

The Partner Engagement Guide

Meaningfully Engaging and Integrating Partners
into Community Mental Health Services



Center for
Mental Health 
Implementation Support

Acknowledgments

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AUTHORS

Terrinieka W. Powell, PhD, Johns Hopkins University
Nebyat Tesfa, MPS, Stanford University School of Medicine
Center for Mental Health Implementation Support, Community Engagement and Needs Assessment Workgroup

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Introduction

Engaging partners in planning, delivering, and evaluating mental health services is essential for providing services that meet community mental health needs, are effective for all people, and will be sustained in practice over time. In this context, ‘partners’ refers to a range of people, groups, and organizations that affect and are affected by community mental health services (e.g., patients and families, treatment and other organizations, communities, state and federal agencies, payors, policymakers). This approach is informed by two core principles. The first is the World Health Organization’s principle of public participation in health, in which people possess a fundamental right to participate in the planning and implementation of the programs/interventions that affect their health. The second is that mental health service

development, dissemination, and implementation are improved by including the insight, knowledge, and interests of individuals and communities who will benefit from the services.

To support the increased engagement of partners in community mental health services, this guide provides a practical set of recommendations on how to identify and meaningfully engage with partners. Community mental health planners, service providers, community-based organizations, community leaders, and others committed to improving community mental health systems may find this guide useful. The goal is to strengthen the quality of community mental health services by promoting partnered engagement with the individuals, organizations, and communities affected by these services.



Principles of Engagement

Below are seven core principles that increase the likelihood that community partnerships will produce meaningful improvements in community mental health services and community benefit. These principles also reduce the likelihood that the partnership will fail to produce sustained community health benefits over time.



CO-LEARNING & CO-PRODUCTION

Recognize that all members have knowledge to contribute and knowledge gaps that may need to be filled.



RESOURCE SHARING

Ensure that all data, human resources, equipment, expertise, and services are accessible to all members.



FAIRNESS

Provide equal opportunities for contributions by everyone affected by the mental health services or who can benefit from them.



ACTION & CHANGE

Outline a clear action plan to improve mental health.



TRUST & RELATIONSHIP BUILDING

Work to build and maintain trust through ethical and respectful interactions with each other.



SUSTAINMENT

Lay the foundation so that efforts continue when the project ends.



HUMILITY

Prioritize the collective goal to accomplish over individual preferences.

TIMEOUT TO LEARN ABOUT TRUST BUILDING

Building trust takes time and consistent follow-through. Be transparent about roles, expectations, and how partner input will be used. Follow through on commitments, value partner contributions, and provide the support needed for meaningful participation. Regularly seek feedback on the partnership and adapt your approach as the work evolves.



The Partnering Process

In this section, the partnering process is laid out in seven steps. These steps are structured in a way to enact the core principles of partner engagement.

STEP 1

IDENTIFY AND SECURE SUPPORT

Determine who has a role in the mental health services and what resources will be needed to accomplish the goals.

STEP 2

DEVELOP A STRATEGIC PLAN

Collaborate to create a plan to meaningfully engage the partners in planning and delivering the mental health services.

STEP 3

IDENTIFY LEVELS OF ENGAGEMENT

Decide what role the partners play in the process.

STEP 4

SELECT METHODS OF ENGAGEMENT

Decide how and how frequently to engage all members of the partnership.

STEP 5

ENGAGE PARTNERS IN YOUR WORK

Execute the proposed strategies to engage partners in planning/delivering/evaluating mental health services.

STEP 6

EVALUATE EFFORTS

Assess how well the partnership functioned and whether the goals were met.

