

MENTAL HEALTH LOCAL ADVISORY COUNCIL

TOOLKIT

**A Resource for Individuals and Communities in the
Development of Comprehensive Mental Health Services
in Montana**

January 2013

This Toolkit was developed in Partnership by the Mental Health Oversight Advisory Council (MHOAC), Local Mental Health Advisory Council/Service Area Authority, Department of Public Health and Human Services Children's Mental Health Bureau, and the Addictive and Mental Disorders Division (AMDD) representatives.

Acknowledgements

This Toolkit is provided through a collaborative effort between the Mental Health Oversight Advisory Council and the Addictive and Mental Disorders Division (AMDD). An individual with lived experience (person with a mental illness), family members, a Service Area Authority representative, Mental Health Oversight Advisory Council members, a Community Program Officer, Children Mental Health Bureau and AMDD Program Staff participated in the process.

The Toolkit is in response to the challenges of developing and sustaining comprehensive mental health services for children and adults across Montana through community development. Real systemic change begins with the voice from the local level; may this Toolkit provide the tools individuals and communities need to advocate for all those impacted by mental illness and serious emotional disturbance.

Local Advisory Councils are encouraged to adapt the Toolkit, in keeping with the integrity of the Toolkit, to meet the unique needs of their local community.

The Mental Health Oversight Advisory Council is committed to review and consider updates/modifications to the Toolkit.

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Overview and History

Introduction to Community Mental Health Services in Montana

Public Mental Health service systems for children and adults are primarily managed through the Department of Public Health & Human Services, Addictive and Mental Disorders Division (Adult Mental Health) and the Disability Services Division (Children's Mental Health). The Department receives its funding from three major streams: federal funds, state general funds, and state special revenues. The adult and children's mental health programs are allocated funds by the Legislature to provide mental health services.

To access more information on public mental health services for children and adults please use the following links:

<http://www.dphhs.mt.gov/amdd/>
<http://www.dphhs.mt.gov/mentalhealth/children/>

Community mental health providers serve as the conduit from the Department and Program Divisions to individuals and their families impacted by mental illnesses.

There are approximately 13 adult providers and 17 children providers licensed to provide community mental health services, such as case management, therapy, crisis services, and medication management in Montana. See a list of facilities and service endorsements at: <http://www.dphhs.mt.gov/qad/healthcarefacilitieslist/mentalhealthcenters.pdf>.

A Department of Public Health and Human Services organizational chart, adult and children service matrix, regional staff directories, and maps are included in the Appendix. (Appendix #1)

Definition of Mental Health Local Advisory Councils (MHLAC)

A Mental Health Local Advisory Council (MHLAC) is a coalition of community members interested in assessing, advocating, planning and strengthening public mental health services in their community.

Legislative Framework & MHLAC Creation

To ensure that those directly impacted by mental illness were given the opportunity to participate in planning, development, and oversight of community mental health services the federal government in collaboration with state partners developed a process for stakeholder participation.

In 1999, the Montana Legislature, through Senate Bill (SB) 534, acknowledged the value of stakeholder participation through the development of the Mental Health Oversight Advisory Council (MHOAC) and Local Advisory Councils (MHLACs). Under state statute (Montana Code Annotated {MCA} 53-21-702), a partnership was forged between MHOAC, established by state and federal statutes to advocate and evaluate mental health services in the state, and the local coalitions/voices that advocate and evaluate mental health services in their local communities (MHLACs). Under this statute, Mental Health Local Advisory Councils are directed to report to and meet on a regular basis with the MHOAC. (Appendix #2 – MCA 53-21-702)

This Legislation validated the importance of local participation in delivering mental health services by clarifying that MHLACs are to be included as one of the elements of a system of public mental healthcare. MHLACs do not replace other advocacy groups, councils, boards or agencies. MHLACs collaborate with these stakeholders in the planning, advocacy, and evaluation of public mental health services.

Mental Health Local Advisory Council Statutory Partners

Stakeholder participation is a critical component to the delivery and improvement of services to persons living with mental disorders. The overall goal of this toolkit is to provide stakeholders the opportunity to effectively plan, assess, and monitor services in their communities.

The Mental Health Oversight Advisory Council (MHOAC), is “*directed to provide input to the department in the development and management of any public mental health system.*” The Service Area Authorities (SAAs), are directed “*to collaborate with the department and Advisory Councils to plan, implement, and evaluate regional public mental health care within the budget constraints for each service region.*” Mental Health Local Advisory Councils are the foundation for the work and direction of the MHOAC and SAAs.

The MHLACs, MHOAC and SAAs are all part of the systemic and statutory structure for stakeholder participation with the Department of Public Health and Human Services.

Additional information on the MHOAC and other stakeholder participation is explained in more depth in other parts of this document, including: ***How MHLACs Fit Into the Mental Health Organizational Structure.***

Policy on Mental Health Local Advisory Councils

The Mental Health Oversight Advisory Council (MHOAC) created an MHLAC policy in 2002. This policy is not reflected in State Statute. The MHOAC has and may continue to revise policy in collaboration with the Addictive and Mental Disorders Division (AMDD) and other stakeholders.

The Nuts and Bolts –
Developing an Advisory Council

MHOAC Defined Purpose of a Mental Health Local Advisory Council

The purpose of a Mental Health Local Advisory Council (MHLAC) is to assist in strengthening public mental health services in the community and to advocate for system-wide change by providing input and recommendations to the Mental Health Oversight Advisory Council (MHOAC), the Department of Public Health & Human Services (DPHHS) and the regional Service Area Authorities.

This is achieved through a broad group of community stakeholders on the MHLAC, including:

- Persons with mental illness or lived experience (primary participant)
- Family members, e.g. parents, grandparents, sisters, brothers, etc., (secondary participants)
- Community providers, adult and children
- Local government officials, e.g. county commissioners, public health nurse
- Law enforcement and Advocates, e.g. county sheriff, police chief, a friend of an individual with mental illness, NAMI member, etc.

Information regarding the issues, needs and accomplishments of the local community is provided through reports presented by the MHLAC's appointed representative on the SAA. Mental Health Local Advisory Councils (MHLAC) will report directly to the Mental Health Oversight Advisory Council in addition to the regional SAA.

If you or someone you know has been impacted by schizophrenia, depression, anxiety disorder, or other serious mental health problems, your Mental Health Local Advisory Council can benefit from your voice, skills, and talents.

Role of a Mental Health Local Advisory Council

Specific functions that support the role of an MHLAC, and possible methods to accomplish MHLAC goals and objectives, may include some or all of the following:

1. Examine and identify gaps in child and adult services and collaborate with local stakeholders to improve mental health services in the community.
 - ✓ Resource mapping – identifying the resources available, access points, interactions between agencies (i.e., collaborate, refer out, linkage, complementary services). Essential Tools Introduction is provided in the Appendix (Appendix #3). More detailed information on resource mapping is available at:
<http://www.ncset.org/publications/essentialtools/mapping/overview.asp>
Clearinghouse of local Resources – County by County: www.montana211.org
 - ✓ Participation in the Mental Health Oversight Advisory (MHOAC) Annual/Biennial Needs Assessment Survey
 - ✓ Representation on Community or Legislative Focus Forums
 - ✓ Research National Resources – Substance Abuse & Mental Health Services Administration (SAMHSA); other states etc. <http://www.samhsa.gov>
 - ✓ Research other close community services – learn from others.

No one agency can meet the needs of all persons all of the time

2. Identify, plan and prioritize potential additions to services within the community to address service gaps.
 - ✓ Research funding opportunities, i.e. Request for Proposals through federal or state agencies, and foundations. (Grants.gov – <http://www.grants.gov/>; Montana State Library is one of over 200 ‘cooperating collections’ of the Foundation Center, a national service organization to provide information on foundation and corporate giving. <http://msl.mt.gov>)
 - ✓ Research Best Practices and Evidence Based Service Models – Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence Based Practices Kits – <http://sore.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs> Kits can be downloaded.

3. Create an annual Strategic Plan, Realistic Goals, and Objectives for the Local Council. A Strategy Cheat Sheet and Strategic Plan example are included under Appendix – 4. More comprehensive information may be accessed at: <http://MyStrategicPlan.com>

Basic Steps Include:

3.1 Getting Ready: Commitment to the process; Clarify roles (who does what); Consider a Planning Committee; Identify information that you need to help make good decisions and a sound Plan.

3.2 Articulating Mission and Vision Through: (1) Purpose: Why the Council exists and what it plans to accomplish; (2) Methods or activities the Council will use to fulfill its purpose, e.g., advocacy, public communication; and, (3) Values: the principles or beliefs that guide the members as they pursue the Purpose.

With a well-thought out mission and vision statement, the Council has taken an important step toward creating a shared and clear idea of what it is strategically planning.

3.3 Assessing the Situation: Review the Council's Strengths, Weaknesses, Performance and Opportunities. This information can be used to highlight the critical issues that the Council faces and that the Strategic Plan must address. Choose the most important issues to address. Agree on no more than five to seven critical issues to include in the strategic plan. The Plan will be reviewed by the Local Council annually for amendments.

3.4 Developing Strategies, Goals, and Objectives: Process of developing broad approaches (strategies) and the results the Council is looking for (goals and objectives) to address the critical issues. An outline format may be helpful for this process.

3.5 Completing the Written Plan: Remember to keep the Plan understandable (don't use language that no one understands); Make the Plan operational (can the Council fulfill the Plan); Does the Plan serve as an operational guide for meetings, activities, and outcomes? Ask yourselves does the Plan define what direction the Council is headed.

4. Collaborate and participate with service providers and other local organizations to promote community wellness and events. Links to provide more information on Civic Activity and Community Development and Events to participate in include:
 - ✓ Collaborative on Community Inclusion <http://tucollaborative.org/> (under Community Inclusion/Civic Activity).
 - ✓ <http://ctb.ku.edu> – Creating and Maintaining Coalitions and Partnerships

- ✓ Veterans Stand Down – <http://www.va.gov/homeless/standown.asp>
 - ✓ Mental Health Conferences – <http://www.montanamentalhealth.org>; www.namimt.org/
 - ✓ Community Health Fairs (contact city/county offices)
 - ✓ Mental Health Center Fundraising Events, etc. (contact the local mental health center).
5. Educate members of the Council and the local community on children and adult mental health issues, co-occurring disorders, etiology of mental illness, wrap-around services for children, trauma-informed care, veterans’ issues, important advances in treatment, and evidence based practices.
- ✓ Public Service Announcements (PSA) and Press Releases. Information and examples included in Appendix. (Appendix #5)
 - ✓ Substance Abuse & Mental Health Services Administration (SAMHSA) – <http://www.samhsa.gov/>; Service Members, Veterans, & Their Families - <http://www.samhsa.gov/MilitaryFamilies/tacenter/>; Evidence Based Practices, Co-Occurring Disorders - <http://www.samhsa.gov/co-occurring/>; Trauma-Informed Care - <http://www.samhsa.gov/nctic/> National Center for Trauma-Informed Care
 - ✓ National Council for Behavioral Health – <http://www.thenationalcouncil.org/>
6. Provide accurate information to local community representatives, regional Service Area Authorities (SAAs), the Mental Health Oversight Advisory Council (MHOAC), the Children’s System of Care Committee (SOC), and the Department of Public Health and Human Services (DPHHS) to initiate and facilitate systemic change.
- ✓ Sample informational bulletins/clips to city, county, or state representatives
Sample Bulletin included in Appendix. (Appendix #6)
 - ✓ MHLAC/SAA Standard Reporting Form (Sample). MHLACs are asked to use the sample standard reporting form to provide consistent and comprehensive information to their regional Service Area Authority and to the Mental Health Oversight Advisory Council (MHOAC). The standard form requests information related to the Local Council’s priorities, goals and objectives that are aligned with MHOAC, if applicable, and, also priorities, goals and objectives that the Local Advisory Council is working on in their community. This information will be reflective of the Strategic Plan developed by the MHLAC. The SAAs and MHOAC will review this information as part of their role to assess and monitor services regionally and statewide, respectively.

7. Make written recommendations for systemic change to local community representatives, e.g., county commissioners, schools, etc., regional Service Area Authorities (SAAs), the Mental Health Oversight Advisory Council (MHOAC), Children's System of Care Committee (SOC), and the Department of Public Health and Human Services (DPHHS).

✓ Recommendation Letters. Sample Letter included in Appendix. (Appendix #7)

8. Evaluate outcomes in relation to goals and objectives established in the annual Strategic Plan.ⁱ An Evaluation process provides a systematic method to measure or assess the merit, worth, or significance of a group, goal, program, etc., e.g., how are things working, what are we accomplishing? Things to Consider in developing and implementing an evaluation process to measure productivity and outcomes of the Local Advisory Council:

8.1 Who We Are, Why We Are Here, What Are Our Expectations.

8.2 What are the Advantages of an Evaluation/Evaluation Tool?

8.2.1 To determine achievement toward goals, objectives, and outcomes

8.2.2 To improve effectiveness or efficiency of the Council

8.2.3 To enhance accountability to stakeholders and community

8.2.4 To increase support and sustainability for initiatives through community awareness.

8.3 What Approach or Type of Evaluation is Best for the Council

8.3.1 Needs Evaluation: Assessment and identification of unmet needs.

8.3.2 Process Evaluation: Are goals being implemented as planned?

8.3.3 Outcome Evaluation: Is the Council having the desired effects for the target population?

8.3.4 Impact Evaluation: What are the overall intended or unintended direct effects (e.g., what caused things to work or not work) of the program?

8.3.5 How Will We Know our Evaluation Process is Working?

- 8.3.5.1 Performance Measures are identified (indicator or sign objectives are being met).
- 8.3.5.2 Outcomes are documented (immediate or direct effects had on target population).
- 8.3.5.3 Impact or level of change over time that can be attributed to Council work.

“The strength of the ‘union’ in a coalition is the strength of its diversity, and of the extent to which it can find common ground in the context of diversity. “

“Make no mistake – this is not easy work.”

(Shoshana Sofaer, Dr. P.H. Working Together, Moving Ahead.)

Creation of a Mental Health Local Advisory Council

According to the 2002 Mental Health Oversight Advisory Council (MHOAC) policy, a new MHLAC will submit a letter of intent to the Addictive and Mental Disorders Division (AMDD) Community Resource Manager to be recognized as a Local Advisory Council. The letter should define the structure of the Local Advisory Council and how persons with mental illness and family member involvement will be encouraged. A Sample Letter is included in the Appendix. (Appendix #8)

AMDD and the MHOAC will formally recognize new Local Advisory Councils by reviewing the proposed LACs letter of intent using the following criteria:

- ✓ Composition of the MHLAC,
- ✓ Support of local government,
- ✓ Existence of other MHLACs in the community and the need or value of an additional MHLAC.

AMDD will distribute a letter of recognition to new LACs and participating local government officials.

Mental Health Local Advisory Councils serve as community development groups. Therefore, it is important that the Council represent all those in the community that are interested in or impacted by mental illness and co-occurring disorders. Member composition of a well-functioning MHLAC will include persons with mental illness, family members, advocates, providers, government officials, and other interested parties. It is recommended that each MHLAC strive to include representation of persons with mental illness and family members to provide adequate representation of those with lived experiences, and to honor the “*Nothing About Us Without Us*” philosophy.

Cultural Competence

Membership of a Local Council should be representative of the local/regional area, i.e. race, cultures, geographical location, etc.

Recommendations for Cultural Competence:

- Ask questions and learn about cultural practices, beliefs and communication patterns.
- Examine personal beliefs and actions.
- Recognize and challenge your own cultural biases and stereotypes.
- Know your own culture.
- Understand role and meaning of body language, gestures, and voice tone in other cultures.
- Learn the language. ⁱⁱ

Why Cultural Competence Is Important:

- Communities are diverse, and in order to build an inclusive Local Council that is successful at improving conditions and resolving problems, the council will need to understand and appreciate people and cultures.
- Inclusion of other people and cultures, brings unique strengths and perspectives to the group.
- Understanding cultures will help us overcome and prevent racial and ethnic divisions.
- Inclusion is important for decision-making processes to be effective.
- An appreciation of cultural diversity and competence goes hand-in-hand with an equitable process.
- We can all benefit from a truthful view of our communities. ⁱⁱⁱ

How to Recruit for Inclusive Membership on the Council

The National Association of Mental Health Planning and Advisory Councils (NAMHPAC) notes planning councils’ membership will mirror a ‘who’s who’ of the mental health stakeholder community if recruited correctly. **This includes persons with lived experience, family members, community-based providers, and local government representatives.**

Who to recruit for the Mental Health Local Advisory Council(MHLAC) in your community may be a challenge if community members impacted by psychiatric disorders, personally or professionally, do not see the benefit or potential opportunities of the Local Council. If a Local Council is over or under represented by any one group or constituency, the council will most likely not be able to fulfill their desired goals developed through the Strategic Planning process.

