LAC GUIDEBOOK
LEADING FROM EXPERIENCE

A guide for Local Mental Health Advisory Councils in Minnesota
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Overview

Local Mental Health Advisory Councils (LACs) offer individuals, parents and mental health service providers the opportunity to make a real difference in how mental health care is provided in their community, and it offers counties and state policy makers the wisdom of those who experience mental health concerns first-hand.

This guide is designed for:

- Counties and community mental health service providers
- Individuals with lived mental health experiences
- Families of individuals with lived mental health experiences
- Other community members
- Stakeholders and individuals interested in the work of LACs

This guide focuses on:

- The laws regarding LACs
- Roles and functions of LACs
- The benefits of having LACs
- Strategies for establishing and implementing a successful LAC

Introduction

The Minnesota Comprehensive Mental Health Act of 1987 and the Minnesota Comprehensive Children’s Mental Health Act of 1989 set the stage for visionary mental health policies for all Minnesotans. The establishment of Local Mental Health Advisory Councils (LACs) at the county level was an essential part of that vision.

The legislations of 1987 and 1989 made it law that the voices of those with lived mental health experiences and their families needed to be heard. Since then, legislation has required individual counties or multiple counties to create a local advisory council. Legislation also requires that the membership of LACs include individuals with lived experiences who have received mental health services as adults, individuals with lived experiences who have received mental health services as children and/or adolescents, family members of individuals with lived experiences, mental health professionals and representatives from community service programs.

The goal of Local Advisory Councils (LACs) is to utilize the knowledge of diverse groups of individuals in order to improve mental health services for Minnesotans.
Gathering many voices to discuss issues related to mental health provides a variety of perspectives, experiences and ideas. Hearing different points of view promotes useful discussions, meaningful input, and encourages problem solving. Successful LACs work to incorporate many voices, including voices of individuals who have a lived mental health experiences and their families. They also maintain a thoughtful and inclusive approach to discussions focused on solutions and implementation of creative ideas for their communities.

The LAC guidebook has two purposes:

- To provide information and background on the statutory requirements of local mental health advisory councils in Minnesota
- To provide a guide for LAC members, counties and community members who wish to learn ways to make LACs in their communities more successful

What are Local Advisory Councils?

A Local Advisory Council is made up of diverse groups of individuals that are representative of the community they serve. Generally, LACs are established by county boards. LACs provide recommendations for how to improve mental health services, review and evaluate local mental health services in their communities on a quarterly basis.

LACs provide recommendations specific to changes, additions and improvements to the local mental health delivery system that impact individuals with lived experiences of mental health that receive services, family members of individuals with lived mental health experiences, other community members, stakeholders and community service providers.

Counties, county boards and community leaders can use LACs to advise them on a range of mental health related topics, such as improving their local mental health and county social services.

Every county in Minnesota is required by law to have a Local Advisory Council.

It is important to highlight that LACs are established to provide advice and recommendations to their counties and county boards. LACs are not considered a part of the county’s paid administrative staff. LACs do not have legal responsibilities within the counties they are serving. Nonetheless, Minnesota law requires county boards to establish LACs within their counties and consider the advice of their LACs.
Benefits of LACs

There are many benefits in having a LAC in your counties and communities.

- LACs empower individuals with a lived experience of mental illness and their families
- Having an active, productive and effective LAC can lead to the improvement of the local mental health systems and community services
- LACs offer advice on the local mental health system on what is and is not working for the community
- Counties can utilize LACs to advise them on a range of mental health related topics, such as improving their local mental health and social services systems

Minnesota Laws Regarding LACs

It is strongly suggested that the majority of the LAC members, at least 51 percent, must be individuals with a lived experience of mental illness and family members of individuals with a lived experience. The details of the responsibilities LACs have are outlined in MN Statute 245.466 Subd. 5 (Adult LACs) and MN Statue M.S. 245.4875 Subd. 5 (Children’s LACs). The following text is from Minnesota Statute 245.466 Subd. 5 and Minnesota Statutes 245.4875 Subd. 5. This is the state’s statute that governs the local mental health service delivery systems in Minnesota. The statute below outlines the law regarding LACs. Additional information about MN Statute 245.466 can be obtained from the resource section of this guidebook.

Local Adult Mental Health Advisory Council (M.S. 245.466 Subd. 5.)

