first day, an OPA staff facilitated the creation of a community agreement to cultivate a safe space for discussion among panelists. An icebreaker followed during which expert panelists were distributed randomly into breakout rooms for one-on-one speed sessions to network and get to know other panelists. The speed session lasted 15 minutes with panelists placed into new breakout rooms every three minutes. Panelists were sent to two breakout rooms following the ice breaker for in-depth discussions about collaboration. There were nine participants in each breakout room (4 TPP representatives, 3 Title X representatives, and 2 NORC staff to facilitate and take notes). The same nine individuals were grouped together for all breakout room discussions during the panel meeting. The topics for the in-depth breakout room discussions included:

- Perspectives on Collaboration
- Collaborative Partnerships
- Benefits of Collaboration
- Barriers of Collaboration

Panelists participated in another one-on-one speed session similar to the icebreaker to begin talking about benefits and barriers of collaboration prior to the in-depth discussions in their larger breakout groups. Following the breakout sessions, all panelists came together to participate in an activity about their collaboration process using the annotation feature from Zoom. During this activity, panelists were asked to reflect on the following items:

- Important aspects they consider during their collaboration decision-making process
- Approaches they take to reaching out and securing collaborative partners
- Pitfalls that could potentially arise and how to avoid them
- Future projects for collaboration within programs
- Future projects for collaboration between programs

After the meeting, panelists received the slide deck, meeting recordings, and summary of notes (Appendix A).

## Key Themes

### Common Goals

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Panelists agreed that both Title X and TPP programs can collaborate to learn from one another and ensure tools and resources help to achieve their common goals. Common goals identified between Title X and TPP programs include:

- Prevent teen pregnancy and offer comprehensive reproductive health services and education to adolescents to help make safe, risk-free decisions
- Reduce sexually transmitted infections and build protective factors around youth
- Empower youth to reach their potential
- Provide virtual and direct services (education/programming with TPP; health services with Title X)

### Perspectives on Collaboration

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**Title X Perspectives.** Title X grantees defined collaboration as a requirement/expectation to align priorities and goals with partners to pool and integrate resources and to establish referrals among programs and partners. Grantees emphasized the importance of finding innovative ways to have meaningful engagement with partners to better connect with hard-to-reach communities (i.e., people from racial/ethnic minority groups, recent immigrants and refugees, rural communities, and LGBTQ+ youth). Collaboration occurs for Title X programs in the following locations:

- Community coalitions
- Health equity zones
- Clinics and other health care settings
- Sexual and reproductive health education initiatives
- Schools
- State health programs (e.g., family home visiting, WIC, rural health, adolescent health)
- Community work groups
- Local PrEP agencies
- Youth support groups

**TPP Perspectives.** TPP grantees defined collaboration as a reciprocal relationship among two partners to meet common goals and objectives. Collaboration involves setting a scope of work, defining goals and objectives, sharing information, and a financial component that ties it all together. Within TPP programs, collaboration includes providing services and resources for youth and connecting schools and clinics to increase networks and referral resources.

Collaboration occurs for TPP programs among the following partners:

- Youth (e.g., teen advisory groups)
- Subject matter experts (e.g., providers, administrators)

- Organizational experts (e.g., FQHC, Title X)
- Training organizations
- Leadership programs
- Federally funded adolescent programs
- Healthcare providers
- Community-based agencies
- Department of Corrections
- Juvenile courts
- Telehealth clinics
- State-wide task forces

**Collaborative Partnerships.** Title X grantees envision future collaboration with TPP through growing and building relationships, leveraging TPP services and resources in a more hands-on way to create larger grant programs, communicating through social media, and finding programs that complement each other through appropriate funding. Examples provided were:

- Implement programs with Title X and TPP in a more formalized and structured approach which could lead to reaching more people
- Virtual lunch chats open to parents, community members, and providers to discuss teen pregnancy
- Advance shared priorities to enhance both Title X and TPP work and develop a shared language among programs