Completion of the table below may help the Local Council recruit members that will build collaborative partnerships and facilitate completion of your Strategic Plan. ^{iv}

Priorities - Completion of	Who is Responsible	What Are Potential Barriers	Who Can Help Us
What are we doing well: 1. 2. 3. 4.			
What could we be doing better: 1. 2. 3. 4.			
What do we want to do: 1. 2. 3. 4.			

It is good to evaluate inclusive and effective membership of the Council periodically.

Ways to Engage Those Who Can Impact the Mental Health System in Your Community

Make an Appointment to Introduce the Work of the Council

This may be a meeting with an individual or a brief presentation to a group

Introduce Yourself

- Offer a Handshake
- Speak clearly and confidently
- Make appropriate eye contact

Share basic information about yourself

- Be aware of your audience and their interests in the topic
- Share how long you have been advocating for the Council and mental health issues in the community.

State the Purpose of the Scheduled Meeting

- Participation on the Mental Health Local Advisory Council
- Be able to articulate how participation on the Council will be of mutual benefit to them and the community, i.e., financial, reduced emergencies, etc.

Have information to support what you have talked about and can be referenced later

- Provide a brochure
- Gather statistics on emergency visits to the hospital(s)
- Gather statistics on visits to crisis centers/facilities.

Provide specific ways that participation is appropriate

- Provide individual perspectives on concerns, experiences, and/or helpful information
- Can provide agency(ies) historical perspective and interventions (what is working, what has not been successful)
- Provide fresh insight on issues surrounding mental health services from an agency or individual perspective
- Have a voice in the improvement of mental health services in your community

Close the Meeting/Introduction

- "I look forward to your participation"
- "Members of the Council believe your expertise can help us"
- "Your participation would be of great benefit to our community and development of mental health services in our community"

General Operations of a Mental Health Local Advisory Council

The successful operation of any Local Advisory Council hinges on procedures that consider the viewpoint of current and potential members. Some proven ideas to do this include: ^v

- Meet regularly at a convenient time and familiar place. Sometimes the difference between good and poor attendance at meetings is simply choosing the right time. A colleague schedules his Advisory Council meetings during the daytime, usually from 2 to 3:30 p.m., and gets perfect attendance. When he recruited the members, he told them the days and the times. If they couldn't attend, he asked someone else.
- Ensure inclusive membership and size the Council appropriately. If there are representation guidelines that mandate too large a group, a good strategy is to subdivide the Council for part of the meeting so that every person has a chance to voice an opinion. Studies show that as members participate more in a meeting, they judge the meeting to be more successful. Structure the meetings so each person sees himself/herself as a contributing member.
- Make it a working Council, not strictly a reporting one. The strength of a Council can be proportional to the activity level. For a new Council or struggling Council, pick out the first activity and make it one that: (a) can be completed in a short time, (b) is relevant and timely, (c) requires input from all the members, and (d) has visible results. As members work together, they become a stronger, more cohesive group, better able to advise.
- Make an effort to know the larger mental health community. Attend other relevant community meetings and events as time allows. The Local Council is but one avenue for change in the mental health system and it needs the information from the larger mental health community to make the best decisions possible.
- Expect some rough times. Sociologists say it is normal for groups to go through a "storming" period, a time when all members are at odds as they advance their own ideas and reject the ideas of others.² It is also normal for groups to have cyclical periods of strength and weakness. An Advisory Council or committee can certainly be strong and active most of the time. It's unrealistic to expect it to be excellent all of the time.
- Set up a process for selecting and rotating chairpersons who will share the responsibility for the down times. Don't fall into the trap of serving simultaneously as chairperson, secretary, refreshment server, idea generator, and, of course, garbage collector.
- Make the advisory experience personally rewarding for the members. They're giving their time and expertise - they need to get something as well. Publicize their names, pictures, and activities when appropriate and possible.

- Ensure members have the satisfaction of being in the know and of seeing their ideas have some real input into the program. Have a solid orientation program for new members and an on-going training and education process.
- Along with the advising and activities that are their work, Advisory Council members usually want some fun, sociability, and informal contacts with people. This helps build group cohesiveness and returns dividends in group morale and productivity. The kind of sociability will depend on the group, but food and time to talk are staples.
- The important thing is to have a time for fun and fellowship so that Advisory Council members are getting something from their membership as well as contributing to the program. A process to share food/treats during the meeting may be helpful.

No Man Is an Island; entire of itself every man is a piece of the Continent, a part of the main." John Donne.

In order for change to occur, an understanding between people must be a priority. - Author unknown.

Mental Health Local Advisory Council (MHLAC) Operating Procedures

Each MHLAC should elect an executive committee, generally this would include Chair, Vice Chair, Secretary and Treasurer, to coordinate the activities of the MHLAC by preparing agendas, arranging the time and place of meetings, preparing meeting minutes, etc.

Responsibilities of the Chair normally include: determining that proper notice to the public with the proposed agenda is given of scheduled meetings, scheduling Executive Committee and Special meeting times, presiding over regular, special and Executive Committee meetings, assisting in conducting new member orientation, and signing all letters and papers from the Council. The Chair shall arrange for appointment of standing and special committees other than Executive Committee.

The Vice-Chair assists the Chair and will assume the responsibilities of the Chair in the absence of that person. If the position of Chair becomes vacant the Vice-Chair will assume all duties of the Chair.

The Secretary records minutes of the regular, special and Executive Committee meetings and will maintain records of all proceedings. The secretary is responsible for notices being provided for all meetings as requested by the Chair. The secretary, on behalf of the Council, will disseminate required reports and provide copies of summaries and recommendations as requested.

The Treasurer is entrusted with the receipt, care, and disbursement of any funds appropriated or received by the Local Council. The treasurer must report the status of any accounts at each meeting.

Bylaws – Policy and Procedure

Bylaws describe the work, structure and accountabilities of the Local Council. Policy and Procedures further spell out and clarify functions and processes described in the bylaws. Sample Bylaws, Policy and Procedure included in Appendix. (Appendix #9)

Standard Articles (components) for bylaws include:

- ✓ Article I – Name
- ✓ Article II – Purpose Statement
- ✓ Article III – Membership
 - Section 1 – Qualifications
 - Section 2 – Appointment
 - Section 3 - Meetings
- ✓ Article IV – Officers
 - Section 1 - Terms
 - Section 2 - Nominations
- ✓ Article V – Committees

- Section 1 – Appointments
- Section 2 – Standing Committees
- Section 3 - Powers
- ✓ Article VI – Anti-Discrimination

Committees

Development of committees can be effective and an important part of a Local Council. The purpose and objectives of a committee should be clear and concise.

Several basic reasons for setting up committees include:

- ✓ Responsibilities are shared.
- ✓ More members become involved.
- ✓ Specialized skills and areas of interest, including advocacy, evaluation, program development, etc. can be used to the Council's advantage.
- ✓ Inexperienced members gain confidence while serving on a committee.
- ✓ Topics may be examined in more detail by a committee.
- ✓ The Council is able to complete its business more efficiently by delegating tasks to Council members.

Unless the purpose of a committee can be clearly stated in writing, the committee may not be necessary. If a committee is proposed, the following questions may help to decide:

- ✓ What is the purpose of the committee?
- ✓ What are the responsibilities and limitations?
- ✓ What are the specific tasks?
- ✓ When should the goals of the committee be completed and is there reporting required?
- ✓ What is the authority of the committee?
- ✓ What resources are needed or available for the committee?
- ✓ Can the committee make an impact?

There are two (2) basic kinds of committees:

Standing: These committees are created by the by-laws (if applicable). Standing committees exist and function most often on a permanent basis, e.g., Advocacy, Adult Mental Health, Children's Mental Health, Evaluation, Membership, etc.

Ad Hoc: These committees are appointed for a particular purpose on a short-term basis, in response to an immediate need, crisis, or opportunity.

When selecting committee members, it is important to consider member skills, interest, and size of the group. Five to nine people on a committee can be efficient and effective.

Each committee will appoint a Chair of the committee. Responsibilities of the Committee Chairperson include:

- ✓ Orientation for members on purpose and expectations,
- ✓ Setting agendas, calling meetings, and soliciting input from all committee members,
- ✓ Preparing and presenting committee reports to the Local Council,
- ✓ Succession planning, i.e. grooming others for leadership position on the committee.
- ✓

Running a Meeting

Roberts Rules of Order is the recognized guide to running meetings effectively and fairly. These generally accepted rules of procedure for public meetings can also support more effective process and outcomes for LACs. <http://www.rulesonline.com/index.html>
Roberts Rules of Order – Some Basics included in Appendix. (Appendix #10)

It is recommended that LACs send out the meeting agenda ahead of time; preferably two weeks before the meeting date. The agenda will let people know what will be covered at the meeting. It also gives members an opportunity to give input on the agenda. More information is available under Meeting Etiquette in the Toolkit.

If the MHLAC does not have an executive committee secretary, the Chair will designate someone to take notes and complete the reporting form for each meeting. This position is sometimes hard to fill; it may be worthwhile to record the meetings and consider rotating the responsibility.

Each MHLAC should designate a liaison that will be the primary contact for the Local Advisory Council and who will submit the LAC/SAA progress/outcome reports to the regional SAA (this may be a member of the Executive Committee). It is recommended that reports (monthly, quarterly, or annual) will be submitted to the regional SAA at least two weeks prior to the next scheduled regional SAA meeting, or no later than the requested due date. A Sample Standard Report Form is included in the Appendix. (Appendix #11).

The MHLAC/SAA representative to the Mental Health Oversight Advisory Council (MHOAC) will submit a summary of reports received from all local MHLACs in the SAA region to the Mental Health Oversight Advisory Council. MHLACs may also submit standard reports, express concerns, request technical assistance, or provide recommendations directly to the MHOAC or Addictive and Mental Disorders Division. hhsamdemail@mt.gov. MHLACs may also be asked periodically to submit information to DPHHS.

Orientation of New Members

Orientation of new members may be the most critical component of sustaining a viable and inclusive mental health Local Advisory Council. The orientation process should provide accurate, comprehensive, and sound information about the Local Council and begin to prepare the member to participate in a meaningful way.

Specific items to consider going in an orientation process:

- Council mission, vision, values, and organizational structure.
- Council strategic planning document, Bylaws.
- Historical perspective through review of past meeting minutes.
- Current reports or activities working on.
- Specific expectations and responsibilities of members.
- Review of the Mental Health Advisory Council Toolkit.
- Meeting, Member, and Disability Etiquette (included in Toolkit).
- Encouragement and appreciation that the individual is considering becoming a member and being involved.
- Encouragement to offer suggestions and new approaches.

Orientation is followed by ensuring that the new member is included, is listened to, is acknowledged, and is considered. Membership means being a part of a group or organization; it is important to make sure all individuals at the meeting believe they are part of the membership.

Tips to Actively Involve Members That Are Not Comfortable Participating in Meetings

- ✓ Welcome all when they arrive – Smiles are infectious
- ✓ Make Good eye contact – Act glad and interested members are there
- ✓ Ask how members are doing
- ✓ Always Have Members Introduce Themselves at the Beginning of the Meeting
- ✓ Ask Open-Ended Questions – when arrive, i.e., How is your day going?; and during the meeting to encourage good conversation, i.e., How might this idea be helpful?
- ✓ Use a Talking Stick – All are provided opportunity to respond or pass. Respect option to pass – do not push for more information or a response.
- ✓ Allow time to answer questions or respond – be comfortable with appropriate silence.
- ✓ Avoid Uncomfortable Humor – sarcasm shuts down conversation.
- ✓ Always thank members for their participation at the end of the meeting and make note of specific ways outcomes were accomplished.

If Members are Not Participating in Meetings – Questions for Leadership to Ask Themselves:

- Have we reacted badly in the past and caused conversations to be stopped or stifled? Are we listening?
- Are we sending out don't ask signals? Are we worried about what other discussion or difficulties might arise if we encourage participation?
- Are our responses dictated by limited time; how can we manage our time more efficiently and effectively to encourage participation.
- Are we being clear about what we are trying to accomplish – are we unclear about the kind of input we want.
- Are there cultural barriers we are not aware of or honoring?
- Do participants believe the decisions have already been made and it will not do any good to participate?

Communication and Technical Assistance

To support ongoing and collaborative communication from the local level to the State level, Mental Health Local Advisory Council (MHLAC)members will be represented on the Mental Health Oversight and Advisory Council (MHOAC) and regional Service Area Authorities. The MHLAC will designate a member to represent the MHLAC at the regional Service Area Authority meetings. All MHLAC members may attend and participate in Service Area Authority (SAA) meetings. The regional SAA will designate a representative to participate in the state level Mental Health Oversight Advisory Council meetings.

The Addictive and Mental Disorders Division (AMDD), in cooperation with the MHOAC, will provide technical assistance to MHLACs, including community outreach, training and education. AMDD regional Community Program Officers' can serve as a valuable resource to Local Advisory Councils. The Community Program Officers (CPOs) role is to assist MHLAC members in the operation and sustainability of the community mental health Local Advisory Council. Community Program Officers do not serve as the administrative support for the Mental Health Local Advisory Council.

Specific duties of the CPO may include, although are not limited to:

- Participate as a team member with stakeholders to develop an annual strategic plan, including outcome based goals and objectives, policy and procedures, etc. ;
- Assist in an annual needs assessment in cooperation with the Mental Health Oversight Advisory Council;
- Assist in development of recommendations, based on the annual needs assessment and MHLAC goals/objectives, to advocacy, provider, or community groups;
- Assist LACs with marketing support and media promotion of the MHLAC and MHLAC goals/objectives;
- Provide assistance and support with MHLAC membership recruitment and retention;
- Serve as meeting facilitator if requested;
- Maintain a working knowledge of current trends and developments in the mental health field; and, tailor and communicate the information to fit the Local Advisory Councils needs;
- Provide training, as requested, on trends and new developments;
- Provide educational opportunities to enhance the skills and knowledge of the MHLAC members in a systematic format and process (part of follow through);
- Support the MHLAC Chair in Orientation of new MHLAC members;
- Serve as a point of contact and resource to individuals, advocates, and providers.

Etiquette, Protocol, and Advocacy

Meeting Etiquette

- ✓ Make sure people have received adequate notice of meetings.
- ✓ Send out an agenda at least one to two weeks prior to meeting date. Include location, time of meeting, and meeting start and end times.
- ✓ If you have comments on the agenda express them, to the Chair of the Council, at least two days prior to the meeting.
- ✓ Arrive on time – 15 minutes early is better. Find a seat and get situated before the meeting starts.
- ✓ Follow the Agenda.
- ✓ Be considerate of community members or outside participants attending and their time.

MHLAC s are a Public Business Meeting - Things to Consider and Discuss at the MHLAC

How to Handle:

- ✓ Self-Disclosure
- ✓ Physical Interactions; i.e., hugging, touch
- ✓ Dress Code Standards
- ✓ Sharing excessive personal information or confiding openly
- ✓ Seeking counsel/comfort from other members

If these types of boundary issues are not established by the group it can be hard to change expectations – explicit or implicit. If uncomfortable topics such as these are not addressed by the group early on, it is easier to allow other boundaries to be crossed – it can become a Slippery Slope. Not addressing boundary topics sets up possibility for violation of trust between members and may be potentially harmful. ^{vi}

Council Member Etiquette

1. **Please...**If you require your laptop or smart phone in the meeting, announce that you'll be taking notes on it so people around the table don't think you're doing something else.
2. **Please...**If using phone or laptop, do not open instant message or check email. It is hard to pay attention to the meeting when paying attention to phone or laptop.
3. **Please...**If your phone rings (it needs to be on vibrate), do not take the call unless it is an emergency. If you have to take it, step out of the room quietly.
4. **Please...**Avoid side conversations – it is distracting for the rest of the members.
5. **Please...**Be ready for your part of the meeting prior to the meeting – getting ready during the meeting says the meeting wasn't important enough to be prepared.
6. **Please...**Do not repeat what someone else in the meeting has already said and call it yours. If you want to say it in a different way, give the person the credit and indicate it is a rephrase for clarification only.
7. **Please...**Do not talk louder and louder to talk over another member. If you are confident in your message you can wait and present after the other member.
8. **Please...**Be respectful of all members – do not interrupt when someone else is speaking. Wait to be recognized by Chairperson to speak.
9. **Please...**Be attentive to the meeting and those attending. Focus on what you came to accomplish.
10. **Please...**Listen before you speak – we often react or overact when we speak before we listen.
11. **Please...**Watch nervous habits that may distract others; i.e. tapping a pencil on the table, kicking the table, rustling papers.
12. **Please...**Plan to attend the entire meeting unless absolutely unable to; leaving the meeting before adjournment is distracting and indicates disinterest.

Disability Etiquette

People First Language represents a respectful and accurate way of communication. People with disabilities are not their diagnosis or disability, they are People First. Examples of People First Language from the Disability is Natural website <http://www.disabilityisnatural.com/> include:

Say:

People with disabilities.
He has a cognitive disability/diagnosis.
She has autism (or a diagnosis of..).
He has a physical disability (diagnosis).
She has a learning disability (diagnosis)
She's of short stature/she's a little person.
He has a mental health condition or illness.
She uses a wheelchair/mobility chair.
He receives special education services.
She has a developmental delay.
Children without disabilities.
Communicates with her eyes/device/etc.
Customer.
Congenital disability.
Brain injury.
Accessible parking, hotel, room, etc.
She needs...or she uses...

