Community Mental Health Association of Michigan

Strategic Plan 2018 – 2023

As revised by the Executive Board and Association membership of the CMH Association of Michigan October 21, 2018

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Background and introduction to the Strategic Plan

The Community Mental Health Association of Michigan has engaged in strategic planning several times during the past two decades. Those strategic plans have been key to guiding this association. Over this period, however, the environment in which this Association, its members, and those served by this system live and work has become increasingly fast paced, with opportunities and challenges emerging, dissipating, and/or growing with considerable speed. This document outlines an approach to strategic planning, for the Association, that is better suited to this environment than the traditional strategic planning model.

A. Using a planning process that is more nimble and responsive than traditional strategic planning: The strategic planning process outlined in this document does not follow the traditional strategic planning process. This more traditional process often involved:

- o point-in-time, retreat-like, sessions involving the organization's leadership and often key stakeholders
- o time-intensive reconsideration of the organization's mission and vision
- o time-intensive environmental scan efforts (often including: surveys of constituents, key informant interviews, focus groups, literature searches, data analysis and similar method)
- o the development of a detailed work plan with a large number of goals and objectives

This traditional process, while once the commonly accepted approach to strategic planning, is a **lengthy and slow process, difficult to implement (and, as a result, often not implemented), and not nimble nor responsive enough to adapt to and/or anticipate opportunities nor challenges nor challenges in the environment.**

This critique of the traditional strategic planning process is underscored (and has been for years) by the writing of leading business and strategic planning thinkers and researchers, most notably, Henry Mintzberg, Andrew Campbell, and Laura Nash. [1]

These authors argue that the speed by which opportunities and challenges emerge, the lack of solid data on those emerging opportunities and challenges, and the length

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[1] The Rise and Fall of Strategic Planning, Mintzberg, Henry; 1994; The Free Press, New York, New York; A Sense of Mission, Campbell, Andrew and Nash, Laura L;1992; Addison-Wesley Publishing, Reading, Massachusetts

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of the traditional strategic planning process make traditional strategic planning no longer as valuable as in the days when trends could be seen and measured, well in advance.

A living, action-oriented strategic plan: The strategic planning process called for in this document, often known as "Strategic Doing" is based on:

- The **critique of the weaknesses of the traditional strategic planning** process that is presented above
- the **speed** at which, and the **potential impact** of, **opportunities and challenges** emerge in the environment in which this Association and its members work
- the **need for rapid and, at times, evolving (not fully formed) approaches** to these opportunities and challenges
- the fact that **strategic decisions are continually made** by (and demanded of) the leadership and key stakeholders of this organization and **cannot be limited to a single point-in-time** analysis and plan development set of sessions
- the fact that **strategic planning related dialogue with key stakeholders** is also a continual process and should not be constrained to a point-in-time set of sessions, interviews, or surveys
- the **success that this Association and its members have demonstrated in identifying and addressing emerging opportunities and challenges**, over the past decade

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B. Components of this strategic planning/doing process: The strategic planning process that developed this plan, consisted of the following components:

1. The use of the **regular mechanisms and venues of Association governance, dialogue, and leadership** to craft the plan, revise it as needed to meet changing conditions, and monitor the implementation of the plan. These mechanisms and venues include: the meetings of the Association's Executive Board, Steering Committee, Officers, Standing and Ad hoc Committees. These venues would be used to provide the rich and thoughtful dialogue needed to craft, revise, and monitor the implementation of the Association's strategic plan.

2. The use of **regular, frequent, on-line (formal) and off-line (informal) communication, over time, with key stakeholders and other key informants** as to their needs, goals, insights, concerns, observations, and resources. This communication takes place via many modes, including: one-on-one discussions, partnership and coalition meetings, email and letters, newsletters, rumors). This Association, in fact, has a great many robust stakeholder and key informant dialogue methods and venues that regularly provide the information needed to guide the development and refinement of the Association's strategic plan. These methods and venues include: Directors Forum, Provider

Alliance meetings, PIHP CEOs meetings, SAPT Directors meetings, regular dialogue and meetings with advocacy partners, quarterly meetings with MDHHS leadership, regular meetings with legislators and staff, discussions with the Boards of Directors and staff of the Association's members, dialogue with other state associations, review of industry and legislative literature, discussions with consultants on contract with the Association

3. The **retention of the Association's longstanding mission**. The opportunities and challenges in the environment and resources and actions needed to address them are what change. Rarely does nor should the mission of the organization change.