The county board, individually or in conjunction with other county boards, shall establish a local adult mental health advisory council or mental health subcommittee of an existing advisory council. The council’s members must reflect a broad range of community interests. They must include:

- At least one consumer (i.e. individuals with a lived experience mental health)
- One family member of an adult with mental illness
- One mental health professional
- One community support services program representative

The local adult mental health advisory council or mental health subcommittee of an existing advisory council shall meet at least quarterly to review, evaluate and make recommendations regarding the local mental health system.

Annually, the local adult mental health advisory council or mental health subcommittee of an existing advisory council shall:

- Arrange for input from the regional treatment center’s mental illness program unit regarding coordination of care between the regional treatment center and community-based services;
- Identify for the county board the individuals, providers, agencies, and associations as
Education and Prevention Services (M.S. 245.462, Subd. 10.)
"Education and prevention services" means services designed to educate the general public or special high-risk target populations about mental illness,

- To increase the understanding and acceptance of problems associated with mental illness,
- To increase people's awareness of the availability of resources and services and
- To improve people's skills in dealing with high-risk situations known to affect people's mental health and functioning.

The services required include the distribution of information to individuals and agencies, identified by the county board and the local mental health advisory council, on predictors and symptoms of mental disorders, where mental health services are available in the county and how to access the services.

Local Children’s Mental Health Advisory Council (M.S. 245.4875 Subd. 5.)
By October 1, 1989, the county board, individually or in conjunction with other county boards, shall either establish a local children's mental health advisory council or a children's mental health subcommittee of the existing local mental health advisory council or shall include persons on its existing mental health advisory council who are representatives of children's mental health interests.

The following individuals must serve on the local children's mental health advisory council, the children's mental health subcommittee of an existing local mental health advisory council, or be included on an existing mental health advisory council:

- At least one person who was in a mental health program as a child or adolescent
- At least one parent of a child or adolescent with severe emotional disturbance
- One children's mental health professional
- Representatives of minority populations of significant size residing in the county
- Representatives of the children's mental health local coordinating council
- One family community support services program representative

The local children's mental health advisory council, or children's mental health subcommittee of an existing advisory council, shall seek input from parents, individuals with a lived experience, providers and others about the needs of children with emotional disturbance in the local area and services needed by families of those children. They shall meet monthly, unless otherwise determined by the council or subcommittee, but not less than quarterly, to review, evaluate and make recommendations regarding the local children's mental health system.
Annually, the local children’s mental health advisory council or children’s mental health subcommittee of the existing local mental health advisory council shall:

- Arrange for input from the local system of care providers regarding coordination of care between the services;
- Identify for the county board the individuals, providers, agencies and associations as specified in section 245.4877, clause (2); and
- Provide to the county board a report of unmet mental health needs of children residing in the county to be included in the county’s biennial children’s mental health component of the community social services plan and participate in developing the mental health component of the plan.

The county board shall consider the advice of its local children's mental health advisory council or children's mental health subcommittee of the existing local mental health advisory council in carrying out its authorities and responsibilities.

**Roles and Responsibilities of LACs**

LACs have various roles in their communities. At the minimum, LACs should address the previously outlined responsibilities of LACs to review, evaluate and make recommendations about their local mental health delivery system to their county boards.

The most effective LACs develop plans that include all three of these primary roles and meet at least on a quarterly basis in order to review, evaluate and recommend.

LACs have other required duties in addition to the abovementioned roles. Local adult mental health advisory councils are required to recommend, plan, coordinate, inform and report on their local mental health systems and advise their county boards of the needs of their county. Local children’s mental health advisory councils are required to recommend, plan, inform and report on their local children’s mental health services and advise their county board of the needs of their county.
Required duties of Adult Mental Health LACs

- **Coordinate** — The LAC receives input about coordination of care between Regional Treatment Centers (state mental health services) and community-based mental health service providers at least annually.
- **Plan** — The LAC is to be involved in the development of the county and adult mental health initiative plans/applications by providing needs assessments.
- **Inform** — The LAC identifies for the county board individuals and agencies to receive information on predictors and symptoms of mental disorders, where mental health services are available in the county and how to access those services.
- **Recommend** — The LAC makes recommendations regarding the services provided by the local mental health system. The LAC is to provide the county board with a report of unmet mental health needs of adults residing in the county at least annually. The county board is to consider the advice of the advisory council in carrying out its responsibilities.
- **Report** — The LAC is to report its recommendations regarding the local mental health system to the State Advisory Council on Mental Health.