Instead of:

The handicapped or disabled
He's mentally retarded.
She's autistic
He's quadriplegic/is crippled
She's learning disabled
She's a dwarf/midget
He's emotionally disturbed/mentally ill
She's confined to/is wheelchair bound
He's in special education
She's developmentally delayed
Normal or healthy kids
Is non-verbal
Client, consumer, recipient, etc.
Birth defect
Brain damaged
Handicapped parking, hotel room, etc.
She has a problem with...has special needs.

ADA – American With Disabilities Act and Reasonable Accommodations for Persons with Psychiatric Disabilities ^{vii}

Persons with Psychiatric Disabilities may at times have difficulty coping with the tasks and interactions of daily life. Their disorder may interfere with their ability to feel, think or relate to others. Most people with psychiatric disabilities are not violent. One of the main obstacles they face is the attitudes that people have about them. Because psychiatric disabilities are hidden disabilities, chances are people will not even realize that the person has a mental health condition.^{viii}

It is sometimes easier to identify the changes that will help someone with a physical or visible disability, such as raising the height of a desk for someone who uses a wheelchair, or providing written information in large print for someone with visual problems. However, many people are unaware of the types of accommodations that work for people with mental illness, which can be a more hidden condition.

Knowing the things that the person has trouble doing that are due to the disability (known as the functional limitations) and the demands of the job or school program helps to identify accommodations for that person. The symptoms of the illnesses and the medications may cause problems with memory, concentration, relating to others, managing or experiencing emotions, organizing and managing time and other areas. Go to [How does mental illness interfere with functioning on the job](#) or [How does mental illness interfere with functioning in school](#) for descriptions and examples of functional limitations that are due to psychiatric disability. Additionally, how limitations in a person's functioning may impact participation on the Local Mental Health Council. People who have experienced a mental illness are capable of participating in community planning and social activities just like persons who do not have a psychiatric disorder or other disabilities.

The accommodations that have been found to be effective include changes in schedules, how instructions are provided for specific roles and tasks for committee work or other activities and identifying ways of interacting in a group. Not all of these accommodations will work for everyone; each situation should be taken on an individual basis. It is also important to know that many people with psychiatric disabilities may not need accommodations of any kind.

Accommodations should be determined on a case-by-case basis, but there are procedures that can be used as a guide. Starting with a disclosure of disability or a request for an accommodation opens the opportunity for dialogue with the person about the limitations experienced.

Often, these adjustments such as flexible schedules; changes in communication, and feedback are not much different from the changes one would make for a person without a disability.

Information provided in this Toolkit is only a portion of what is available for persons with psychiatric disabilities. There are a number of resources out there to provide information and technical assistance. The ADA website is a good resource – <http://www.ada.gov/>.

[What laws require that reasonable accommodations be provided](#) can provide more information on laws and definitions.

Sources: Job Accommodation Network; National Alliance for the Mentally Ill; President’s Committee on the Employment of People with Mental Illness; Zuckerman, Debenham & Moore, (1993) *The ADA and People with Mental Illness: A Resource Manual for Employers*.

Note: The information contained under ADA – American With Disabilities Act and Reasonable Accommodations for Persons with Psychiatric Disabilities is for educational purposes only, and is not legal advice. Individuals should contact the appropriate legal resources for specific legal advice regarding their particular situations.

Steps to Self Advocacy

- 1. Accentuate the Positive** – Respond to at least as many positives as negatives.
- 2. Begin by Assuming the Best of Others**
- 3. Do Your Homework and Document**
- 4. Plan Many Small Successes** – Will build competency and reputation.
- 5. Be Prepared** – Be clear on your facts. Be prepared to follow through.
- 6. Be Reasonable** – Cooperate, Compromise, Listen.
- 7. Take Responsibility** – Actively participate in meetings. Do not rely on others to make your decisions.

How Local Advisory Councils Can Participate and Advocate in the Legislative Process

How to Work With Your State Legislators

The United States and Montana Constitutions give every citizen the right to speak on public issues and to be heard by officials at every level of government. At the Montana Legislature, that means you have the right to share with legislators your thoughts and opinions about any public issue they are considering.

There are many ways you can exercise your rights and get involved in the legislative process:

Contact Your Legislator

Legislators want to hear from you! They were elected to represent you, and they can't do that well if they don't know your views and perspectives.

A well-written letter is one of the best ways to let your legislator know your thoughts and opinions about a particular issue. Here are some tips for getting your message across effectively:

- Be brief. Legislators have many demands on their time. They appreciate letters that are short and to the point.
- Put the message in your own words. Form letters and petitions don't have the same impact as personal, informed opinions.
- Be civil. It's OK to be passionate about your point of view, but show respect for the perspectives of others.
- Address your letter to a specific legislator or legislators — preferably the ones who represents the legislative district in which you live. Depending on your message, you may want to write to the sponsor of a bill, certain members of a committee, or your own legislators. Don't address your letter to the entire Legislature.
- Identify bills by their number, title, and sponsor.
- Explain your position on the bill and ask for the legislator's support or opposition.
- Give any sources of information that you use to make your point.

Include your name, address, and a little about who you are (for example, where you work or what school you attend).

Address letters to:

Senator XXXX
Montana Senate
State Capitol
PO Box 200500
Helena, MT 59620-0500

Rep XXXX
Montana House of Representatives
State Capitol
PO Box 200400
Helena, MT 59620-0400

During legislative sessions, you may call the Session Information Desk at (406) 444-4800 and leave a message for as many as five (5) legislators per call. Your message will be delivered to those legislators.

You may also contact your legislators by e-mail. Some legislators choose to publish their e-mail addresses on the legislative website at <http://www.leg.mt.gov>. Look under House and Senate for lists of members and click on the legislator's name.

During Legislative Sessions, you may also use a form on the legislative website to send electronic messages.

Testify at a Hearing

One of the most important opportunities to become involved in the debate over a bill is when it is the subject of a hearing before a legislative committee. You can communicate personally with legislators at any time about any bill, but the committee hearing is the occasion when members of the public are specifically invited to publicly approve, oppose, or suggest changes to a bill.

Don't let stage fright stop you from taking advantage of this important right! Legislators were elected to represent the people of Montana. They are eager to hear your thoughts and perspective.

You may testify on any bill that concerns you. Committee hearings allow you to speak your mind before the committee takes any action and before the bill is brought to the attention of the House and Senate for debate and a final vote. You may testify in person or submit written testimony.

The time and place of every committee hearing is posted several days in advance on the legislative website. Hearings schedules are also available at the Session Information Desk on the first floor of the Capitol.

You may enter a legislative hearing room at any time, even if the door is closed or a hearing is in progress. Be courteous and respectful. Enter quietly if a meeting is in progress. Be sure to turn off your cell phone before entering. Food and drink (other than water) are not permitted in hearing rooms.

More information about testifying at committee hearings is available in “Having Your Say,” a brochure published by the Legislative Information Office. To get a copy, send your request to leginfo@mt.gov or call (406) 444-3067.

The following link can provide more information on the Legislative process and speaking with your Legislator: <http://leg.mt.gov/css/Services%20Division/default.asp>

Advisory Council

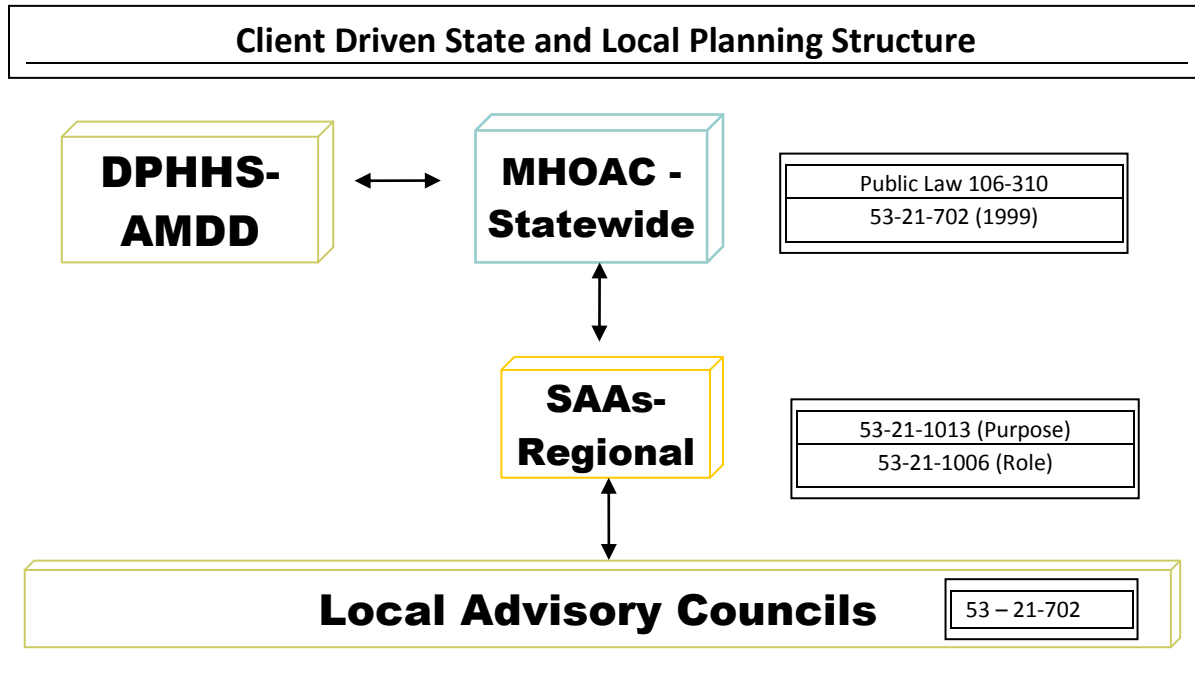
Partners

Linkage from one Mental Health Local Advisory Council (MHLAC) to the next MHLAC - (Network of Care).

It can be helpful and useful for Mental Health Local Advisory Councils to communicate with each other for new ideas, new opportunities, and to provide support. The Network of Care for Behavioral Health is a website, managed by Addictive and Mental Disorders Division (AMDD) and is a resource for individuals, families and agencies. This site provides information about behavioral health services, laws, and related news, as well as well as other features. Regardless of where you begin your search for assistance with behavioral health issues, the Network of Care helps you find what you need - it helps ensure that there is "No Wrong Door" for those who need services. You may access the site at:

<http://montana.networkofcare.org/mh/index.aspx>

How LACs Fit Into the Community Mental Health Organizational Structure



MHLACs are not intended to duplicate or replace service delivery agencies but rather to coordinate and collaborate with other councils, boards and advisory groups involved with the planning, delivery and evaluation of community mental health services.

Local Advisory Councils were established as part of the federal and state development of stakeholder participation and input through Mental Health Planning and Advisory Councils nationwide.

Mental Health Planning and Advisory Councils exist in every State and U.S. Territory because of the passage of federal law 99-660 in 1986 and continuing through Public Law 102-321 in 1992. The History and Federal Statute/Purpose for the MHOAC is included in the Appendix (Appendix #12). These federal laws require States and Territories to perform mental health planning in order to receive federal Mental Health Block Grant funds. States are required to submit an application to receive federal block grant funds. In Montana, this application also serves as the Montana Mental Health State Plan. Further, these laws require that stakeholders, including persons with a mental illness, their family members, and parents of children with serious emotional or behavioral disturbances, must be involved in state mental health planning.

The objective of Public Law 102-321 and block grant planning, in general, is to support the State creation and expansion of comprehensive, community-based systems of care for adults with serious mental illness and children with serious emotional disturbance.

The federal law states that the planning council is expected to do the following:

1. To review the Mental Health Block Grant Plan and to make recommendations.
2. To serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance, and other individuals with mental illnesses.
3. To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

Local Advisory Councils and the Montana Mental Health Oversight Advisory Council (MHOAC)

The State of Montana, in 1999, formalized the Montana Mental Health Oversight Advisory Council (MHOAC) in Montana Code – MCA 53-21-702 Mental Health Care System. This is the statute that began the partnership between the state and local stakeholders – the MHOAC and the Local Advisory Councils. MHOAC operations are subject to the Department of Public Health and Human Services.

Mission: We Are Partners in Planning for a recovery-based mental health system throughout Montana.

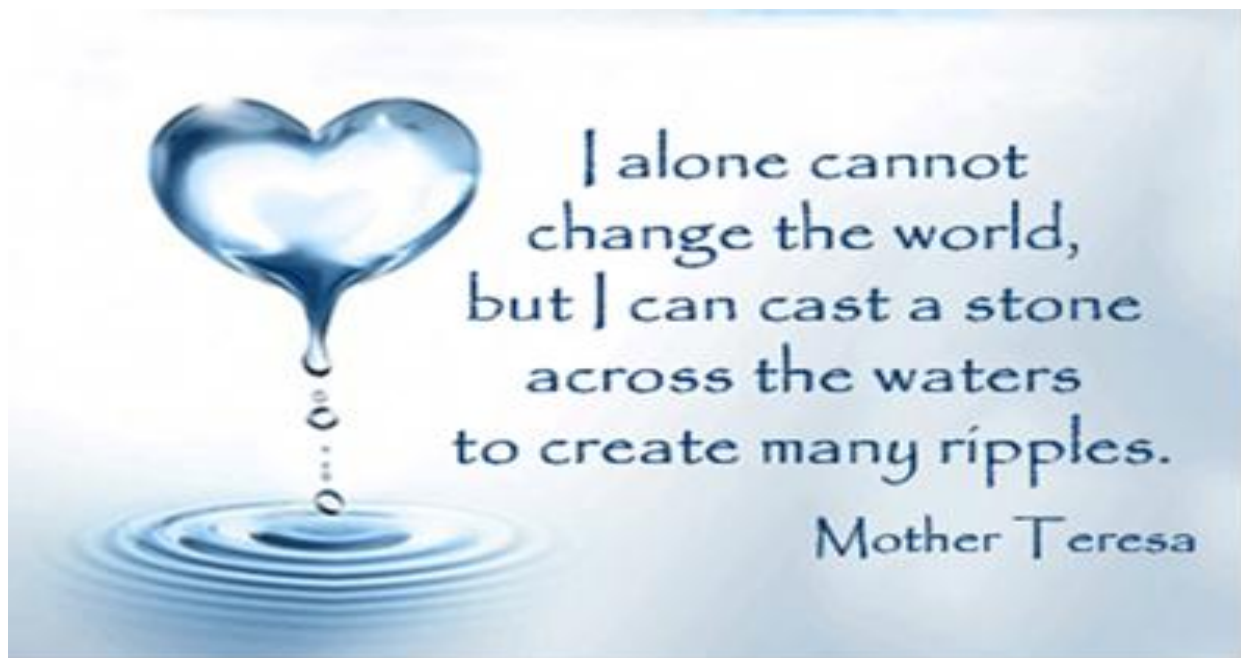
Vision: We envision a collaborative public mental health system that promotes independence, self-determination and recovery through individual, family, advocate and community participation.

With effective treatment, knowledge and support, Montanans with mental disorders will achieve education, meaningful work, satisfying family relationships, friendships and participation in the community.

Principles: The defining principle is that services are individual and family directed, through a system that is comprehensive and community-based. Values that support this standard include:

- Focusing on the connections between physical and mental health;
- Providing culturally sensitive and competent services;
- Meeting the needs of children, their families, and adults through early intervention, flexibility, and equal access to services;
- Reducing stigma by supporting the philosophy that every man, woman, and child with or at risk for mental illness deserves a full life in the community of their choice;

- Emphasizing the need to keep families together in their community settings rather than in institutional placements;
- Participation by families and individuals in community-based treatment planning to get what they need and want to become stable and be able to function independently;
- Providing mental health community education and awareness that is understandable and comprehensive;
- Diverting individuals from the criminal justice system;
- Continuing to set the standard for local and regional planning to identify and overcome barriers to access community based care;
- Acknowledging the high incidence of co-occurring disorders and understanding that co-occurring care is fundamental.



Local Advisory Councils and the Regional Service Area Authorities (SAA)

Regional Service Area Authorities (SAAs) shall collaborate with Local Advisory Councils and AMDD, as directed under MCA 53.21.10. Substantive information on the role of SAAs is included under MCA 53.21.1006 leadership committees – boards – plans and 53.21.1013, Purpose and available in Appendix #13. Other MCA sections supporting or referencing SAAs can be found under 53.21.10.

SAA Purpose under MCA 53.21.1013:

1. collaborate with the department and Local Advisory Councils to plan, implement, and evaluate regional public mental health care within the budget constraints for each service region;
2. promote individual and family leadership within the public mental health system through service area authorities; and
3. foster a person-centered and family-driven system of public mental health care that advances:
 - (a) access to a continuum of mental health services; and
 - (b) individual choice of services and providers.