4. The synthesis of the information collected via the methods outlined above to form a **cogent list of key opportunities and challenges.** The identification of too great of a list of opportunities and challenges, without the synthesis needed to find the common threads between them, causes a flurry of unfocused, tactical and not strategic actions.

However, the **Association's identification of opportunities and challenges has two components**. Given that the Association is a trade association, designed to strengthen its members and make the environment in which they work conducive to their success, the opportunity and challenge analysis should **first examine the opportunities and challenges facing the Association's membership, and then identify a related set of opportunities and challenges that relate to the Association's work.**

5. Use of a small number of relatively stable **strategic platforms.** These strategic platforms represent the core competencies of the Association and form the architecture for the strategic plan. As examples (and only as examples, in that the list of strategic platforms is one of the key tasks of the Executive Board, informed by key stakeholders) the strategic platforms for this Association might be: education and training, government relations/advocacy, issue analysis and action plan development, partnership development, member services and support.

6. As with the identification of key opportunities and challenges, **the issues to be addressed, within each strategic platform**, are determined via the synthesis of the information collected via the methods outlined above.

7. The actions and resources to be applied within each strategic platform **build upon the currently successful efforts of the Association** as well as **charting new courses of action or the tapping of new resources**. This "building on what works" reflects the recognition, by many in the business strategy community, that a healthy organization has already, intuitively, responded to its environment by taking actions in anticipation of or in response to key opportunities and challenges in the environment. The strategic planning process allows for the Association to add to, delete from, and/or modify the existing actions and resources, to address the opportunities, challenges, and issues identified by the information synthesis components of the strategic planning process.

These resources and actions that are already in place in the Association and those missing from the Association's resource/skill set, within each strategic platform, are the strengths and weaknesses that typically accompany the identification of opportunities and challenges in the traditional SWOT analysis (Strengths, Weaknesses, Opportunities, Threats). In this process, they are imbedded as the strengths and weaknesses analysis into each strategic platform rather than in the initial SWOT analysis. In this process, they are not identified in the initial SWOT analysis in that they should be in response to or anticipation of the opportunities and challenges and within the strategic platform framework. To do otherwise leads to the identification of a number of strengths and weaknesses that are not key to addressing the identified opportunities and challenges and not clearly linked to the Association's strategic platforms.

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Association mission

The Community Mental Health Association of Michigan supports its membership by informing, educating, and advocating for mental health, emotional disturbance, intellectual and developmental disability, and substance use disorder services by strengthening collaboration with persons served, community, partners, and government.

Opportunities and challenges

The following opportunities and challenges represent the synthesis of the information collected via the methods outlined above to form a **cogent and short list of key opportunities and challenges.** Given this, while a great many opportunities and challenges do exist, the use of too large of a list of opportunities and challenges, without the synthesis needed to find the common threads between them, causes a flurry of unfocused, tactical and not strategic actions.

Therefore, the following list of opportunities and challenges is made up of a **set of themes and broad categories** which represent, within each of them, a large number of related opportunities and challenges.

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Note that this **Association's identification of opportunities and challenges has two components**. Given that the Association is a trade association, designed to strengthen its members and make the environment in which they work conducive to their success, the opportunity and challenge analysis reflects:

- o the opportunities and challenges **facing the Association's membership**

- o the related set of opportunities and challenges **faced by the Association in its work to assist its members to meet these opportunities and challenges**

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Opportunities and challenges facing the Association's membership

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1. The goals of the **quintuple aim** provide a framework for some of the core opportunities and challenges faced by Michigan's public mental health system: 2

   A. Enhancing the **quality of healthcare and the experience of the person served**
   B. Improving **population health**
   C. Controlling **cost**
   D. Improving the **work-life of providers** (including recruitment and retention of the behavioral health workforce)
   E. Fostering **health equity**

2. The wide range of **healthcare transformation initiatives** taking place in Michigan and across the country (initiatives, to name a few, revolving around: healthcare integration, payment reform, whole person orientation to care, population health, workforce, use of technology, high utilizers, social determinants of health, trauma, evidence-based practices) have core components that align with many of the longstanding knowledge bases, skills, and values of Michigan's public mental health system – providing an opportunity for Michigan's public mental health system to be a leader, convener, and key partner in these initiatives.