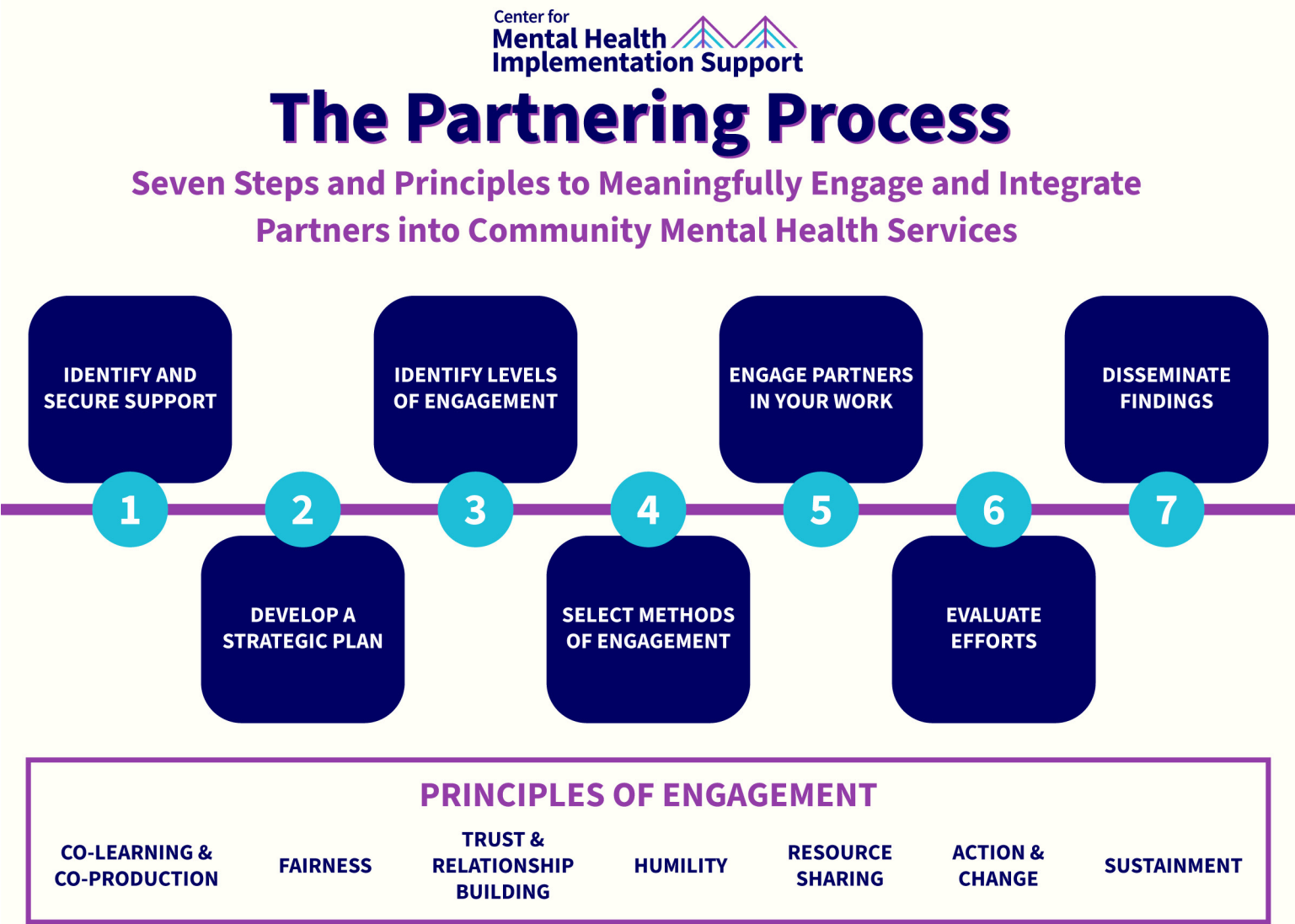
STEP 7

DISSEMINATE FINDINGS

Share lessons learned and results.



The figure below lists each partnering step along with the principles of engagement to highlight their importance across the process.



Adapted from the Partner Engagement Guide: <https://www.cmhisupport.org/resources/the-partner-engagement-guide-meaningfully-engaging-and-integrating-partners-into-the-research-process/>



Partner Engagement Strategic Planning Worksheet

PURPOSE

This worksheet is designed to support community mental health organizations in developing a strategic plan for engaging partners throughout the planning, delivery, and evaluation of mental health services.

HOW TO USE THIS WORKSHEET

Fill the worksheet out with your team to think through each step of the partnering process, using the guiding questions below to discuss and document your team’s engagement planning.

After your team has worked through the worksheet, we encourage you to use your responses to develop an actionable partner engagement plan that outlines **why** partners are engaged, **who** to engage, **what** role partners will play, **when** to engage, and **how** to engage.

Note: This is not a linear or a one-time process. Teams may move back and forth between the partner engagement steps and you are encouraged to revisit and refine your plan as needed.