Local Advisory Councils are the foundation and infrastructure for
Regional Service Area Authorities (SAA).

The SAA is a person-centered and family driven process based upon two principles:

1. Services and treatments must be person-centered and family centered, geared to provide individuals with mental illness real and meaningful choices about treatment options and providers.
2. Care must focus on increasing an individual's ability to successfully cope with life's challenges, on facilitating recovery, meeting basic needs and on building resilience.

The SAA process promotes and advocates for a person-centered, recovery oriented mental health system in Montana providing individuals served in the public mental health system a greater voice in the system that serves them.

Regional Service Area Authorities (SAA) Chairperson, or designee, participates in a quarterly meeting named the SAA Summit. Participants of the SAA Summit discuss and condense information received by regional SAA participants to report and make recommendations to the Addictive and Mental Disorders Division and other stakeholders.

Each MHLAC shall designate a liaison/representative to participate as a member of the governing structure of the regional SAA; and, who will be the primary contact and participant to the regional Service Area Authority. The MHLAC liaison/representative will participate and report to the SAA on local community issues and, activities; and, also bring information and recommendations from the Service Area Authority (SAA) back to the Mental Health Local Advisory Council membership.

To ensure local strategic planning information is being provided to the Mental Health Oversight Advisory Council (as directed under MCA 53-21-702) through the Local Advisory Councils, a Local Advisory Council member serving on the regional Service Area Authorities (SAA) representative will be appointed to the Mental Health Oversight Advisory Council (MHOAC). The LAC/SAA representative will also serve as the liaison back to the SAA and Local Advisory Councils in their respective region.

The Addictive and Mental Disorder Division Community Resource Manager and Community Program Officers attend MHLAC meetings, SAA meetings, SAA Summit and Congress meetings across the State. This representation is to ensure that there are consistent lines of communication and strong alignment with goals and objectives between all local and state stakeholders, providers, and agencies.

A Service Area Authority Map is included in the Appendix. (Appendix #14)

Appendix

Appendix #1

**DPHHS Organizational Charts – Department-wide and Children & Adult Divisions
Adult and Children Services Matrixes
Regional Maps and Staff Directory for Children & Adult Divisions**

Appendix #2

Montana Code Annotated 53-21-702

Appendix #3

Resource Mapping – Essential Tools Introduction

Appendix #4

Strategic Planning Cheat Sheet & Strategic Plan Outline Example

Appendix #5

Public Service Announcements and Press Releases

Appendix #6

Informational Bulletin

Appendix #7

Recommendation Letter(s) to Community Partner or Agency

Appendix #8

MHOAC/AMDD Confirmation Letter

Appendix #9

Sample By-Laws and Policy & Procedure

Appendix #10

Roberts Rules of Order – Some Basics

Appendix #11

Mental Health Local Advisory Council (MHLAC) and SAA Sample Reporting Form

Appendix #12

History and Federal Statute/Purpose for MHOAC

Appendix #13

Montana Code Annotated 53.21.1006 & 53.21.1013

Appendix #14

Service Area Authority Map

Appendix #15

Commonly Used Acronyms

Reference Endnotes

i Evaluation 101 “Making Molehills out of Mountains” – [http:// samhsa.gov](http://samhsa.gov)

ii Carola E. Green; 2001 National Health Care for the Homeless Conference

iii Community Tool Box: <http://ctb.ku.edu>

iv Modified from University of Kansas Community Toolbox Curriculum 2004

v This article is online at <http://www.joe.org/joe/1987fall/f2.html>.

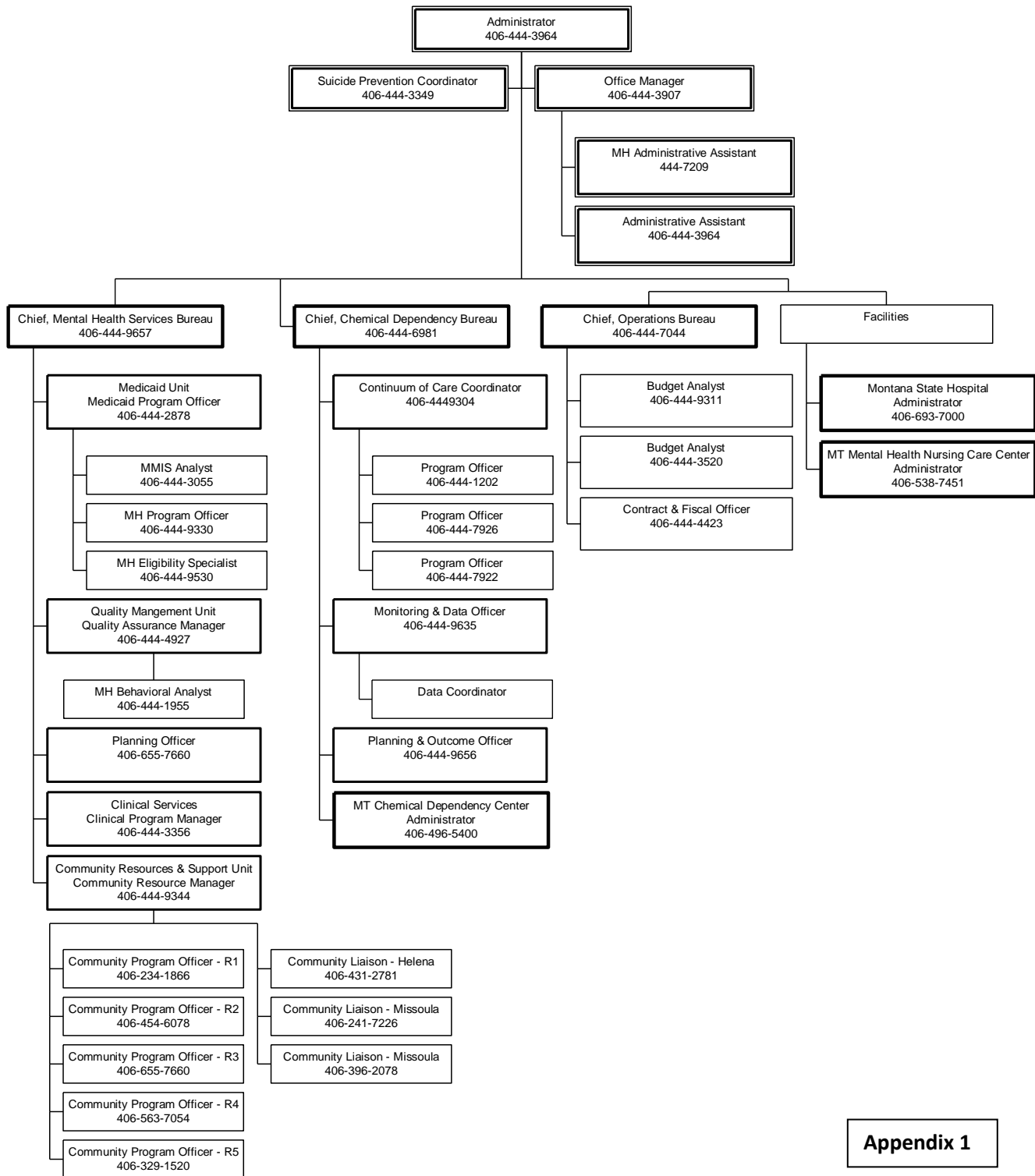
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vi Portions taken from presentation by Dr. Polly Peterson

vii Center for Psychiatric Rehabilitation – What are Reasonable Accommodations?
<http://www.bu.edu/cpr/reasaccom/whatareras.html>

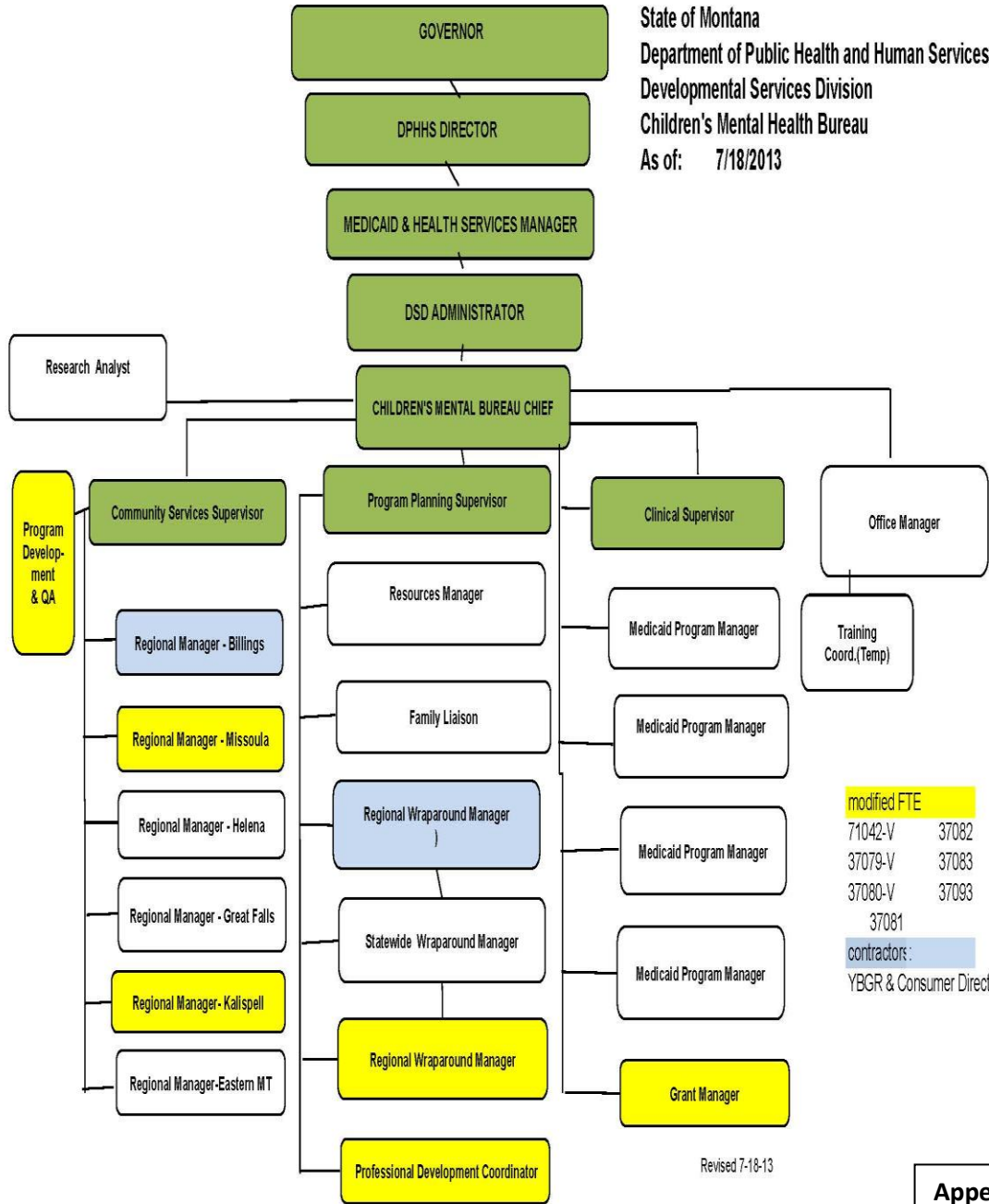
viii United Spinal Association; Disability Etiquette – Tips on Interacting With People With Disabilities; www.unitedspinal.org

Addictive & Mental Disorders Division (AMDD)
Montana Department of Public Health and Human Services



Appendix 1

State of Montana
 Department of Public Health and Human Services
 Developmental Services Division
 Children's Mental Health Bureau
 As of: 7/18/2013



Revised 7-18-13

State Wide Mental Health Services Matrix for Adults			
		Jun-13	
SERVICES AVAILABLE	Where service is available	Who is eligible	Contacts
Medicaid for Workers with disabilities	Anywhere in state with a participating provider.	SSI/SSDI recipient with SDMI for mental health center services.	Medicaid Program Manager 444-2878
Mental Health Services Plan - MHSP	Mental Health Centers; prescribers in communities who are enrolled.	An Adult with income below 150% of federal poverty level and SDMI.	Clinical Program Officer 444-3356 (clinical, training) MH Program Officer 444.9330 (claims, labs, pharmacy)
MHSP Waiver	Mental Health Centers	An Adult who is MHSP eligible and carries a primary diagnosis of schizophrenia or bipolar mood disorder.	Medicaid Program Manager 444-2878
72 Hour Program	Mental Health Centers. Hospital contracts: Kalispell, Missoula, Helena, Billings, Havre, Great Falls, Plains; Crisis Stabilization Facilities (see below).	Any Adult in a psychiatric crisis who is uninsured or under-insured.	Clinical Program Officer 444-3356 (clinical, training) MH Program Officer 444.9330 (claims)
Program for Assertive Community Treatment - PACT	Helena, Billings, Great Falls, Kalispell	An Adult with Medicaid or MHSP who meets admission criteria.	Clinical Program Officer 444-3356
Crisis Response Team - CRT	WMMHC -Kalispell, Missoula, Butte, Bozeman CMH - Helena	Any Adult in a psychiatric crisis.	Missoula 532-9700 Butte 723-5489 Bozeman 522-7357 Kalispell 728-6870 Helena 443-7151
Home & Community Based Services Waiver - HCBS Waiver	Counties: Yellowstone, Silver Bow, Cascade, Missoula, Lewis and Clark	An Adult who has a SDMI with funding through Medicaid and meets admission criteria.	Medicaid Program Manager 444-2878
Goal 189 funds	Contracts are with the licensed MHC's.	An Adult exiting MSH or with a history of MSH hospitalization.	Clinical Program Officer 444-3356
PATH - Outreach to Homeless	Billings, Missoula	Homeless-Mentally Ill	Planning Officer 655-7660
MH Group Homes, Adult Foster Care and Day Treatment	Billings, Great Falls, Helena, Kalispell, Hamilton, Bozeman, Missoula, Miles City, Havre	An Adult who has a SDMI with funding through Medicaid, MHSP or Goal 189.	SCMRHC - Billings 252-5658 C4MH: GF 761-2100 Helena 443-7151 WMMHC - Msla. 532-9700 Kal. 257-1336 Bozeman 522.7357 Hamilton 532-9101 AWARE 449-3120 EMCMHC - Miles City 234-1687 Winds of Change - 721-2038
Psychiatric Hospitalization Inpatient	Great Falls, Missoula, Kalispell, Billings, Helena	Any Adult meeting admission criteria.	Benefis Hosp. (GF) 455-2380 St. Patrick's Hosp. (Msla.) 543-7271 Pathways Treatment Center (Kalispell), 751-6414 Billings Clinic (800-255-8400) St. Peter's Hosp. (Helena) 495-6560
Crisis Stabilization Facilities	Billings, Kalispell, Bozeman, Butte, Missoula, Hamilton	Adults with MI or SDMI meeting admission criteria	Clinical Program Officer 444-3356
Drop In Centers	Billings, Hays, Bozeman, Livingston, Helena, Superior, Butte	Any Adult	Community Program Officer: 234-1866 (Miles City), 454-6078 (Hays), 655-7622 (Billings), 498-7358 (Bozeman, Livingston, Helena), 241-7369 (T. Falls, Superior, Hamilton)
Supported Employment Programs	Butte, Missoula (2), Helena, Bozeman	SDMI	Mental Health Center in that area.

