



Overview

CFHA's growth, diversification, and evolution generated a need for updated and formalized strategic planning to guide the Executive Director and Staff. This process is the responsibility of the Board of Directors in conjunction with the Executive Director.

In January of 2019 the Executive Committee proposed the formation of four BOD sub-committees to attend to the immediate and future needs of the organization.

- By-Laws
- Conference Planning
- Policy
- Strategic Planning

This document serves as the deliverable of the Strategic Planning Sub-Committee, charged with drafting a Curriculum and Process for the BOD to engage in strategic planning.

The intent of this document is to serve as both catalog of work to date regarding strategic planning and as roadmap for the continuation of this process through completion at the BOD meeting in October.

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Strategic Planning Primer and Process

Traditional strategic plans are less adept in the current market environment, as non-profit organizations are dealing with an uncertain and unclear world. The term VUCA was first coined in the military to describe the situation they faced in Iraq and Afghanistan and this term accurately describes the world we face as an organization. VUCA stands for Volatile, Uncertain, Complex, and Ambiguous.

- Volatility: signifies rapid change, where nothing long remains static.
- Uncertainty: signifies the unpredictability of our world; we are not sure what will come next
- Complexity: signifies that causes are many, often interwoven
- Ambiguity: acknowledges that we don't even know the terms of the struggle, which levers will affect which outcomes.

CFHA operates in a VUCA world with a changing healthcare system, increased demand for accountability, promising health policy advances, political polarization, increasing health disparity and an emerging economy that is unpredictable. Traditional, long-term strategic planning with roots in the 1950s assumes a knowable world, where problems can be identified, quantified, and solved to reduce future uncertainty. In other words, "traditional strategic planning is inadequate to the challenges you face in a rapid-response world, and a more flexible, dynamic ongoing strategy development process - a revolution in strategy formation - is essential" (LaPiana, 2018). Therefore, as an organization, it is critical that we are adaptive and adopt the stance of a strategist vs. a planner.

Planners	Strategists
Look for linear solutions to knowable challenges	Excel at moving from one moment to the next with a clear vision of priorities but flexible, evolving strategy
Solve problems using tried-and-true tools and approaches	Augment the imperfect available data by relying more on their own and their team's intuition and experience
Try to simplify a complex, uncertain world	Take advantage of the chaos to find new opportunities before others see them
Work top-down	Pursue horizontal process and networked relationships, even embracing "coopetition" with peer organizations
Ask their staff for feedback on their developing plans	Engage colleagues in the sense-making struggle every day
Look forward to the conclusion of a time-limited process resulting in a specific outcome: a written strategic plan	Know there is no destination, only the unknowable journey, so the crucial decision is who you bring along (talent management)

The BOD of CFHA over the past 2 years have initiated this work and completed steps 1-3. Over the next 6 months we will complete steps 4-6 and form the future strategy for the organization. The 5 inquiries or phases are as follows:

1. **Know yourself:** Reviewing the confirming the most basic elements of CFHA's identity. This includes mission, customers, service area, programs, and funding. The basic questions in this phase is simple but illuminates our business model. A shared understanding of our business model is a critical precursor for strategy development. Some key questions to consider are:
 - a. Why does CFHA exist?
 - b. Who does CFHA serve?
 - c. Where does CFHA work?
 - d. What does CFHA do?
 - e. How do we pay for it?
2. **Know your market:** This phase seeks a comprehensive understanding of demographic, social, and economic changes that impacts our growth. This includes knowing other organizations that work in our "space", how we compare to them, and how customers, funders, policy makers, and competitors view us. A comprehensive understanding of the market will help in identifying future opportunities, challenges, and how we can prepare for changes.
3. **Build your strengths:** Recognizing our competitive advantage by thinking through "What differentiates us, makes us unique, and helps us make the case that others should support our work?" is the critical task for this phase. The goal is to focus on building on our strengths and each investment should reinforce this differentiation.
4. **Make decision-making criteria explicit:** With inputs from the previous 3 phases, CFHA will build a strategy screen. A strategy screen is a list of criteria, or standards against which you will test various strategic options. Strategy screens increases focused decision making, making our choices at each stage intentional and deliberate.
5. **Identify our big question:** Big questions emerge from new opportunities, a form of a new business model challenge and can often move beyond the scope of current strategies. The strategy screen will focus our response to emerging situations.
6. This work will conclude with drafting the CFHA Roadmap, including Work Plan.

