Strategic Plan

(June, 2013)
Strategic Plan

One-Page Summary

Core Purpose/Mission: The mission of the National Council is to champion excellence by advancing our members’ ability to deliver high quality, client-centered care.

Core Organizational Values: Visionary leadership; Responsible stewardship; Absolute integrity; Professional development; Business success & entrepreneurship

Envisioned Future: The National Council is committed to creating and sustaining healthy and secure communities achieved through a system of healthcare and supports that holds the needs of consumers paramount, regardless of their ability to pay. Vital to this commitment is a network of organizations and advocates promoting services of unparalleled value serving children/youth, adults, and older adults across the lifespan.

The National Council is the premier association advancing behavioral health and wellness across all sectors of healthcare including public health. Viewed as the leader among behavioral health organizations across the country and around the world, the National Council is the driving force for advancing progressive and innovative policy and practice initiatives and promoting a unified behavioral health and wellness system of excellence. When decision-makers think of behavioral health, they turn to the National Council. It is viewed as a recognized authority and a desired collaborator for its reputation in achieving results, advancing whole health solutions, and promoting excellence and accountability.

Goal Area: Policy, Legislation, Regulation, and Advocacy
Goal Statement: Position the National Council and its state and local partner associations as leaders in defining efficient and effective future-focused behavioral health and health behavior models/structures. Support members to operate Centers of Excellence that deliver timely, appropriate, holistic, and recovery focused wellness, prevention, early intervention, and treatment.

Goal Area: Organizational and Operational Excellence
Goal Statement: The National Council assists members in becoming and being acknowledged as high-performing healthcare organizations that consistently meet the needs of their communities by providing high quality and cost effective services.

Goal Area: Public Education and Communications that Impact Communities
Goal Statement: Establish the National Council as the leader in marketing and communications that positively impact the health and well-being of states and local communities.

Goal Area: Work Force Leadership
Goal Statement: The National Council is a forerunner in providing its members with effective leadership and collaboration skills and programs that support the professional development, competency building, and personal growth of the behavioral healthcare field’s leadership and workforce needed for today and in the future.

Goal Area: Association Revenue Maximization
Goal Statement: Revenue generated is sufficient to position the National Council with the financial strength needed to be the premier association advancing behavioral health and wellness across all sectors of healthcare and to ensure the long term viability of the association.
10+ YEAR PLANNING HORIZON
CORE IDEOLOGY & ENVISIONED FUTURE

Core ideology describes an association’s consistent identity that transcends all changes related to its relevant environment. It consists of two elements - core purpose/mission – the association’s reason for being – and core organizational values – essential and enduring principles that guide the association.

An envisioned future conveys a concrete yet unrealized vision. It includes a clear and compelling catalyst that serves as a focal point for effort and a vibrant and engaging description of what it will be like to realize that vision.

Core Ideology

Core Purpose/Mission:
The mission of the National Council is to champion excellence by advancing our members’ ability to deliver high quality, client-centered care.

Core Organizational Values:
- Visionary leadership
- Responsible stewardship
- Absolute integrity
- Professional development
- Business success and entrepreneurship

Envisioned Future

The National Council is committed to creating and sustaining healthy and secure communities achieved through a system of healthcare and supports that holds the needs of consumers paramount, regardless of their ability to pay. Vital to this commitment is a network of organizations and advocates promoting services of unparalleled value serving children/youth, adults, and older adults across the lifespan.

The National Council is the premier association advancing behavioral health and wellness across all sectors of healthcare including public health. Viewed as the leader among behavioral health organizations across the country and around the world, the National Council is the driving force for advancing progressive and innovative policy and practice initiatives and promoting a unified behavioral health and wellness system of excellence. When decision-makers think of behavioral health, they turn to the National Council. It is viewed as a recognized authority and a desired collaborator for its reputation in achieving results, advancing whole health solutions, and promoting excellence and accountability.
3-5 YEAR PLANNING HORIZON
OUTCOME-ORIENTED GOALS, OBJECTIVES, AND STRATEGIES

The following thinking represents goal areas for the next three to five years. They are areas in which the National Council explicitly states the conditions or attributes it wants to achieve. These outcome statements define “what will constitute future success.” The achievement of each goal will move the association toward realization of its envisioned future. The goal areas are not in priority order.