3. While the past several decades have seen great progress in both public awareness and acceptance of a wide range of mental health needs as well the recognition of the value of prevention, supports and services in address those needs, more work is needed to ensure that each of us, as individuals, communities and society at large, **recognize the inherent dignity of persons with mental health, substance use disorder, and intellectual/developmental disability needs and the value of those who serve and support them – their friends, families, and staff.**

4. In spite of the longstanding success of Michigan's public mental health system in providing innovative, community based, cost-effective services and supports to some of the state's most vulnerable and resilient residents, and the strong support for this system in the State Legislature, executive branch, among the advocacy community, and in communities across the state, the **threat of the privatization/profitization** of Michigan's public mental health system exists. The allure of Michigan's $2.5 billion Medicaid behavioral health and intellectual/developmental disabilities services budget is attractive to private health plans and private health systems, hospitals, and other private providers.

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2 The term "public mental health system" refers to Michigan's Community Mental Health Services Programs (CMHSP), Prepaid Inpatient Health Plans (PIHP), and the private and public providers within the networks managed by the CMHSPs and PIHPs. The term refers to the system that serves persons with mental illnesses, emotional disturbances, intellectual/developmental disabilities, and/or substance use disorders.

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5. The demand, by policy makers, healthcare payers, providers, and persons served for **continual innovation and accountability** – clinically (including evidence based and promising practices), fiscally, structurally, and via collaboration - provides both an opportunity and a challenge. Michigan's public mental health system must continue in its leadership in this area, based on its long history of actively fostering innovation while ensuring accountability.

6. **Changes in statute, regulation, financing, or practices at the federal, state, and local level,** surrounding the Affordable Care Act (ACA), Medicaid, and other healthcare and related issues; and **changes in the leadership** at the federal, state, and local levels of government, over the next several years, provide a set of opportunities and challenges to Michigan's public mental health system.

Opportunities and challenges faced by the Association in its work to assist its members to meet the opportunities and challenges that they face

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1. The opportunities and challenges faced by the Association **are driven by its work to assist its members to meet the opportunities and challenges faced by them**, as listed above.

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2. The **diversity of the membership of the Association and the Association's constituency and allies, beyond its members,** provides both opportunities and challenges. The dimensions of diversity include:
   o **the role of the member/constituent**: CMHSP, PIHP, provider, affiliate (non-provider) member, persons served, family member, advocate, community partner, elected official
   o **the community of interest to the member/constituent**: rural, urban, suburban; race; ethnicity; language; gender; and other communities of interest
   o **the mental health need of interest to the member/constituent**: the needs of persons with mental illnesses, emotional disturbances, intellectual/developmental disabilities, and/or substance use disorders
   o **the clinical or technical discipline of the member/constituent**
   o **the political view of the member/constituent**

The opportunities and challenges related to this diversity include:
   o fostering the expression of a **diversity of views and interests** while **integrating those views into a unified vision and voice – recognizing the vital importance of creating and sustaining a unified vision and voice**
   o identifying the **diverse needs** of those members and addressing them **with tailored approaches** while **seeing the common denominators and themes** across those needs

3. The **fast changing healthcare landscape**, across all dimensions (clinical, fiscal, structural, statutory, regulatory, partnership and collaborative development, technology, and human resources, to name a few) requires that the Association be able to ensure that it keeps the **Association and its members aware of, educated on, and its skills honed relative to these developments.**

4. Given that the developments in which the Association and its members are involved or will be impacted take place at local, regional, state, and national levels, the opportunity and challenge is to strategically **determine the appropriate level of involvement by the Association**. These levels include, among others:
   o **depth of involvement** ranging from a central actor in the identification and resolution of an issue to that of only an observer
   o **roles** including advocate, researcher, convener, leader, coalition member, calming agent, agitating agent
   o **level of government** at which Association action should be focused: national, state, regional, local

5. The **state and national political environment requires a deep understanding of legislative, executive, and judiciary branch issues, decisions, and processes as well as a diverse and sophisticated set of tools in order to pursue an advocacy agenda** – such as the agenda that is needed to represent the interests and meet the needs of the Association's members. Ensuring that the Association has such a diversity and sophistication of advocacy tools provides a challenge and opportunity for the Association.

