



MENTAL HEALTH LOCAL ADVISORY COUNCIL HANDBOOK

Revised-March 2009

**“Community to Community.
Making a difference across Montana
for people with mental illness”**

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Section I - Orientation:

1. Acronyms

LAC-	Local Advisory Council
SAA-	Service Area Authority
KMA-	Kids Management Authority
SOCs-	System of Care (kid system)
MHOAC-	Mental Health Oversight Advisory Council
HRD-	Health Resource Division (State agency overseeing children's system)
AMDD-	Addictive & Mental Disorders Division (State agency overseeing adult system)

2. Introduction

What is a Local Advisory Council?

A local advisory council is a coalition of community members interested in assessing, planning and strengthening public mental health services in their community.

What does it mean to my community?

Those impacted by the effects of mental illness can ensure that their voices, suggestions and ideas can make a difference in how services are planned and provided.

Who can participate?

All those concerned and interested in how persons with mental illnesses are treated and helped to achieve independence and health.

Specific objectives of a LAC may include the following:

- Identify gaps in services.
- Assess the effectiveness of local mental health services and suggest ways services may be more effective.
- Recommend potential additions to services within the community.
- Analyze and discuss problems with service providers, advocacy groups, public officials and the general public.
- Facilitate accurate and timely communications between the local community and other governing entities.
- Serve as a catalyst and facilitator in solving local mental health service problems.
- Organize and coordinate needed services in the community.
- Educate the local community on mental health issues.

If you or someone you know has been impacted by depression, anxiety, or other serious mental health problems, your mental health Local Advisory Council needs your voice and skills/talents.

3. Why are Local Advisory Councils (LACs) important?

The need for and value of Local Advisory Councils was identified by the 1999 Legislature 53.21.702(1)(b). LACs are one of the elements of a system of public mental health care that emphasizes the importance of local participation. This participation is vital in planning for effective, individualized mental health services in each community.

The purpose of a LAC is to serve as the foundation for assessing, planning and strengthening public mental health services in the community and to provide input and recommendations to other governing entities.

LACs 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 mental health services.

Participation by those who provide services directly or in a support capacity, is important to comprehensive local planning and recommendations. Community hospitals, mental health and chemical dependency counselors, county commissioners, local law enforcement, community employers, human service agencies, and school personnel are invited to become part of LACs.

4. Requirements of Local Advisory Councils.

- Schedule regular meetings of community stakeholders.
- Submit regularly scheduled meeting minutes to AMDD dladd@mt.gov
- Work in collaboration with AMDD, HRD, SAA's and MHOAC for assessing, planning and strengthening public mental health services in your community.
- **LAC reporting form:** (There is a copy of the form at the back of this Handbook)
 - This form can be found online at the DPHHS web site, or link directly to the form by using the link below:
<http://www.dphhs.mt.gov/aboutus/divisions/addictivementaldisorders/localadvisory/reportform.doc>

- **Roberts Rules of Order:**
 - These are generally accepted rules of procedure for public meetings that could support more effective process and outcomes for LAC's.

5. How do the SAAs and LACs fit into the DPHHS organizational structure?

AMDD is mandated by 53.21.1001 to collaborate with the three SAA's in the design, development and delivery of mental health services in their region. The SAA's are the only organization that AMDD is mandated to collaborate with.

AMDD representatives (Regional Planner and Community Program Officers) attend LAC meetings, SAA meetings and SAA Summit meetings across the State. This representation is to ensure that there are consistent lines of communication and strong alignment with goals and objectives between SAAs, LACs, MHOAC, AMDD and HRD. These staff are the eyes, ears, arms and voice of AMDD.

