SAMHSA STRATEGIC COMMUNICATIONS FRAMEWORK AND DIALOGUE

Planning Study Report

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Executive Summary

SAMHSA Strategic Communications Framework and Dialogue - Planning Study Report
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Overview
The time is right to create a *SAMHSA communications plan and dialogue*, because there have been significant changes in 2007 for the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Office of Communications (OC).

Planning Study
A study supporting this activity included interviews with more than 50 leaders (SAMHSA senior staff, representatives of other Federal agencies, leaders of benchmark communication programs in various sectors, and thought leaders). Seven recommendations emerged from the study.

Recommendation 1 - Re-Frame SAMHSA's Mission
A possible re-framing is: "SAMHSA's mission is to support service systems that build resilience and facilitate recovery for Americans with substance abuse or mental health problems."

Recommendation 2 - Sharpen the SAMHSA Brand
Two possible aspects of sharpening of SAMHSA's brand are the slogans "Strengthening Services," and "building the capabilities of America's mental health and substance abuse services system."

Recommendation 3 - Build an Ongoing Dialogue on Communications
The dialogue about SAMHSA's communications activities can involve regular interactions with:
- *SAMHSA Colleagues* (agency staff and advisors)
- *SAMHSA* Partners (national and regional organizations, both professional and advocacy)
- *Thought Leaders* in the substance abuse and mental health fields
(The dialogue can include an Internet feedback loop with OC staff and Director Mark Weber).

Recommendation 4 - Develop a Strategic Communications Framwork
A short, highly-focused document can be created, setting forth SAMHSA's communications objectives and how OC will accomplish them. The document can then be placed online, and can be regularly updated in response to the ongoing dialogue with key stakeholders.

Recommendation 5 - Align the Communications Framework with SAMHSA's Overall Plan and Priorities OC supports SAMHSA, its Offices and the three Centers in addressing their respective missions. OC's activities can be well-aligned with the plans and priorities of each. Part of the communication can address how OC has already taken steps to become more effective in providing this support, and what additional actions will follow.

Recommendation 6 - Use Communications Benchmarks
OC staff can use benchmark activities derived from government, private sector and philanthropic organizations to assess and improve SAMHSA communications activities, including identification of specific innovations.

Recommendation 7 - Consider Specific Suggestions
Suggestions for specific activities provided by interviewees can be reviewed by OC staff to determine how they might enhance the new strategic communications plan and dialogue.

Next Steps The planning study report will be used to help create a SAMHSA strategic communications framework and dialogue process. When finalized, all three documents will be shared with planning study interviewees, and will be placed online for ongoing use.

Planning Study Report

Overview The Office of Communications (OC) is exploring options for improving its support of the vision, mission and strategic objectives of the Substance Abuse and Mental Health Services Administration (SAMHSA). The goal of this three-year effort, in which OC is supported by the Human Interaction Research Institute (HIRI), is to create a strategic communications framework for the agency – a living document that will both guide and be shaped by an ongoing dialogue with SAMHSA's staff, partner organizations and key thought leaders. A dialogue process with key stakeholders will be created and implemented to provide input for ongoing implementation and improvement of the framework.

The time is right for creating this communications framework and dialogue, because there have been significant changes for both OC and SAMHSA in 2007. A new Administrator has come on board, OC's staff has changed significantly, and OC has taken on new responsibilities, such as supervising the contract for the SAMHSA Health Information Network (SHIN).

Any time of great change can result in a crisis for the organization, with many attendant stresses and risks to performance. But such change can also be seen in the positive sense of the Chinese language symbol for "crisis," which has in it both elements of "danger" and "opportunity." OC's exploration has begun with a broad internal and external inquiry to identify these elements of danger and opportunity, and to focus on how SAMHSA can best respond.

Planning Study The first part of this exploration is a planning study undertaken by HIRI, which includes both OC staff brainstorming (e.g., at two July staff meetings), and more than 50 telephone interviews (with SAMHSA senior staff, representatives of other Federal agencies, leaders of benchmark communication programs in various sectors, and thought leaders in the field). The objectives of these interviews are to (1) identify SAMHSA's target audiences and the best strategies for reaching them (with an emphasis on technology-driven solutions, such as SHIN, the SAMHSA Health Information Network); (2) understand how OC can best support SAMHSA, its Centers and Offices, and other government agencies with complementary missions, and key organizations in the substance abuse and mental health fields; and (3) move towards creating the framework and dialogue for strategic communications.