6. The significance, diversity, and complexity of the opportunities and challenges faced by the Association's members demand that the Association and its members: **have a current and deep understanding of a great many components and developments within the healthcare field, are involved in helping to shape state and national policy and practice; and a range of strategic partnerships.**

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Overarching themes reflected in the Strategic Initiatives in all Strategic Platforms

The following themes will be reflected in the strategic initiatives across all four Strategic Platforms. To avoid highlighting them, repeatedly, within each of the strategic initiatives listed below, they are described here. Note that because of the potential and significant impact of the opportunities and challenges outlined above, these themes form the bulk of the core around which the Strategic Initiatives are designed.

1. Ensuring the **strength and vibrancy of Michigan's publicly sponsored** mental health system including its **two core roles**:

   o **local public policy, safety net, and community convener** – roles those that must be fulfilled by the local/regional public sector if the public interest is to be served in both the short and long term. These roles include:

      ▪ governance of the local/regional venue in which fiscal control of public funds, and the reinvestment of earned income into the system (purse strings) and policy setting are carried out
      ▪ Statutory role in fulfilling the local public policy setting body - as the community's mental health safety net
      ▪ Convener and partner with a wide range of other community organizations aimed at collectively addressing a wide range of healthcare and social needs
      ▪ Commitment to population health across the full community

   o **management of highly organized, well-developed service delivery networks** - recognizing that Michigan's local/regional mental health public sector is unique, in design and structure, to meet the community-based health and human services of those whom it serves
      ▪ Management of a comprehensive network of community-based traditional and non-traditional services and supports
      ▪ Active engagement at first contact and throughout treatment and services/supports, in the home, workplaces, schools, mental health centers, primary care centers
      ▪ Use of a whole person orientation addressing social determinants as a core part of service delivery approach
      ▪ Statutory role as the local service delivery system manager – as the community's mental health safety net

2. Fostering **a wide range of healthcare transformation initiatives centered around continued and accelerated innovation.** Those initiatives would include:
   o **healthcare integration** (supported by the longstanding work of the Association and its members in this area, its partnership with the Robert Wood Johnson's Delta Center)

- o movement toward **value-based payments** (supported by the Association's partnership with the Robert Wood Johnson's Delta Center)
- o **evidence-based practices** (supported by the longstanding work of the Association, its members, and MDHHS in this area and via the Association's partnership with the Great Lakes Mental Health Technology Transfer Center and SAMHSA)
- o the centrality of **social determinants of health and whole-person care**
- o **local, regional, state-level, and national partnerships**
- o **health equity** – what is often called the fifth component of the quintuple aim (working to eliminate or close health disparities – the greater existence and impact of social determinants on low income persons, persons of color, persons with disabilities, and other marginalized persons)

3. Pursuit of the **quintuple aim:**
- o enhancing the quality of healthcare and the experience of the person served
- o improving population health
- o controlling cost
- o improving the work-life of providers (including recruitment and retention of the behavioral health workforce)
- o fostering health equity

4. Recognition of the potential impact, diversity, rapid development, and complexity of the **healthcare transformation initiatives** and related **changes in statute, regulation, financing, practices, and leadership** taking place in Michigan and across the country demand that the Association and its members:

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- o have a current and deep understanding of a great many developments within the healthcare field
- o are involved in shaping local/regional, state, and national policy and practice
- o are able to develop a range of strategic partnerships

5. **Recognition of the inherent dignity** of persons with mental health, substance use disorder, and intellectual/developmental disability needs and the value of those who serve and support them – their friends, families, and staff.

