| Community Mental Health Partnership of | Policy and Procedure |
|--|---|
| Southeast Michigan/PIHP | Substance Use Services |
| | Media Campaigns |
| Committee/Department: | Regional Operations Committee Review Date |
| Substance Use Services | 04/03/2023 |
| Implementation Date | Oversight Policy Board Approval Date |
| 05/01/2023 | 04/27/2023 |

I. PURPOSE

To ensure all media campaigns are compatible with CMHPSM and MDHHS values; are coordinated with CMHPSM and MDHHS campaigns whenever feasible; and associated costs are proportionate to likely outcomes.

II. REVISION HISTORY

| DATE | MODIFICATION | |
|------------|-----------------------|--|
| 3.2021 | Language updates | |
| 04/27/2023 | Language Updates | |
| | Campaign Request Form | |
| | References | |

III. APPLICATION

| CMHPSM PIHP Staff, Board Members, Interns & Volunteers | | |
|--|--|--|
| Regional Partner CMHSP Staff, Board Members, Interns & Volunteers | | |
| Service Providers of the CMHPSM and/or Regional CMHSP Partners: | | |
| Mental Health / Intellectual or Developmental Disability Service Providers | | |
| SUD Treatment Providers SUD Prevention Providers | | |
| Other as listed: | | |

IV. DEFINITIONS

<u>Community Mental Health Partnership of Southeast Michigan (CMHPSM)</u>: The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use services.

 <u>Media Campaign:</u> A media campaign promotes or highlights a community wellness issue through a variety of media including broadcast, digital and social channels. Messages regarding availability of services in the PIHP region are not considered to be media campaigns. This does not include promotion of agency events and agency-specific services.

<u>Regional Entity</u>: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

<u>Social Media:</u> Social media is the collective of online communications channels dedicated to community-based input, interaction, content-sharing and collaboration. Examples include websites and applications dedicated to social networking and audio/video sharing platforms.

V. POLICY

Media campaigns must be compatible with CMHPSM and MDHHS values, be coordinated with MDHHS campaigns whenever feasible and costs must be proportionate to likely outcomes. All campaigns must be reviewed by the CMHPSM prior to use of MDHHS-administered funding and submitted to the MDHHS for approval.

VI. STANDARDS

- A. All mass media campaigns including, but not limited to billboards, bus panel messages, public service announcements (print, radio, video recording or TV); and social media messaging; are required to be submitted to the CMHPSM.
- B. "Media Campaign Request Form" must be completed and associated materials (PSA Script, Media Message, Pictures, etc.) submitted to CMHPSM no less than 30 days prior to scheduled release.
- C. No campaign may be initiated until receipt of approval by MDHHS is obtained.
- D. Final versions must be submitted to CMHPSM.

VII. EXHIBITS

A. Media Campaign Request Form

VIII. REFERENCES

- A. Michigan Department of Health and Human Services, Substance Use, Gambling and Epidemiology Section (MDHHS, SUGE). Special Provisions PG. 13
- B. Michigan Department of Health and Human Services, Substance Use, Gambling and Epidemiology Section (MDHHS, SUGE). (2022). *External Campaign Request Form.*
- C. Michigan Department of Health and Human Services (MDHHS), Substance Use, Gambling and Epidemiology Section (SUGE) & Office of External Affairs and Communications. (2022). *MDHHS Campaign Guidelines.*



SUD PREVENTION & TREATMENT SERVICES

MEDIA CAMPAIGN REQUEST

A media campaign, very broadly, is a message or series of messages conveyed through mass media channels including print, broadcast, and electronic media (i.e., billboards, PSAs, bus panels). All media campaigns using CMHPSM grant funding must be approved by CMHPSM and Michigan Department of Health and Human Services (MDHHS)/Substance Use, Gambling and Epidemiology Section (SUGE) prior to implementation. This applies to media campaigns implemented by CMHPSM, Provider Networks and other contracted/subcontracted organizations. Media campaigns must be compatible with guidelines found in the MDHHS Campaign Guidelines document and be coordinated with MDHHS campaigns whenever feasible and costs must be proportionate to likely outcomes. All materials must be submitted for approval prior to final production. Submitted materials are subject to change based on feedback from CMHPSM and MDHHS. **Copies of final materials/products must be submitted to CMHPSM once approved.**

• What qualifies as a media campaign?

- A media campaign promotes or highlights a community wellness issue through a variety of media including broadcast, digital and social channels.
 - Messages regarding availability of services in the PIHP region are not considered to be media campaigns.
 - This does not include promotion of agency events and agency-specific services.
 - Marketing of a provider organization, program, event, etc. does not require approval from MDHHS.

• What should be submitted for approval?

- Complete the attached Provider Media Campaign Request form (page 2) to initiate the campaign approval process.
- Draft campaign materials should be submitted with the Provider Media Campaign Request form (page 2).
 - For example:
 - For a billboard campaign, submit draft graphics for approval.
 - For social media campaigns, submit draft message design for approval.
 - If applicable, include scripts, story boards and/or action descriptions. This is required for media campaigns involving an audio component (e.g. radio, video, etc.).

Submit form and relevant campaign documents to the CMHPSM contact associated with the funding for this campaign.

Please allow up to 40 days for the approval process. Once approved, CMHPSM will provide a funding statement to include on all materials dependent on funding source.

| Provider Media Campaign Request: | |
|--|---|
| Provider: Click or tap here to enter text. | Date Form Submitted:Click or tap to enter a date. |
| Contact Information: | |
| Name: Click or tap here to enter text. | |
| Email: Click or tap here to enter text. | |
| Phone: Click or tap here to enter text. | |
| Project/Campaign Name: Click or tap here | to enter text. |
| Funding Source: Click or tap here to enter t | text. |
| Campaign Start Date: Click or tap to enter a | a date. |
| 1. Describe the goal(s) of this project campaig | gn: |
| Click or tap here to enter text. | |
| Who is the primary and/or secondary targe | t audience? Who do you plan to reach? |
| Click or tap here to enter text. | |
| 3. What is the target location (County, city, etc | c.)? |
| Click or tap here to enter text. | |
| What is the timing/date range of this projec Click or tap here to enter text. | t/campaign (e.g., Jan-March, year, etc.)? |
| What are the media components (e.g., bills Click or tap here to enter text. | ooards, radio, Facebook, video, etc.) to be used? |
| Please submit all releve | ant materials with this form for approval. |