Section II - Service Area Authorities:

1. What is the Service Area Authorities (SAA's) Purpose?

- This purpose Statement below was adopted by all three SAA's

PURPOSE STATEMENT

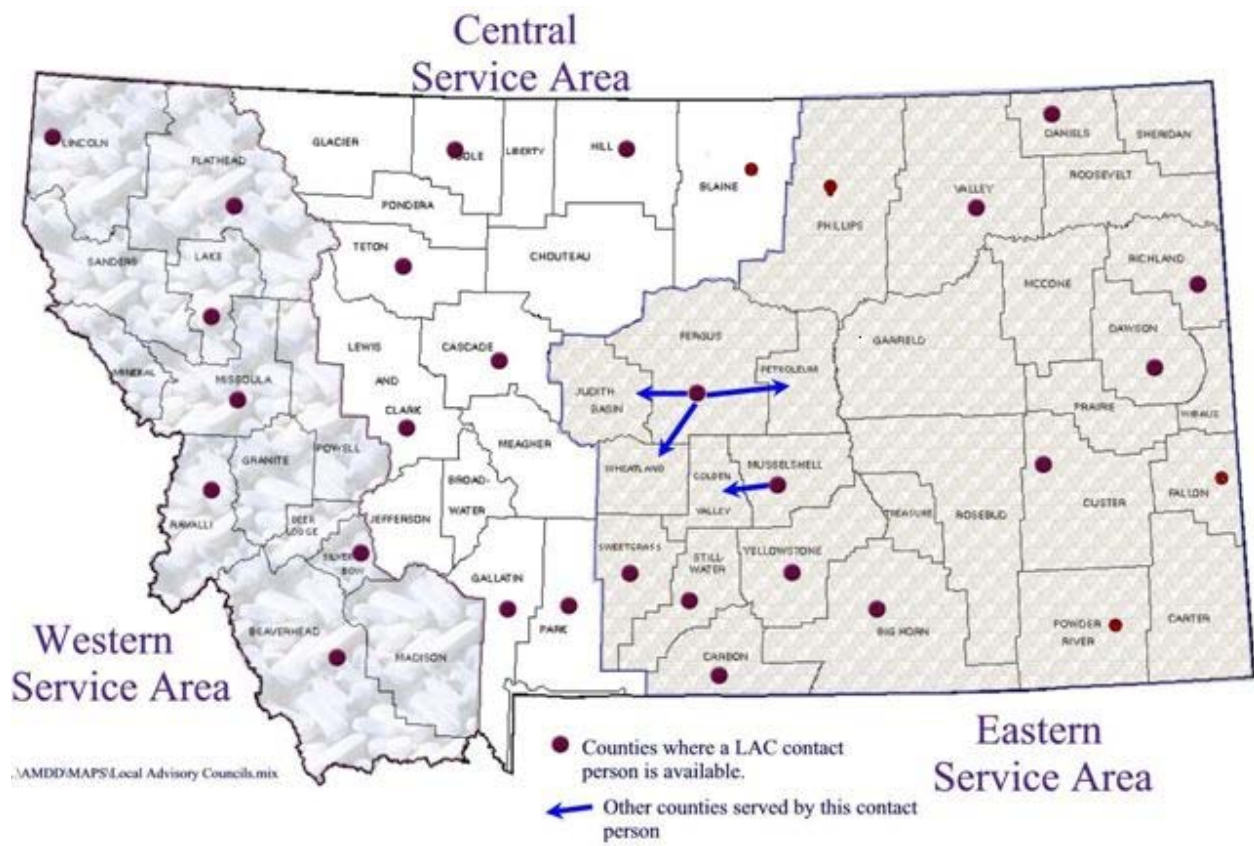
The purpose of an SAA is to collaborate with the Department of Public Health and Human Services (DPHHS) to assist in the management of public mental health care. A SAA's primary purpose is to ensure that consumers of public mental health care, their families, and other interested community stakeholders may actively collaborate with the State of Montana in defining, developing, managing, and monitoring the systems of public mental health care. The objective is to ensure that consumers' needs and preferences are at the center of the services provided.