ACT1 | June BOD Meeting

Pework

- Review this document through ACT 1

BOD Meeting Agenda

- Orientation to process and work to date
- Expectations of BOD in strategic planning
- Identity Statement Review
- Process of developing a strategy screen
 - Criteria development

Next Steps Work Assignment

- Strategy screen generation / completion
- Big Questions

Optional Open Meetings

- Meetings:
 - 06/26/19 2:00 - 3:00 EST - [ZOOM LINK HERE](#)
 - 07/10/19 2:00 - 3:00 EST - [ZOOM LINK HERE](#)

These times are “open door” meetings and any BOD that would like to discuss strategic planning process, interim meeting work, or needs clarification of assignment please feel free to join.

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CFHA Strategic Planning Current State Analysis

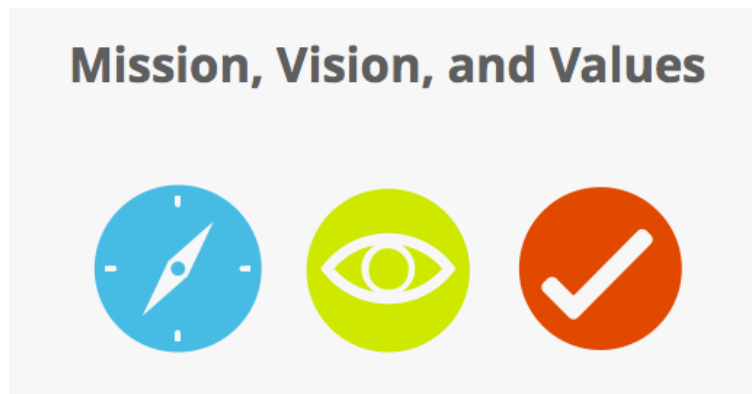
Strategic Planning Process	Status
Vision	Green
Mission	Green
Values	Green
SWOT/SOAR	Green
Identity Statement	Yellow
Strategy Screen (Deliverable)	Red
BIG Questions (Process Deliverable Needed for Roadmap)	Red
Document / Roadmap (Deliverable)	Red
Marketing Material of SP- Distilled for both Internal and External	Red

Long range planning does not deal with future decisions, but with the future of present decisions.

Peter F. Drucker

quote fancy

Strategic Planning Work To Date



Our Mission

CFHA supports healthcare professionals in integrating physical and behavioral health.

Our Vision

All healthcare teams provide patients and families an optimal and fully integrated experience in the pursuit of health and healing.

Our Values

CFHA envisions seamless collaboration between psychosocial, biomedical and all other healthcare providers and views patients and families as equal partners in the healthcare process.

CFHA values...

- all stakeholders
- supporting the development of Early Career Professionals
- a culture of shared learning
- diversity and equity
- systems thinking
- social justice
- the scientific process to acquire and disseminate evidence
- innovation
- community
- the Quadruple Aim
- high quality products to the field

What Makes CFHA Unique¹

The collaborative family healthcare model envisions seamless collaboration between psychosocial, biomedical, nursing, and other healthcare providers, and views patient, family, community, and provider systems as equal participants in the healthcare process.

This approach is a radical departure from conventional "diagnose and refer" models and is distinctly different from the usual managed care approaches. It recognizes that clinical events always occur at biological, psychological and social levels, and that patient, family, and community levels represent integrated elements of a single ecosystem.

By adding the essential ingredients of psychological and family-centered care at the front end, and continuously throughout the healthcare process, and by coordinating and integrating the expertise of these and other healthcare professions, wasteful and repeated diagnostic procedures are minimized, as are costly sub-specialty referrals.