In addition, HIRI reviewed a number of documents, both from SAMHSA and from the field. Input also has been provided to this study from HIRI's five-year SHIN Needs Sensing Study, which is addressing some similar issues for this major project which is administered by OC. From all these sources, the following seven recommendations have emerged.

Recommendation 1 - Re-Frame SAMHSA's Mission A number of those interviewed asserted that the success of SAMHSA's Office of Communications depends fundamentally on how the agency's overall mission is framed. The current mission identifies well what needs to happen to fulfill the promise of America's mental health and

substance abuse service systems, but does not zero in on the particular role SAMHSA can play in that process, given its Congressional mandate and the targets for its funding. A re-framing something like the following is called for:

"SAMHSA's mission is to support service systems that build resilience and facilitate recovery for Americans with substance abuse or mental health problems."

That is, SAMHSA is in the business of **building the capability** of organizations in the nonprofit and government sectors that provide or support mental health and substance abuse services. The Agency has three main "product lines" by which it does this capacity building: block and formula grants, discretionary grants, and technical assistance support (through external contracts focused on evidence-based practices, evaluation, workforce training, and other subjects).

In business terms, this is SAMHSA's true "market niche," and if clearly stated this mission provides the direction for all of the agency's communication activities. Organizational capacity building has an important role in other sectors – in the nonprofit sector and philanthropy, as indicated by the estimated $6 billion a year foundations invest in nonprofit capacity building; and in the private sector, as indicated by the influence of the venture capital model, which emphasizes the importance of strengthening start-up companies in which financial investments are made (see Appendix A).

Even if the current mission statement cannot be changed, for policy or pragmatic reasons, SAMHSA can partially re-frame it by making it clear in agency communications that the agency's leadership is aware SAMHSA

supports state and local agencies, individual service workers, advocates, service recipients and others in achieving this mission, not that - "we're doing it all."

Recommendation 2 - Sharpen the SAMHSA Brand To begin the process of sharpening the SAMHSA brand, SAMHSA needs a simple slogan equivalent to calling the Surgeon General "America's doctor." Two possible aspects of an overall sharpening are the slogans "Strengthening Services," and (as already discussed above) "building the capacity of America's mental health and substance abuse services system."

At present, the SAMHSA brand is highly fragmented and not very visible, in the view of many people interviewed. Interviewees emphasized that even for those who know SAMHSA, they tend to see only one narrow part of the agency (block grants, discretionary grants, etc.) and "think that's SAMHSA," when there's in fact much else to the agency they don't know about.

Moreover, few people among SAMHSA's key stakeholders have a clear understanding of the agency's impact – e.g., how many treatment hours or beds are provided by the block grant funds collectively, how many service providers are supported by technical assistance, how many developers of support materials or services are supported by TA contracts and how many organizations they in turn serve, and how many families and individuals receive and use information that SAMHSA provides. This "profile of impact" also needs to be part of the branding process for SAMHSA. A sharper, integrated and impact-focused brand will make good communications activities much more effective.

A particular emphasis can be placed on the public education functions of SAMHSA and its Office of Communications. The profile of impact on this topic can be broken out into the major audiences SAMHSA serves – parents and families, community advocates, service workers, service recipients or potential recipients seeking information about mental health or substance abuse, policymakers, educators or researchers.

Finally, several interviewees stressed that SAMHSA's brand can be sharpened by using in its self-presentation the term "public health" (some also suggested using ther term "behavioral health" as well). This will help bring the mental health and substance abuse fields together (as the "one SAMHSA" mandate already requires). And it will help bring SAMHSA's service domain into the larger health arena. Traditionally, because mental health and substance abuse services have been "carved out" of the larger health services and funding arena, they also have tended to be marginalized. Administrator Terry Cline already is using the term "public health" in some of his public remarks, indicating that this shift is underway.

Recommendation 3 - Build an Ongoing Dialogue on Communications To help SAMHSA expand and improve its communications activities, more than just one cycle of interviews is needed. An ongoing dialogue needs to be created with key stakeholders throughout the U.S. (the target audience defined above).