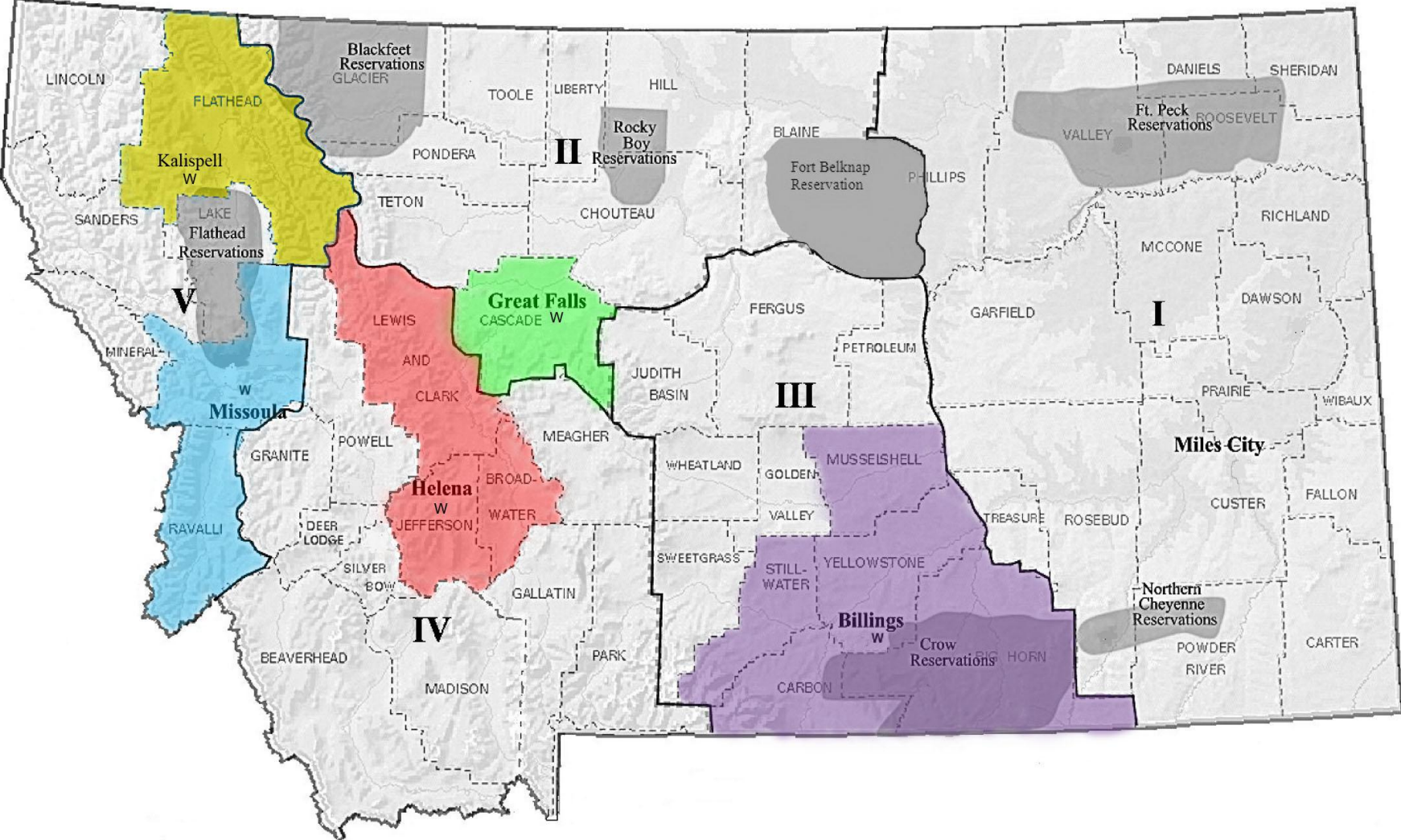
SERVICES AVAILABLE (cont.)	Where service is available	Who is eligible	Contacts
Intensive Community Based Rehabilitation	Billings, Great Falls, Butte, Glendive	Adults with MI or SDMI having discharged from MSH and MMHNCC; prior approval for admission	Administrator 444-9657
Network of Care	http://montana.networkofcare.org/mh/home/index.cfm	Information for consumers, families, providers, and other interested persons.	Medicaid Program Manager 444-2878
HB 130 - Crisis grants	Lewis & Clark, Missoula, Ravalli and Yellowstone Counties.		Bureau Chief 444-2013
Mental Health Warm Line	Telephonic	Anyone	State Wide 1-877-688-3377
Suicide Hot Line	Telephonic	Anyone	State Wide 1-800-273-8255
Training			
IMR - Illness, Management & Recovery	State-wide trainings available.	MH Providers, Peer specialists	Medicaid Program Manager 444-2878
WRAP - Wellness, Recovery, Action Plan	Billings, Great Falls, Butte	Consumers	Medicaid Program Manager 444-2878
DBT - Dialectical Behavior Therapy	State-wide trainings available.	MH & CD Clinicians, Case Managers, Peer Specialists	Clinical Program Officer 444-3356
Strength Based CM	State-wide trainings available.	Case Managers	Medicaid Program Manager 444-2878
SOAR - SSI / SSDI Outreach, Access and Recovery	State-wide trainings available.	Those individuals needing assistance in the SSI/SSDI application process.	Planning Officer 655-7660
Crisis Intervention Team - CIT	State-wide trainings available.	Law enforcement / 1st responders.	Bureau Chief 444-2013
Peer to Peer/Family to Family/ In Your Own Voice trainings	State-wide trainings available.	Anyone	NAMI Montana 443-7871
Recovery International	MSH, Butte, Missoula	Anyone	Charlotte Moran 825-3063
State Facilities			
Montana State Hospital	Warm Springs	Any Adult in Montana meeting admission criteria.	406-693-7000
Montana Chemical Dependency Center	Butte	Any Adult in Montana meeting admission criteria.	406-496-5400
Montana Mental Health Nursing Care Center	Lewistown	Any Adult in Montana meeting admission criteria.	406-538-7451

CMHB's Regional Program Officers	CMHB's i-home Regional Managers
<p>REGION I & III Regional Program Officer 2121 Rosebud, D-17 Billings, MT 59102 (406) 655-7626</p>	<p>REGION I Regional Manager 1523 14th Street West, Suite 2, Billings, MT 59102 (406) 254-7028</p>
<p>REGION II & IV Regional Program Officer 201 1st Street South #3, Great Falls MT 59405 (406) 454-6088</p>	<p>REGION II Regional Manager 201 1st Street South #3, Great Falls MT 59405 (406) 454-6088</p>
<p>REGION V Regional Program Officer 2677 Palmer, Suite 300, Missoula MT 59808 (406)329-1594</p>	<p>REGION III Regional Manager 1523 14th Street West, Suite 2, Billings, MT 59102 (406) 254-7028</p>
<p>REGION IV Regional Manager 111 Last Chance Gulch Ste 3E, Helena, MT 59602 (406) 444-5938</p>	<p>REGION V Regional Manager 2685 Palmer Suite E, Missoula MT 59808 (406) 329-1330</p> <p>Regional Manager 121 Financial Dr. Suite B, Kalispell, MT 59901 (406) 751-2486</p>

Children's Mental Health Bureau Regional Map and PRTF Waiver Sites

For information about local children's mental health services contact the regional program officer nearest you.

Key: W=PRTF Waiver office



State Wide Children's Mental Health Services and Resources Paid through Montana Medicaid - October 2013

SERVICES AVAILABLE	Where service is available	Who is eligible	Contacts
<p>Acute inpatient-psychiatric hospital</p>	<p>Missoula, Kalispell, Billings, Helena</p>	<p>A Medicaid eligible youth under the age of 18 (unless in secondary school), who meets diagnostic and functional guidelines.</p>	<p>Clinical Program Officer - 406-444-1535 <u>Missoula</u> - St. Patrick's Hospital, 406-543-7271 <u>Kalispell</u> - Pathways Treatment Center, 406-751-6414 <u>Billings</u> - Billings Clinic, 800-255-8400 <u>Helena</u> - Shodair Children's Hospital, 406-444-7500</p>
<p>Partial Hospitalization Program (PHP) active treatment program that offers therapeutically intense coordinated structured clinical services to youth.</p>	<p>Billings, Kalispell, Missoula</p>	<p>A Medicaid eligible youth with SED who meets medical necessity criteria for this level of care.</p>	<p>Clinical Program Officer - 406-444-1535 <u>Billings</u> - Billings Clinic, 800-255-8400 <u>Kalispell</u> - Turtle Bay, 406-844-2890 <u>Missoula</u> - St. Patrick's Hospital, 406-573-7271</p>
<p>Psychiatric Residential Treatment Facility (PRTF) - a secure 24 hour facility with psychiatric supervision. This also includes a 14 day assessment admission paid at a higher rate.</p>	<p>Helena, Billings, Butte</p>	<p>A Medicaid eligible youth with SED who meets medical necessity criteria for this level of care.</p>	<p>Clinical Program Officer - 406-444-1535 <u>Helena</u> - Shodair Children's Hospital, 406-444-7500 <u>Billings</u> - Yellowstone Boys & Girls Ranch, 406-651-2852 <u>Butte</u> - Acadia, 406-477-1067</p>

<p>PRTF Home and Community Based Services Waiver for youth with SED (alternative for residential treatment). Will be 1915i state plan amendment on October 1, 2012.</p>	<p>Yellowstone County (core site) plus surrounding counties of Carbon, Stillwater, Musselshell and Bighorn; Missoula and Ravalli Counties (core sites); Lewis & Clark County (core site) plus surrounding counties of Jefferson and Broadwater; Cascade County (core site); Flathead County (core site).</p>	<p>A Medicaid eligible youth age 6 through 17 who meets SED criteria, resides in one of the waiver counties, has parents/guardian willing to participate in the waiver and meets PRTF level of care.</p>	<p>Waiver Supervisor - 406-444-1460 Plan Managers: Billings, 406-254-7028 Missoula, 406-329-1330 Helena, 406-444-5938 Great Falls, 406-454-6088 Kalispell, 406-751-2486</p>
<p>MH Therapeutic Group Homes (TGH) ----- Extraordinary Needs Aid (ENA)</p>	<p>Anaconda, Billings, Boulder, Bozeman, Butte, Great Falls, Helena, Kalispell, Lewistown, Missoula ----- Available for a youth in a therapeutic group home who needs short term 1:1 aide to remain in placement.</p>	<p>A Medicaid eligible youth with SED who meets medical necessity criteria for TGH level of care.</p>	<p>Clinical Program Officer - 406-444-3819</p>
<p>Targeted Youth Case Management (TYCM)</p>	<p>Available through licensed mental health centers across the state.</p>	<p>A Medicaid eligible youth with SED who meets medical necessity criteria for this level of care.</p>	<p>Clinical Program Officer - 406-444-3819</p>
<p>Therapeutic Family or Foster Care (TFC, TFOC)</p>	<p>Various locations - available from some child placing agencies.</p>	<p>A Medicaid eligible youth who meets admission criteria.</p>	<p>Clinical Program Officer - 406-444-7391</p>
<p>Comprehensive School & Community Treatment (CSCT)</p>	<p>189 school districts across the state.</p>	<p>A Medicaid eligible youth with SED who meets medical necessity criteria for this level of care.</p>	<p>School Based Services Program Officer 406-444-1290</p>

Outpatient children's mental health services (therapy, day treatment, medication monitoring, community based psychiatric rehab and support aide (CBPRS)	Available through licensed mental health centers across the state. Outpatient therapy also available from licensed mental health professionals across the state. Medication management available from licensed prescribers.	A Medicaid eligible youth under the age of 18 (unless in secondary school), who meets diagnostic and functional guidelines.	Clinical Program Officer - 406-444-7391
TRAINING			
Wraparound 101 or Coach Training	Billings, Great Falls, Butte, Helena, Kalispell	All interested trainers at no cost to them.	Community Services Supervisor - 406-444-7064
SOAR - SSI/SSDI Outreach, Access and Recovery	State-wide trainings available.	Those individuals needing assistance in the SSI/SSDI application process.	Program Officer - 406-655-7660
CIT - Crisis Intervention Team	State-wide trainings available.	law enforcement / first responders	Mental Health Services Bureau Chief - 406-444-2013
Family to Family / In Your Own Voice / NAMI Basics Training	State-wide trainings available.	Anyone	NAMI Montana, 406-443-7871
Recovery International	MSH, Butte, Missoula	Anyone	Lead Trainer - 406-825-3063
MENTAL HEALTH ADVOCACY ORGANIZATIONS			
Child Abuse Neglect Hotline	1-866-820-5437		
Disability Rights Montana	1-800-245-4743		
Board of Visitors	1-800- 332-2272		
Mental Health Ombudsman	1-888-444-9669		
Mental Health America of MT	1-406-587-7774		
NAMI Montana	1-406-443-7871		
Montana Youth Move	1-406-444-3814		
Parents Let's Unite For Kids (PLUK)	1-800-222-7585		
Federation of Families	1-877-376-4850		

NON-MEDICAID SERVICES			
Children's Mental Health Services Plan (CMHSP)	State Wide	160% of Federal Poverty Level not eligible for Medicaid or CHIP (HMK) who are SED.	Clinical Program Officer - 406-444-3819
Supplemental Services Plan (SSP)	State Wide	Eligible families with income under 185% of Federal Poverty Level. Duration is limited to no more than 4 calendar months per FFY.	Community Services Supervisor - 406-444-7064
Respite Services	State Wide - through licensed mental health centers and PRTF waiver only	A Medicaid eligible youth under the age of 18, who meets diagnostic and functional guidelines.	Clinical Program Officer - 406-444-3819
Vocational Rehabilitation	State Wide	Individuals with disabilities.	Montana State Vocational Rehabilitation Contact - 1-877-296-1197
Supported Employment Programs	Butte, 2 in Missoula	A Medicaid eligible youth transitioning to adult services.	Butte - WMMHC, 406-723-4033 Missoula - WMMHC, 406-532-9700 Missoula - Winds of Change MHC, 406-721-2038
Crisis Response Team - CRT	Kalispell, Missoula, Butte, Bozeman, Helena	Any youth in psychiatric crisis.	Missoula - WMMHC, 406-531-9700 Butte - WMMHC, 406-723-5489 Bozeman - WMMHC, 406-522-7357 Kalispell - WMMHC, 406-728-6870 Helena - C4MH, 406-443-7151

Network of Care	Web: http://montana.networkofcare.org/mh/	Information for consumers, families, providers, and other interested persons.	Program Officer - 406-444-2878
Mental Health Warm Line (MMHA)	Telephonic	Anyone	State Wide 1-877-688-3377
Suicide Hot Line	Telephonic	Anyone	State Wide 1-800-273-8255
Montana 211 For Community Resources	Telephonic and Web: http://www.montana211.org/	Anyone	211
For more detailed information on services visit:			
Children's Mental Health Bureau Web Site: http://www.dphhs.mt.gov/mentalhealth/children			
Providers refer to the Clinical Management guidelines and/or the Medicaid Children's Mental Health Manual.			
For Medicaid Claims questions call Xerox Provider Relations at 406-449-7693.			

Montana Code Annotated - 2007

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53-21-702. Mental health care system -- eligibility -- services -- advisory council. (1) The department of public health and human services shall develop a delivery system of mental health care from providers or other entities that are able to provide administration or delivery of mental health services. The public mental health care system shall:

(a) include specific outcome and performance measures for the administration or delivery of a continuum of mental health services;

(b) provide for local advisory councils that shall report to and meet on a regular basis with the advisory council provided for in subsection (4);

(c) provide level-of-care appeals that are understandable and accessible; and

(d) provide a system for tracking children who need mental health services that are provided under substantive interagency agreements between state agencies responsible for addictive and mental disorders, foster care, children with developmental disabilities, special education, and juvenile corrections.

(2) The department may establish resource and income standards of eligibility for mental health services that are more liberal than the resource and income standards of eligibility for physical health services. The standards of eligibility for mental health services may provide for eligibility for households not eligible for medicaid with family income that does not exceed 160% of the federal poverty threshold or that does not exceed a lesser amount determined at the discretion of the department. The department may by rule specify under what circumstances deductions for medical expenses should be used to reduce countable family income in determining eligibility. The department may also adopt rules establishing fees, premiums, or copayments to be charged recipients for services. The fees, premiums, or copayments may vary according to family income.

(3) The department shall establish the amount, scope, and duration of services to be provided under the program. Services for nonmedicaid-eligible individuals may be more limited than those services provided to medicaid-eligible individuals. Services to nonmedicaid-eligible individuals may include a pharmacy benefit.

(4) (a) The department shall form an advisory council, to be known as the mental health oversight advisory council, to provide input to the department in the development and management of any public mental health system. The advisory council is not subject to [2-15-122](#). The advisory council membership must include:

(i) one-half of the members as consumers of mental health services, including persons with serious mental illnesses who are receiving public mental health services, other recipients of mental health services, former recipients of public mental health services, and immediate family members of recipients of mental health services; and

(ii) advocates for consumers or family members of consumers, members of the public at large, providers of mental health services, legislators, and department representatives.

(b) The advisory council under this section may be administered so as to fulfill any federal advisory council requirements to obtain federal funds for this program.

(c) Geographic representation must be considered when appointing members to the advisory council in order to provide the widest possible representation.

(d) The advisory council shall provide a summary of each meeting and a copy of any recommendations made to the department to the legislative finance committee and any other designated appropriate legislative interim committee. The department shall provide the same committees with the department's rationale for not accepting or implementing any recommendation of the advisory council.

History: En. Sec. 7, Ch. 577, L. 1999; amd. Sec. 8, Ch. 466, L. 2001.

Provided by Montana Legislative Services



Resource Mapping – Essential Tools: National Center on Secondary Education and Transition;
<http://www.ncset.org/publications/essentialtools/mapping>

Introduction

Community resource mapping is not a new strategy or process. It has been in use for many years in varying forms. Community resource mapping is sometimes referred to as asset mapping or environmental scanning. Community resource mapping is best noted as a system-building process used by many different groups at many different stages in order to align resources and policies in relation to specific system goals, strategies, and expected outcomes.

Mapping of mental health services, supports, and programs within a community can have essentially three outcomes: 1) the identification of resources available to individuals (youth and adults) in a particular community, 2) the identification of new or additional resources to sustain existing specific activities or initiatives within a community, and/or 3) the identification of resources to assist in creating and building capacity to support a more comprehensive community system for serving persons with mental illness. The first outcome typically occurs at the local level while the second and third outcome can happen at any level—local, state, or federal.

