The AMHCA Strategic Plan is an evolving document that provides consistency in organizational planning and growth. All members of AMHCA, elected officials, staff, and other stakeholders have a role to play and share in the responsibility for progress towards these strategic goals.

Vision Statement

“To position clinical mental health counselors to meet the health care needs of those we serve while advancing the profession.”

Mission Statement:
To advance the profession of clinical mental health counseling by setting the standard for:

1. Collaboration
2. Advocacy
3. Research
4. Ethical Practice
5. Education, Training, and Professional Development

Annual Critical Success Factors

1. A 3% net growth in membership
2. Retention rate remains at or above 80% members
3. Close Asset to Liability Ratio Gap by 10%
4. Add 10% to operating reserves annually
5. Run an annual conference that is affordable and profitable
6. Consistently upgrade infrastructure and expand staff to meet strategic goals
7. Review and revise Standards of Practice and Codes of Ethics
8. Hold 12 continuing education webinars
9. Award 50 CMHS, Diplomates, or Fellows
10. Identify 1 new member benefit
11. Identify 1 new fundraising opportunity
12. Identify a diverse slate of candidates for officers
13. An active AMHCA chapter in every state, district, and territory.
14. 100% of State Chapters complete annual report
15. Full and active committees
16. Completed Annual Report and Revision to Ongoing Strategic Plan
17. Maintain an open and click rate in email marketing at or above the industry average

2019-2020 Vision and Objectives - Target Completion by June 30, 2020
Each year, the incoming President casts a vision for each component of the mission statement that aligns with the strategic plan. This year, the President’s vision to advance the profession of clinical mental health counseling by setting the standard for each component of the mission statement is listed below:

I. **Collaboration**  
   a. We will be one mutually beneficial organization with a redefined model for the local, state, and national AMHCA operational structure.

II. **Advocacy**  
   a. We will have Medicare provider status legislation passed, at least one interstate compact drafted, and at least one state will have endorsed a portability plan.

III. **Research**  
   a. We will have new research underway to understand and evaluate the practice of clinical mental health counseling in an ever-changing health care landscape.

IV. **Ethical Practice**  
   a. We will have an ethical code that is recognized by more states and stronger than ever by being responsive to contemporary trends, delivery systems, and socio-cultural factors.

V. **Education, Training, and Professional Development**  
   a. We will elevate specialty practice in counselor education and expand the influence of CMHCs in interdisciplinary training venues.

**Regional Directors**
Regional directors serve as a crucial role to align the efforts of local, state, and national AMHCA initiatives. In alignment with the AMHCA strategic plan, their objectives are as follows:

   a. Maintain database of state chapter status and leadership  
   b. Complete database of state chapter status and leadership as well as clarified policies and procedures for chapter status as well as chapter resources  
   c. Ensure 100% of state chapter reports are completed
d. Work alongside "One AMHCA" task force  
e. Facilitate timely communication to state chapter leaders and individual state members regarding AMHCA activities  
f. Communicate needs of state chapter leaders to AMHCA Board of Directors

Committee Alignment

All committees play a crucial role in the pursuit of AMHCA's vision and mission and will act in accordance of AMHCA Bylaws and communicate needs, accomplishments, and membership according to policy. Committees shall work with Board liaisons and AMHCA staff in the pursuit of their goals/objectives. Below is guidance on how each committee’s role can fit into the larger strategic plan.

1. Executive Committee (Chair/Board Liaison = Eric Beeson, Staff Liaison = Joel Miller)  
   a. Provide strategic leadership in between regular Board meetings.

2. Finance (Chair/Board Liaison = Don Gilbert, Staff Liaison = Melissa McShepard and Joel Miller)  
   a. Close Asset to Liability ratio by 10%  
   b. Add 10% to operating reserves  
   c. Identify 1 new fundraising opportunity  
   d. Asset to Liability Gap Reduced by 10%

3. Ethics (Chair = Jeri Stevens, Board Liaison = Aaron Norton, Staff Liaison = Gray Otis)  
   a. Regularly review and revise AMHCA Codes of Ethics  
   b. Elevate existing AMHCA SOP and align with Ethics and Diplomate committee  
   c. Provide feedback on “Essentials of the Clinical Mental Health Counseling Profession” document

4. Awards and Recognition (Interim Chair/Board Liaison = Joel Miller, Staff Liaison = Melissa McShepard)  
   a. Collect, review, and select recipients for annual AMHCA awards