TPP grantees envision collaboration with Title X through broadening horizons, conducting and providing evaluations, networking, and accessing resources/referrals, closely working with healthcare providers, and providing training. Examples provided include:

- Have a health educator or instructor to help facilitate a warm hand-off between programs
- Provide referrals to youth-friendly providers/clinics
- Develop a phone application that lists the names and contact information of adolescent health providers
- Survey youth on their interactions with clinic staff and provide feedback to the clinic to inform training needs for clinics and ultimately result in better care for youth
- Provide on-site Title X services
- Create a map of existing youth resources to identify and address gaps

## Barriers of Collaboration

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Panelists identified barriers and methods to address them (see **Table 1**). Primarily, panelists identified time and funding as major barriers to collaboration. Currently, project funding lasts only two to three years which they feel is not adequate to carry out their projects or to build and foster collaborative relationships with partners. In fact, the short funding period makes it difficult for external entities to experience any benefits from a potential partnership. Additional barriers identified by panelists include competing localities (e.g., state vs. city) and the burden of collecting/obtaining and interpreting quantitative and qualitative data and the time this takes away from delivering services.

**Table 1. Barriers to Collaboration and Methods to Address Them**

Barriers Identified	Methods to Address Barriers
1. Time and funding	<ul style="list-style-type: none"> <li>• Add planning years and pilot time in grant applications and proposals</li> <li>• Add marketing in grant proposal and budget to promote specific clinic sites and partners (e.g., county resource guides, teen tip cards)</li> </ul>
2. Stigma around family planning and conversations about sex	<ul style="list-style-type: none"> <li>• Empower youth and equip them with necessary tools to advocate for themselves professionally and effectively with providers, family members, and community members</li> <li>• Host an open house/engagement night to engage families and other community members</li> </ul>
3. Lack of family engagement	
4. Lack of community education	<ul style="list-style-type: none"> <li>• Provide training to partners so they are more familiar with the program and have the skills they need to effectively carry out their work (e.g., body safety and consent training)</li> <li>• Present curriculum, materials, and resources to partners for feedback to best adapt them to the needs of the community</li> </ul>
5. Community culture around sexual and reproductive health	
6. Lack of information about and contacts for potential partners	<ul style="list-style-type: none"> <li>• Create resource network for Title X and TPP grantees with contact information and location</li> </ul>

### Strategic Partnerships

**Decision-Making Process.** Panelists described key considerations for the collaboration decision-making process, listed below.

- Identify individuals and/or organizations that are underrepresented (e.g., youth involvement), areas with limited access, and potential partners with common goals
- Consider partners that have common goals and priorities that will meet the program needs and reach its intended target population
- All parties to discuss clear goals and expectations to committing to the partnerships, including identifying the areas of needs of both parties
- Consider the capabilities and resources of potential partners
- Examine and prepare for the regulatory and financial involvement that comes with collaboration (e.g., reporting requirements, cost, employee turnover, performance monitoring and evaluation, sustainability)

**Approaches to Connect and Secure Collaborative Partners.** Panelists provided suggestions on how to identify and secure partnerships, which are listed below.

- Insinuate friendly competition
- Appeal to power and influence
- Present projects in community-level meetings
- Identify specific local organizations and attend their events to introduce the program and its work

- Build relationships with potential partners prior to asking them to collaborate by assisting and supporting them in their work
- Engage and inquire current partners for their recommendations and referrals to widen collaborative network
- Be transparent about funding and refer to the history and longevity of the program
- Share funds, services, and resources with partners

**Avoiding Potential Pitfalls.** Panelists described potential pitfalls and actionable techniques on how to avoid them (see **Table 2**).