The dialogue can begin by sharing this report with all those who were interviewed, and by creating and sharing a one-page document that in vivid, concise form provides an overview of SAMHSA's current communications activities (this might be done in a one-page

graphic laid out in "grid" format), along with another one-pager presenting SAMHSA's overall profile of impact (described above). Then a system for regular interactions can be set up with the following:

- *SAMHSA Colleagues* (senior staff at the SAMHSA level, including OAS and OPPB, and the three Center directors plus their designated key contacts to OC)

- *SAMHSA Partners*, such as the following:

* SAMHSA Advisory Committee members (in addition to promoting better communication with these advisors and the constituencies they represent, OC has an opportunity to coordinate and present to the agency input received from this study about how the overall functioning of the Advisory Committees might be improved)

* National and Regional Organizations (working through the communications directors of these groups focused on service providers and community advocates, plus direct contact with their leadership)

* State Agencies (working through the press officers of these agencies, plus direct contact with agency directors)

* Other Federal Agencies (primarily NIMH, NIAAA and NIDA; the NIDA/SAMHSA Blending Initiative provides a particularly important opportunity for dialogue, though several interviewees emphasized that NIDA's role in this activity currently is much more visible than SAMHSA's)

- *Thought Leaders* in the substance abuse and mental health fields

An Internet-based feedback loop also can be set up for OC staff and particularly for OC Director Mark Weber, to both send and receive regular communications by e-mail and make postings on the SAMHSA website. This will help to make the dialogue actively two-way, with input in real time on

communications opportunities (e.g., with the media), any problems in the support provided by OC, etc.

Recommendation 4 - Develop a Strategic Communications Framework A short, highly focused document setting forth SAMHSA's communications objectives and how OC will accomplish them needs to be created. This document can be placed in a special section of the SAMHSA website and updated periodically (using the dialogue process just outlined, plus internal OC review).

The document will include an updated statement identifying the target audiences for SAMHSA and its Office of Communications. It also will set forth the measures (such as those mentioned in the "profile of impact" outlined above) by which success in reaching and impacting each of these target audiences will be assessed.

The framework will lay out both the traditional functions carried out by OC, such as operation of SHIN, and innovative components that might range from expanding the Wikipedia entry on SAMHSA to a more interactive request for definition of the Agency's activities (including those related to communication), to exploring new realms for SAMHSA communications (e.g., setting up an "outpost" of SAMHSA on Second Life, as an increasing number of both businesses and nonprofit organizations are doing).   Other suggestions for enhancements follow.

A brief operations plan for the SAMHSA Office of Communications also can be created by OC staff as a companion piece to the strategic framework and dialogue process document. This operations plan will set forth the functions and staff roles involved in supporting OC's strategic communications framework.   HIRI will contribute to the development of this operations plan as requested by OC staff, and also will align the strategic framework and dialogue process with it, including the creation of performance measures for OC staff that can be used subsequently in routine personnel review activities.

Recommendation 5 - Align the Communications Framework with SAMHSA's Overall Plan and Priorities Since OC supports SAMHSA in its overall mission, and also supports SAMHSA's Offices and the three Centers in theirs, it is critical to have an effective alignment of OC's activities with the evolving SAMHSA plan and priorities. This also can be built into the dialogue process, and include regular meetings with the three Center Directors (as well as the OAS and OPPB Office Directors), and with the SAMHSA Administrator – sometimes involving OC staff as participants as well as the OC Director.

This alignment needs to begin by a series of concise communications about the impact of recent changes in Office of Communications staffing,   organization   and   resource deployment. Interviewees reinforced what is already well-known to veteran OC staff: despite generally good relationships between OC and other units at SAMHSA, some past problems and misperceptions have created an atmosphere of skepticism about whether the Office (particularly the contractor-operated SHIN and the publications clearance process) can deliver what is being promised.

Communications need to focus on OC's actual achievements in recent months. For instance, a graphic has been created showing the decline in average SHIN delivery time from

when OC inherited the SHIN contract to now (from 4-6 weeks to 4-6 days, with the goal of achieving 3-4 day turn-around).

Other accomplishments may also be available for reporting in a simple and factual, not boastful way. New communications tools are emerging, such as a revised SAMHSA Matrix brochure bearing an introduction by the current SAMHSA Administrator; and a new SAMHSA "promo book" to identify the agency's services and accomplishments.

Such clearly-stated achievements can set the stage for greater receptiveness to proposed changes, such as the planned "customer service center" for SAMHSA staff dealing with OC on publications clearance issues. If results-based communications about "the new Office of Communications" are made in September, by late November when this center is launched, agency staff may greet it with greater positivity and optimism.

