

# AACP STRATEGIC PLAN

10/9/2010

## GOALS AND STRATEGIES:

The mission of the AACP is to encourage, equip, and empower community and public psychiatrists to develop and implement policies and high-quality practices that promote individual, family and community resilience and recovery.

It does so through four key activities:

**1) Clinical practice development and quality improvement: advocating for and partnering to implement resiliency and recovery-oriented services and to continuously improve services and systems for the people we serve.**

Objectives for (1):

- a) Identify trends in current clinical practice, such as the development of practical guidelines, and the production of tools and other products for clinicians in community mental health environments.
  - i) Assistance with strategies for interdisciplinary and inter-organizational teamwork in the delivery of clinical care.
  - ii) Guidelines for innovative practice, such as recovery oriented services; trauma informed services; and services to individuals and families with complex and co-occurring mental health, substance, and health conditions.
  - iii) Assistance with identifying and adapting evidence based and consensus based practices to real world community settings and populations
  - iv) Guidelines for working with culturally diverse populations
  - v) Guidelines for community practice for children and families, transitional age youth, older adults, individuals with cognitive disabilities, and other special populations
- b) Create effective partnerships for practice development and clinical quality improvement with selected allied organizations and stakeholder groups
  - i) Identify priority partners for collaboration and priorities for resources and attention
  - ii) Develop outreach, linkage and coordination strategies
  - iii) Use these partnerships to facilitate knowledge dissemination
  - iv) Establish processes to evaluate effectiveness of partnerships
- *Lead Responsibility:* Clinical/Quality Committee with support of Minority/Underserved Committee

**2) Membership Support: creating and sustaining a network of collegiality and support for community and public sector psychiatrists, many of whom work in challenging and nontraditional service settings.**

Objectives for (2):

- a) Enhance the connectedness and collegial experience of members
  - i) Develop an active process to determine the needs and values of the membership – how the organization can best serve them.

- ii) Create avenues for members to easily communicate and share information and experiences
  - iii) Support members in developing connection and teamwork within their own organizations and within their communities.
- b) Expand membership and participation
  - i) Develop retention plan to establish stable membership base.
  - ii) Develop a recruitment plan to engage new members
  - iii) Prioritize engagement of members who reflect cultural diversity as well as those who represent service delivery to the range of special populations as described by age, gender, race/ethnicity, and sexual orientation, socioeconomic status and/or in consideration of the special setting or location where patients may be served.
  - iv) Develop state/local organizations
  - v) Engage membership in committee activities
- *Lead Responsibility:* Membership Committee with support of Minority/Underserved Committee

**3) Knowledge dissemination: developing and disseminating a foundation of knowledge relevant to community psychiatric practice and community health care based on effective clinical practice and relevant humanitarian and social values;**

**Objectives for (3):**

- a) Improve communication internally and externally
  - i) Establish plan to expand website functions.
  - ii) Upgrade e-mail capacity by assuring up-to-date technology for organizing by topic and interest groups.
  - iii) Enhance the content and value of the newsletter in relation to strategic priorities
  - iv) Establish plan to use additional media
  - v) Develop communication strategies for both knowledge dissemination and for internal membership communication and support.
  - vi) Ensure attention to issues relevant to membership constituents (e.g. child psychiatrists, international medical graduates, hospital, psychiatrists, prison psychiatrists)
- *Lead Responsibility:* Communications Committee
  - b) Provide leadership in consultation, mentorship, training, and technical assistance.
    - i) Develop capacity to identify priorities for clinical practice dissemination
    - ii) Maximize visibility and relevant knowledge dissemination in national meetings
    - iii) Distinguish/define specific leadership roles and leadership practices for psychiatry.
    - iv) Develop capacity to identify training needs for psychiatric leadership in relation to organizational practice, quality improvement, policy development, and system change
    - v) Identify mechanisms for psychiatric mentorship and for clinical, organizational, and system consultation relevant to community psychiatry
    - vi) Establish capacity to offer CME credits for online web based training
    - vii) Develop agenda for promoting community engaged scholarship
    - viii) Ensure attention to and relevance to cultural diversity and specialty population issues
    - ix) Develop certification in community psychiatry
- *Lead Responsibility:* Training & Scholarship Committee, with support of Program Committee

**4) Behavioral Health Policy Advocacy: actively advocating to influence a wide array of health and social welfare policies across all levels of government and service systems,**

**including delivery system design, reimbursement, research, clinical practice, and workforce development.**

Objectives for (4):

- a) Foster effective public policy advocacy
  - i) Develop process for determining and prioritizing interests in accordance with our mission
  - ii) Identify and develop partnerships and alliances for advocacy efforts
  - iii) Assure adequate attention to special interests and populations (e.g., child and adolescent issues, cultural diversity)
  - iv) Emphasize the importance of integrated services and systems for individuals and families with co-occurring mental health, substance use, and health issues

*Lead Responsibility:* Behavioral Health Policy Committee, with support from Minority/Underserved Committee

**OPERATIONAL GOALS:**

**1) Improve functional efficiency through development of organization procedures facilitating strategic planning.**

Objectives for (1):

- a) Define procedures for organization decision-making and action.
  - b) Expand opportunities for “active” membership on local, regional and national governance.
- *Lead Responsibility:* Executive Committee – establishing measures and target dates

**2) Maintain financial stability.**

Objectives for (2):

- a) Develop process to establish and support regional fund raising initiatives
  - b) Develop plan for non-industry fund raising
  - c) Develop procedures for maximizing dues income.
- *Lead Responsibility:* Executive Committee