Table 2. Potential Pitfalls and Techniques to Avoid Them

Potential Pitfalls	Actionable Techniques to Avoid Pitfalls
<ul style="list-style-type: none"> <li>▪ Lack of collaboration within the partnership (e.g., exhausting energy and resources trying to engage unwilling partners)</li> </ul>	<ul style="list-style-type: none"> <li>• Define clear roles and responsibilities of partners</li> <li>• Provide updates to partners of any changes to the program</li> <li>• Conduct capacity and fit assessments</li> <li>• Engage with partners regularly to reinvigorate partnership (e.g., quarterly calls or working sessions)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Lack of involvement by the population of focus during the planning period</li> </ul>	<ul style="list-style-type: none"> <li>• Engage communities during the planning period</li> <li>• Be flexible</li> <li>• Recognize the strengths, resources, and areas for growth of the program before developing a plan</li> </ul>
<ul style="list-style-type: none"> <li>▪ Lack of initiative from leadership in either the grantee or partnering organization, or both</li> </ul>	<ul style="list-style-type: none"> <li>• Engage leadership early on and describe the importance of collaboration between programs</li> <li>• Identify an organizational champion to foster and support the collaboration</li> </ul>

### Benefits of Collaboration and Future Projects

Panelists agreed that collaboration benefits youth and their families, communities, family service organizations, schools, and TPP and Title X programs themselves. One panelist shared, “collaboration should be a win-win among all parties involved, particularly in TPP and Title X, where there is a common goal to provide services that will help adolescents reach their potential.” Examples of successful collaborations provided by the panelists include:

- Clinic tours initiated by TPP that established rapport, as youth shared services provided with their peers through word-of-mouth
- Collaboration with Merck included promoting their products, developing a train-the-trainer, and delivered trainings that equipped providers to educate and share a variety of reproductive contraceptives with youth. Ultimately, this will empower youth to make their own decisions rather than advocating for particular types of methods.



- Host an open house/engagement night between Title X and TPP where both programs can share their available services, Title X can have same-day appointments, and TPP can engage with families and other community members
- Build an organizational model that allows Title X to have a clinic on site at a TPP program
- Title X clinics and local health departments providing condoms to TPP programs so that they are easily accessible for youth

**Collaborative Future Projects.** Panelists shared ideas on future collaborative opportunities between Title X and TPP programs. Suggestions provided are listed below.

- TPP programs to conduct Title X clinic tours to establish rapport, provide feedback or necessary training, and have youth share services provided with their peers through word-of-mouth
- Conduct cross training between Title X and TPP
- Create videos that promote both programs and involve youth
- Create texting services for youth to have access to both Title X and TPP services
- Host open houses or family engagement nights to provide Title X and TPP services and help dispel myths and misconceptions
- Create a resource network that includes location and contact information of Title X and TPP grantees to facilitate communication among the grantees around sharing program ideas and feedback

## Recommendations

Throughout the panel meeting, Title X and TPP panelists identified common goals and objectives and expressed interest in expanding their collaborative networks with one another. However, panelists also described barriers and potential pitfalls that may be addressed by OPA. Key recommendations are to extend the grant funding period to include planning and pilot years, to add marketing as part of the grant, and to create a resource network of Title X and TPP grantees accessible to all grantees.

NORC recommends extending the grant funding period from two or three years to five years. This would allow for a one-year planning period and a pilot phase to plan for and test implementation as well as to develop partnerships. It would also provide time for developing and implementing a data collection plan and analyzing evaluation data. Furthermore, a five-year grant period would allow for a longer time to measure the outcomes of the program.

NORC also recommends adding marketing and promotion as part of the grant, particularly utilizing youth voice as part of their messaging campaigns. Communication is essential to the growth of the grant programs, and it would be an opportunity for grantees to collaborate with adolescents, as it is important to consider who conveys the message to promote the programs. This would be an interdependent relationship where grantees can train adolescents to speak professionally and advocate for their needs, as well as adolescents advertising the programs to other adolescents, family members, and their communities.

NORC recommends creating a resource network of Title X and TPP grantees which includes their location and contact information. Title X and TPP grantees shared that they are unaware of grantees in their area and were excited about the map of grantees currently in development by OPA and NORC. Grantees would benefit from such a resource for ease of communication when seeking partnership, feedback, and support.