6. Fostering the expression of a **diversity of views and interests** while **integrating those views into a unified vision and voice** – recognizing the vital importance of creating and sustaining a unified vision and voice

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Strategic platforms and strategic initiatives

The Association's work is centered around four strategic platforms.

Note that **many of the activities described within one platform, below, are critical to the work described in other platforms**.

Given the fact that the initiatives to be developed draw from **the momentum of and expertise gained by the currently implemented strategic initiatives,** the initiatives that are currently in operation are described, below, as the foundation for those that are to be pursued.

Strategic Platform: Education and training

Foundation upon which future work is grounded: Strategic initiatives currently implemented:

1. CMHAM's education team coordinates over 200 events annually, reaching over 7,000 practitioners, policy makers, persons served, community leaders and other stakeholders. These event topics vary in topic and training methodology to appeal to our diverse membership.

2. For over 12 years, CMHAM has had a strong training partnership, reaching over with MDHHS through federal/state grants, as well as non-grant projects.

3. CMHAM has long been a provider of Social Work Continuing Education credits (awarding thousands of CEUs annually. The Association also coordinates CEs with other organizations for nursing, gambling, and substance use disorder education.

4. Recently collaborated with MARO on an employment training and plan to expand that partnership with additional trainings. This partnership benefit's CMHAM in several ways: a) strengthens the unity between the two organizations and our mutual causes; b) generates non-dues revenue; c) exposes MARO's membership to the Association and other trainings that they may have an interest in.

5. Recently been requested to join the Michigan Developmental Disabilities Council, in the planning and operation of:
   - o   new conference aimed at the IDD community
   - o   the next annual Developmental Disabilities conference (a long running conference)

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The vision for the future: Strategic initiatives to be pursued:

1. Develop an Education Committee comprised of the staff, leaders, and board members of CMHs, PIHP, and Providers to assist CMHAM in training topic and presenter identification and selection, guiding the Association in workshop selections for the annual conferences.

2. Develop an Educational Needs Survey to disseminate to CMH/PIHP/Affiliate Members to determine training needs. The survey results will guide the Education Committee on decisions throughout the year.

3. Explore additional Continuing Education credits, in a range of professional disciplines, for Association members who attend our trainings.

4. Utilize webinars and other technology to assist members with training opportunities remotely.

5. Explore a Mentoring Program for new CEOs and Board Chairs

6. E-Learning – continue to build relationship with Relias, one of the Association's Corporate Partners with a strong e-learning catalog and system.

7. Develop a monthly training e-newsletter to highlight our training events.

8. Continue to collaborate with local stakeholder organizations on trainings.

9. Explore additional grant opportunities, centered around education and training

10. Explore the development of learning communities (in electronic and face-to-face formats) around a range of topics

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Strategic Platform: Government relations/advocacy

Foundation upon which future work is grounded: Strategic initiatives currently implemented:

1. Develop annual policy and advocacy platform - member approved and supported, gives CMHAM staff guidance for lobbying/advocacy work.

2. Meet/foster relationships with key legislative & administration leaders
   - Identify key lawmakers & staff – budget chairs, policy chairs, leadership
     Develop trust and creditability / content expert

- Identify key departmental decision makers
    - Develop trust and creditability / content expert

3. Communicate in a timely fashion with CMHAM members
- Electronic communications with members in a real-time fashion – as issues are happening. (budget material, legislation, advocacy)
- Use updated topics in weekly FF
- Manage association's VoterVoice program
    - Coordinate message, timing, audience
- Attend local CMH/PIHP/Regional board meetings

4. Testify on behalf of membership in various legislative settings, serving as the spokesperson for the Association's members

5. Track/follow legislative, state policy and appropriations changes impacting our membership, including providing comments on behalf of members on state policy (Medicaid) changes

6. Facilitate the Association's Legislation & Policy Committee, providing legislative updates at other association venues – committees, Director's Forum, PIHP directors meeting, SAPT, PR, Provider Alliance

7. Communicate with media on behalf of membership, providing statewide perspective on behalf of membership

8. Coordinate the National Council Hill Day

9. Organize/manage the CMH PAC & Education & Advocacy Fund
- CMHAM staff develop budgets
- CMHAM staff target contributions appropriately