Step 1. Identify and Secure Support	
Who are the partners (individual, community) that should be involved? Who is most affected by the problem and who might be impacted by the mental health services? <i>Refer here for guidance on engaging partners with lived experience.</i>	
Who else outside the current community partners and networks might be engaged to offer a wider range of perspectives?	
What administrative support, space, training, and partner compensation are needed?	

Consider: Who might be missing from the conversation? Look beyond your usual partners and networks and plan for the supports partners need to participate meaningfully.



Step 2. Develop a Strategic Plan

What are the vision, purpose, goals, and intended outcomes of engaging partners in community mental health services?

What are the potential benefits of engaging partners in community mental health services?

What are the barriers and facilitators to engaging partners in community mental health services?

Consider your goals for partner engagement: Understanding the community of interest and their mental health strengths and challenges, identifying gaps in mental health services, planning what services to provide, delivering services, improving service delivery, and/or evaluating services.



Step 3. Identify Levels of Engagement

Will partners inform, consult, collaborate, or co-lead efforts?	
What is the interest, value add, meaningfulness, and capacity of the partners to engage at different levels?	
How might the level of engagement influence the methods that will achieve partner engagement goals?	

Consider: Client needs and experiences, access to services, delivery of services, financing of service delivery, communication about services, stigma around mental health.



Step 4. Select Methods of Engagement

Will partners be hired (e.g., staff, consultants) or engaged in small groups (e.g., advisory boards, workgroups)?	
How and how much will partners be compensated? <i>Refer here for guidance on partner compensation.</i>	
When in the process (planning, delivering, evaluating) should partners be engaged?	
How will you engage partners to meet your goals (i.e., methods of engagement)?	
What are the benefits of engaging partners continuously versus at specific stages?	

Consider when and how to engage partners in the process: In developing the implementation plan, designing the program, planning logistics and infrastructure, implementing the program, monitoring and evaluating the program, communications and marketing for the program, or sustaining the program.



Step 5. Engage Partners in Your Work

What will each partner do?	
What resources and training are needed to support the selected methods of engagement?	
How will you build and maintain trust with partners throughout the engagement process?	
How will possible conflicts and power imbalances be addressed? <i>Refer here for guidance on conflict resolution and here for guidance on power imbalances.</i>	

Consider how each partner will be involved: Direct consultation (e.g., interviews); prescriptive feedback (e.g., surveys, charts, and rankings); Advisory Board or Steering Committee; workgroups to problem-solve around aspects of the planning; personal stories or service delivery maps; user-centered design (e.g., for intervention development); and/or hiring partners as part of the planning team.



Step 6. Evaluate Efforts

What, if any, changes need to be made?	
What lessons can we learn from the process and outcome of our efforts?	

Consider: Engaging in Plan-Do-Study-Act (PDSA) cycles, a four-step strategy used in process improvement that tests one change at a time rather than making large changes all at once; or try other continuous quality improvement strategies to evaluate your efforts.

Step 7. Disseminate Findings

How and with whom will we share what we found and learned?	
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Consider: Be sure to create a set of messages that can be communicated across multiple audiences and platforms (e.g., written reports, presentation to colleagues, social media posts, and/or infographics for sharing with clients).

Appendix A: The Partnering Process Table

THE PARTNERING PROCESS	
Principles	Steps
 CO-LEARNING & CO-PRODUCTION Recognize that all members have knowledge to contribute and knowledge gaps that may need to be filled.	STEP 1 IDENTIFY AND SECURE SUPPORT Determine who has a role in the mental health services and what resources will be needed to accomplish the goals.
 FAIRNESS Provide equal opportunities for contributions by everyone affected by the mental health services or who can benefit from them.	STEP 2 DEVELOP A STRATEGIC PLAN Collaborate to create a plan to meaningfully engage the partners in planning and delivering the mental health services.
 TRUST & RELATIONSHIP BUILDING Work to build and maintain trust through ethical and respectful interactions with each other.	STEP 3 IDENTIFY LEVELS OF ENGAGEMENT Decide what role the partners play in the process.
 HUMILITY Prioritize the collective goal to accomplish over individual preferences.	STEP 4 SELECT METHODS OF ENGAGEMENT Decide how and how frequently to engage all members of the partnership.
 RESOURCE SHARING Ensure that all data, human resources, equipment, expertise, and services are accessible to all members.	STEP 5 ENGAGE PARTNERS IN YOUR WORK Execute the proposed strategies to engage partners in planning/delivering/evaluating mental health services.
 ACTION & CHANGE Outline a clear action plan to improve mental health.	STEP 6 EVALUATE EFFORTS Assess how well the partnership functioned and whether the goals were met.
 SUSTAINMENT Lay the foundation so that efforts continue when the project ends.	STEP 7 DISSEMINATE FINDINGS Share lessons learned and results.