The SAA is a consumer and family driven process based upon two principles:

- 1) Services and treatments must be consumer and family centered, geared to give individual consumers real and meaningful choices about treatment options and providers - not simply oriented to the requirements of bureaucracies. The SAA process is developed to give consumers and their families a much greater voice in managing the funding for their services, treatments, and supports. This design gives consumers a vested economic interest in using resources wisely to obtain and sustain recovery.
- 2) Care must focus on increasing individual consumers' ability to successfully cope with life's challenges, on facilitating recovery, meeting basic needs and on building resilience.

Overall, the SAA process will ensure a consumer-centered, recovery oriented mental health system in Montana that provides individual consumers served in the public mental health system a greater voice in the system that serves them.

3. What are the Regions and where are other Local Advisory Councils situated?



❖ Above you can see the three Service Area Authority Regions (Western, Central and Eastern).

RESOURCES

For more information about how to contact a Local Advisory Council near you, contact Carol Davidson at cdavidson@mt.gov or at (406) 444-3964.

For more information on LAC Policies, Guidelines and Reports, visit the Addictive and Mental Disorders webpage at: www.dphhs.mt.gov/amdd/

Under More Information in the left-hand column,

Click on

→ "Local Advisory Council and Service Area Authority Information"

Section III - Policy:

1. Local Advisory Council Policy:

The Mental Health Oversight Advisory Council created the LAC policy in 2002. This policy is not reflected in State statute. The MHOAC may choose to revise this policy in collaboration with AMDD, HRD and the SAA's.

Policy on Local Advisory Councils

Statement of Purpose

This policy is to specify the creation, purpose, structure and general operations of Local Advisory Councils (LACs) and to clarify the relationship of such councils to the Mental Health Oversight Advisory Council (MHOAC), the Department of Public Health and Human Services (DPHHS) and Service Area Authorities (SAA).

1.0 Legislative Framework & LAC Creation

- 1.1 In 1999, the Montana legislature, through SB 534, acknowledged the value of LACs and directed the MHOAC and DPHHS to develop a provision for LACs to report to and meet on a regular basis with the MHOAC (MCA 53-21-702).
- 1.2 SB 534 also validated the importance of local participation in delivering mental health services by clarifying that LACs are to be included as one of the elements of a system of public mental health care.

- 1.3 LACs are designed to complement, not duplicate or replace, other groups, councils and boards (e.g. provider boards of directors, advocacy groups, service area authority boards, other advisory councils) involved with the planning, delivery and evaluation of mental health services.

2.0 Purpose of a Local Advisory Council

- 2.1 The basic purpose of an LAC is to assist, in a manner it determines to be most productive, in strengthening public mental health services in the local community and to provide input and recommendations to MHOAC, DPHHS and the SAA serving the community.
- 2.2 Specific objectives of an LAC may include some or all of the following:
 - 2.2.1 Examine gaps in child and adult services.
 - 2.2.2 Identify potential additions to services within the community.
 - 2.2.3 Analyze and discuss local problems with local service providers, advocacy groups, public officials and the general public.
 - 2.2.4 Facilitate accurate and timely communications between the local community and MHOAC, DPHHS and the regional SAA.
 - 2.2.5 Assess the effectiveness of local mental health services and suggest ways of making services more effective.
 - 2.2.6 Serve as a catalyst and facilitator in solving local mental health service problems.
 - 2.2.7 Organize and coordinate needed services in the community.
 - 2.2.8 Educate the local community on mental health issues.

3.0 Structure and Creation of a Local Advisory Council

- 3.1 Each LAC must seek active participation by primary and secondary consumers (family members), advocates, and other interested parties, including providers. It is recommended that each LAC include significant representation of primary and secondary consumers.
- 3.2 LACs should seek the support of government officials, including but not limited to city and county commissioners, judges, county sheriffs, and so on.
- 3.3 LACs should submit a letter of intent to the MHOAC to be recognized as a local advisory council. The letter should define the structure of the local advisory council and how consumer and family member involvement will be encouraged.
- 3.4 The MHOAC will formally recognize local advisory councils by reviewing the proposed LACs letter of intent in light of the following criteria:
 - 3.4.1 Composition of the LAC, as described in section 3.1.