## Conclusion

The virtual expert panel, *Fostering a Collaborative Culture between Title X and TPP Grantees*, demonstrated a need to build a foundation for collaboration between Title X and TPP grant programs to strengthen their local impact. The meeting defined collaboration in contexts of Title X programs and Tier 1 and Tier 2 TPP programs; determined the values and benefits of collaboration for Title X and TPP grantees through success stories; identified facilitators, barriers, and other key factors to successful collaboration between Title X and TPP programs; and identified supports necessary from OPA and others for effective and sustainable collaboration. The panelists actively participated and shared their input, experiences, and opinions throughout the meeting leading to the identified key themes: perspective on collaboration, collaborative partnerships, benefits of collaboration, barriers of collaboration, and strategic partnerships. Based on the discussions, NORC recommends to extend the grant funding period, to add marketing and communication as part of the grant, and to create a resource network of Title X and TPP grantees accessible to all grantees.

## Appendix A. Meeting Notes

# Fostering a Collaborative Culture between TPP and Title X Grantees Notes

June 22-23, 2021 | 1:00 – 4:30 PM EDT

*NOTE:* These notes are from the sessions and at times, taken verbatim.

### Expert Panelist List

#### **Adagio, Pennsylvania**

Ana Kay Yaghoubian, MPA | TPP  
Linda Snyder, DrPH | Title X

#### **Essential Access, California**

Frances Bernabe | Title X

#### **Fund of Public Health New York**

Deborah O’Uhuru | TPP  
Estelle Raboni, MPH MCHES | TPP

#### **Health Care Education and Training, Indiana**

Abby Hunt, MSW | TPP

#### **Maryland Department of Health**

Melissa Beasley | Title X

#### **Medical Associates Plus, Georgia**

Rebecca Mason, MHA | Title X

#### **Mission West Virginia**

Jill Gwilt | TPP

#### **National Center for Youth Law, California**

Kimia Pakdaman, MPP | TPP

#### **OIC of South Florida**

Rick Ward | TPP

#### **Rhode Island Department of Health**

Sounivone Phanthavong, MPH | Title X

#### **South Carolina Department of Health and Environmental Control**

Stephanie Derr | Title X

#### **Texas A&M University**

Kelly Wilson, PhD MCHES | TPP

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*June 22, 2021*

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### Title X Grantees Perspectives

How is collaboration defined by Title X Grantees on your project and how is it perceived among grantees?

- Title X grantees defined collaboration as:
  1. Sharing and aligning priorities/goals
  2. Integrating programs
  3. Establishing referrals and linkages to each other
  4. Finding innovative ways to have meaningful engagement

5. Reaching out to hard-to-reach communities in teams
  6. A requirement/expectation at the federal level
- There were three distinct perceptions of collaboration among grantees:
    1. Voluntary and part of their job to further the mission of each provider’s individual programs
    2. Mandatory where all agencies are required to have at least 1 partner through formal agreement and encouraged to branch out
    3. In the middle where it is not mandated but “necessary” to support youth and families as an interwoven partnerships and to limit gaps in service

### In which areas have you seen Title X programs collaborate organically? With whom do you collaborate and why?

- Organic collaborations occur in community coalitions, health equity zones (area where community initiatives evaluate needs of community), healthcare/clinics, sexual and reproductive health education, and schools.
- Grantees collaborate with other state programs (i.e., family home visiting, WIC, rural health, adolescent health programs), community work groups, local PrEP agencies, and youth support groups in schools.