With crisp communications about (a) OC's strategic communications framework and dialogue, (b) its "portfolio" of activities, (c) the SAMHSA statement of impact and (d) changes in SAMHSA mission statement and branding, plus other efforts suggested above, the Office of Communications can move towards creating a "tipping point" that truly reflects Malcolm Gladwell's definition of this term. The attitude of SAMHSA staff towards the Office of Communications can shift, building on the positive relationships that already exist to achieve a more positive, results-focused set of activities.

Recommendation 6 - Use Communications Benchmarks Interviews done to date have identified organizations whose activities can provide benchmarks for SAMHSA communications activities. These include:

- *Government agencies* such as the National Library of Medicine and the Social Security Administration

- *Corporations* such as Harris Interactive (which has led the corporate world in using individual in-depth interviews more than focus groups to shape communications priorities; see Appendix A)

- *Foundations* such as the Benton Foundation and the Kaiser Family Foundation, both of which have created innovative communications strategies for domestic and international work that might inspire new activities at SAMHSA

Once the benchmarks these organizations provide are clearly articulated, OC staff can engage in a benchmarking process that will help identify areas of opportunity and needed improvement, plus innovations that might be adapted to OC's operations in the future. Such a benchmarking process might be undertaken each year, perhaps as part of an OC staff retreat (see Appendix A).

Recommendation 7 - Consider Specific Suggestions Interviewees provided a number of suggestions for specific activities the Office of Communications might undertake as it shapes its strategic framework and dialogue. Suggestions are given in five categories:

a. Improve External Communication Activities
b. Develop Activities Around Specific Topical Areas
c. Enhance SAMHSA's Internal Organization
d. Enhance OC Services to SAMHSA Centers
e. Enhance SAMHSA Partnerships with Other Organizations

a. Improve External Communication Activities

* explore how ***new media*** (instant messaging, cell phones, Internet 2.0 approaches such as blogs and wikis, Wikipedia, interactive web

portals, i-pods, metaverses such as Second Life, sites such as YouTube and MySpace, cable-based video on demand, etc.) might become part of OC's communications activities, while bearing in mind the caveats advanced by usability guru Jakob Nielsen and others about uses of new media.

* continue to explore how to do *"Internet 1.0" approaches well*, such as the SAMHSA website (a usability analysis may identify ways in which the website could be improved – many interviewees had complaints about it even if they found much of what they were looking for – and its activities synthesized better with other SAMHSA efforts).

* set up a *"frequent flyers program"* for SAMHSA information users that would target certain substance abuse treatment/prevention or mental health information to them, reducing the overall flow of information from SAMHSA to these key target audiences at their request (interviewees often complained about getting too much information from SAMHSA not relevant to their needs).

* explore creating and publishing a *glossy magazine* about mental health and substance abuse services, including innovations in both fields, that could be distributed in doctors' offices and other places

* create listservs and SAMHSA website sections specifically focused on *journalists'* information needs (including those tied to specific associations of journalists SAMHSA can make contact with for purposes of establishing an informal collaboration). Traditional print media can be an important part of SAMHSA's communications framework because so much coverage in nontraditional media is based on stories originally appearing in newspapers or magazines.

* create *"drop-in"* articles for both print and e-newsletters which can be disseminated on a more routine basis than is done now.

* create a display of information products of the three Centers for placement in the *SAMHSA building lobby area.*

* look at ways SAMHSA's communication focus might be *narrowed* by picking one or two priorities for each year on which effort can be concentrated. Such a narrowing of focus could increase overall impact of OC activities.

b. Develop Activities Around Specific Topical Areas

* address through targeted communications activities *high priority topics* (as seen both by SAMHSA leadership and the field) such as:

- reducing smoking among people with serious mental illnesses
- building knowledge of mental health courts and increasing their implementation
- methamphetamine addiction and the Matrix model (this could be done in partnership with Matrix Center CEO Dr. Jeanne Obert)
- prescription drug abuse
- defining and promoting use of evidence-based practices (EBPs) in mental health and substance abuse services (and how this ties with National Outcome Measures and other performance measurement systems in SAMHSA).

* create a communication campaign for mental health and substance abuse *workforce development,* reflecting the need to recruit more workers in both fields. This campaign could be aligned with Center activities such as the CMHS contract project to develop an internet portal on workforce development.