- 3.4.2 Support of local government, as defined in section 3.2.
- 3.4.3 The existence of other LACs in the community, and the need or value of an additional LAC.
- 3.5 The MHOAC will distribute a letter of recognition to new LACs and local government officials.
- 3.6 The MHOAC shall review the status of the each LAC by June 30 of each even-numbered fiscal year.

4.0 General Operations of a Local Advisory Council

- 4.1 The DPHHS, in cooperation with the MHOAC, will provide technical assistance to LACs, including but not limited to:
 - 4.1.1 Getting organized and creating the LAC.
 - 4.1.2 Providing leadership training and education.
 - 4.1.3 Identifying potential sources of revenue for postage, printing, travel and meeting arrangements.
- 4.2 Each LAC may designate a Leadership Team, including one primary consumer to coordinate the activities of the LAC, including but not limited to preparing agendas, arranging the time and place of meetings, facilitating meetings, preparing documents, and so on.
- 4.3 Each LAC shall also designate a Liaison who will be the primary contact for the local advisory council and who will submit a summary update of LAC activities to DPHHS each month.
- 4.4 LACs should meet on a regular basis.
- 4.5 LACs may submit meeting summaries or minutes, issues and concerns, and proposals or recommendations to the MHOAC. LACs are encouraged to explain the rationale for specific proposals or recommendations.
- 4.6 LACs may periodically submit information for publication by DPHHS.

5.0 Relationship of LACs to the Mental Health Oversight & Advisory Council (MHOAC)

- 5.1 LACs shall request the MHOAC convene at least one meeting each year to listen to and exchange ideas with LACs. This meeting may be either face-to-face or via telecommunications.
- 5.2 The LACs shall request the MHOAC to formally acknowledge receipt of proposals and recommendations from LACs, to give such proposals and recommendations due consideration, to give timely feedback to the LAC, and, to forward appropriate proposals and recommendations to the DPHHS and the legislature.

- 5.3. LACs will request and encourage MHOAC members to participate in LAC meetings in MHOAC member communities and to work together to facilitate communication between LAC's and the MHOAC.
- 5.4. LACs will request the MHOAC and its subcommittees to ensure that LACs are represented on the MHOAC.
- 5.5. LACs designated liaison shall request MHOAC meeting summaries and shall distribute and inform other LAC members.

6.0 Relationship of LAC's to Service Area Authorities

- 6.1 Each LAC will appoint one member to participate as a member of the governing structure of the SAA serving the community.
- 6.2 LACs may submit meeting summaries or minutes, issues and concerns, and proposals or recommendations to the SAA. LACs are encouraged to explain the rationale for specific proposals or recommendations.
- 6.3 LACs will make proposals and recommendations to the SAA and request that the SAA take action in the proposal itself or, if more appropriate, forward the proposal to DPHHS and/or other relevant government agencies.
- 6.4 LACs primary focus will be to advise the SAA on program issues affecting the local community.

2. Overview- Mental Health Oversight Advisory Council:

Mental Health Oversight Advisory Council

Working Mission, Vision, and Principles To Guide Mental Health System Change

Mission:

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, Montanan's with mental disorders will achieve education, meaningful work, satisfying family relationships, friendships and participation in the community.

Principles:

We see these principles as a natural outgrowth of our MHOAC mission and vision statement. They provide more definition around what we mean by "self-determination and recovery". The

Council's expectation is that the Addictive and Mental Disorders Division and Health Resources Division, will be attentive to these principles and calibrate their decisions about current system work, budget priorities and the development of the regionalized system in light of these working principles.

The Council realizes not every action will conform, but the idea is to raise awareness of the fundamental shift that is necessary to move toward a recovery-based system.