It is a profoundly ethical approach that conserves resources for all participants: patients and their families, clinical providers, administrative and financial entities.

History

As the 1992 presidential campaign moved into high gear, it became evident that major changes in healthcare delivery were imminent. The compartmentalized, fee-for-service system in place was cumbersome, inefficiently protective of privileged sectors of the healthcare profession, unable to respond to the complex needs of disadvantaged populations, and plagued with intolerable costs. Most new designs focused on cost control by limiting access and redesigning benefit packages.

In March of 1993, 15 colleagues from the fields of family medicine and family therapy met to develop a better healthcare paradigm. This model aimed to address pressing clinical and economic problems. The group considered this urgent question:

"No matter how financed, what should a thoroughly modern healthcare delivery system look like at the clinical level?"

It was agreed that a truly contemporary system would thoroughly integrate the expertise of biomedical and psychosocial providers and include family and community as key elements in the practice model. This became their design goal.

Naming their vision the "collaborative family healthcare model," they formed an organization to bring together those interested in this innovative approach. In July 1995, CFHA held its first national conference in Washington, D.C. It was well attended and received glowing reviews. The Collaborative Family Healthcare Coalition was up and running. We continue to grow and evolve and respond to the constantly shifting sand of healthcare delivery.

¹ Taken from our website. <https://www.cfha.net/page/Unique>

SOAR (Oct 2017 LIVE BOD MEETING)

Individual Groups discussed Strength and Opportunities for CFHA together, voted on 12 opportunities and narrowed down to 4 aspirations.

STRENGTHS

Group 1

- Dedicated, intelligent people (board and members)
- Inclusive, flexible, resilient, financially stable
- Great journal
- Great cause
- Well-timed
- Continuing to evolve

Group 2

- Home - professional and engaging members
- Strong knowledge and training expertise in integration
- Non-guild identity interdisciplinary mission
- Talented clinician change agents
- Attract thought leaders
- Value of evidence and research
- Mission driven, focus
- “prophetic”
- Transitioned from infancy to young-adulthood intact

Group 3

- Smart, engaged, passionate people
- Hands-on, welcoming with many opportunities
- Niche - not many other good organizations that do what we do
- Able to navigate having competing BH guilds
- Stay connected to national initiatives (APA, PCPCC)

Group 4

- Still allows members to be connected with founders of the movement
- Strong member benefits, journal, REC, etc.
- Growing membership

OPPORTUNITIES**Group 1**

- Greater financial stability
- Greater influence
- Expanding and reshaping TA services
 - CFHA facilitates learning collaboratives
 - initiator
 - Develop a product (like an app that would guide clinicians, admins, etc.) that we sell
 - Become implementation experts (getting models to have good traction and be sustainable)...doesn't have to be exclusive to TA
 - Be specific about products we provide within TA
- Increase involvement with graduate training with all professionals (not just BH)

Group 2

- Become recognized as a hub for integration implementation
 - mentor mid-career professionals
 - focus on interprofessional education
- Expand membership, establish tiered membership levels
- Think regionally with different specialty areas
- Expertise in areas of integration that people don't know about - strategic marketing
- Better connection to patients and family members (speakers bureau, videos on website)
- Add to capacity of staff - internships
- Seek opportunities for data analysis to build evidence base

Group 3

- Use expert knowledge and promote it
- Use of evidence-based methods within TA
- Become national web-based resource
 - conference resources
 - webinars
 - live streams
- Shifting focus to the function of integration, rather than just the role
- Translating primary care knowledge base to other settings, being open
- Re-integrate family perspective in a new way

Group 4

- Create mechanisms to connect practitioners and others
- Partner with other organizations on specific topics or initiatives to magnify impact
- Define standards for graduate education in context of measuring whether new educational approaches change behavior
- Magnify historic focus on family and community systems, elevate into broad multi-sector health systems
- Increase visibility by projecting strengths and identity

Aspirations (Top 4) based on votes

- 1. Expand TA Services - 12**
 - 2. National and international hub for prof dev, be a national web-based resource - 7**
 - 3. Promote function (in addition to the role) of integration - team based - 5**
 - 4. Org partnerships that are strategic and functional - 5**
-