Required Duties of Children’s Mental Health LACs

- **Identify Needs** — The LAC seeks input from parents, individuals with lived experience, providers, and others about the needs of children with emotional disturbances in the local area and services needed by those children’s families.
- **Coordinate** — The LAC receives input from local providers regarding coordination of care between mental health services.
- **Plan** — The LAC is to be involved in the development of mental health planning for the county (or counties).
- **Inform** — The LAC identifies for the county board individuals and agencies who need to receive information about mental illness, where mental health services are available and how to access these services.
- **Recommend** — The LAC makes recommendations regarding the services provided by the local children’s mental health system. The LAC is to provide the county board with a report of unmet mental health needs of children residing in the county at least annually. The county board is to consider the advice of the advisory council in carrying out its responsibilities.
- **Report** — The LAC is to report its recommendations regarding the local mental health system to the State Advisory Council on Mental Health.
Other roles and responsibilities recommended for LACs

There are also a number of best practices that have been identified related to the role/functions of LACs, including:

- LACs should consider it to be within the scope of their mission to review, evaluate and make recommendations regarding any element of the local mental health care system to the county board.
- In addition to reporting to the county board, an LAC should communicate its positions to other policy makers and organizations, which may have a significant impact upon the local mental health service system, including schools, public health, hospitals, corrections, law enforcement agencies, courts, state and federal legislators and private providers. LACs should coordinate with the county when communicating these positions.
- LACs should actively develop and conduct public education activities on behalf of the county board.

Members of LACs

The goal of LACs is to use the knowledge of a broad range of people to improve mental health services. Legislation requires that the membership of LACs include persons who had received mental health services as adults, persons who had received mental health services as children and their family members.

Recruiting members

It is recommended that procedures for recruiting and selecting LAC members should be in writing in the LAC’s bylaws and/or in the policies.

As discussed previously, Local Adult Mental Health Advisory Councils are mandated to have:

- At least one individual with lived mental health experience
- One family member of an adult with mental illness
- One mental health professional
- One community support services program representative

Local Children’s Mental Health Advisory Councils are mandated to have:

- At least one person who was in a mental health program as a child or adolescent
- At least one parent of a child or adolescent with severe emotional disturbance
- One children’s mental health professional
- Representatives of minority populations of significant size residing in the county
- Representative of the children’s mental health local coordinating council
- One family community support services program representative
LACs should strive to have at least 51 percent of people with a lived mental health experience and family members. LACs should actively recruit these members in order to be inclusive of all voices.

To help ensure broad representation that reflects the area’s population, LACs should identify significant underrepresented populations in their counties and communities.

To ensure peer support, continuity of representation and a broad representation that reflects the area’s population, it is suggested that LACs include:

- At least two people with a lived mental health experience
- At least two parents or family members
- At least two representatives of each significant minority population in the area

Many LACs have benefited by including:

- Community and faith-based leaders
- Communities of color, American Indian/Native American communities and individuals from underserved communities
- Tribal members and leaders
- Representatives from schools and school districts
- Law enforcement
- Crisis responders
- Organizations working with community mental health centers
- Advocacy organizations
- Individuals interested in public policy

**LACs can be combined**

Adult and Children’s LACs may be combined, as long as membership requirements for each LAC are met. Multi-county are also permitted, but should include individuals with a lived experience and family representation from each county.

If Adult and Children’s LACs are combined, adequate attention should be given to both adult and children’s issues. If they are not combined, at least one member of the Adult LAC should sit on the Children’s LAC (and vice versa), and the two groups should plan to meet together periodically to address how people transition from residential mental health services back to the community and other common issues.
LAC Engagement, Leadership and Training

The LAC chair

Whenever possible, the chair/co-chairs of an LAC should be individuals with a lived experience or family members. It is a best practice to have co-chairs (rather than one chair of the group). This provides a smoother leadership transition, provides for shared leadership and responsibility and ensures that the LAC is collaborative.

The co-chairs are responsible for setting the agenda of each meeting, providing leadership in work plan development, running meetings, ensuring minutes are taken, requesting relevant information/data from county staff to assess and develop mental health plan for their county and providing recommendations of the LAC to the county on behalf of the LAC. Co-chairs are also encouraged to work to ensure that their LAC membership engages a variety of voices and that meetings provide a culture of inclusiveness and encouragement of all attending to engage.