1. The focus is on recovery, wellness/health and return to life and work.
2. More equity, access and satisfaction with the system that recognizes the distinct systems of care necessary to meet the needs of children and their families and adults and their support systems.
3. Stigma is reduced – summed up in humorous way on a bumper sticker: “You’re just jealous because the voices only talk to me ...” and another way of saying: “the mentally ill are us”.
4. Mentally ill peoples’ lives are improved and they live in their communities with support systems. The emphasis is on keeping youth and adults in their community settings rather than in institutional placements.
5. The system is flexible, based on the individual needs of consumers.
6. Community education and awareness is paramount. People also understand that mental illness is a brain disorder and does not define the person.
7. First responders respond appropriately – diverting the mentally ill from the criminal justice system.
8. Montana sets the standard for a regional system. We identify and overcome structural barriers to access and community based care.
9. We have more and more effective collaboration and interagency agreements. We have cooperation, trust and respect on everything from the small issues to big issues.
10. We acknowledge the high incidence of co-occurring disorders and address them.
11. Native American issues are brought forward and addressed both for life on Indian Reservations and for Indians who live in other Montana places.

Section IV - Attachments:

<u>LOCAL ADVISORY COUNCIL REPORT FORM</u>	
Name of LAC:	Date of Last Meeting:
Month of Report:	Date of Next Meeting:
LAC Liaison Name:	
Ph:	Email:
LAC accomplishments since last report:	
Emerging issues identified:	
Recommendations made by LAC:	
Other:	

Local Advisory Council Directory

<u>County(s)</u>	<u>Western Service Area Authority LAC's</u> wsaamt.org	<u>Contact information</u>
Beaverhead Co.– meets in Dillon	Second Friday of each month @ noon. In the Court House.	Pam Mussard - Chair 1260 S. Atlantic # 100 Dillon MT 59725 Phone: 683-4440 pmussard@buttechc.com
Flathead Co.– meets in Kalispell	Second Wednesday of each month @ 1:00 pm. In the Summit Building. Boyd Roth- Contact PO Box 1254 Kalispell, MT 59901 Phone: 752-6003 boydroth@cyberport.net	Boyd Roth - Chair
Lake Co. – Ronan & Polson AND Sanders Co.- meets in Polson	First Wednesday of each month @ 2 pm, at Court House Juanita Triplett, Program Director of WMMHC in Sanders County	Tom Camel- Chair Royalee Bishop- contact Polson, MT 59864 Phone: (406) 726-0260 e-mail contact royaleebishop@yahoo.com
Lincoln Co. – meets in Libby	First Thursday of month, in Rm. 117 @ Lincoln County Campus Building, 225 Commerce Way @ 2:30 p.m. Phone (406) 293-8746 WMMHC	Sunny Anderson- Chair 519 East 4th Street Libby, MT 59923 Phone: 293-5370 A_alyce@hotmail.com
Missoula Co.– meets in Missoula	3 rd Monday of each month @ 2 pm At 1315 Wyoming St. River House ADT	Brook Jaqueth - Chair 1437 S 1st St W Apt A Missoula, MT 59801 Phone: (406) 728-8093 sbushell@summitilc.org
Ravalli Co.- Meets in Hamilton	Second Monday of month @ noon, Marcus Daly Hospital	Jenny Monson- Chair Riverfront Counseling and Support Center, P.O. Box 1300 Hamilton, MT 59840 Phone: 381-4243 Phone: 381-0559
Silver Bow Co.- meets in Butte	Second Thursday of each month @ noon In the WMMHC at 106 W. Broadway.	Dennis Cox- Chair 106 W Broadway Butte, MT 59701 Phone: 498-7358