### How do you envision more TPP and Title X grantee collaboration?

- Title X grantees envision more collaboration with TPP through growing and building relationships, utilizing TPP in a more hands-on way as they create larger grants, social media collaboration, and finding programs that complement each other through appropriate funding.
- Examples shared were:
  - Implementing programs with Title X and TPP in a more formalized and structured approach which could lead to reaching more people
  - Virtual lunch chats that are open to parents and providers to discuss teen pregnancy
  - Advancing shared priorities and working together with TPP to enhance their work and develop a shared language among programs

## TPP Grantees Perspectives

### How is collaboration defined by TPP Grantees on your project and how is it perceived among grantees?

- TPP grantees defined collaboration as:
  1. A reciprocal relationship providing services and resources for youth to have a safe place to grow
  2. Connecting schools and clinics
  3. Increasing networks and referrals
  4. Working towards common goals and objectives
- Collaboration involves setting a scope of work, defining goals and objectives, sharing information, and a financial component that ties it all together.
- Collaboration is perceived as an asset, a welcomed requirement, and helps programs flourish. Examples shared were:
  1. During the COVID-19 pandemic, partnerships were created in school systems to provide mental health resources to parents, conversations around the election to empower

communities to vote, and education to children. After seeing how partnering programs fulfilled their promises, collaborations were more likely to continue.

2. Connecting schools with clinics and not simply implementing sex education in schools. Not only does this help schools and students but it also helps clinics in that it brings in more patients.
3. Clinic tour models help youth understand programs and clinics, be confident in the services provided, and connect youth with inclusive clinics. Schools and foster care programs benefit through this relationship because of their common goal to have youth reach their full potential. Since there is a new class each year, schools can collaborate with clinics to act as a feeder and solidify relationship with school districts.
4. Growing programs from education in schools to working with community members that fostered additional partnerships (i.e., domestic violence units, family advising services) and increased involvement in advisory boards and councils (i.e., school board members, political members, and community members).

### What areas have you seen TPP programs collaborate organically? With whom do you collaborate and why?

- Organic collaborations occur with youth (i.e., teen advisory groups), subject matter experts (i.e., providers, administrators), and organizational experts (i.e., FQHC, Title X).
- Grantees collaborate with training organizations (i.e., Fact Forward), youth leadership programs (i.e., Youth Leadership in Sustainability), federally funded adolescent programs, community organizations or community-based agencies, department of corrections, juvenile courts, healthcare providers, telehealth clinics, and state-wide task forces.
- An example provided was:
  - Community-based agencies began training judges and social workers who work in the foster care court proceedings which eventually led judges to provide condoms, pamphlets, and resources in the courtroom

### How do you envision more TPP and Title X grantee collaboration?

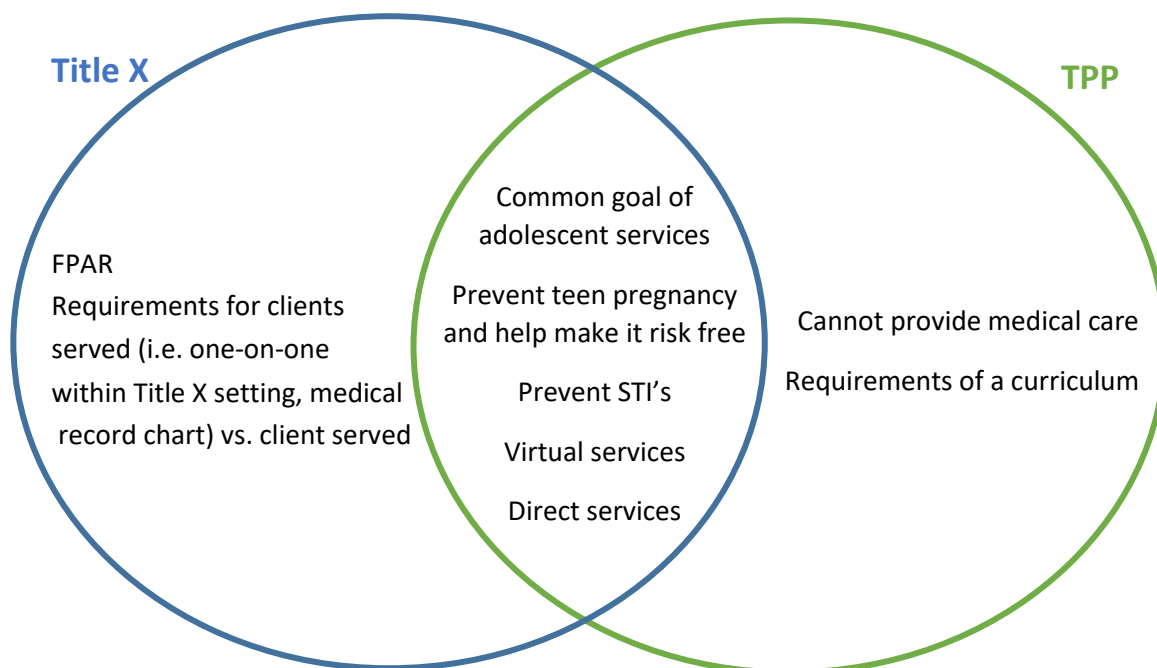
- TPP grantees envision collaboration with Title X through broadening horizons, conducting, and providing evaluations, networking, and accessing resources/referrals, closely working with healthcare providers, providing training, and having a preceptor to have a warm hand off between programs.
- Examples provided were:
  - Development of an app that will list providers for youth to have their contact information easily available
  - Conducting a feedback survey on interactions in clinics from youth and then provide feedback to the clinic. Based on the results, training can be provided so that clinics can better support the youth in the future
  - Consistent syringe referral networks
  - On-site Title X services
  - A map of existing youth resources to identify and address gaps
  - Referrals to youth-friendly providers/clinics