- CFHA to do secondary analysis data sets - 1
 - Openness for spread of integrated care to other disciplines - flexibility - 1
 - Strategic focus on Family Systems perspective -ACEs - 3
 - Create mechanism to connect practitioners and other stakeholders - 2
 - Graduate School Connection - engagement and standards - 3
 - Expand membership - 3
 - Engage patient and family members - 1
 - Marketing campaign based on strengths - 4
-

Identity Statement²

Components of Identity Statement	CFHA's Identity Statement
We advance our mission of	integrating physical and behavioral health
and seek to (impact)	provide patients, families, and healthcare teams an optimal and fully integrated experience in the pursuit of health and healing
by serving (customers)	Emerging and experienced healthcare professionals
in (geographic area)	Primarily North America
through (programs and services)	membership, early career professional development tracks, national conferences, technical assistance consulting, social networking, advocacy, and evidence curation
and emphasizing our competitive advantages of	content expertise, favorable reputation, professional identity centered on integration / principles of integration, "something here RE PC connection"
We are sustainable by (funding sources)	membership dues, conference and TA revenue, and ...

We advance our mission of integrating physical and behavioral health, and seek to provide patients and families an optimal and fully integrated experience in the pursuit of health and healing, by supporting healthcare professionals in the United States through membership, national conferences, technical assistance consulting, social networking, advocacy, and evidence curation, while emphasizing our competitive advantages of content expertise and favorable reputation. We are sustainable by membership dues, conference and TA revenue, and ...

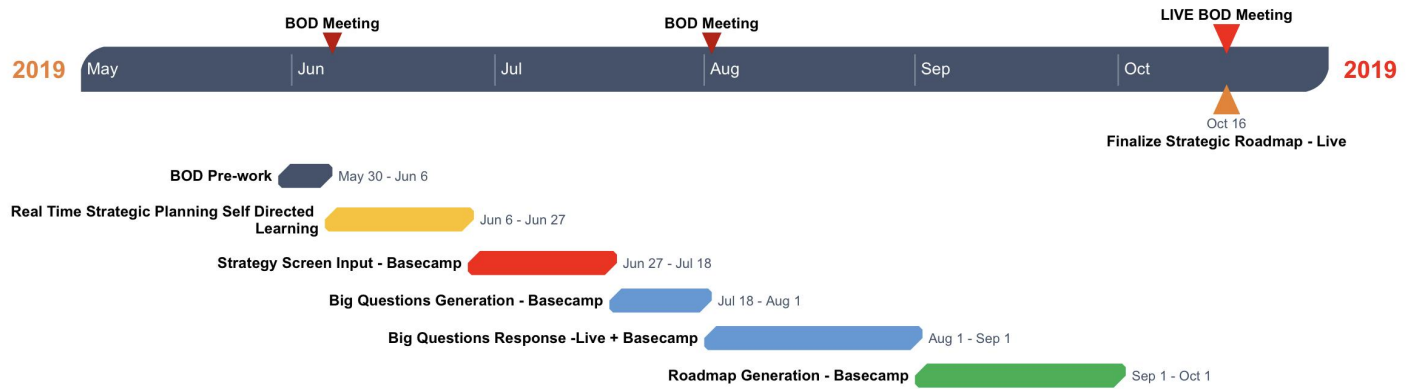
BOD - Please review this Identity Statement. What are your reactions? Is there anything missing? Anything you do not agree with?

The goal is not to wordsmith the "perfect" identity statement but rather to be in synergy regarding how we individually identify CFHA. We need to be close to move forward with strategic planning.

Be prepared to discuss on June 6th.

² The Nonprofit Strategy Revolution Copyright © 2018, David La Piana.
Tools Supplement (p33-35) *Identity Statement Worksheet*

Process and Timeline for Strategic Planning for CFHA



Strategy Screen

TOOL 7 STRATEGY SCREEN

The Strategy Screen is a tool for determining, in advance, the criteria for adopting any new strategy to answer the Big Question facing your organization.