LAC co-chairs should also work together to ensure that leadership transitions are as smooth as possible. Identifying emerging leaders and providing guidance and training to them can help develop a stronger voice for those with a lived mental health experience on LACs, and ensure that work of a strong LAC does not stall when a leadership transition occurs.

LAC co-chairs are encouraged to take advantage of training opportunities made available by the county, state or other organizations to develop leadership skills and help their LAC move forward. Co-chairs are also encouraged to build and develop connections with co-chairs in other counties. This can create a network of contacts to whom co-chairs can reach out for help or ideas. Co-chairs are also encouraged to develop connections with current county mental health leadership and with the county board.

Helping new members to participate

An LAC should provide orientation for all new members. For example, Hennepin County Local Advisory Council provides the following materials and information during an orientation and provides an orientation packet for their new members:

- Guidelines on effective meetings (i.e. Robert’s Rules)
- Respectful workplace
- Effective communication statement
- LAC handbook
- Bylaws and policies
- Timeline or calendar of significant dates and tasks (e.g., Mental Illness Awareness Week, budget input, unmet needs work)
- Past accomplishments

LAC should have a discussion with new members about the meaning, mission and purpose of LACs, as well as the difference and impact they can make. It is important to link new members with
experienced LAC members.

Successful LACs have a mentorship program implemented in order to orient new members effectively and to retain members for long term. See the tool section for a sample of the Hennepin County LAC mentorship guidelines and principles.

In addition, it is recommended that leadership training be made available to LAC members that identify as individuals with a lived experience of mental health, family members and parents.

Creating a positive and inclusive environment

There are many ways for a LAC to create a positive environment for engagement:

- Use “person centered” language. See the Resource section for more information about using person centered language as it relates to mental health.
- Ensure that the work of your LAC reflects the mental health recovery model, and that mental health recovery and wellness are primary in discussions.
- Promote the importance of the voice of those who have a lived mental health experience, and encourage them to participate in discussion. Some people attending may have been a part of similar groups in the past, while, for others, this may be the first time they are participating in any type of public policy work.

Expense reimbursement/ stipends

Adequate funds for LAC operations should be provided, including expense reimbursement and stipends (per diem) for individual members who cannot obtain reimbursements/compensation for their time. Individuals with a lived experience and family members should be reimbursed for the costs of participating in the LAC, including childcare and transportation. Expense reimbursement and per diem should be consistent with amounts paid for other county councils, committees and work groups.

LAC Meetings

State statute requires that LACs meet at least quarterly. However, in practice, monthly meetings are usually required to accomplish an LAC’s work plan. If monthly meetings are not possible, subgroups should be formed to work on projects between meetings.

Meeting location

A 2014 survey of existing LAC members indicated concerns regarding meeting time, location and access to transportation as factors that hindered peoples’ ability to attend meetings. Consideration of time and location that maximizes attendance is important, especially with a goal of engaging those with a lived mental health experience in mind. LACs may consider meeting at varied times during the year (some during the day, others in the evening) to increase attendance. LACs may also wish to consider meeting at a “neutral location,” such as a library or community room.
Publicizing meetings

In an effort to engage more people in discussion as well as to capitalize upon the opportunity to inform people about mental health in Minnesota, LAC meetings should be well publicized. This can occur through print, electronic communication, posting in public places, use of social media etc. Personal connections and outreach are also essential in promoting involvement in LACs, especially when trying to increase engagement and attendance.

Bylaws

LACs should develop and maintain bylaws, which provide structure for an LAC. In addition, establishment of bylaws (if they do not currently exist) can also provide an opportunity for conversation by members about the roles and responsibilities of the LAC. A sample of bylaws can be found in the tool section of this guidebook.

At a minimum, LAC bylaws should include:

- The name of the LAC (including reference to county/counties)
- Purpose of the LAC
- Membership requirements/goals
- Roles and responsibilities of officers
- Meeting information and the number of members needed to reach a quorum
- Detail about any existing sub-committee structure
- Requirements for amending bylaws

Agendas and minutes

Each LAC meeting should have an agenda based on the annual work plan and current issues. Meeting minutes should be prepared and distributed to LAC members, the State Advisory Council on Mental Health and other interested citizens. Use of parliamentary procedure (Robert’s Rules of Order) is recommended when formal LAC action is needed. Overview of Robert’s Rules of Order, an agenda sample and minute sample can be found in the tools section of this guidebook.