The community resource mapping process acknowledges that individuals, organizations, and local institutions all have the capacity to create real change in their communities, **but that no agency can do it alone**. With increased accountability, tight budgets, resource shortages, and fragmented services, it is a sound decision for communities to encourage cross-agency and cross-systems coordination. Insight into a community's existing partnerships and programs, resource allocations and policies, and priorities and assets can contribute to its ability to evaluate its overall effectiveness in serving persons with disabilities. The need for the strategic alignment of resources within a community has been part of the federal agenda for many years. **Resource mapping can also support the creation of a strategic plan** to improve the alignment, coordination, and, ultimately, delivery of services. When combined with community information, resource maps can provide a comprehensive picture of a community's vision, goals, projects, and infrastructure.

Community resource mapping can help communities to accomplish a number of goals, including:

1. Identifying new resources;
2. Insuring that all youth have access to the resources they need;
3. Avoiding duplication of services and resources;
4. Cultivating new partnerships and relationships;
5. Providing information across agencies that work with youth; and
6. Encouraging collaboration.

The Mapping Process

There are four steps to the community resource mapping process: 1) pre-mapping; 2) mapping; 3) taking action; and 4) maintaining, sustaining, and evaluating mapping efforts.

The **pre-mapping** step allows stakeholders to lay the foundation for productive collaboration and to establish a clear vision and goals for building a system.

The second step, **mapping**, determines which resources to map and how to best map them. The collection and analysis of data at this time helps stakeholders to identify strengths and challenges.

The next step, **taking action**, allows stakeholders to determine the most useful plan of action for effectively addressing the data findings and established goals. Communicating and disseminating information are key throughout the implementation step.

The final step involves **maintaining, sustaining, and evaluating the efforts** outlined in the map by continuously evaluating progress, making necessary changes to the plan, and learning from experiences.

Step 1: Pre-Mapping

1. Establish a Task Force to Guide the Process – include relevant and committed stakeholders.
2. Set a Vision – what do you want to accomplish. Your shared image of the future. A guide for each step of the mapping process.
3. Set Goals – Specific, measurable, action-oriented, realistic and time-limited. Positive, Precise, and Practical.
4. Communicate Continuously – Report progress. Seek in-put through process. Consider all ideas – Do not rule out until carefully considered. Readjust Goals.
5. Ask Reflective Questions – Is our vision and goals supported? Do we have a clear direction? Are our Goals realistic and measureable?

Your Map Is Only as Good as the Information That Goes Into It

Step 2: Mapping

1. Identify Resources – what resources need to be collected in order to provide the information needed to make informed decisions about change (based on Goal). Do not limit resource identification to \$\$ only; include human resources, technical assistance, in-kind resources, etc.
2. Develop Mapping Tools and Strategies – develop data collection tools (surveys, questionnaires)
3. Gather Information – relevant to information you want and who sharing with. Methods can include questionnaires, surveys, interviews (telephone/persona), focus groups, roundtable discussions, and written or oral public testimony. Use more than one method. Use what already exists.

Criteria for Selecting Appropriate Data

- Credibility—information that is accurate and relevant to your audiences;
 - Practicality—information collected without too much disruption;
 - Timeliness—information produced in time to meet stakeholder needs;
 - Accuracy—information that is relevant and trustworthy;
 - Ease—information that is easily analyzed;
 - Objectivity—information collected by objective personnel;
 - Clarity—information that is clear and understandable to numerous audiences;
 - Scope—information that provides answers without unnecessary detail;
 - Availability—information that is easily accessible (i.e., existing data);
 - Usefulness—information that addresses current stakeholder concerns;
 - Balance—information that represents a multitude of perspectives and values; and
 - Cost effectiveness—information worth the expense to collect
4. Determine the Meaning of the Information – can be difficult and time-consuming. Organize info based on your vision and goals.

Four-step process in examining your information:

1. Review the original purposes for information collection;
2. Describe the information in a narrative or using tables;
3. Examine your information for trends or patterns (e.g., gaps and overlaps in resources) that may point to untapped resources or new ways to align current resources for improved outcomes; and
4. Assess the comprehensiveness of the information in light of your goals. You may recognize a gap in your collection process and need to repeat the process for more targeted information.
5. Communicate and Use the Mapping Results – engage stakeholders in the results of mapping. Information can be used to make recommendations to improve, develop, and/or continue new and existing practices or programs. Use to develop informational bulletins, fact sheets, recommendation letters, etc.
6. Ask Reflective Questions – Have goals been identified to be mapped? Have we determined how to collect information? Are existing resources being considered?

Step 3: Taking Action

1. Develop an Action Plan – the Plan aligns your resources with your goals. The Plan will outline a course for possibly redirecting resources, fill gaps or eliminate duplication. Include all stakeholders in developing action plan. Document who is accountable, target dates for completion, and how action will be measured for success.
 2. Achieve Consensus – process of responding to interests of everyone; does not mean that everyone will or should be completely happy with all decisions, but that all are willing to implement the action.
-

What Helps People Reach Consensus

Express your ideas as well as the logic behind them. Often agreement is more easily reached at the logic level—the group agrees with the logic, if not the proposed action, and an alternative option can be found.

- Listen to and be open to the logic of others.
 - Explore ideas rather than debate them; actively seek agreement; and look for common ground. This is not a competitive process—an effort to see whose ideas can win; it is a search for what ideas the whole group can support.
 - Ask yourself, “Can I support this?” If you find that you see a decision differently from others in the group, ask yourself, “Did the group listen to my points? Have I listened to them? Even if I wouldn’t have put this idea on the list, I can understand why others want it there.”
 - Anticipate potential challenges to proceeding with the Plan and document methods for addressing.
-

3. Implement the Action Plan – don’t let the Plan sit on a shelf and collect dust. Establish an organizational structure to implement the Plan; who, how where, when.
4. Sharing the Action Plan – in a comprehensive and meaningful way. Consider audience and how Plan is compatible with their needs; how may motivate change.
5. Ask Reflective Questions – Do we have a Plan for “next steps?”; Do we understand the time and resources needed to move ahead? Can we measure improvement? Do we have a plan for communicating the Plan?

Step 4: Maintaining, Sustaining, and Evaluating Mapping Efforts

1. Evaluate Progress – Take a critical look at process, achievements, and impact of your efforts. Must be an on-going process. May need to change vision, goals, or action plan. Change can prevent costly missteps down the road. Continually measure progress with goals.
2. Maintain Momentum – Nurture and expand partnerships. Maintain awareness of stakeholders’ needs and expectations. Be flexible enough to meet challenges and modify plans as result of input.
3. Sustain the Effort – Demonstrate a long-term commitment to change. Have a plan for ‘re-mapping’ to meet new or changing goals. Communicate on a regular and consistent basis. Engage others. Discuss coordination of community resources with creating turf battles. Articulate common concerns. Identify opportunities and mechanisms for aligning and coordinating resources. (Miller, 2001; Mooney & Crane, 2002)
4. Ask Reflective Questions – How do we monitor progress and gauge results? Have we shared the information? How do we promote our results? How do we improve our efforts? Are we satisfied with our progress? Do we have the funds to sustain our efforts? Are we building capacity with our community?

You will hit Small Bumps, Big Bumps, and Occasionally See a Few Mountains. Adjust to Changes. Embrace New Opportunities

Your Planning Framework

By placing all the parts of a plan into the following three areas, you can clearly see how the pieces fit together.

- ✓ **Where are we now?** Review your current strategic position and clarify your mission, vision, and values.
- ✓ **Where are we going?** Establish your competitive advantage. See clearly the direction your organization is headed.
- ✓ **How will we get there?** Layout the road to connect where you are now to where you're going. Set your strategic objectives, goals, and action items, and then decide how you want to execute your plan.

Major Pieces of a Strategic Plan

An effective strategic plan includes all of the following pieces. It's easy to get confused with all the different parts of a strategic plan. If you're feeling lost, use this list as an outline for putting your strategic plan together.

- ✓ **Mission Statement:** To define the organization's core purpose. Why do we exist?
- ✓ **Vision Statement:** To explain where you are headed, your future state. To formulate a picture of what your organization's future makeup will be and where the organization is headed. What will your organization look like 5 to 10 years from now?
- ✓ **Values Statement or Guiding Principles:** To clarify what you stand for and believe in.
- ✓ **SWOT:** To assess the particular strengths, weaknesses, opportunities, and threats that are strategically important to your organization.
- ✓ **Competitive Advantage:** To define what you are best at. What can your organization potentially do better than any other organization?
- ✓ **Strategic Objectives:** To connect your mission to your vision. Strategic objectives are long-term, continuous strategic areas that get you moving from your mission to achieving your vision. What are the key activities that you need to perform in order to achieve your vision?
- ✓ **Strategies:** To establish a guide that matches our organization's strengths with market opportunities to position your organization in the mind of the customer. Does your strategy match your strengths with how you will provide value to and be perceived by your customers?
- ✓ **Short-Term Goals/Priorities/Initiatives:** To set goals that convert the strategic objectives into specific performance targets. Effective goals clearly state what, when, how, and who and are specifically measurable. What are the 1 to 3-year goals you are trying to achieve to get to your strategic objectives?
- ✓ **Action Items/Plans:** To set specific action plans that lead to implementing your goals. Are your action items comprehensive enough to achieve your goals?
- ✓ **Scorecard:** To measure and manage your strategic plan. What are key performance measures you can track in order to monitor whether you are achieving your goals?
- ✓ **Financial Assessment:** To determine whether your strategic plan makes financial sense. Do the estimated revenue projections exceed your estimated expenses?

Planning Pitfalls

Strategic planning is as much about planning as it is about execution. Avoid these planning pitfalls and you'll have a strategic plan that is a living, breathing document.

- ✓ **Lack of Ownership:** The most common reason a plan fails is lack of ownership. If people don't have a stake and responsibility in the plan, it will be business as usual for all but a frustrated few.
- ✓ **Lack of Communication:** The plan doesn't get communicated to employees, and they don't understand how they contribute.
- ✓ **Getting mired in the day-to-day:** Owners and managers, consumed by daily operating problems, lose sight of long-term goals.
- ✓ **Out of the Ordinary:** The plan is treated as something separate and removed from the management process.
- ✓ **An Overwhelming Plan:** The goals and actions generated in the strategic planning session are too numerous because the team failed to make tough choices to eliminate non-critical actions.
- ✓ **A Meaningless Plan:** The vision, mission and value statements are viewed as fluff and not supported by actions or don't have employee buy-in.
- ✓ **Annual Strategy:** Strategy is only discussed at yearly weekend retreats.
- ✓ **Not Considering Implementation:** Implementation is not discussed in the strategic planning process. The planning document is seen as an end in itself.
- ✓ **No Progress Report:** There's no method to track progress. No one feels forward momentum.
- ✓ **No Accountability:** Accountability and high visibility are needed to help drive change. This means that each measure, objective, data source, and initiative must have an owner.
- ✓ **Lack of Empowerment:** While accountability may provide strong motivation for improving performance, employees must also have the authority, responsibility, and tools necessary to impact relevant measures. Otherwise, they may resist involvement and ownership.

The Guidelines for a Good Strategy

Need a quick gut check to see if your strategy is sound? Here are the guidelines for a good strategy. Make sure that your strategy...

- ✓ Establishes unique value proposition compared to your competitors
- ✓ Is executed through operations that provide different and tailored value to customers
- ✓ Identifies clear tradeoffs and clarifies what not to do
- ✓ Focuses on activities that fit together and reinforce each other
- ✓ Drives continual improvement within the organization and moves it toward its vision

Making Strategy a Habit

Your strategic planning process isn't linear; it's circular. Strategic planning isn't just a one-time event, so you need to make it a habit. Use the following suggestions to embed the concepts into you organization.

- ✓ Get ready for the strategic planning process
- ✓ Articulate your mission and vision
- ✓ Review your strategic position
- ✓ Agree on priorities
- ✓ Organize the plan
- ✓ Identify next actions
- ✓ Roll out the plan
- ✓ Hold everyone accountable

MHLAC STRATEGIC PLAN FOR 20--

Purpose **Develop the Mission, Goals & Objectives of the LAC.**

Agenda

- A. Intro
- B. Mission Definition
- C. Define Goals
- D. Develop Objectives
- E. Review & Close

MISSION STATEMENT

The Mission of the MHLAC is to increase education and access to services and to reduce barriers and stigma associated with mental illness through collaboration with individuals living with mental illness, mental health providers, advocates, local government and law enforcement agencies, and other community stakeholders.

GOALS & OBJECTIVES

Goal I Collaborate with individuals affected by mental illness

Objectives:

Outreach to the community about the MHLAC through media, presentations, community forums, mailings and direct communication.

Contact the university about possibility of getting a student who can develop a video and radio PSA that can be used for marketing purposes.

Increase accessibility for LAC meetings – advertise time and date, open meeting to the public with posters, media appearances and community bulletin boards.

Establish the LAC as the centralized contact for mental health information and services.

Develop a website for the LAC that includes resources and links for mental health services and other information.

Goal II Reduce mental health stigma

Objectives:

Educate public about mental health, recovery and the experience of individuals living with mental illness.

Use Mental Health Awareness Month (May) to raise awareness about mental illness and recovery through letters to the editor and Brown Bag Lunches and the video PSA.

Goal III Improve access to mental health care

Objectives:

Develop a resource guide for mental health services.

Provide a link on the LAC website – living document that can be easily revised and updated.

Work with North Central Montana Transit (NCMT) to provide transit for mental health consumers.

Goal IV Advocate for individuals with mental illness and their families

Objectives:

Establish peer support network.

Partner with NAMI to provide support for family members.

Educate elected officials about the impact of mental illness on the community.

Goal V Identify gaps in mental health services

Objective:

Develop a questionnaire that is distributed to providers, people who use mental health services, community stakeholders, etc. and use the data to revise and refine the strategic plan.

SAMPLE 60 Second PSA

The Miles City Local Mental Health Advisory Council, your connection to development of mental health services in Miles City, wants you to know that persons with mental illness have the same needs and wants as persons without mental illness; a job, a place to live and a date on Saturday night. Staying healthy is one of those needs and desires. For all of us, this is more than eating broccoli every week. The federal Substance Abuse Mental Health Service Administration has outlined eight important dimensions of wellness to help our community understand and promote recovery for those with mental illness and substance use disorder. Three of the eight wellness dimensions are:

Physical.

Occupational.

Spiritual.

The Miles City Local Mental Health Advisory Council invites you to participate in a Wellness Initiative to learn more and promote wellness for people with mental health and substance use disorders. Together, let's work toward improved quality of life, cardiovascular health, and decreased early mortality rates for those we care about. Please join us Wednesday evening, January 9, 5:00 p.m. in the Board Room at Holy Rosary Healthcare Center to find out more about how you can get involved!

To learn more and sign the Pledge for Wellness, visit <http://www.samhsa.gov/wellness>.

PUBLIC SERVICE ANNOUNCEMENT TEMPLATE

The following contains two PSA examples: one 10-second piece and one 30-second piece. After you personalize it for your Local Area, read it aloud with a stop watch to ensure it conforms strictly to the time limit.

Call your local radio station to ask about the process for having a PSA aired.

PUBLIC SERVICE ANNOUNCEMENT

LENGTH: 0:10

SUBJECT: Combating Stigma – Sponsored by (NAME):

FOR USE: [DATE]

VOICE: The (NAME) is hosting Local Mental Health Advisory Meeting to combat stigma associated with causes and origins of mental illness. Join us to educate yourself and your community on how to combat destructive untruths related to mental health on [DATE] at [TIME] at [PLACE]. To learn more Go to [URL] for details.

PUBLIC SERVICE ANNOUNCEMENT

LENGTH: 0:30

SUBJECT: Combating Stigma – Sponsored by (NAME):

FOR USE: [DATE]

VOICE: The (NAME) is hosting Local Mental Health Advisory Meeting to combat stigma associated with causes and origins of mental illness. (Include enough data or other information on MH in your community to add :20 seconds. Join us to educate yourself and your community on how to combat destructive untruths related to mental health on [DATE] at [TIME] at [PLACE]. To learn more Go to [URL] for details.

How to Write a Radio Public Service Announcement

Public Service Announcements can serve as free marketing opportunities to get the word out about what the Council is doing. PSAs can inform the public about important issues; provide opportunity for community members to support or participate in; and to share information.

Restrictions are placed on PSAs by the Federal Communications Commission and community radio stations. These restrictions guide the content, subject matter and length of PSAs. The requesting organization (Council) has little to no control over when PSAs are run; they are most often run at times when there are no paid advertisements available.

Helpful Instructions

1. Contact the local radio station(s) and request specific information about requirements, restrictions and limitations. Request a hard copy for future reference.
2. Most PSAs are limited to 30 - or 60 second spots; decide which limit may work best.
3. Write down key points that must be covered. Always answer the Who, What, When, Where, Why and How Questions. Leave no obvious question unanswered.
4. Capture the audience's attention at the beginning of the PSA. Ways to do this may be to: use humor, quotations, asking a question, a thought-provoking state, or sharing facts.
5. Develop a Draft PSA using words that will draw attention and encourage the public to listen.
6. Do not lie or bend the truth to emphasize.
7. Time the drafted PSA to make certain with timeframe.
8. Ask the radio state for guidance in the process.