Use, outcomes, and measures

SITUATION: When is this tool useful?	OUTCOMES: How will you know you've achieved your goals?
<p>A Strategy Screen is useful when there is a need to . . .</p> <ul style="list-style-type: none"> • Determine the values-based criteria that will guide future strategic decisions before the critical moment of decision arrives 	<p>Indicators and measures of outcomes:</p> <ul style="list-style-type: none"> • Greater awareness of what is important to the nonprofit and of how well various options line up with its values • Greater consistency and intentionality in strategic decision making

How should you use it?

The Strategy Screen will help ensure that your strategic choices are conscious. The Strategy Screen captures your view of the important criteria that any new strategic decisions must meet. If you decide to violate one of the criteria, however, you will do so knowingly. For example, perhaps a criterion is that all new programs must break even within one year. Then a new, otherwise attractive opportunity arises that will lose money for three years. It is too important to your mission to pass up. So you consciously overlook that criterion.

WORKSHEET 7.1 **Strategy Screen** (Sample)

Before selecting and implementing a new strategy, your nonprofit will need to evaluate the impact of the strategy using specific decision-making criteria, that is, its “Strategy Screen.” You should develop the Strategy Screen after you have created your identity statement and before you determine the current Big Question facing your nonprofit (that is, the trend, factor, or event in your marketplace that you have decided to address by forming a strategy). The specific criteria of the Strategy Screen depend on your organization’s mission, competitive advantage(s), and situation. The criteria are different for each organization and most likely need to change over time as your nonprofit adapts to changes in the environment.

The strategy must support

- Your organization’s mission (assuming that your mission does not need to change)
- Your organization’s competitive advantages (specific to the situation, the Big Question facing your nonprofit)

Include additional criteria as you see fit, such as requiring that the strategy

- Meet specified financial criteria (e.g., a new program must pay for itself)
- Meet quality criteria (e.g., new services must be of high quality)
- Meet criteria related to your organization’s geographic and customer scope
- Position your organization as a leader

Your Strategy Screen criteria

List the criteria your group has selected for its Strategy Screen:

Our strategy must . . .

- Support our mission
- Enhance our competitive advantages, strong community-oriented approach, well-established reputation, and delivery of recovery-oriented (not medical model) clinical and community-based services that emphasize empowerment over pathologizing our clients
- Be financially viable
- Be consistent with our culture
- Support us in moving to the next stage of our organization’s development

Example of Strategy Screen³

1. Will this decision enhance our ability to fulfill our mission (i.e., Does it matter?) by:
 - a. Contributing to good public health outcomes, particularly for underserved and vulnerable individuals and families?
 - b. Enabling our members to achieve maximum impact through the delivery of accessible and high-quality primary care?
 - c. Enabling non-member organizations to contribute to good public health outcomes for the communities we serve, both directly and in collaboration with the Health Federation and our members?

2. Will this decision leverage our competitive advantages (Can we do it well, or should someone else do it)?
These include:
 - a. Deep content expertise combined with an approach that integrates social work and public health into both systems level and direct service programs
 - b. Credibility within the public health community that enables us to create effective partnerships
 - c. Programs and services based on assessed, identified need and delivered through an approach that tailors services to the specific and comprehensive needs of partners
 - d. A focus on enhancing the capacity of other organizations by leveraging and transferring learning to other organizations and creating broader impact

3. Will this decision enable us to leverage trends and be responsive to the external environment?

4. Will this decision affect existing partners/partnerships, members, and/or the communities we serve?

5. Will this decision be aligned with our capacity (staffing/funding/expertise/ infrastructure/organizational health) to implement?

6. Will this decision enhance work we already do?

7. Will this decision create or support an opportunity to incubate/demonstrate a relevant new or best practice?

8. Will this decision position us for growth, development, and visibility?

9. Will this decision be worth the risk (Can we afford not to do it)?

10. Will this decision be consistent with our organizational ethics and values?

³ Provided with permission to CFHA BOD as an example from Philadelphia Health Federation. Please do not share.