* explore communications activities on SAMHSA products and services that might be directed specifically to the *trauma services community*. This campaign could be aligned with Center activities such as CMHS's trauma initiative.

* explore how the experiences of SAMHSA sponsored or coordinated communications (blogs, e-newsletters, etc.) in the aftermath of Hurricane Katrina could be developed into a more general *disaster communications planning package*.

* explore from a communications standpoint how *culture* influences the use of EBPs, and prepare a communications guide on this topic for use by SAMHSA and the field.

* explore how *practice guidelines* (e.g., those published by the American Psychiatric Association) on mental health or substance abuse services could be better tied to SAMHSA's website and to other communication elements at SAMHSA.

* explore how the coming of *electronic medical records* to substance abuse and mental health services may provide dramatically change the substance abuse and mental health fields (including some opportunities for SAMHSA communications activities).

* develop a communications campaign to promote wider understanding about the need for enhancing mental health and substance abuse services in the *correctional system*, and about current SAMHSA Center efforts to support such activities.

* conduct an *annual opinion poll* in the general population about substance abuse and mental health services, perhaps through the National Household Survey.

* enhance the content on the SAMHSA website and explore other communication vehicles to increase understanding about the nature and impact of the *block grant program*, which is not well-known to many of SAMHSA's target audiences.

c. Enhance SAMHSA's Internal Organization

* set up a *Department of Consumer Affairs* within SAMHSA, perhaps organized as part of the Office of Communications, that would unify and expenad current Center consumer-focused activities.

* explore setting up an *"integrated path"* for communications and TA at SAMHSA. For instance, when people request a publication from one of the Clearinghouses, they would receive an e-mail asking if they would like to have some follow-up on the topic in which they'd expressed interest. If requested, this follow-up might occur through existing systems in each region or state, such as the ATTCs (which could create informal learning communities on key topics to which people could be referred).

* create a *communications evaluation plan*, identifying measurable performance objectives for each major element of the strategic communications framework, plus methods by which this measurement will be done (work by the Communications Consortium on communications evaluation may be helpful here). This plan could be articulated to fit with Departmental, SAMHSA and GPRA requirements.

* create an *integrated IT budget* for SAMHSA, which would help to place OC activities in a more precise fiscal frame (a planned analysis of major SAMHSA

communications contracts by the OC Director also may be helpful in this regard).

* explore ways in which OC activities could be better integrated with ***Center contract projects*** such as the workforce development and transformation internet portal projects being developed at CMHS. A "business model" and case study about how to undertake such creative integration is being developed through a recently-initiated dialogue between OC staff and the project officer/contractor staff on two major CMHS projects (the Knowledge Application Program and Homelessness Resource Center projects).

OC staff also can facilitate increased interaction between Center contract projects and OC's own contractors, such as the operators of SHIN. This can provide valuable services to the Center contractors, such as making publications available online through the two SHIN clearinghouses.

* consider a SAMHSA version of the efforts starting to be used in the corporate world to ***reduce excessive e-mail*** and other electronic communications, such as an "e-mail diet" or even a temporary "e-mail moratorium."

d. Enhance OC Services to SAMHSA Centers

* develop a more highly interactive response to SAMHSA colleagues and partners' concerns about ***publications clearance*** – this might include a new overview on how to interact with the clearance process (a kind of "concordance" to the current OC clearance manual), and a memo from OC making a commitment to timely action and providing a status report on such long-delayed publications as the Womens' and Trauma TIPS. According to a number of interviewees, SAMHSA's Office of Communications needs

to get beyond the negative perceptions that were created in the past, and to establish a more visible, effective clearance procedure. (The Customer Service Center developed on page 5 of this report will be a major response to this suggestion, as well.)

* set up a ***SAMHSA Publications Committee***, including representatives from all three Centers, to help shape publication policy and identify priorities, with links to publications committees of partner organizations such as NASADAD.

Such a committee could be coordinated with the new SAMHSA-wide Communications Steering Team, which had its first meeting in September 2007. Created by OC, this committee includes representatives from all three Centers as well as OC and other SAMHSA staff.

* inform SAMHSA staff about the current status of the traditional ***"editing function"*** for publications or speeches that OC has provided in the past -- is it still available and if so, how?

* set up a ***speaker's bureau*** consisting of carefully-vetted adults and youth who are consumers or family members, so that nominations are available for SAMHSA conferences, media opportunities, etc.