5. Public Awareness (Interim Chair/Board Liaison = Ellen Papanikolaou, Staff Liaison = Joel Miller and Whitney Meyerhoeffer)
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a. Work alongside Public Policy and Legislation Committee to create and maintain a list of and regular contact with key government and non-government health-care related agencies (e.g., NIMH, OpenMinds), counseling associations (e.g., ACES, ASCA), counseling organizations (e.g., NBCC), and consumer/advocacy organizations (e.g., NAMI), etc.
b. Create a strategic list of contacts with other counseling associations, other counseling organizations, advocacy organizations, mental health associations/organization, and international partners to promote CMHC
c. Develop public awareness campaigns regarding CMHC and other mental health/wellness related topics
d. Create "What is a CMHC?" campaign
e. Elevate existing AMHCA SOP and align with Ethics and Diplomate committee

6. Advancement of Clinical Practice (Chair = Judith Harrington, Board Liaison = Karen Langer, Staff Liaison = Whitney Meyerhoeffer and Joel Miller)
   a. Regularly review, revise, and expand AMHCA SOP
   b. Finalize Assessment standards
   c. Explore strategies to develop training that align with SOPs and result in Clinical Mental Health Specialist credentials
   d. Elevate existing AMHCA SOP and align with Ethics and Diplomate committee
   e. Provide feedback on “Essentials of the Clinical Mental Health Counseling Profession” document

7. Graduate Student & Emerging Professionals (Chair/Board Liaison = Jennifer Reckner and Eric Beeson, Staff Liaison = Whitney Meyerhoeffer)
   a. Expand student membership and awareness in counselor education programs
   b. Explore student leadership development program
   c. Expand participation in conference volunteers and poster presentations

8. Annual Conference (Chair/Board Liaison = Angele Moss-Baker, Staff Liaison = Rebecca Gibson)
   a. Conference attendance at 300 and profitable

9. Diplomate Committee (Chair = Mary Lutzo, Board Liaison = Tony Onorato, Staff Liaison = Rebecca Gibson)
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a. Elevate existing AMHCA SOP and align with Ethics and Diplomate committee
b. Launch new CMHS, Diplomate, and Fellow program
c. 50 new CMHS, Diplomate, and Fellow Program

10. Nominations and Elections (Chair/Board Liaison = Al Goodman, Staff Liaison = Joel Miller)
a. Create diverse slate of officer candidates that represent AMHCA’s vision and mission
b. Facilitate successful election

11. State Chapter Relations (Chair = Elizabeth Nelson, Board Liaison = Angele Moss-Baker, Staff Liaison = Whitney Meyerhoeffer)
a. Work alongside regional directors
b. Complete database of state chapter status and leadership as well as clarified policies and procedures for chapter status as well as chapter resources
c. Maintain database of state chapter status and leadership
d. Develop a “Model State and Local Chapter” resource that provides steps to replicate best-practices from state to state.

12. Public Policy and Legislation (Chair = Joshua Maldonado, Board Liaison = Al Goodman and Jim Blundo, Staff Liaison = Joel Miller)
a. Create information packet to guide mental health care policy alongside upcoming elections
b. Work alongside Public Awareness Committee to create and maintain a list of and regular contact with key government and non-government health-care related agencies (e.g., NIMH, OpenMinds), counseling associations (e.g., ACES, ASCA), counseling organizations (e.g., NBCC), and consumer/advocacy organizations (e.g., NAMI), etc.
c. Monitor, report, and advocate for legislation and policies that meet the health care needs of those we serve and advance the CMHC profession
d. Build strategic relationships with legislators, policy makers, and other key stakeholders responsible for crafting health care policy
e. Explore creation of a Political Action Committee
f. Analyze existing legislative language regarding clinical mental health counseling scope of practice, Assessment, testing, and diagnosis, AMHCA Code of Ethics, AMHCA as an approved CE provider, and
definition and title protection for clinical mental health counseling/counselor

g. Collect data about actual barriers and messages received by members not being hired by VA

h. Identify all relevant state, federal, and private legislation and policy related to practice of tele-mental health in general and counseling specifically

i. Conduct a review of compensation rates for LMHCs, LPCs, etc.

j. Explore opportunities to create market for advanced credentials

k. Partner with NBCC (and other organizations) to promote legislation permitting CMHCs to serve in the armed forces a uniformed medical officer

l. Partner with other counseling organizations to dialogue with Veterans Affairs about creating a grandfathering clause for CMHCs who did not graduate from CACREP-accredited programs

m. Partner with NBCC, NBFE, and other counseling organizations to revive Fair Access Coalition for Testing (FACT) and provide information and technical support to state chapters and members advocating for CMHC rights to administer and interpret psychological tests

n. Analyze state licensure statutes and regulations related to AMHCA Code of Ethics