Appendix B: Case Example Harborview Community Mental Health

HOW TO USE THIS

This is a completed example of the Partner Engagement Strategic Planning Worksheet. Harborview Community Mental Health Center is a fictional agency planning a youth crisis response program. Use this example alongside the blank worksheet as a model for your own team’s responses.

Remember: This is not a linear or one-time process — revisit and refine your plan as it evolves.

Step 1. Identify and Secure Support	
Who are the partners (individual, community) that should be involved? Who is most affected by the problem and who might be impacted by the mental health services? <i>Refer here for guidance on engaging partners with lived experience.</i>	Potential partners: youth (ages 12–18) and families with lived experience of mental health crises; school counselors and nurses from the county’s three districts; pediatric primary care providers; faith and community leaders; the county health department. Most affected: teens experiencing anxiety, depression, and crisis episodes — especially rural and Spanish-speaking families, who face the longest travel times and wait lists.
Who else outside the current community partners and networks might be engaged to offer a wider range of perspectives?	Youth peer-support specialists; the regional 988 call center; coaches and school bus drivers who see youth daily; juvenile justice diversion staff; local employers of teens; and Spanish-language media outlets.
What administrative support, space, training, and partner compensation are needed?	A staff coordinator (0.2 FTE) to schedule and support meetings; evening meeting space at the community library plus a virtual option; orientation and facilitation training for youth council members. Compensation: \$50 gift cards per meeting for youth and family partners, mileage reimbursement, food, and on-site childcare.

Consider: Who might be missing from the conversation? Look beyond your usual partners and networks and plan for the supports partners need to participate meaningfully.



Step 2. Develop a Strategic Plan

What are the vision, purpose, goals, and intended outcomes of engaging partners in community mental health services?

Vision: every Harborview-area youth in crisis receives timely, culturally responsive support close to home.

Purpose: co-design a youth crisis response program with the people who will use it.

Goals: reduce youth ER visits for mental health crises by 20% within two years; launch a mobile crisis team with evening and weekend hours.

Intended outcomes: faster access, higher family satisfaction, stronger school-clinic referral connections.

What are the potential benefits of engaging partners in community mental health services?

Community trust and buy-in; services that reflect real needs (bilingual staff, after-school hours); improved referral pathways from schools and pediatricians; shared resources and joint grant applications; reduced stigma through visible community leadership.

What are the barriers and facilitators to engaging partners in community mental health services?

Barriers: Conflicting schedules; stigma around mental health help seeking; underdeveloped relationship with some of the partners; limitations on who can be compensated.

Facilitators: Existing relationships with key partners; lead youth coordinator is well-known in the community; university and mental health organization has available meeting space for in-person meetings.

Consider your goals for partner engagement: Understanding the community of interest and their mental health strengths and challenges, identifying gaps in mental health services, planning what services to provide, delivering services, improving service delivery, and/or evaluating services.



Step 3. Identify Levels of Engagement

Will partners inform, consult, collaborate, or co-lead efforts?	Youth advisory council: collaborate now, building toward co-leading program design decisions. Families with lived experience: collaborate. School districts and pediatric providers: consult on referral pathways and screening. County health department: collaborate on data sharing. Broader community: inform through regular public updates.
What is the interest, value add, meaningfulness, and capacity of the partners to engage at different levels?	Youth and families bring lived experience and high interest but limited time — short evening meetings, compensation, and childcare make participation feasible. Schools bring daily contact with youth but constrained schedules — quarterly structured consultations fit best. The health department brings data capacity and can join a monthly workgroup.
How might the level of engagement influence the methods that will achieve partner engagement goals?	Collaboration calls for a standing advisory board with real decision points; consultation fits structured feedback (surveys, interviews, review of draft plans); informing fits newsletters and town halls.