<u>County(s)</u>	<u>Central Service Area Authority LAC's</u> csaamt.org	<u>Contact information</u>
Cascade Co.– Meets in Great Falls	First Tuesday of each month @ 1 pm. In the MH Center. Joan-Nell MacFadden- 2620 4th Ave S Great Falls, MT 59405 Phone: 452-4185 jnmacfadden@aol.com	Natalie Bolan -Chair 416 8 th Ave S. # 2 Great Falls, MT 59406 Phone: 453-4582
Gallatin Co. – meets in Bozeman	Second Monday of each month @ noon. In the Court House. Dorothy Bradley- Co-Chair 615 16th Ave Bozeman, MT 59715 Phone: 582-2091 dobradley@mt.gov	Jacob Wagner-Chair 311 West Main St. Rm 306 Bozeman, MT 59715-4576 Phone: (406) 582-3000 commission@co.gallatin.mt.us
Lewis & Clark Co. – Meets in Helena	Fourth Thursday of each month @ 7 pm. In the Golden Triangle building.	Dan Anderson- Chair 2475 Stuart Helena, MT 59601 Phone: 449-6003 dfanderson@bresnan.net
Park Co. – Meets in Livingston	4th Thursday of each month @ 3:30. In the City County Building. Dick Murphy-commissioner	Sue Chivilicek- Contact Livingston, MT 59047 Phone: 222-4136 schvilicek@mt.gov
Teton-Pondera Co. – meets in Choteau	In the Teton Medical Center, Choteau. Joe Dellwo Co. Comm Kathleen Nelson, secretary Phone: 406-466-3782 knelson@3rivers.net	Lora Wier- Chair Public Health Nurse 905 4 th Street NW Choteau, MT 59422 Phone: 466-2562 health@3rivers.net
Hill Co. – meets in Havre	Meets at CMH 4th Tuesday of month.	Pam Vesse- Chair Center for Mental Health Havre, MT Phone: 265-9639 pamv@center4mh.org

<u>County(s)</u>	<u>Eastern Service Area Authority LAC's</u> esaamt.org	<u>Contact information</u>
Big Horn Co.– Meets in Hardin	2nd or 3rd Thursday of the month @ noon. In the Fountain Restaurant Lee Ann Hiebert, Secretary lhiebert@scmrhc.org	Bill Hodges - Chair 809 N. Custer Hardin MT 29034 Phone: 665-8723 bhodes@co.bighorn.mt.us
Carbon Co.- Meets in Red Lodge	Bi-monthly, 2nd or 3rd Tuesdays @ 11:30. In the Bridge Creek restaurant.	Nancy MHC secretary - Chair 5 East 9 th Street Red Lodge, MT 59068 406-446- 2500
Custer Co.- Meets in Miles City	Third Thursday on month @ 4:30 at DEAP conference room	Antonia Klein- Chair Phone: (406) 853-4421 aklein@mt.gov
Daniels Co.- meets in Scobey	First Saturday of each month Daniels Memorial Health Care Center	Esther Kramer-Chair Phone: 487-2881 ekramer@nemontel.net
Dawson Co.– meets in Glendive	2nd Wednesday of each month at noon Glendive Public Library Bobbie Becker 377-4062 beckerb@midrivers.com	Pete Bruno- Chair Glendive, MT 59330 Phone: 377-7515 peteb@midrivers.com
Fergus Co. Wheatland Co. Petroleum Co. Judith Basin Co. meets in Lewistown	Fourth Monday of alternate month @ noon, at the MHC Suzanne Hopkins- NAMI suzanneh@lewistown.net Rosemary Baquet, MH Secretary Phone: 538-7483 n.baquet@bresnan.net	Chair Lewistown, MT 59457 Carl Silstad- Co. Comm. 538-5119 commissioners@co.fergus.mt.us
Musselshell & Golden Co's– Meets in Round-Up	Fourth Monday @ NOON alternating month. Alternating locations: Next Generation Grille Cindi Goffena, MH Secretary *please email info to: cgoffena@scmrhc.org	Lavonne Rook- Chair 26 Main Roundup, MT 59072 Phone: 323-2101 lrook@state.mt.us
Powder Co. Meets in Broadus		Antonia Klein- Chair Phone: (406) 853-4421 aklein@mt.gov