Strategy Screen Criteria for CFHA

Must

1. Support CHFA Mission
2. Advance CFHA Vision
3. Operate in alignment with CFHA values

Additional Criteria

1. **Financially / Fiscally Sustainable.**
 2. **Takes into account long term planning**
 3. **Does CFHA have current staffing/ resource Capacity**
 4. **Lost Opportunity Cost Evaluated**
 5. Will it differentiate CFHA as a national leader in innovations in integrated healthcare? (favorable reputation; integration experts)
 6. Are we best organization to take this on? Is someone else doing this - Can they do it better?
 7. Will this impact members / stakeholders disparately
-

BOD Interim Assignments

1. [Contribute to Strategy Screen Generation if needed.](#) | 1-3 weeks following BOD
2. [Complete Big Question Form](#) | 3-5 Weeks following BOD meeting
3. Rank Order Big Questions | 6-8 weeks following BOD meeting (before August BOD meeting)

Big Questions

Identifying your Big Question is one of the five key principles in La Piana Consulting's Real-Time Strategic Planning approach to strategy development. But what do we mean by that, and how can it help your organization define a solid strategy?

In essence, a **Big Question is an opportunity or threat to which the organization must respond.**

Big Questions typically arise in one of three forms:

A new opportunity. Opportunities are present whenever the organization perceives that with effort, timing, and perhaps a little luck, it can increase the programs and services that it is providing, reach new consistencies, or in other ways measurably improve its ability to achieve its mission. (*i.e. SAMHSA TA WORK*)

A competitive challenge. A competitive challenge occurs when another organization acts in ways — often quite unintentional — that can harm your organization. This can be when a competitor expands its services, launches a high-profile campaign, or succeeds in garnering funding that was previously coming to your nonprofit. (*i.e. APA Collaborative Care Training Programs*)

A business model challenge. Business model challenges are similar to competitive challenges, except that they pose a challenge not only to your nonprofit but to all others in your field. Business model challenges may emerge when there is a significant policy shift, a disruption in funding streams, or a new and widely adopted approach to achieving your mission. (*i.e. Value based reimbursement, focus on Population Health*)

Defining your Big Question may require some work. Remember that a Big Question is a **strategic challenge** — and as such, it must be framed in terms of the organization's mission, context, and priorities.

For example: A funder announces a grant program that is relevant to those you serve but would require the development of new programs, and perhaps new competencies, within your organization.

Questions you might ask include:

How much funding should we request?

Will we be able to hire additional staff to do the work?

What are the implications for our mission and current work if we add new services?

Look carefully. **The first two questions are practical, but operational in nature.** The last question frames your strategic dilemma: Would moving in this new direction further our mission? That's your Big Question.

Big Questions can emerge at any time, and they have the potential to move you beyond the scope of your current strategies. It is important to be clear on what your Big Question is — then you can begin to formulate and test potential strategic responses.

TO PROVIDE YOUR BIG QUESTIONS AND COMMENT ON OTHERS SUBMITTED [GO HERE](#)

ACT 2 | August BOD Meeting

Pework

- Complete Interim Meeting Assignments

BOD Meeting Agenda

- Review of Strategy Screen
- Review of Big Questions
- Big Questions and ByLaws Alignment
- Answering the Big Questions

Next Steps Work Assignment

- Big Questions - Answering

Optional Open Meetings

- Meetings:
 - 08/28/19 2:00 - 3:00 EST - [ZOOM LINK HERE](#)
 - 09/11/19 2:00 - 3:00 EST - [ZOOM LINK HERE](#)

These times are “open door” meetings and any BOD that would like to discuss strategic planning process, interim meeting work, or needs clarification of assignment please feel free to join.

ACT 3 (Oct BOD Meeting)

Prewrite TBD

BOD Meeting Agenda TBD

Follow Up Work TBD

Deliverables

Appendix A | Strategy Screen

Our strategy must:

- Support CFHA mission
- Advance CFHA vision
- Be in explicit alignment with CFHA values
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Appendix B | Big Questions

Appendix C | Roadmap Document Draft