## Both Title X and TPP Grantees Perspectives

### What are your initial reactions about collaboration between Title X and TPP?

- Initial reactions from Title X grantees were:
  - Increased recognition of how TPP grantees are experts in their field and can be a great resource to educate providers and stakeholders about TPP and facilitate conversations about adolescent sexual and reproductive health
  - Increased recognition of TPP efforts, and Title X programs are ready to join forces to provide services together
  - Recognition that both programs are clearly staying innovative, and this past year specifically showed the tenacity of programs in providing services. However, there is still a need for direct relationships with clinicians because sometimes, despite the efficiency, there can still be a loss in supporting youth when clinicians are removed from the equation (i.e., virtual/text trends vs. in-person/face-to-face discussions)
- Initial reactions from TPP grantees were:
  - Recognition that TPP grantees have a role in care coordination including sharing information about family clinics to youth and families and connecting and building relationships between schools, clinics, and various providers

### Venn Diagram Exercise: Differences and Similarities in Collaboration



- Similarities shared were:
  - A common goal in providing services to the communities
  - A common goal of preventing teen pregnancy, offering comprehensive reproductive health services and education to adolescents to help make safe, risk-free decisions
  - A common goal of reducing STI's and building protective factors around youth

- A common goal to empower youth to reach their potential
- Providing virtual and direct services (education/programming with TPP; health services with Title X) and can learn from each other to ensure tools are useful for success
- Differences shared were:
  - Reporting requirements and data collection for TPP and Title X programs
  - Requirements for direct services for the Title X FP client (i.e., level of care received, face to face encounters, medical record charts, etc.)
  - TPP does not provide medical care (i.e., exams, birth control, etc.), whereas Title X does
  - TPP programs are required to choose a curriculum to educate youth about sexual and reproductive health

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*June 23, 2021*

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## Benefits of Collaboration