Sample Informational Bulletin

Facts About Mental Illness <http://www.nami.org>

- Mental Illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning.
- Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions.
- Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) and borderline personality disorder.
- The good news about mental illness is that recovery is possible.
- Mental illnesses can affect persons of any age, race, religion or income.
- Mental illnesses are not the result of personal weakness, lack of character or poor upbringing.
- Mental illnesses are treatable.
- Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.
- Mental health medications do not cure mental illness. However, they can often significantly improve symptoms and help promote recovery and are recognized as first-line treatment for most individuals.
- An array of mental health services and supports are important to ensure recovery for most people living with mental illness.

Local Mental Health Advisory Councils will include their contact information, meeting dates, a welcome brochure, and information from their Strategic Plan.

SAMPLE LETTER TO COMMUNITY PARTNERS

Date
City/County Officials
Your city, MT

RE: Participation in the Local Advisory Council

Dear City/County Official:

The local mental health advisory council seeks city/county support to help those with mental health challenges receive outcome based and efficient services. Cross agency collaboration has proven to reduce cost of service, thus saving significant amounts of money over a life-time. We would like your help and collaboration to identify and reduce gaps in mental health services in our region of Montana. We extend an invitation for you to join us in those efforts. The local advisory council meets every third Tuesday at 5:00 p.m. at St. Joseph Hospital in the board room. A detailed brochure is included and will provide you information about the purpose and goals of local mental health advisory councils.

Service gaps the council has identified in our community, antidotal and through surveys, include crisis services for children and adults, community education and awareness on mental illness and the impact to families and the community, and, improved services for youth reaching age 18 to be able to transition into the adult mental health system. We know people can and do recover from mental health conditions through community treatment, support, and collaboration.

We would like you to participate, with us, in reaching the goals included in our Strategic Plan; including addressing the items, listed above, and improving the lives of those with mental illness. Please join us in our planning at the next council meeting scheduled for Tuesday, February 6. We look forward to the opportunity to receive input from the city and/or county planners.

Sincerely,

Adrian Haddock
Local Advisory Council Chair

Enclosure: Brochure

August 5, 20__

Joe Goodman, County Commissioner
Lewis & Clark County
P.O. Box 2222
Helena, MT 59601

RE: Recommendation: Prioritize Crisis Services

Dear Commissioner:

The Lewis & Clark County Local Mental Health Advisory Council (LMHAC) has been working together for a very short period of time; especially relative to how long the issue of crisis services for persons struggling with mental health issues has been discussed.

(Provide some History of Work Started/Completed) We know systemic issues/barriers still exist and we will continue to discuss and debate them. However, we believe it is important not to allow on-going challenges prevent us from making recommendations that are practical and doable.

(May put recommendation in narrative form or consider bullet points for a succinct but clear presentation).

Recommendation Points:

1. All individuals presenting with a mental health crisis will have the opportunity to receive a thorough assessment by a qualified mental health professional.
2. Opportunity to be treated with dignity and restrained without cause.
3. Opportunity to receive referrals for treatment and after care.

We believe we can provide a safe community environment for individuals with mental illness and other community members by: (Briefly list some potential opportunities/methods the Council would do to support/fulfill recommendation points).

It is our intent that every individual have the opportunity to experience safe and outcome based crisis services; and, be provided every opportunity to begin a life of independence with the support of the community. All the human commitment and financial resources the City/County uses to respond to Crisis Services deserve to be supported and dedicated to a positive outcome.

Respectfully submitted,
(Name), Chair

Appendix 7

(City/County) Local Mental Health Advisory Council
(Date)

TO: Chair, Mental Health Oversight Advisory Council (MHOAC)

The _____ Advisory Council requests official recognition from Addictive and Mental Disorders Division and the Mental Health Oversight Advisory Council. The _____ Advisory Council consists of: (LIST groups represented and number, i.e., Family Members (2), Primary Consumers (3), Providers (1), City/County Officials (2), etc.) (NOTE: YOU MUST SHOW YOUR LOCAL GOVERNMENT'S SUPPORT FOR THE COUNCIL EITHER THROUGH MEMBERSHIP OR IN SOME OTHER WAY.)

The Council meets on the first Tuesday of the month at the Library (personalize). Fliers with more information about our Council are available at the Mental Health Center, the Drop-in Center and at other agencies such as Vocational Rehabilitation and Office of Public Assistance to encourage individuals with mental illness and family members to attend meetings. In addition we plan to publicize our meetings on community bulletin boards and through TV and radio PSAs.

The priorities of the Council are expanding mental health crisis services, improving access to mental health services and increasing peer services. We have identified the following goals for this year:

- Create the bylaws and policies for the council
- Develop a strategic plan
- Publicize the Council
- Provide information and education on mental illness to other community stakeholder groups.
- Recruit new members
- Map community resources
- Network with other organizations
- Participate in the Veteran's Stand Down

We appreciate the endorsement of the MHOAC and are excited to begin our work.

Sincerely,

Chair, _____ Advisory Council

**CASCADE COUNTY MENTAL HEALTH LOCAL ADVISORY COUNCIL
BYLAWS**

ADOPTED ON: June 1, 2009

Article 1: Name

The name of this council is the Cascade County Mental Health Local Advisory Council, and will be referred to as the LAC in the following Bylaws.

Article 2: Purpose

The purpose of the LAC is to assist in the improvement of public mental health services in the local community and to review and make recommendations about local public mental health services as well as provide input and recommendations to Mental Health Oversight and Advisory Council (MHOAC) and the Central Service Area Authority (SAA) that serve the state and regional communities.

Specific objectives include providing the following via a welcoming, approachable, respectful, supportive, accommodating, and safe place for all to have a voice:

- Examine gaps in child and adult services.
- Identify potential additions to services within the community.
- Analyze and discuss local problems with local service providers, advocacy groups, public officials and the general public.
- Facilitate accurate and timely communications between the local community and MHOAC and the regional SAA.
- Assess the effectiveness of local mental health services and suggest ways of making services more effective.
- Serve as a catalyst and facilitator in solving local mental health service problems.
- Organize and coordinate needed mental health-related services in the community.
- Educate the local community on mental health issues.

Article 3: Membership

Sec. A: Regular Members. LAC membership is open to interested parties, and the membership body may include:

- consumers, families or advocates to equal 50% of membership
- a County Commissioner or their designee
- a City Commissioner or their designee
- a provider of adult mental health services
- a provider of child mental health services
- a representative from a provider of co-occurring disorders (mental health & addictions) &/or Addiction services
- a representative from criminal justice
- a representative from Benefis Healthsystems Behavioral Health
- a representative from Public Health
- a representative from Law Enforcement
- a representative from Disability &/or Independent Living services
- a representative from Domestic and Sexual Violence services
- And other persons interested in participating in the planning and development of local mental health services.

Sec. B: Terms and Service. Executive Board Members are appointed for 2-year terms. Terms are staggered, with 50% of initial members serving 2 year terms, and 50% serving 2-year terms. Members will be encouraged to resign if they miss three consecutive meetings. Members may also vote to remove a member for cause. Cause may consist of, but is not limited to, failure of any member to attend three consecutive regular meetings without good cause. The Nominating Committee will appoint members to serve for the un-expired terms of Executive Committee members who resign or are recommended for removal.

Sec. D: Conflict of Interest. Members of the MHLAC shall recuse themselves of any vote when they have a conflict of interest, including, but not limited to a direct financial stake in the outcome of a decision.

Article 4: Meetings

Sec. A: Regular Meetings. The LAC shall meet no less than once a month, at a place and time specified by the Chair, and with adequate public notice.

Sec. B: Designees. Members may designate a person from their office or organization to represent them at meetings.

Sec. C: Action. Action may be taken by a majority of those members present.

Sec. D: Convening Special Meetings. The Chair of the LAC may convene a special meeting by written notice served at least 24 hours in advance, and otherwise in case of an emergency. It is the Chair's prerogative to determine an emergency.

Sec. E: Clerical Support. The Secretary will serve as the Assistant to the LAC; and will prepare, distribute, and retain minutes of the meetings.

Sec. F: Voting. Each LAC member present has one vote. Voting by proxy will not be permitted.

Sec. G: Parliamentary Authority. Robert's Rules of Order, revised, governs all LAC meetings. The LAC may, by a vote of two-thirds of the quorum, suspend the Rules at any time.

Article 5: Public Involvement

- All meetings are open to the public.
- An opportunity for public comment will be provided at each meeting.
- Participating LAC members will be notified of future meeting dates at each meeting.

Article 6: Amendments to the Bylaws

LAC members will review the Bylaws each July, and submit proposed amendments for action at the regular August meeting. The LAC may, by a vote of two-thirds of the quorum, recommend suspension of any provision of the Bylaws.

Article 7: Compensation

Service on the LAC is strictly voluntary. Members shall not be reimbursed for mileage or expenses and shall not be granted a per diem or salary for conducting the work of the LAC.

Article 8: Committee Structure

Sec. A: Officers. A Chair, Vice Chair, Secretary and Treasurer will be elected by a majority of the members to serve a two-year term, and may be re-elected to a second term. Election of these two positions will take place every even numbered year at the regular August Meeting.

Sec. B: Duties. The Chair is the parliamentary chair of the LAC; will preside over all meetings; and will set the agenda with the advice of the members. The Vice Chair shall perform the duties of the Chair in case of absence or disability. Secretary will send agenda to membership no later than one week prior to the meeting and will distribute minutes after each meeting. The Treasurer will be responsible for the general ledger and will provide a financial report at each meeting.

Sec. C: Subcommittees. To expedite business, the Chair may appoint subcommittees with the majority vote or consensus of the members.

Article 9: CSAA Representation. The LAC shall elect a representative to serve as liaison to the Central Service Area Authority. The LAC representative is eligible to serve a CSAA liaison for up to four years.

Adopted on this First day of June, 2009.

CCMHLAC Chair

Universal design standards and practices for accessibility are used in this document.

Local Mental Health Advisory Council
Terms, Recruitment and Appointments, Elections
Procedure Adopted _____

Under Council By-Laws, Article III: Membership, Section 2. Terms, Appointments and reappointments, representatives shall be made for a term of four (4) years. Appointments for vacancies shall be for the remainder of that term. Members may apply for reappointment.

It is the Policy of the Local Mental Health Advisory Council that the following policy/procedure be reviewed and updated as required annually, respectfully considered and followed:

Member Terms and Appointments:

- Individuals may be reappointed to the Council for one four-year term. **Term Limits?**
- The Council will elect, by majority vote, through the prescribed election process, the chair and vice-chair for a two year term; and, re-elected for one additional term.
- The ____ Committee of the Council will initiate and manage appointments and reappointments in adherence to Council By-Laws and Policy/Procedure.
- Any member of the Development Committee whose term has expired and is being considered for reappointment will not participate in the appointment/reappointment process.
- When a Council member resigns or is no longer able to represent the interest of the Council, the Council will follow Council By-Laws and Member Recruitment and Appointment policy.
- Council members may not send a proxy to represent their interests but may send someone to listen on their behalf.

Recruitment and Appointment/Reappointments:

- At the time of a member vacancy, the Development Committee shall begin the recruitment process.
- Any individual interested in Council membership shall submit a completed application provided by the Council;
- Any applications not received by the required suspense date shall not be considered;
- All applications must be considered based on geographical and membership requirements established in Council By-Laws.
- Any member whose term has expired and is being considered for reappointment will not participate in the appointment/reappointment process.
- All appointment/reappointment recommendations will be forwarded to the Director of DPHHS for consideration and appointment.

Election Process:

- Elections for Chair and Vice-Chair shall adhere to Council By-Laws;
- Elections shall be through a confidential/secret Ballot process;
- Election of officers will be bi-annually at the spring meeting; or no later than June of a fiscal year that terms have expired;
- Nominations shall be called for a month prior to Elections;
- Paper Nomination and Election forms shall be provided to Council members;
- Election Ballots shall be mailed or delivered to Council members no later than mid-June of a fiscal year that terms have expired;
- Elections will be counted by a team of Council members not being considered for appointment.
- Officers shall take office effective ____ following Elections.

ROBERTS RULES OF ORDER – SOME BASICS

The following was condensed from The Robert’s Rules of Order and includes typical rules to manage a board meeting.

About Motions

All motions must be seconded and adopted by a majority vote unless otherwise noted. All motions may be debated unless otherwise noted.

Motions	Purpose of Motion	To Enact Motion
Main Motion	To take action on behalf of the body	Debatable; requires majority vote
Adjourn	End the meeting	Not debatable; immediately voted upon and requires majority vote
Call for Orders of the Day	Asks to stick to the agenda	Not debatable; requires one-third majority to sustain
Call to Question	Closes debate and forces vote	Not debatable; requires two-thirds majority vote
Motion to Limit or Extend Debate	Limits or extends debate	Not debatable; requires two-thirds majority vote
Point of Order	Is a question about the process or a particular motion	Automatic if granted by Chair
Motion to Rescind	To change the results of a vote	Requires two-thirds majority vote to reverse results of earlier vote
Motion to Suspend the Rules	Suspend formal process for a short period	Debatable and requires two-thirds majority vote

About Debate

Each motion that is debated receives 10 minutes of debate. The member initiating the motion speaks first. The Chair asks for a rebuttal. All members wishing to speak about the motion receive the opportunity to speak before any one member speaks for a second time.

About Voting

Majority vote is more than half of the members. Two-thirds vote is two-thirds or more of the members. Be sure to announce what is being voted on before the vote.

Taken from <http://managementhelp.org/boards/roberts.htm>

LAC/SAA Report to MHOAC
Report Template

_____LAC/SAA

Reporting Date: _____

Reporter: _____

PRIORITIES	LAC/SAA GOALS TO ACHIEVE PRIORITY	LAC/SAA SPECIFIC ACTIONS TAKEN AND OUTCOMES ACHIEVED	TIMELINE TO ACHIEVE
LAC/SAA Support of MHOAC's Top 3 Priorities <hr/> #1: Transitions: Improved Transitions/Discharge Planning for Youth to Adult Mental Health System	1. 2. 3.	1. 2. 3.	
#2: Crisis Services: Advocate for Community Crisis Services for Children	1. 2. 3.	1. 2. 3.	
# 3: Education/Prevention: Provide advocacy in funding and promotion of Early Intervention Strategies to promote holistic wellness.	1. 2. 3.	1. 2. 3.	
LAC/SAA Top 3 Priorities <hr/> #1:	1. 2. 3.	1. 2. 3.	

PRIORITIES	LAC/SAA GOALS TO ACHIEVE PRIORITY	LAC/SAA SPECIFIC ACTIONS TAKEN AND OUTCOMES ACHIEVED	TIMELINE TO ACHIEVE
#2:			
#3:			

Other Information Requested:

When Does the LAC/SAA Meet? (Monthly, Quarterly, Designated Week, etc.) _____

Please Note the Number (#) of Mental Health Local Advisory Councils Reporting to SAA For **This** Reporting Period? _____

Topics of Concern or Discussion Not Included in Priorities Above

Topic	Discussion	Action Items	Responsible Party & Due Date

Local Advisory Council and SAA Successes

Topic	Success	How Achieved	Other Partners Involved

Appendix 11

History and Purpose of Planning Councils – Mental Health Oversight Advisory Council (MHOAC)

Mental health planning and advisory councils (PACs) exist in every State and U.S. Territory because of the passage of federal law 99-660 in 1986, continuing through Public Law 101-639 and Public Law 102-321 in 1992. These federal laws require States and Territories to perform mental health planning in order to receive federal Mental Health Block Grant funds. These laws further require that stakeholders, including mental health consumers, their family members, and parents of children with serious emotional or behavioral disturbances, must be involved in these planning efforts through membership in the PAC.

States are required to submit yearly applications to receive federal block grant funds. This application is known as the Block Grant Plan. The Mental Health Block Grant program is administered by the Center for Mental Health Services (CMHS), which is an agency of the Substance Abuse and Mental Health Services Administration (SAMHSA). The objective of Public Law 102-321 and block grant planning, in general, is to support the State creation and expansion of comprehensive, community-based systems of care for adults with serious mental illness and children with serious emotional disturbance.

The block grant is a formula grant awarded to States based upon an allotment calculated for each fiscal year by a legislated formula. Awards are made in response to the States' applications and to the implementation reports submitted by the States for the previous fiscal year. State applications are developed with input from the State mental health planning and advisory councils and must address the need for services among special populations, such as individuals who are homeless and those living in rural areas. The goal of the Mental Health Block Grant program is to help individuals with serious mental illnesses lead independent and productive lives. The block grant program has served as an impetus in promoting and encouraging States to reduce the number of people receiving care in State psychiatric hospitals, and to develop community-based systems of care.