Objectives and strategies provide direction and actions on how the association will accomplish its articulated goals. Objectives are considered in the 3-5 year planning horizon while strategies are considered within the 1-3 year planning horizon. Strategies are reviewed regularly by the National Council’s leadership and staff.

Goals, Objectives, and Strategies

Goal Area: Policy, Legislation, Regulation, and Advocacy

Goal Statement: Position the National Council and its state and local partner associations as leaders in defining efficient and effective future-focused behavioral health and health behavior models/structures. Support members to operate Centers of Excellence that deliver timely, appropriate, holistic, and recovery focused wellness, prevention, early intervention, and treatment.

Objective (1): Enhance the National Council’s expertise and capacity in the area of efficient and effective behavioral healthcare models/structures (state waivers, state plan amendments, commercial insurance, carve in and integrated managed care approaches, incentives and innovative payment models, new payers, and joint ventures).

Objective (2): Work to identify and help members apply consistent standards of care needed to promote positive outcomes and reliability.

Objective (3): Maximize advocacy, collaboration and coordination efforts across the National Council’s network of state and local associations to align and buttress federal, state and local policy efforts.

Objective (4): Position the National Council as the source of parity and healthcare reform implementation information and ideas particularly as to how parity enforcement, health insurance reform and state economic distress may impact the financing and delivery of behavioral health prevention, early intervention and treatment services.
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Objective (5): Identify and advocate for policies that: work to prevent disability while promoting the full social inclusion for individuals with disabilities and eliminating disparities and gaps in services.

Objective (6): Ensure funding/reimbursement is adequate for the delivery of the continuum of effective services.

Objective (7): Promote public awareness and knowledge of mental health/substance use problems and research based, recovery focused prevention, treatment and support services including those that address the social determinants of health.

Potential Strategies:
- Document funding shortfalls and their consequences.
- Continue to lobby for the passage of the Excellence in Mental Health Act that includes providing federal status for qualifying provider organizations known as Certified Community Behavioral Health Centers (also referred to as Federally Qualified Behavioral Health Centers) and granting them access to payment structures that support the cost of doing business.
- Continue to pursue passage of the Behavioral Health IT Act to extend financial incentives for the meaningful use of electronic health records to specified mental health and addiction treatment providers and facilities.
- Develop a process to define “efficient” and “effective” future behavioral healthcare structures, write and disseminate white paper(s) on efficient and effective systems and structures.
- Collect and disseminate examples of parity enforcement, litigation, and standardization.
- Document success and cost efficiencies from community based behavioral health services.
- Connect with venture capitalists and other non-government entities and explore partnership/alliance opportunities.
- Develop a plan to increase the depth and breadth of the National Council’s key contact initiative that results in a connection to every member of Congress supported by targeted political contributions.
- Create alliances with other organizations, consumers and families in support of the Council’s legislative agenda.

Goal Area: Organizational and Operational Excellence

Goal Statement: The National Council assists members in becoming and being acknowledged as high-performing healthcare organizations that consistently meet the needs of their communities by providing high quality and cost effective services.

Objective (1): Increase the National Council’s (board, staff and members) knowledge of the characteristics and elements common to high-performance organizations including those needed to achieve the “triple aim” of: improving the patient experience of care
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(including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care.

Objective (2): Ensure the National Council is aware of, knowledgeable about and involved with emerging organizational and practice research, outcomes and performance measurement.