- As a consensus, collaboration benefits the youth and their families, the communities, family service organizations, schools, and TPP and Title X programs themselves.
- Collaboration should be a win-win among all parties involved, particularly in TPP and Title X, where there is a common goal to provide youth services that will help them reach their potential.
- Collaboration is an opportunity to provide services where other areas (i.e., government agencies) are limited.
- Participants provided the following examples:
  - Clinic tours initiated by TPP that establish rapport, as youth will share with each other through word-of-mouth if they receive respectful service
  - Collaboration with Merck to promote their products and develop a train-the-trainer to build the capacity of organizations to train their providers to educate and share a wide variety of reproductive contraceptives to youth and to empower patients to make their own decisions rather than advocating for particular types of methods
  - Open hour/Engagement night between Title X and TPP where both can share their available services, Title X can have same-day appointments, and TPP can engage with families and other community members
  - Model that allows for Title X to have a clinic on site in TPP programs
  - Title X clinics and local health departments can provide condoms to TPP programs to have easily accessible condom access points for youth
- An example of how data is collected to demonstrate benefit:
  - Obtain data from state agencies that track teen pregnancy rates over time, specifically stratified by race/ethnicity and geographic location (rural/urban), to identify trends and disparities.

## Barriers to Collaboration

- As a consensus, major barriers to collaboration include funding and time

- Projects take time to develop but funding only lasts 2-3 years
- It takes a long time to develop collaborative partnerships and with funding for only a limited time, it is difficult to provide outcomes to partners.
- Different priorities for different funders create situations where each project has its own approved plan with expectations from funders for specific measurable outcomes and deliverables based on the funding received.
- Additional barriers include stigma behind family planning/conversations about sex, lack of community education, community culture around sexual and reproductive health, difficulty with family engagement, competing localities (i.e., state vs. city), collecting/obtaining and interpreting quantitative and qualitative data and the time this takes away from delivering services, and the lack of contact information on the best people to collaborate with.
- Methods to address barriers include:
  - Add marketing to promote specific clinic sites and partners in grant budget (i.e., county resource guides, teen tip cards).
  - Provide training to partners so they are more familiar with the program and they get additional training for their needs (i.e., body safety and consent training)
  - Add planning years and pilot time in grants
  - Present to partners a clear and concise presentation of curriculum and provide partners a place and time to critique and review the materials to best adapt the curriculum based on what is needed in their community
- One grantee shared that collaboration does not come without barriers and instead of avoiding them, it is best to overcome the challenges.

## Strategic Collaboration

Below are the verbatim grantee responses for each question presented during the annotation activity. Facilitators read each statement and invited the grantee panelists to annotate and elaborate on each theme.

- **Important aspects to consider during collaboration decision-making process**
  - When and how reporting will be done (reporting requirements)
  - Capacity and willingness to collaborate
  - Always include those that will receive services provided
  - Partners have strong commitment to the work and mission
  - What is the “ask” for collaboration and partnership
  - Who has access to/in areas where you don’t?
  - Cost involved
  - How to monitor/evaluate performance
  - Sustainability
  - Competing priorities
  - Employee turnover
  - What resource(s) can the partners bring
  - Discuss clear goals and expectations prior to committing to the partnership
  - Commitment on multiple levels: senior leadership may be on board but folks on the ground may not, and the partnership falls flat



- Ensuring that the potential partner has capacity and will
- Bring the right people to the table – decision makers and program implementers
- Who hasn't had a seat the table?
- Make sure that your goals are clear and that you both agree on your parts of the collaboration
- Want to make sure that the ideas fit into the scope of what you can do, meaning it is within policy guidelines and fits financially
- Youth involvement
- Common goals and priorities
- Who are the stakeholders who have a vested interest in the program's success?
  
- **Approaches to reach out and secure collaborative partners**
  - Show the benefits of collaboration
  - Insinuate friendly competition – “your colleague \_\_\_\_ is on board, why not you?”
  - Depending on location, just show up to introduce yourself and your work
  - Identify areas of needs
  - Offer a “carrot” i.e., services or resources that you are willing to share with them
  - Think about how you can reach your targeted population. Find partnerships that can help you reach them.
  - Do your research to make sure the partners you've identified are likely to participate
  - Community level meetings to present your project to larger groups to help generate buy-in, then select/meet with specific agencies from this stage
  - Via other current partner recommendations of good candidates to consider
  - Ensure that it's a mutually beneficial partnership. Let them know what you can offer to help before asking them for collaboration.
  - Ask existing partners for referrals to other organizations that might be able to benefit from the partnership
  - Be specific in your ask, clear in the expectation
  - Appeal to their power and influence – “this is why we you – you offer x”
  - Understand the role that collaborative partners will play
  - Think outside the box and look for partnerships that are not over utilized
  - Be creative so you can get into places to reach your intended audience where you might not be otherwise invited
  - Let them know the funding has been on an ongoing basis, refer to the Hx and longevity factor
  - Share funds, if possible
  - 2-way partnerships-satisfy reporting requirements on both ends
  