<p>Richland Co. – Meets in Sidney</p> <p>Conf rm direct line 406-433-6924</p>	<p>Third Thursday of month @ 10:00 a.m. Community Services bldg</p> <p>Mike Weber, Co Attorney 201 West Main Sidney, MT 59207 406-433-2505 FAX 406-433-3731 (clerks office) rcatty@richland.org</p>	<p>Kim Youngquist –Chair Richland Health Network 124 S. Central Ave Sidney, MT 59270 Phone: 433-6946 kimhealth@richland.org</p> <p>Marie Logan, MHC e-mail via brendapropp@gmail.com Subject line ATTN Marie</p>
<p>Stillwater Co.– meets in Columbus</p>	<p><u>Quarterly- meetings</u></p> <p>MHC Conference Room Pike Ave.</p>	<p>Cindy Wittman, SCMHC- Chair Box 238 Columbus, MT 59019 Phone: 322-4514 cwittman@scrmhc.org</p>
<p>Sheridan Co. - Plentywood</p>	<p>Liza Dyerdaahl, MHC Therapist- Change agent</p>	<p>Darcy Nordhagen darcy@nemontel.net</p>
<p>Sweet Grass Co. Meets in Big Timber</p>	<p>Bi-monthly, 2nd Tuesday of the month @ noon. In the old Hospital 515 Hooper Street</p>	<p>Susie Mosness P.O. Box 888 Big Timber, MT 59101 406-932-5152 samosness@gmail.com</p> <p>Lloyd Berg, Co Comm 932-5152</p>
<p>Yellowstone Co. – meets in Billings</p>	<p>First Thursday of each month @ noon, at the Community Crisis Center</p> <p>Dr. Donald Harr Co Chair 3010 Wendimere Lane Billings, MT 59102 Phone: 248-8091 Ssurely1@worldnet.att.net Bill Kennedy Yellowstone County Comm. PO Box 35000 Billings, MT 59107-5000 256-2701 (W) 245-6051 (H) bkennedy@co.yellowstone.mt.us</p>	<p>Marlene Brown –chair 406-896-8805 the_marnster@msn.com</p> <p>Mental Health Center P.O. Box 219 Billings, MT 59103 406-252-5658</p>
<p>Valley Co. – meets in Glasgow</p>	<p>Meets at noon on the 3rd Tuesday of the month at FMDH Board Room. David Pippin-Co comm. on LAC. 228-6219 dpippin@co.valley.mt.us</p>	<p>Colleen Forrester-Chair NCILS P.O. Box 229 Glasgow, MT 59230 Phone: 228-2075 ncils2@nemontel.net</p>
	<p>*ALL DATES AND TIMES ARE SUBJECT TO CHANGE.</p>	

To update contact information:

Daniel N. Ladd

Daniel N. Ladd

Community Resources and Support Unit Manager

Addictive & Mental Disorders Division/Mental Health Bureau

Phone:(406) 444-9344, Cell: (406) 431-6175, FAX: (406)444-4435

email: dladd@mt.gov

or

Carol L. Davidson

Administrative Assistant

Phone: (406) 444-7209

email: cdavidson@mt.gov

Regional Community Program Officers information:

Western Region	#5	Mary Jane Fox	471-1074
North Central Region	#2	Jane Wilson	788-8167
South Central Region	#4	Dennis Cox	498-7358
South Eastern Region	#3	Ellen Gartner	670-6910
Eastern Region	#1	Antonia Klein	853-4421

Community Liaison Officers information:

Helena	Sarah Volesky	431-2781
Butte	Terri O'Herron	533-9310
	Lisa Miller	533-9311
Missoula	Kris Young	241-7226
	Vicki Varichak	241-7369