Open Forum

Providing an “open forum” time on an agenda (usually at the end) is a best practice recommended for LACs. The open forum allows issues to be brought forward that may not have been previously considered, but once brought to light, may be recognized as very important to others as well. It also helps ensure that all who attend an LAC meeting have an opportunity to speak up and have their voice heard.

Voting

LAC members should vote. However, county staff and providers who receive significant funding from county controlled sources should not hold office and should abstain from voting on major funding recommendations.
Annual Work Plans

Each LAC should have an annual work plan that includes, at a minimum, the responsibilities stated in the Comprehensive Mental Health Act.

LACs are encouraged to provide information to decision makers (such as County Commissioners) in a solution-focused way, rather than providing a list of unmet needs. Providing potential solutions to an issue is a positive approach that shows an interest in collaborating to make an impact. It also helps ensure that the many voices that work as part of an LAC are able to contribute to both the identification of problems and in finding the keys to solve them.

In addition, the work plan may include initiatives that the LAC has agreed to take on during a particular year. Some examples of initiatives could be:

- Working to increase/expand membership of the LAC;
- Promoting mental health programs and services available in the area;
- Providing outreach to specific populations, such as schools;
- Developing a public awareness campaign related to mental health.

Engaging in activities beyond the required responsibilities (such as the needs assessment) can engage members in a variety of ways, reduce stigma, and show a real interest by LAC members in working to improve mental health in Minnesota.

It is also important for annual work plans to include timelines for completion of different activities, which will help ensure progress is made. Some LACs have had success in developing “sub-groups” within their LACs to carry out different pieces of the work plan.

Roles of Counties in LAC Work

Needs assessment and mental health planning

Each county must include a needs assessment conducted by the LAC in its adult mental health plan/application. The needs assessment must include information about how the assessment was conducted. The county should use the LAC as a resource in the development of local plans, grant proposals and mental health services funding. A sample of an unmet needs assessment can be found in the tools section of this guidebook.

Operations and logistics

The county should give the LAC the authority to make operational decisions that impact its ability to accomplish its work, such as determination of meeting time and place, bylaws, method and manner of reporting and scope of issues to be addressed.

The county should provide staff support to the LAC.
Funding to support LAC work

Counties and/or regions should support LACs by providing funds for LACs to operate successfully. It is recommended that LACs should have an annual budget in order to successfully carry out their mandated duties and responsibilities. The LACs annual budget will depend on the size and membership composition of the LAC and whether the LAC is a multi-county or single county LAC. Successful LACs work with their county support staff to formulate and request an annual budget from the county board.

Feedback and impact reported back to LACs

It is important for LACs to not only provide feedback, but to receive it as well. It is difficult for members to continue to play a role in LAC work if they never see or hear the impact of their efforts.

Providing a response from the county about how LAC suggestions/recommendations were moved forward or made an impact is essential in keeping members engaged and interested in continued discussion.

Training, education and networking

Counties are encouraged to provide training, educational and networking opportunities for all LAC members, especially to chairs/co-chairs. An established orientation process for LAC leadership can help build strong LACs. An opportunity for LACs to network with one another is also a valuable way to share resources, information and best practices. For example, providing a means for an LAC that has developed an excellent orientation for new members to share/help others replicate would allow many LACs to benefit from positive work being done.

Roles of the State in LAC Work

Inclusion of LAC input in policy work

The State Advisory Council, Children’s Subcommittee and the workgroups of the Council and Subcommittee should ensure that the work of LACs is included in their deliberations and recommendations on statewide policy issues.

State review of local mental health system plans should include an assessment of how the LAC was appropriately involved in the planning process.

The Department of Human Services Mental Health Division’s review of LACs should include the needs assessments by the LAC.

The Department of Human Services should include LACs in distribution of requests for proposals and policy announcements.
Information gathering related to LAC work/leadership

The Department of Human Services requires identification and contact information of the LAC Chair(s) and frequency of meetings.

The Department of Human Services Mental Health Division’s review of Local Mental Health Collaboratives should require evidence of a children’s LAC, or a combined LAC with required children’s membership or an LAC incorporated into the Local Coordinating Councils (LCCs) with required LAC membership.