* explore how ***OC functions and IT functions*** in SAMHSA can be integrated more creatively, including ongoing dialogue with the Chief Information Officer at the HHS and SAMHSA levels about communications activities, and how they can be better coordinated across the three Centers.

* create a more integrated system for coordinating ***public speaking*** by senior SAMHSA staff and leadership of the three

Centers, e.g., by providing text for key SAMHSA messages that all can use in their speeches or media interviews.

* increase contact with **Center leadership**, through monthly telephone conference or in-person meetings with the three Center directors and their OC contact persons.

* learn more about how the functions (including communication functions) of the **SAMHSA Advisory Committees** could be improved, including input from members, and prepare a report that might be discussed at a meeting convened by the Administrator and the OC Director, bringing together the chairs of all these committees.

* provide technical assistance (perhaps through a brief written document) for **SAMHSA staff on branding** and other vital communications activities for the agency.

* consider changes in the current format of **SAMHSA News** – a number of interviewees felt this publication was not cost-effective when mailed in a print format, and also that the content could be made more relevant to audiences in the field (that is, feature more substantive stories on topics of interest to the field and fewer "press releases" on SAMHSA activities).

Steps already have been taken in this direction by OC. Interviewees apparently were not aware that readership of the online version of this publication has grown significantly in the

last year, which may indicate that a new "electronic audience" already has been found for *SAMHSA News*.

* consider major re-vamping of the **SAMHSA website** to increase its ease of use and content relevance.   Again, this effort is already

underway, with significant progress expected in the coming months.

* conduct a **reading level analysis** for all SAMHSA publications, aiming for a 6th to 8th grade reading level, since this is the reading level needed to reach the widest audience.

* explore methods by which OC's **press release** activities can be improved, including benchmarks like CASA's system for sending out press releases electronically at 12:01 am, which maximizes media coverage.

* explore how the **Programs in Brief** publication could be re-energized.   Once again, this effort is in process; a new draft of the document has been produced and is now being reviewed.

* create language on communication priorities that can be inserted into every **SAMHSA RFA,** helping prospective grantees and contractors include relevant communication activities in the work they are proposing to do, even when the main focus is not on communication.

* explore how the SAMHSA Office of Communications framework and dialogue process can be best placed and prepared for transition to the **new Administration** in 2009.

e. Enhance SAMHSA Partnerships with Other Organizations

* promote a more active **partnership with NIDA, NIMH and NIAAA** through setting up a regular sequence of meetings with the OC Director and his counterparts at these agencies (the NIDA/SAMHSA Blending Initiative could be a specific focus of interactions with NIDA, perhaps involving both OC and CSAT staff from the SAMHSA end – and SAMHSA could explore developing a blending initiative with the other two agencies).

* explore with the **National Library of Medicine** how SAMHSA might better align its activities with those in public health, e.g., through a SAMHSA version of Medline Plus's "prescription" forms for doctors to "prescribe" this information system to their patients to help meet their needs.

* set up an ongoing dialogue with the major **mental health consumer organizations** about communications priorities, including the new national coalition for consumers. While such relationships already exist, they could be expanded, following the "don't write about us without us" principle advanced by consumer organizations. Similar efforts could be made with groups for **families** of consumers.

* explore how SAMHSA products and services can be communicated through existing media in the **Native American community**, through partnerships with groups such as the Native America Calling radio network and White Bison (its website gets two million hits a month).

* explore ways to improve communications though partnerships with groups that address the needs of **Latinos** and **Asian-Pacific Islanders,** both groups including immigrants whose main language is not English.

* explore how SAMHSA can develop a communication partnership with the **American Managed Behavioral Health Association**, to reach managed behavioral care organizations across the country with its messages and products.

* explore a possible communications relationship with the **National Council of State Legislators** and other groups of legislators and policymakers with an interest in substance abuse and mental health issues.

* develop ongoing relationships with **national portals** such as AOL and WebMD, so that SAMHSA becomes one of the "trusted sources" for information these outlets deliver to their customers about mental health and substance abuse services.

* develop similar relationships with **professional media** such as the *APA Monitor, Psychiatric News* and so forth, to increase the visibility of SAMHSA as a trusted information resource for researchers, educators and service workers.

* develop a program for **communications summer interns** through an institution such as Johns Hopkins University and its health communication center.