Federal Legislation

Membership Composition

As stated previously, Public Law 102-321 is very clear about the composition of mental health planning councils. The federal law (42 USC [United States Code] § 300x-3 [c]) states that planning councils must contain the following people:

- Representatives from the following State agencies: Mental Health, Education, Vocational Rehabilitation, Criminal Justice, Housing, Social Services, and the State Medicaid Agency.
- Public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services.
- Adults with serious mental illness who are receiving (or have received) mental health services.
- Families of such adults and families of children with serious emotional disturbance.

Note: The ratio of parents of children with serious emotional disturbance to other members of the council must be sufficient to provide adequate representation of such children.

Most importantly, the law states that at least 51% of the members should be affiliated with constituency groups other than providers of services or State employees.

Duties of the Membership

The federal law states that the planning council is expected to do the following:

1. To review the Mental Health Block Grant Plan and to make recommendations.
2. To serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance, and other individuals with mental illnesses.
3. To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

**Reference: National Association of Mental Health Planning and Advisory Councils;
Orientation + Resource Toolkit: <http://www.namhpac.org/PDFs/toolkit.pdf>**

Placeholder box for text or image.

Placeholder box for text or image.

53-21-1013. Purpose. The purpose of this part is to:

(1) create service area authorities that collaborate with the department and local advisory councils to plan, implement, and evaluate regional public mental health care within the budget constraints for each service region;

(2) promote consumer and family leadership within the public mental health system through service area authorities; and

(3) foster a consumer-driven and family-driven system of public mental health care that advances:

(a) access to a continuum of mental health services; and

(b) individual choice of services and providers.

History: En. Sec. 1, Ch. 553, L. 2005.

Placeholder boxes for redaction or editing, including a small box at the top and two larger boxes below it.

53-21-1006. Service area authorities -- leadership committees -- boards -- plans. (1) In the development of a service area authority, public meetings must be held in communities throughout a service area as defined by the department by rule. The purpose of the meetings is to assist the department to establish a stakeholder leadership committee. The meetings must be designed to solicit input from consumers of services for persons with mental illness, advocates, family members of persons with mental illness, mental health professionals, county commissioners, and other interested community members.

(2) The leadership committee within each service area must include but is not limited to a significant portion of consumers of services for persons with mental illness, family members of persons with mental illness, and a mental health services provider. The department shall provide assistance for the development of a leadership committee. The department shall approve a leadership committee within each service area.

(3) The leadership committee within each service area shall establish a service area authority board and create bylaws that describe the board's functions and method of appointment. The bylaws must be submitted to the department for review. The majority of the members of the board must be consumers of mental health services and family members of consumers.

(4) The service area authority board must be established under Title 35, chapter 2. Nonprofit corporations incorporated for the purposes of this part may not be considered agencies of the department or the state of Montana.

(5) A service area authority board:

(a) shall collaborate with the department for purposes of planning and oversight of mental health services of the service area, including:

- (i) provider contracting;
- (ii) quality and outcome management;
- (iii) service planning;
- (iv) utilization management and review;

- (v) preadmission screening and discharge planning;
 - (vi) consumer advocacy and family education and rights protection;
 - (vii) infrastructure;
 - (viii) information requirements; and
 - (ix) procurement processes;
- (b) shall review and monitor crisis intervention programs established pursuant to [53-21-1202](#);
- (c) shall submit a biennial review and evaluation of mental health service needs and services within the service area;
- (d) shall keep all records of the board and make reports required by the department;
- (e) may enter into contracts with the department for purposes of planning and oversight of the service area if the department certifies that the service area authority is capable of assuming the duty;
- (f) may receive and shall administer funding available for the provision of mental health services, including grants from the United States government and other agencies, receipts for established fees rendered, taxes, gifts, donations, and other types of support or income. All funds received by the board must be used to carry out the purposes of this part.
- (g) may reimburse board members for actual and necessary expenses incurred in attending meetings and in the discharge of board duties as assigned by the board;
- (h) shall either include a county commissioner or work closely with county commissioners in the service area; and
- (i) shall take into consideration the policies, plans, and budget developed by the children's system of care planning committee provided for in [52-2-303](#).
- (6) A service area authority may not directly provide mental health services.

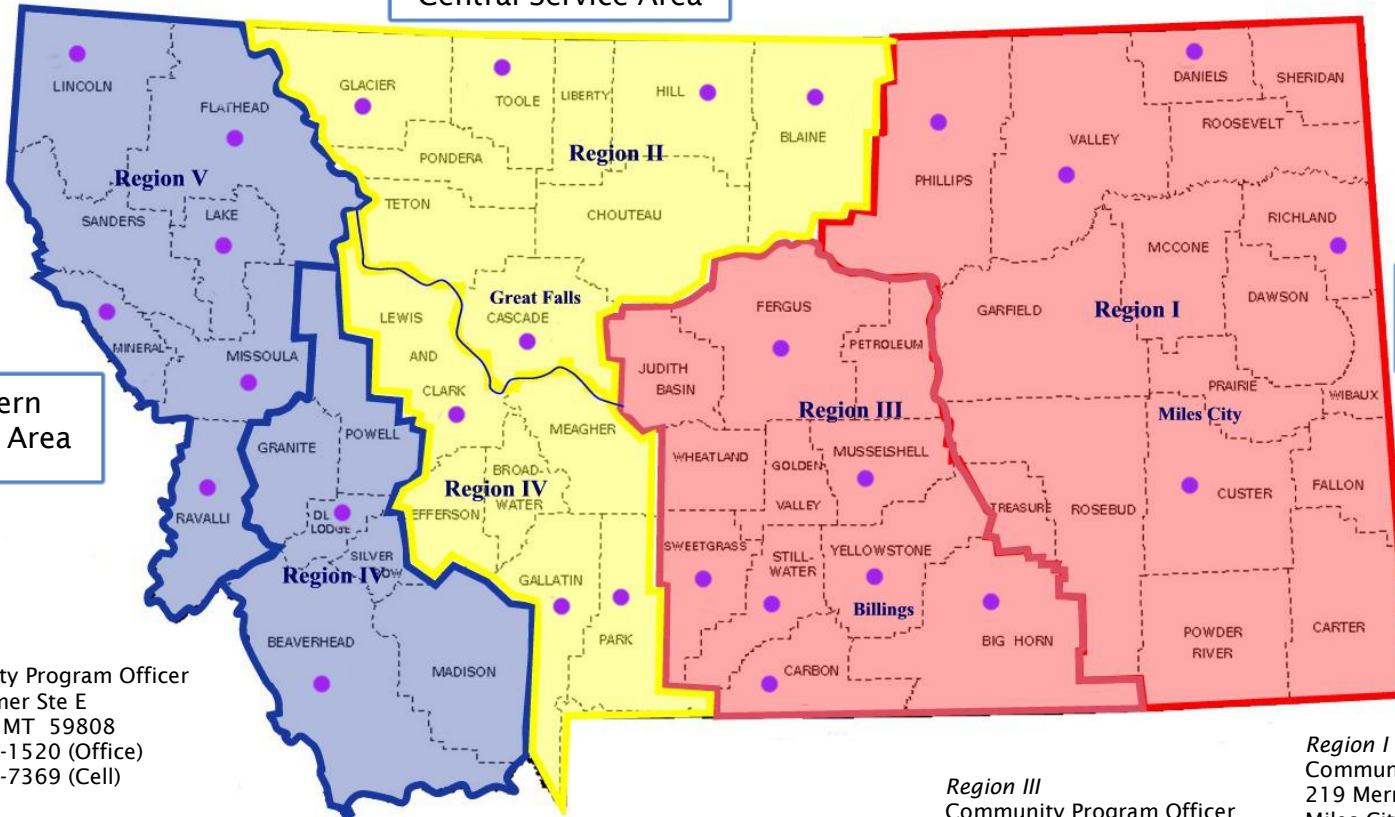
History: En. Sec. 4, Ch. 602, L. 2003; amd. Sec. 2, Ch. 200, L. 2005; amd. Sec. 4, Ch. 553, L. 2005.



**Local Mental Health Advisory Councils (LMHACs);
Service Area Authorities (SAAs),
and Community Program Officers (CPOs)**

Region II
Community Program Officer
201 1st St S. Ste 3 Rm 165
Great Falls, MT 59405
(406) 454-6078 (Office)
(406) 788-8167 (Cell)

Central Service Area



Eastern Service Area

Western Service Area

Region V
Community Program Officer
2685 Palmer Ste E
Missoula, MT 59808
(406) 329-1520 (Office)
(406) 241-7369 (Cell)

Region IV
Community Program Officer
307 E. Park Rm 415
Anaconda, MT 59711
(406) 563-7045 (Office)
(406) 498-7358 (Cell)

● Counties where a LAC contact person is available.

Region III
Community Program Officer
2121 Rosebud Drive Ste. F
Billings, MT 59102
(406) 655-7622 (Office)
(406) 670-6910 (Cell)

Region I
Community Program Officer
219 Merriam
Miles City, MT 59301
(406) 234-1866 (Office)
(406) 853-4421 (Cell)

AMDD Local Advisory Council Map
Updated September 2013

ADDICTIVE AND MENTAL DISORDERS DIVISION
Commonly Used Acronyms

ACS	Affiliated Computer Services, Inc.
ACT	Assessment, Course and Treatment (Also referred to as DUI School or ACT Training)
ADA	Americans with Disabilities Act
ADRT	Admission and Discharge Review Team
ADC	Average Daily Census
ADIS	Alcohol and Drug Abuse Information System (SAMS replacing)
ADP	Average Daily Population
AMDD	Addictive and Mental Disorders Division
AOD	Alcohol and Other Drugs
APRN	Advanced Practice Registered Nurse
APS	Adult Protective Services
ARM	Administrative Rules of Montana
ASAM	American Society of Addiction Medicine
ATTC	Addiction Technology and Transfer Center
AWACS	Agency-Wide Accounting and Client System
BHIF	Behavioral Health Inpatient Facilities (short-term, acute psychiatric Treatment facilities intended as alternative to the MSH) similar to crisis stabilization beds
BOV	Mental Disabilities <u>B</u> oard <u>o</u> f <u>V</u> isitors
CASSP	Child and Adolescent Service System Project
CD	Chemical Dependency
CCISC	Comprehensive Continuous Integrated Systems of Care
CFR	Code of Federal Regulation
CHIP	Children's Health Insurance Program
CIP	Community Incentive Program

ADDICTIVE AND MENTAL DISORDERS DIVISION
Commonly Used Acronyms

CLO	Community Liaison Officer
C4MH	Center for Mental Health, Great Falls
CMHC	Community Mental Health Center
CMHS	Center for Mental Health Services (federal)
CMS	Centers for Medicare and Medicaid Services (formerly HCFA)
CON	Certificate of Need
COO or COD	Co-Occurring Disorders
CPO	Community Program Officer
CSAP	Center for Substance Abuse Prevention (federal)
CSAA	Central Service Area Authority
CSAT	Center for Substance Abuse Treatment (federal)
DASIS	Drug and Alcohol Services Information System
DBT	Dialectical Behavioral Theory
DIG	Data Infrastructure Grant
DME	Durable Medical Equipment
DPHHS	Department of Public Health and Human Services
DUI	Driving Under the Influence
DUR	Drug Utilization Review
DUNS	Data Universal Number System number (DPHHS has one; used in grant apps)
ESAA	Eastern Service Area Authority
EMCMHC	Eastern Montana Community Mental Health Center (Miles City)
FAIM	Families Achieving Independence in MT
FFS	Fee For Service
FMAP	Federal Medical Assistance Percentage

ADDICTIVE AND MENTAL DISORDERS DIVISION
Commonly Used Acronyms

FY	Fiscal Year
FFY	Federal Fiscal Year
FQHC	Federally Qualified Health Clinic
GBMI	Guilty by Mental Illness
HCBS	Home and Community Based Services
HIFA	Health Insurance Flexibility and Accountability (Waiver)
HIPPA	Health Insurance Portability and Accountability Act
HPSA	Health Professional Shortage Area
HIDTA	High impact drug traffic area
HRD	Human Resources Division (DPHHS)
ICBR	Intensive Community-Based Rehabilitation
IEP	Individual Education Plan
IMD	Institute for Mental Disease - - Medicaid prohibits funding anyone over 21 & under 65 who is in an IMD. MSH is an IMD & have currently requested feds to make a ruling on MCDC.
ICM	Intensive Case Management
ICMs	Intensive Case Managers
IHS	Indian Health Service
IMR	Illness Management and Recovery
IOP	Intensive Outpatient
JCAHO	Joint Commission of Accreditation of Health Care Organizations
KMA	Kids Management Authority
LAC	Licensed Addiction Counselor (used to be CCDC)
LAC	Local Advisory Council
MAADAC	Montana Association of Alcohol and Drug Abuse Counselors
MACo	Montana Association of Counties

ADDICTIVE AND MENTAL DISORDERS DIVISION
Commonly Used Acronyms

MAP	Montana Advocacy Program
MASP	Montana Addiction Service Providers
MCA	Montana Codes Annotated
MCDC	Montana Chemical Dependency Center
MCO	Managed Care Organization
MCMHCA	Montana Clinical Mental Health Counselors Association
MDS	Minimum Data Set
MHA	Montana Hospital Association
MHA	Mental Health Association (of Montana)
MHOAC	Mental Health Advisory Council
MIAMI	MT Initiative for the Abatement of Mortality in Infants
MHC	Mental Health Center
MHSIP	Mental Health Statistics Improvement Program
MHSP	Mental Health Services Plan (Non-Medicaid services)
MIP	Minor in Possession
MMHNCC	Montana Mental Health Nursing Care Center (long-term care Lewistown)
MMA	Medicare Modernization Act
MMIS	(Montana) Medicaid Management Information System
MonAMI	Montana Alliance for the Mentally Ill
MOE	Maintenance Of Effort
MOMs	Montana Operating Manuals
MSH	Montana State Hospital (typically short duration stays—Warm Springs)
MTCCP	Montana Community Change Project (CD Bureau)
NAMI	National Alliance for the Mentally Ill

ADDICTIVE AND MENTAL DISORDERS DIVISION
Commonly Used Acronyms

NASADAD	National Association of State Alcohol and Drug Abuse Directors
NASMHPD	National Association of State Mental Health Program Directors
NCADD	National Council on Alcoholism and Drug Dependence
NCADI	National Clearinghouse for Alcohol and Drug Information
NFC	New Freedom Commission
NFR	National Family Register
NGBMI	Not Guilty But Mentally Ill
NIATx	Network for the Improvement of Addiction Treatment
NPI	National Provider Identifier
NPN	National Prevention Network
OCD	Obsessive/Compulsive Disorder
PACT	Program of Assertive Community Treatment
PASRR	Preadmission Screening and Resident Review (program)
PATH	Projects for Assistance in Transition from Homelessness (Homeless Grant)
PERQS	Purchasing, Entry, Receiving, Query System
PIO	Public Information Officer
PMPM	Per Person Per Month
PLOD	Place of last drink
PPCIIR	Patient Placement Criteria II Revised Manual (chemical dependency)
PRU	Psych-Rehab Unit
PSA	Prevention & Stabilization Account
PSO	Provider Service Organization
RADAR	RADAR Network - Regional Alcohol & Drug Information Resource Network
RFI	Request for Information

ADDICTIVE AND MENTAL DISORDERS DIVISION
Commonly Used Acronyms

RFP	Request for Proposal
RTC	Residential Treatment Center
RTEC	Residential Treatment Expansion Consortium
SAA	Service Area Authority (IRS code designation as 501 C(3))
SABHRS	Statewide Accounting, Budgeting & Human Resources System
SADAP	State Alcohol and Drug Abuse Profile
SAMS	Substance Abuse Management System
SAMSHA	Substance Abuse and Mental Health Services Administration (federal)
SAPT	Substance Abuse Prevention and Treatment (Block Grant)
SCRMHC	Southcentral Regional Mental Health Center (Billings)
SDMI	Severe and Disabling Mental Illness
SED	Severe Emotional Disturbance (children and adolescents)
SIG	State Incentive Grant (MT used term CIP Community Incentive Program)
SOAR	SSI/SSDI Outreach Access Recovery (training)
SOC	System of Care (Children's Mental Health)
SPFSIG	Strategic Prevention Framework State Incentive Grant
SURS	Surveillance Utilization Review Section
SMHA	State Mental Health Authority
STEP	Secure Treatment and Evaluation Program (MSH)
TAC	Technical Assistance Center
TAC	Transportation Advisory Council
TANF	Temporary Assistance to Needy Families
TCM	Targeted Case Management
TEAMS	The Economic Assistance Management System

ADDICTIVE AND MENTAL DISORDERS DIVISION
Commonly Used Acronyms

TESS	The Eligibility Screening System
TEDS	The Treatment Episode Data Set
UFDS	The Uniform Facility Data Set
UR	Utilization Review
WSAA	Western Service Area Authority
WICHE	Western Interstate Commission for Higher Education
WCMHC	Western Montana Community Mental Health Center (Missoula)
WRAP	Wellness Recovery Action Plan

Appendix 15