Objective (3): Enhance the National Council’s ability to promote and increase capacity to support member adoption of clinical (evidence-based), operational and business practices with other industry-based standards that promote organizational excellence and consumer recovery.

Objective (4): Position the National Council’s role as behavioral healthcare’s leading source for organizational and practice improvement information and technical assistance.

Objective (5): Secure a position for the National Council as the thought leader on HIT and data across general healthcare and behavioral health sectors.

Objective (6): Become the data clearinghouse for the nation’s FQBHC system’s quality measures by providing data collection, data repository, and data analytic services.

Potential Strategies:

- Develop and disseminate materials/white paper(s) that highlight elements/criteria of high performance organizations and research based practices; and offer examples of programs and services that successfully incorporate those elements and practices.
- Support members in efforts and initiatives that use data and outcome based decision making, offering members initiatives and projects – access and retention, behavioral and primary health care integration etc. - that use data to change organizational processes and practices.
- Offer member to member opportunities for sharing information and learning on such issues as benchmarking of improvement strategies and recovery focused outcomes.
- Inform the Office of the National Coordinator and their technology workgroup and other Federal policymakers and standard-setting bodies (i.e. HL 7) on the implications of technology on the behavioral health sector.
- Offer state of the science clinical, business and operations information and technical assistance using the web, webinars, listserv and videoconferencing.
- Encourage and support member involvement in research, program evaluation, national certifications and recognition via awards.
- Ensure an annual national/international conference without equal that offers unparalleled learning and networking opportunities.
- Maintain a roster of the field’s consultants and vendors that offer members effective and efficient services and products.
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Goal Area: Public Education and Communications that Impact Communities

Goal Statement: Establish the National Council as the leader in marketing and communications that positively impact the health and well-being of states and local communities.

Objective (1): Initiate and support members’ efforts to position themselves in the healthcare marketplace and to improve the customer experience of healthcare.

Objective (2): Use innovative and creative communications and marketing tools to assist members to be seen as the go-to source as the market for behavioral health services expands with health reform, parity and coverage expansion.

Objective (3): Leverage national opportunities to grow the involvement in public education that improves understanding of mental illnesses and addictions and promotes behavioral health.

Objective (4): Disseminate communication tools that behavioral health providers can use in support of their state and local advocacy, education, and response to crises.

Potential Strategies:
- Introduce Mental Health First Aid USA to key elected and policy officials and promote the exportation of MHFA to all communities.
- Implement a communications strategy that uses social media as well as traditional media to highlight the National Council as a primary source of timely and accurate behavioral health information.
- Continue to use and expand the mechanisms, tools and materials that support the mission of the National Council and its members including: the National Council’s website, social media messaging, press templates, branding materials (i.e. informatics), communications campaigns (i.e. media campaign for Excellence Act), local surveys, and educational materials.

Goal Area: Work Force Leadership

Goal Statement: The National Council is a forerunner in providing its members with effective leadership and collaboration skills and programs that support the professional development, competency building, and personal growth of the behavioral healthcare field’s leadership and workforce needed for today and in the future.

Objective (1): Increase member peer to peer and professional mentoring opportunities.

Objective (2): Address community health care disparities by designing and implementing leadership diversity initiatives.
Objective (3): Advocate for federal and state legislation and policies that increase the workforce pool and enhance workforce skills.

Objective (4): Continue to invest in National Council staff development and in recruiting for new staff that who are/will become nationally recognized experts in their content or business area.