* create ongoing contacts with **state agency press officers** of the 50 state mental health/substance abuse agencies (plus set up regular interactions with the directors of those agencies), to discuss their communication needs and how OC can help.

* create partnerships with **local television stations,** almost all of which have informational websites. These offer wide access to health and social service topics in their communities.

* create some type of ***recognition for service workers***, e.g. a Mental Health/Substance Abuse Worker of the Year award that might be given out as part of the Prism awards, through SAMHSA but selected by appropriate professional and consumer organizations.

* develop a system for ***monitoring communications activities*** of other entities, so that collaborations can be proposed whenever possible (interviewees mentioned a missed opportunity for SAMHSA's involvement in the HBO special on addiction, and in the recent *Time* magazine article on addiction science, as cautionary tales about the need for such a monitoring system).

* for projects such as the above-mentioned glossy magazine, explore how a ***"three-legged partnership"*** between SAMHSA, a foundation with an interest in public health communication, and a corporation might help such a project come to life, through provision of outside financial and intellectual resources.

* explore how specific ***communication campaigns*** – such as those on suicide prevention, anti-stigma, underage drinking – now primarily based at one Center can be expanded to include all of SAMHSA, with coordination through the Office of Communications.

Next Steps   Preliminary findings from the study were presented at an OC staff planning session on July 18, to the SAMHSA Executive Leadership Team on July 24; and to another OC staff meeting on July 31. Using this report as one basis for further planning, major next steps will include:

- Sharing of planning study report with all those interviewed

- Sharing of planning study findings with the SAMHSA Administrator

- Creation of draft strategic communications framework and dialogue process

- Discussion of preliminary draft framework and dialogue process document with OC staff (scheduled for October 15)

- Finalization of strategic communications framework and dialogue process outline after further review (scheduled for November 16)

- Implementation of dialogue process and posting of plan on SAMHSA website section created for Office of Communications.

Appendix A. Background

Capacity Building Planning study interviewees gave a number of definitions for the term "capacity building." The following definition, from HIRI's 2004 book, *The Expanding Universe: New Directions in Nonprofit Capacity Building*, is deliberately a very broad and inclusive one, proposed for SAMHSA's consideration:

"Capacity building involves strengthening nonprofits so they can better achieve their mission... Administration, finance, human resources and facilities are among the areas that can be enhanced by nonprofit capacity-building activities... Three main types of capacity-building efforts emerge:

1 - Assessment Effective measurement of the nonprofit's current needs and assets, and its readiness to undertake the kinds of internal changes capacity building will require, is essential to designing and implementing a capacity-building effort.

2 - Technical assistance and organization development consultation The heart of capacity building is technical assistance (TA) on specific issues of fund raising, board development, staff development and so forth; and organization development consultation (ODC) on larger issues of strategic planning, mission shaping or conflict resolution. Sometimes TA or ODC can take the form of a staff or board training workshop, but at other times it is hands-on and focused on specific problems or opportunities. It can even be self-directed through print readings or use of Internet resources. And TA and ODC are increasingly being offered **peer-to-peer** through both formal and informal networks, as well as through individual contact with others in the nonprofit world.

3 - Direct financial support Capacity also is built for nonprofit organizations by providing them with direct operating or core funding, or funds for equipment purchase, facilities construction, etc."

Communications in the Business Sector The role of communications in corporate America has evolved from traditional advertising practices and public relations to the development of complex communications strategies by communications departments headed by Chief Communications Officers. Communications strategies are used to manage all kinds of interactions with both internal and external stakeholders. These include internal problem-solving; facilitating collaboration and product development between offices, departments and partners both nationally and internationally; and managing media outreach, advertising and sales.

Communication strategies also include responding to community stakeholders, shareholder activists, government regulators and policymakers. And in the era of 24/7, multiple media channels, these interactions all take place in real time!

In this era of globalization, companies no longer create ideas and develop products in strictly guarded research labs, under a veil of secrecy until they are ready for marketing. Product development is now more often an integrated, cooperative process that must be carefully planned and controlled and supported by strategic communications.

Strategic communications plans typically make use of various electronic technologies,

as well as process innovations developed by management researchers. Software systems for employee peer-to-peer networking, mobile communications devices, videoconferencing, and corporate blogs are used extensively to link stakeholders within an innovation network. Such a network may include various companies, customers and partners. New developments in management research, industrial economics and social theory have replaced the linear model of innovation, which required little attention to communications, with one that is more integrated and cooperative, and must be supported by strategic communication.