Dissemination of information:

The State Advisory Council and Children’s Subcommittee should disseminate the following information to LACs:

- Agendas, minutes, discussion materials and work products that communicate the activities and positions of the State Advisory Council on Mental Health and the Children’s Subcommittee.
- Policy bulletins, reports and background information that have general applicability to planning, review and evaluation of local mental health systems.
- Other information at the direction of the State Advisory Council or Children’s Subcommittee.

Moving issues from local to state levels

There are many issues that are both long-standing and widespread (ex. housing, employment). It is recommended that there be a clear avenue provided for LAC recommendations to make their way to the state level. Provision of recommendations and local feedback from across the state can help provide valuable guidance at the state level in development of public policy and funding requests. It is also important for initiatives from the state to be communicated to LACs clearly and early enough in the process that LACs can have a voice in implementation in their counties.

Relationship with Other Organizations

Relationship to the Adult Mental Health Initiative

LACs should have a role in coordinating input from individuals with a lived experience and family members into Adult Mental Health Initiative planning in their area. Each initiative must include a needs assessment conducted by the LAC, including how the needs assessment was conducted. Each initiative should also regularly report to LACs in their area.

Relationship to Children’s Mental Health Local Coordinating Council (LCC)

The primary role of the LAC is to recommend actions based on direct input from parents and individuals with a lived experience, while the primary role of the LCC is to implement action by
coordinating among mental health service providers. The LAC and LCC should not be combined without a plan to address the difference between the mission of the LAC and that of the LCC. If a LAC and a LCC are combined, requirements for a LAC as stated in Minnesota statutes must be satisfied, including representation of parents and individuals with a lived experience.

**Relationship of the LAC to the Family Service Collaborative**

As a best practice, LACs should define and lead the process of obtaining mental health services planning information from people who have direct experience/have received children’s mental health services and parents of children who meet the statutory criteria for severe emotional disturbance.

Where the LAC and family services collaborative are combined, requirements for a LAC as stated in Minnesota Statutes 245.484 must be satisfied. Funding for a family services collaborative/LAC should be contingent upon satisfaction of the requirements of a children’s LAC. State technical assistance to a family services collaborative/children’s LAC should be based on the specific needs of the collaborative/LAC.
LAC Tools

1. Sample Agenda Template
2. Sample Minutes Template
3. Sample of Bylaws
4. Sample Unmet Needs Recommendations
5. Sample Roberts Rules Basics
6. Sample Effective Communication Strategies
7. Sample Guidelines for LAC Mentors
8. Worksheet 1: Community Partners to Invite
9. Worksheet 2: Action Steps Worksheet
10. Worksheet 3: Creating Recommendations
Sample Meeting Agenda

Local Mental Health Advisory Council

[Insert County Name]
[Insert Meeting Date]
[Insert Meeting Time]

Type of Meeting: [Description of Meeting] Meeting

Facilitator: [Facilitator Name] Invitees: [Names of Invitees]

Call to order Roll call

Approval of minutes from last meeting Open issues

[Description of open issue]
[Description of open issue]
[Description of open issue]

New business

[Description of open issue]
[Description of open issue]
[Description of open issue]

Adjournment
Sample Meeting Minutes

Local Mental Health Advisory Council

[Insert County Name] [Insert Date]

I. Call to order

[Facilitator Name] called to order the regular meeting of the [Organization/Committee Name] at [insert time] on [insert date] at [location].

II. Roll call

[Member Name] conducted a roll call. The following persons were present: [attendee names]

III. Approval of minutes from last meeting

[Member Name] read the minutes from the last meeting. The minutes were approved as read.

IV. Open issues

[Open issue/summary of discussion] [Open issue/summary of discussion] [Open issue/summary of discussion]

V. New business

a) [New business/summary of discussion]

b) [New business/summary of discussion]

c) [New business/summary of discussion]

VI. Adjournment

[Facilitator Name] adjourned the meeting at [time].
Hennepin County Mental Health Advisory Council

BYLAWS

1. Membership

The membership of the Hennepin County Mental Health Advisory Council, (thereafter the Council), shall consist of up to 23 voting members including Consumers (6), Family Members of individuals with mental illness (6), and Mental Health Service Providers (6) and (5) At-Large: individuals representing a mental health advocacy organization, and Individuals with expertise in a specific area or special populations such as criminal justice system, African American, Somali, Southeast Asian, elderly, transition age youth, etc. Appropriate efforts are made to achieve diversity on the council by seeking out minority representation, geographical distribution and providers that represent various parts of the mental health system. All appointments are made to individuals; therefore council appointments cannot be transferred from one person to another or within an agency.