- **Potential pitfalls and how to avoid them**
  - **Avoid pitfalls through clear expectations laid out in an MOU**
  - Recognize your own strengths/resources and areas for growth before developing a plan
  - Roles and responsibilities not clearly defined
  - Partners sign the MOU but does not want to do the work

- Keep everyone involved up to date with changes and make sure you have clear goals and intentions
  - Mixed messages about what the collaboration is about
  - Capacity and fit assessments for project/staff. Just because that’s what we think should happen isn’t necessarily a great fit for the project
  - Know when to walk away when you’ve exhausted every means of encouraging collaboration. In the past, I’ve spent enormous energy and resources trying to convince an unwilling partner to continue only to have the “collaboration” dissipate. Focus resources and attention on those who are willing to receive it.
  - We know there may be bumps in the road, but remind ourselves the ultimate goal is to make an impact
  - Planning/organizing without target population involvement
  - Not getting buy-in from leadership
  - Partners on paper but not in reality. You need to keep partnerships engaged. Maybe quarterly calls or working session to reinvigorate the partnership.
  - Telling the community what they need/want. Not engaging them in the planning of the activity
  - Make sure it is a team effort and not one sided. To prevent one group from being burned out.
  - Too much time and effort. Make sure you give as well so it’s equal
  - You selected the wrong organization or talked to the wrong person there. Make sure you’re taking to the right people at the organization, those that will be doing the work.
  - Be flexible in some areas, such as data collection or timelines
  - Time; don’t call meetings for something that could have been an e-mail
- **Future projects for collaboration within the programs**
    - Clinic tours, videos. Cross training efforts.
    - Open house/family engagement night
    - More videos to complete
    - Work with TPP programs to deliver parent engagement activities/programs within the Title X setting
    - Blog
    - Open House meet and greet; to dispel myths and misconceptions
    - Want to talk more about an app/texting service
    - Educate Title X providers on best practices for working with teens
    - Use TPP clients in videos to promote benefits of FPS to their peers (act as popular opinion leaders to engage adolescents in accessing available FPS)
    - I’m interested in having a texting service in NYC to connect teens with SRH information and connection to high-quality, teen-friendly community clinics as well as other services – connection to ASAP program, food pantries, housing, legal
    - Use TPP staff/youth served to deliver presentations and trainings on adolescent-friendly services at Title X network meetings
    - Virtual Chats on social media platforms to reach people on topics people want to discuss/question and answers

- Use teens served in TPP as I&E Committee for adolescent focused educational materials and/or marketing campaigns
- Please provide a copy of the map detailing all TPP and Title X sites in California
  
- **Future projects for collaboration between the programs**
  - Create a network so that you can communicate things tried: what has worked and what hasn't and why. A resource to bounce ideas with e-mail addresses and possibly phone numbers to bounce ideas from one another.
  - Our CHAI network will be expanding its network to implement an innovative program after we complete pilot testing. We will certainly explore connecting with a Title X Clinic (message [kwilson@tamu.edu](mailto:kwilson@tamu.edu) if you are interested to learn more)
  - Create collaborative messaging between TPP grantee and Title X clinic
  - Utilizing data collected from Title X sites to help figure out what would be most needed for youth in those locations and structuring projects that meet those needs
  - Initiatives that bring in both educational components of the TPP project with clinical components of the Title X project, such as hosting special events in high-risk communities – like an open house for parents/youth
  - Capacity building trainings for Title X clinics
  - Bring partners together to share accomplishments