10. Coordinate efforts and message with our (2) lobbying firms – MHSA & RWC
- Coordinate with member lobbying firms

11. Provide educational updates/workshops for members at Association conferences

12. Coordinates advocacy/legislative efforts with stakeholders & advocacy partners
- Speaks at various conferences and trainings
- Attends partner association committee meetings

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The vision for the future: Strategic initiatives to be pursued:

1. Increasing member involvement in advocacy
   - Testify in committees, face to face meetings with legislators, electronic communication. How do we make it easier? Communication/technology

2. Increasing member involvement with CMH PAC
   - Grow the number of CMHs, PIHPs, and Provider Alliance members who contribute to the CMH PAC
   - Develop capacity to accept PAC donations on-line via the Association's website

3. Use social media platforms
   - Allow members to track legislative / advocacy efforts through FB/Twitter
   - Provide live updates in committees – if value?

4. Continued growth in legislative/advocacy work on issues related to substance use disorder prevention and treatment

5. Expand information available on CMHAM website
   - Provide video updates on hot topics/issues
   - Provide more updated information

6. Develop an in-house easily accessible database for key information
   - Financial information
   - Program data
   - Overall general information about the system

7. Develop a Lansing hill day similar to the National Council Hill Day, involving any of a number of the Association's partners

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Strategic Platform: Policy and data analysis

Foundation upon which future work is grounded: Strategic initiatives currently implemented:

1. Development and distribution of on-going series of policy white papers, through the Association's Center for Healthcare Research and Innovation (CHRI) on a range of issues impacting the public mental health system and those whom it serves – by employing the resources of Association members, Association staff, consultants on contract with the Association (HMA, PSC, TBD), and graduate student interns.

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2. Development and use, in advocacy/government relations and efforts, of fiscal analysis on a wide range of topics – carried out by the Association's fiscal and contract/policy analysts on contract with the Association), Association members and staff.

3. Formation of Emerging Healthcare Integration Practices and Structures Study Group to examine a range of models emerging, across the country – as a source of ideas for policy and system design in Michigan

4. Obtaining legal opinions on a range of statutory and regulatory issues.

The vision for the future: Strategic initiatives to be pursued:

1. Continued expansion of Center for Healthcare Research and Innovation's (CHRI) white paper development and distribution, via the further development of the Association's partnerships with member-developed policy papers and those of consultants on contract with the Association.

2. Strengthening and broadening of the public relations efforts to highlight the policy analysis and recommendations of the Association.

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Strategic Platform: Linking with information, resources, partnerships; representation of members interests in a range of policy making settings

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Foundation upon which future work is grounded: Strategic initiatives currently implemented:

1. Weekly electronic newsletter to a wide range of stakeholders, including members and non-members (Weekly Update) The Association staff, in preparing each Weekly Update, collects information, analyses, and the voices of key opinion leaders, from a wide range of sources and provides them to you, in one place.

2. Periodic distribution of journal-like publication (Connections) to broad stakeholders

3. Periodic e-mails on a range of issues including: funding opportunities, regulatory changes, status of policy and practice initiatives at the state level

4. Facilitation of member involvement in policy and practice setting venues, including: CMH/GF contract negotiation team; Encounter Data Integrity Team (EDIT) – joint MDHHS/CMH Association workgroup; Medicaid ratesetting workgroup – joint MDHHS/Milliman/CMH Association workgroup; Michigan Inpatient Access Discussion

(MIPAD) – MDHHS sponsored workgroup designed to improve access to inpatient psychiatric care; Section 298 Workgroup (Lieutenant Governor Calley led group); Section 298 Facilitation Group; Employment First initiatives on provider transformation and rate restructuring around competitive independent employment; Involvement in interviews and hosting focus groups as part of statewide study on potential changes to the state's Medicaid Long Term Services and Supports system

5. Facilitation of broad stakeholder groups comment on proposed policies, via notice to members on proposed policies of MDHHS, LARA, CMS, SAMHSA

6. Quarterly meetings, representing the interests of the Association's members, with MDHHS and Behavioral Health and Developmental Disability Administration (BHDDA) leadership.