Potential Strategies:
- Identify opportunities to develop the data, technology and analytics capacity/capabilities of the behavioral health workforce.
- Design and offer program(s) for CEOs interested in going from success to significance.
- Continue to offer and enhance the Psychiatric Leadership Program.
- Refresh and promote the Middle Management Academy training.
- Design and offer training about forthcoming changes in financing and delivering behavioral health and integrated care, systems redesign, etc.
- Focus on racial and ethnic diversity with leadership activities and developing collaborative relationships with organizations that represent diverse racial, ethnic and linguistic members.
- Enhance member organizations ability to provide culturally competent services by providing resource materials, trainings (i.e. Emerging Leaders program), webinars, and publications.
- Support members in creating opportunities for consumers to enter the workforce as peers as well as serving in any and all job categories; promote career ladder for peer counselors.
- Promote staff skill acquisition via the National Council’s online learning partnership with Essential Learning.
- Support initiatives that attract and retain individuals to the field (i.e. loan forgiveness programs, National Health Services Corps, college and graduate school internships and other projects, veterans’ programs).
- Explore how community health workers may be relevant in serving people with or at risk for behavioral health conditions.
- Support initiatives – loan forgiveness, National Health Service Corp, college and graduate school projects, veterans’ programs - that attract and retain individuals to the field.

Goal Area: Association Revenue Maximization

Goal Statement: Revenue generated is sufficient to position the National Council with the financial strength needed to be the premier association advancing behavioral health and wellness across all sectors of healthcare and to ensure the long term viability of the association.

Objective (1): Generate revenue and obtain a sufficient return on investments that enables the association to achieve its mission.
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Objective (2): Develop, use, measure and monitor the organization’s financial strength via metrics that address revenue goals, diversification, margin, and operating reserve.

Objective (3): Expand range of products and services and customer base for those products and services.

Objective (4): Grow general and affiliated membership, corporate partnerships and conference exhibitors.

Objective (5): Establish the National Council as a government contractor for materials, projects and technical assistance.

Objective (6): Develop philanthropic relationships that support educational, advocacy and practice initiatives.

Potential Strategies:
- Establish a benchmark for an operating reserve and meet or exceed that benchmark.
- Repackage/expand products and services for current and new markets; and shift advertising focus from traditional print media to web and social marketing.
- Implement a marketing plan to promote the conference to new targeted audiences and exhibitors.
- Identify and develop business relationships/partnerships with allied industries.
- Expand capacity to secure government grants and contracts;
- Identify and outreach to behavioral health, health and other community partners to expand membership in the National Council. Consider and pursue appropriate opportunities for merger and/or acquisitions.
In order to make progress on achieving a 10+ year Envisioned Future, an association must constantly anticipate the strategic factors likely to affect its ability to succeed and to assess the implications of those factors. This process of building foresight about the future helps The National Council to constantly recalibrate its view of the relevant future, a basis upon which to update the strategic plan. As the outcome-oriented goals that form the basis of the long-range strategic plan are based on this foresight, regular review of these statements is an appropriate method of determining and ensuring the ongoing relevance of the strategic plan.

Assumptions
(Five Year Planning Horizon)
Revised May, 2013

Technology and Science
- Brain scanning will become a more routine diagnostic tool.
- The use of brain stimulation devices will become a more common treatment.
- The use of cosmetic neurology/pharmacology for self-improvement will increase.
- Research on the brain will receive increased attention and funding, and the results will impact treatments for mental illnesses and substance use disorders.
- Genetic engineering will create greater pre-natal knowledge of pre-dispositions.
- There will be a clearer understanding of the causes and types of schizophrenia in the next 10 to 15 years.
- There will be more customized drugs using DNA, demographics, and health history.
- Consumers will increase their use of self-monitoring technologies.
- There will be more telemedicine and other electronic connections to consumers in their homes for monitoring, treatment and quick response.
- We will move from using computer laptops to tablets to smart phones for treatment, supports and consumer activation.
- Electronically-based peer-to-peer communications will increase.
- We will see increased use of virtual, technology-based healthcare treatment and integration (vs. building based).
- The historic resistance to electronic healthcare records for confidentiality reasons will be resolved.
- There will be increased technology and use of standardized clinical tools (i.e. PHQ-9).
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- Technology will support the integration of behavioral with physical healthcare.
- We will see accelerated mergers and acquisitions including mergers of EHR behavioral health vendors and general healthcare EHRs moving into behavioral health.
- Increased data warehousing of information will assist with identifying appropriate treatments.
- The use of “big data” for decision making support will increase in frequency and importance.
- There will be IT security breaches.
- The use of technology to support staff decisions will grow.
- Technology itself will become a future workforce and will help to offset workforce shortages.