Consider: Client needs and experiences, access to services, delivery of services, financing of service delivery, communication about services, stigma around mental health.



Step 4. Select Methods of Engagement

Will partners be hired (e.g., staff, consultants) or engaged in small groups (e.g., advisory boards, workgroups)?	Both. Hire one youth peer-support specialist and one family navigator as paid staff; form a 10-member youth and family advisory board and a school-clinic referral workgroup.
How and how much will partners be compensated? <i>Refer here for guidance on partner compensation.</i>	All partners compensated at the same rate for their time via \$50 Visa e-gift cards. Compensation is based on attendance and contribution (e.g., partner attends or meeting or provides feedback on materials in lieu of missing a meeting). Mileage reimbursement, food, and on-site childcare offered as needed.
When in the process (planning, delivering, evaluating) should partners be engaged?	Continuously: planning (now, throughout the needs assessment), delivering (the peer specialist co-delivers services), and evaluating (the advisory board reviews quarterly data).
How will you engage partners to meet your goals (i.e., methods of engagement)?	Monthly advisory board meetings; listening sessions hosted at schools and churches (English and Spanish); community surveys; user-centered design workshops for the crisis line workflow.
What are the benefits of engaging partners continuously versus at specific stages?	Continuous engagement builds trust, keeps the program aligned with changing needs, and develops community leadership. Stage-specific input risks token feedback and costly rework.

Consider when and how to engage partners in the process: In developing the implementation plan, designing the program, planning logistics and infrastructure, implementing the program, monitoring and evaluating the program, communications and marketing for the program, or sustaining the program.



Step 5. Engage Partners in Your Work

What will each partner do?	Youth and family advisory board: set program priorities, review materials, co-design outreach. Schools: refer students, host listening sessions, pilot screening. Pediatric providers: screen and make warm handoffs. County health department: share data and co-fund evaluation. Faith leaders: host sessions and help reduce stigma. Peer specialist and family navigator: coordinate services.
What resources and training are needed to support the selected methods of engagement?	Facilitation and trauma-informed engagement training; interpretation and translation services; a stipend budget; a youth-friendly meeting toolkit; shared access to a simple data dashboard.
How will you build and maintain trust with partners throughout the engagement process?	Set clear expectations about roles, decision-making, and how input will be used; follow through on commitments; provide timely compensation and other supports for community partners; regularly check in about how the partnership is working; and close the feedback loop by sharing what changed as a result of partner input.
How will possible conflicts and power imbalances be addressed? <i>Refer here for guidance on conflict resolution and here for guidance on power imbalances.</i>	Ground rules and a decision-making charter agreed at the first meeting; a rotating community co-chair; a clear escalation path to the steering committee; disagreements documented with follow-up within two weeks.

Consider how each partner will be involved: Direct consultation (e.g., interviews); prescriptive feedback (e.g., surveys, charts, and rankings); Advisory Board or Steering Committee; workgroups to problem-solve around aspects of the planning; personal stories or service delivery maps; user-centered design (e.g., for intervention development); and/or hiring partners as part of the planning team.



Step 6. Evaluate Efforts

What, if any, changes need to be made?

Quarterly Plan-Do-Study-Act (PDSA) cycles guide adjustments. Example: after low turnout in the first cycle, meetings moved to the library with food and childcare — attendance doubled. Youth requested text-message updates, which were added.

What lessons can we learn from the process and outcome of our efforts?

Compensation and childcare are decisive for family participation; bilingual facilitation broadens reach; partners stay engaged when they can see their input change decisions (“you said, we did” summaries at each meeting).

Consider: Engaging in Plan-Do-Study-Act (PDSA) cycles, a four-step strategy used in process improvement that tests one change at a time rather than making large changes all at once; or try other continuous quality improvement strategies to evaluate your efforts.

Step 7. Disseminate Findings

How and with whom will we share what we found and learned?

A plain-language summary and infographic shared with all partners, schools, and the county board; youth council members co-present at a community town hall; a Spanish-language radio segment; results posted on the Harborview website and reported back through the advisory board.

Consider: Be sure to create a set of messages that can be communicated across multiple audiences and platforms (e.g., written reports, presentation to colleagues, social media posts, and/or infographics for sharing with clients).