Benchmarking   Benchmarking is a systematic process of comparing through measurement the work processes, organizational characteristics or products of an organization with those of others in order to identify best practices. In nonprofit organizations and government agencies (or in the corporate world, where benchmarking originated), benchmarking helps determine which services and/or activities can have the greatest impact on achieving the strategic goals and objectives of the organization, where are the greatest opportunities for substantial change, which activities produce the largest return for resources invested, and which functions consume the greatest portion of the organization's resources and provide the least return.   This all leads to an identification of best practices for furture organizational improvement.

There are five key steps in benchmarking:

* *Planning* - deciding what is to be benchmarked, against whom, identifying outputs required and methods of data collection

* *Data collection* - gathering primary and secondary data

* *Analysis* - identifying gaps (lags in performance) and the factors that create the gaps

* *Implementation* - planning and making changes

* *Monitoring* - continuing to collect data, evaluating progress and monitoring change.

Benchmarking is emerging as a useful management tool to help measure performance, identify new strategies and enhance organizational communications strategies. One of the major benefits of benchmarking communications strategies is that it helps communication staff to "think outside the box," offering them opportunities to learn first hand how others respond to communication challenges.

Benchmarking is an important diagnostic tool used to demonstrate the need for change and the direction that such change ought to take. A good benchmarking report can provide support for convincing management of the need to undertake new strategies or change how communications are structured. This may include the need to increase resources.

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Appendix B - Roster of Interviewees

SAMHSA
Ric Broderick, Substance Abuse and Mental Health Services Administration
Jeff Buck, Substance Abuse and Mental Health Services Administration/Center for Mental Health Services
Westley Clark, Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment
Terry Cline, Substance Abuse and Mental Health Services Administration/Office of Administration
Darryl Kade, Substance Abuse and Mental Health Services Administration
Anna Marsh, Substance Abuse and Mental Health Services Administration/Office of Applied Studies
Kevin Mulvey, Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention
Kathryn Power, Substance Abuse and Mental Health Services Administration/Center for Mental Health Services
Fran Randolph, Substance Abuse and Mental Health Services Administration/Center for Mental Health Services
Dennis Romero, Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention
Jack Stein, Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment
Brad Stone, Substance Abuse and Mental Health Services Administration/Office of Communications
Bill Trefzger, Substance Abuse and Mental Health Services Administration/Office of Communications

SAMHSA National Advisory Council
Karl Espaldon (for James R. Aiona, Jr.)
Diane Holder
Barbara Huff
Thomas Kirk
Kenneth D. Stark
Kathleen Sullivan

CMHS National Advisory Council
Cheryll Bowers-Stephens
Jeffrey Geller
Marika Kovacs
Ginger Lerner-Wren
Michael J. Vergare

CSAP National Advisory Council
Don Coyhis
Paul DeWispelaere
Alan H. Shinn

CSAT National Advisory Council
Daphne Bell (for Melody Heaps)
Anita Bertrand
Kenneth DeCerchio
Francis A. McCorry
Gregory E. Skipper
Eric A. Voth

Women's Services Advisory Committee
Vivian B. Brown
Norma Finkelstein

Office of National Drug Control Policy
Tom Riley/Jennifer DeVallance

Thought Leaders
John Carnevale, Carnevale Associates
Areta Crowell, Mental Health America
Charles Curie, Curie Group
Lauren Duran, CASA
Saul Feldman, United Behavioral Health
Daniel Fisher, National Empowerment Center
Michael F. Hogan, New York State Office of Mental Health
Steven Mayberg, California Department of Mental Health
Jane C. Maxwell, Center for Social Work Research
Barry McCaffrey, BRM Associates
Bert Pepper, Bert Pepper, MD

Other Federal Agencies
Tim Condon, National Institute on Drug Abuse
Kathy Cravedi/Naomi Miller, National Library of Medicine
Della Hann, National Institute of Mental Health

Foundations
Matt James, Kaiser Family Foundation
Karen Menichelli, Benton Foundation

Nonprofit Organizations
Kathy Bonk/Emily Tynes/Susan Boerstling, Communications Consortium
Steve Pasierb, Partnership for a Drug-Free America
Philip Sparks, Communications Consortium

Corporations
Christine Hershey, Cause Communications