Alternate Appointments

The Commissioners may appoint an “alternate” to the Council when the number of qualified applicants exceeds the number of vacancies in any category of appointment. This practice allows the county board to increase community participation, and to maintain full representation in all LAC membership categories without having to appoint a new member to fill an unexpected vacancy during the course of the year. The appointment of Alternate Members does not change the number of voting members, which is set in the LAC By-Laws at 23.

Terms of Appointment

Council Members are appointed to serve a three (3) year term, and may reapply for one (1) additional three year term. Members who have served two full terms may reapply after a one (1) year absence from the Council.

Alternate appointments are for one year. Individuals who serve a year as an Alternate member are eligible to apply again for Council membership through the annual Hennepin County Open Appointment process. If selected, the new appointment may be to another one-year term as Alternate; or the appointment may be as a full 3-year term voting Council member. Individuals, after serving one year as an Alternate, are still eligible for two 3-year terms of appointment.

2. Quorum and Voting

The Council includes 23 voting members. Non-members and guests may participate in discussion during the open meeting, but only members appointed by the Hennepin County Board may cast a vote on Council actions. Alternate Members may vote when another member in the same category of appointment is absent.

Forty (40) percent of the voting members of the Council shall constitute a quorum. A simple majority of those voting is required to pass a motion. Members are expected to recuse themselves from Council deliberations in situations where a conflict of interest or potential conflict of interest may exist.

3. Meetings

The Council conducts its business during open meetings in accordance with standards that guide committees that give advice and make recommendations to the county board. Accordingly, Council meetings are held each month in a public location and the public is welcome to attend. Meeting agendas and records are sent with the general announcement approximately one week before the scheduled meeting.

Meeting Practices

- The spirit and intent of Roberts Rules of Order (Revised) guides the formal meeting of the Council.
- All resolutions are brought before members at the Council meeting for a full and complete discussion and vote.
- The Announcement portion of the meeting is where Council members can propose ad hoc committees, announce conference or other community events, give an update on a legislative topic, or provide information of interest to other Council members.

II. Council Communication

Council business occurs primarily at meetings; however, communications such as meeting announcements, meeting minutes and other items as designated by co-chairs are considered official business. As such, Communication to the full Council will be coordinated and conducted through Hennepin County. Communication sent from Hennepin County to LAC members will be addressed to “undisclosed recipients” in order to maintain council member privacy. LAC members are required to provide an e-mail address for the purposes of appointment to the LAC, however, other personal information such as e-mail address, phone number and mailing address will not be made public.

Council members may choose to share their personal contact information with other members to discuss matters of personal interest and not related to official LAC business.
III. Community Representation

Members may represent the Council with County Commissioners, at designated meetings or in writing, when expressing a position that has been discussed and voted on by the full Council. Members may not use their status as an LAC member for representing personal opinions or ideas verbally or in writing with state, county and elected officials or to the media or in other public venues. Misuse of Council status may lead to removal from the Council.

IV. Standards of Conduct

Members are expected to follow the policies as stated in the Hennepin County Volunteer Policy Manual that will be distributed and reviewed at member orientation and annually. Members are expected to participate in a manner that creates a respectful environment for everyone; this includes both verbal and written communications. In addition, members are expected to conduct council business in a manner that allows for positive interactions that are results oriented. While respectful disagreement of points may occur, all members are protected from harassment and bullying.

Concerns about Council business or another member’s actions may be directed to the Co-Chairs for resolution. If the Council member or Co-Chairs believe the concern has not been resolved to their satisfaction, the Human Services Department Liaison staff will review the complaint and assist in its resolution.

The Department Liaison is required to investigate any report of discrimination, including harassment and workplace bullying, and to take prompt and appropriate corrective action in accord with the Hennepin County Non-Discrimination and Respectful Workplace Policy. The Department Liaison will work with Department Administration and Human Resources regarding the investigation process, creating interview questions, and appropriate level of action based on the investigation results.