7. MDHHS leadership regularly speak at the Association's Executive Board, Directors Forum, Provider Alliance, conferences, and Improving Outcomes Conference.

8. Association committees – active dialogue and linking on a number of issues of relevance to members

9. Directors Forum – quarterly meeting of the CEOs of CMHs, PIHPs, and a Provider Alliance representative to discuss a range of policy and operational issues, often with MDHHS staff joining for a segment of the meeting

10. Hosting of webinars on a range of practice topics. Two of interest:
- Assisted Outpatient Treatment protocols (jointly sponsored by the CMH Association, MDHHS, and the State Court Administrators Office); over 300 participants
- Healthy Michigan Plan second waiver impact on CMH/PIHP/Provider consumers (jointly sponsored by the CMH Association and MDHHS); over 200 participants

11. Active involvement with and information sharing from the National Council and NACBHDD:
- Active membership on State Association Committee of both the National Council and NACHBDD
- Officer of NACHBDD

12. Active involvement and information sharing with members and of members view as member of a number of statewide stakeholder and policy review bodies: Arc; NAMI; MPAS; MPCA; DD Council; MPS; MARO; Medical Care Advisory Council; MDHHS Stakeholders Group; Michigan Primary Care Consortium; Michigan Health Policy Forum; Michigan School-Community Health Financing Workgroup; Michigan ACES Advisory Group; Protect MI Care coalition

The vision for the future: Strategic initiatives to be pursued:

1. Weekly electronic newsletter (Friday Facts) to be converted to a members-only publication in an active format that will allow the reader to immediately access the newsletter (not requiring the reader to have to go to the CMHAM website link to read the newsletters)

2. Addition of a periodic electronic newsletter, provided to a wide range of stakeholders, outside of the members, but without the same depth nor breadth of the members-only newsletter

3. Quarterly summary of Association work and accomplishments with four strategic platforms, to members, via Executive Board meetings, e-mail, and website posts.

4. Expansion of opportunities for members to learn of needed services and goods via facilitation of dialogue of members with corporate partners

5. Increased promotion of member involvement in NACBHDD and the National Council

6. Development and implementation of stronger public relations and branding efforts, underscoring, on a regular basis, the value of Michigan's public mental health system, via stronger linking with members' public relations efforts, corporate sponsorship of public relations efforts

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Strategic Platform: Media relations and public relations

Foundation upon which future work is grounded: Strategic initiatives currently implemented:

CMHA, in partnership with the CMHA Public Relations Committee and the public relations firm of Lambert, carries out a substantial number of media-relations efforts focused around issues of focus by CMHA and its members. Examples of those efforts, during FY 2020, include:

1. Accurate Picture Campaign, which consisted of several parts:
   a. The development and distribution of a white paper on the longstanding high levels of performance by Michigan's public mental health system. This white paper, cited above, A Tradition of Excellence and Innovation: Measuring the Performance of Michigan's Public Mental Health System (May 2020), was highlighted in a number of press outlets as a result of a focused media campaign led by CMHA and Lambert. The white paper can be found here.

b. The development of an infographic that provides, in a straightforward manner, the findings of the "Traditions of Excellence" white paper. The infographic drawn from this white paper can be [found here]..

c. The Heroic Stories campaign that captured a large number of stories that described the heroic work of the staff of and the persons served by CMHA members in the face of the pandemic The Heroic Stories can be found at CMHA's Newsroom webpage: https://cmham.org/newsroom/

2. CMHA, Lambert, and the CMHA PR Committee issued a number of focused guest editorials, press releases and announcements related to a range of topics – many of which centered around the COVID pandemic and related issues. As a result, the issues of importance to CMHA members and those whom they serve were covered in dozens of print, on-line, radio, and television stories. These stories are found on CMHA's Newsroom webpage: https://cmham.org/newsroom/

The vision for the future: Strategic initiatives to be pursued:

1. Development and implementation of stronger public relations and branding efforts, underscoring, on a regular basis, the value of Michigan's public mental health system, via stronger linking with members' public relations efforts, corporate sponsorship of public relations efforts.

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