Structure and Competition

- All healthcare will be managed.
- Private equity/for-profit interests in behavioral health will increase (e.g. community investments).
- There will be more competition for market share by hospitals, medical homes and ambulatory healthcare practices.
- Competition around payment reform will increase and will impact how services are priced, capitation, how risk is assessed and managed, etc.
- Demand for treatment for addictions and for co-occurring substance use and mental health disorders will increase and there will be a struggle to create added capacity.
- Mental health and substance use organizations will increasingly join together and become primary ASO’s for behavioral health.
- The population will become more diverse requiring an increased need for cultural competence.
- Catchment areas will become a thing of the past.
- There will be increased competition from other healthcare providers outside of our traditional definition.
- There will be an increase in the consolidation of providers into larger systems of care.
- Behavioral service providers will continue to diversify into social service/human service product lines and for-profit product lines.
- The use of medical homes and ACOs to control costs will grow.
- Marketing will receive increased focus by not-for-profit behavioral health organizations.
- Crisis management must continue to be an area of focus.
- There will continue to be great variability in the use of private philanthropy to underwrite the delivery of services.
- Not-for-profit behavioral health organizations will continue to struggle to provide needed on-going training and supervision of staff.
- Evidence-based/comparative effectiveness will control the nature of services and reimbursement.
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- There will be an expanded environment of using “big data” to drive business management and measure performance.
- There will be increased risk of irrelevance for specialty behavioral healthcare organizations as services are provided elsewhere.
- There will be full integration of behavioral healthcare and physical healthcare.
- There will be increased use of community health centers (vs. teams coordinated with other services and sites).
- Not-for-profit behavioral healthcare organizations will increase the attention they pay to managing cash flow, debt, and risk.
- There will be an increased use of paraprofessionals in providing healthcare and behavioral healthcare services.
- We will see an increase in the number of CEOs running behavioral healthcare organization who do not have clinical backgrounds/training.
- The turnover in CEOs will remain a constant in behavioral health provider organizations necessitating a need to pay attention to succession planning and workforce development for behavioral health leaders.

Policy, Legislation, Regulation, and Advocacy

- As insurance coverage spreads, state general funds dedicated to mental health and addictions will continue to decrease.
- There will be increased overlay of regulations for different populations.
- There will continue to be a variety of state interpretations of regulations.
- The focus on parity will shift to monitoring, enforcement, and case law.
- There will be ongoing oversight and federal enforcement of state compliance with ADA and Olmstead/community integration mandates.
- States will continue to shift oversight and risk to managed care entities.
- Audits will continue necessitating attention to audit preparation and compliance.
- Due to continued financial challenges, states may move mental health and addictions to a lower priority.
- Awareness of mental health and addictions issues will increase in state legislatures and in Congress.
- There will be increased focus on fraud and abuse by CMS.
- State mental health and addictions authorities will become increasingly irrelevant.
- Increased attention will be paid to prevention and early intervention, particularly for first episode psychosis.
- Mental health and addiction treatment will be delivered in multiple locations.
- The movement and advocacy for Federally Qualified Behavioral Health Centers (FQBHCs) will continue.
- There will be a need to monitor the impact of the ACA’s service and payment redesign initiatives for unintended consequences.
- Federal and state governments will increase their need to see outcomes from funded treatment and services.
- Government tolerance for experimentation based on emerging, yet unproven, models will increase.
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- There may be a consolidation of Federal agencies.
- We will see more challenges for not-for-profit justification of tax exempt status.
- There will be appetite for continued policy experimentation aimed at bringing down healthcare costs.