V. Resignation or Removal of Members

Resignation

A member may resign from the Council by notifying the Chair(s) in writing of their intention. The Chair(s) will notify the Department Liaison, who will inform the clerk of the county board in writing of the resignation of the Council member.

Removal

The Council Chair(s) may recommend to the executive Committee that a member be removed from the LAC for reasons including but not limited to:

- Non-attendance at Council meetings;
- Engaging in personal or professional activities that represent a conflict of interest, or negatively affects the operation of the Council, or its members.
- No longer residing in, or providing mental health services in Hennepin County;
- Violating Council standards of conduct.
• Violating Council communication standards
• Violating Council representation standards

The Executive Committee may, after efforts at informal resolution, ask the Department Liaison to intervene and/or to take action to remove the member, if concerns persist. The Chair(s) written request must document the nature of the conflict and steps taken to resolve the issue. The Department Liaison is responsible for investigating complaints and, after consultation with Department Administration and Human Resources, take appropriate corrective actions. In situations where a complaint is substantiated and removal of the member is recommended, the Department Liaison will notify the individual that he/she is no longer a member of the Council. The Liaison will inform the clerk of the county board about the removal of the member from the Council.

Leave of Absence

Council members may request a leave of absence (LOA) as an alternative to resigning their appointment. A member requesting a LOA will inform the Council Chair(s) and should give an indication of how long he/she expects to be on leave. The member does not need to provide information on why the leave is needed. A LOA cannot exceed six months and should not extend into a new calendar year. While on leave, the member will continue to receive meeting announcements and minutes, and may be in contact with other Council members. At the end of the LOA, the member will contact the Council Chair(s) regarding their intention to return, or resign from the Council.

VI. Executive Committee

The Executive Committee meets monthly, or as directed by the Chair(s) to continue the work of the Council between meetings. The Executive Committee develops the Council meeting agenda, and considers emergency issues (staffing, budget, legislation, etc.) and makes recommendations to the full Council. The Executive Committee may be authorized by vote of the full Council to make decisions between regularly scheduled meetings of the Council. Any action taken by the Executive Committee will be presented to the full Council at the next meeting.

The Executive Committee is comprised of up to eight (8) current Council members including:

• The elected Co-chairs (2),
• Past Council Chair (1), and
• Up to five (5) other members elected by the full Council.
All Council members are welcome to attend Executive Committee meeting; but voting at the meeting is open only to Executive Committee members. The Hennepin County liaison or another designated Department staff person attends, but as a non-voting Executive Committee member.

VII. Nomination and Election of Officers

Council elections are scheduled each year. An election can occur at any time of the year to accommodate the needs of the Council.

Annually, a Nominations Committee is formed to develop a slate of candidates for the Co-Chair positions, and for the Executive Committee. Council members may nominate themselves, or be nominated as a candidate, with their consent, by another Council member. Nominees for the office of Chair cannot be a Hennepin County employee, and must have served on the Advisory Council for at least one full year. Whenever possible, one of the co-chairs must be appointed to the Council as a Consumer or Family Member. Chair(s) are elected for one (1) year, and may serve no more than two (2) consecutive terms a Chair. There are no term limits for Executive Committee members.

The slate of candidates will be distributed to Council members at least 10 days before the next Council meeting, at which the slate is considered for approval. Additional nominations for the Executive Committee can be taken from the floor before the vote is cast.

If there are more than two (2) candidates for Co-Chair and/or more than five (5) candidates for the Executive Committee, a paper ballot with the list of candidates will be distributed to voting members of the Council with instructions for casting their vote. The completed ballots will be collected and the results tallied by Hennepin County staff in attendance.

VIII. Duties of the Chair(s)

Council Chair(s) will conduct monthly meetings of the full Advisory Council and the Executive Committee and ensures that the tasks of the Council are accomplished.

The duties of the Chair(s) include:

- Chair the full Council and Executive Committee meetings.
- Develop the agenda for Council meetings with the Executive Committee.
- Review and approve Council minutes prior to distribution.
- Monitor attendance at meetings and contact members who are not attending regularly.
- Present Council reports, unmet needs statements, and budget testimony to the Hennepin County Board of Commissioners.
The Executive Committee may request the resignation of a Chair who is unable to carry out the duties and responsibilities of the chair position. If the Chair does not agree to step down from the position, the Executive Committee may request assistance from Department Liaison to resolve the situation.

**IX. Committees**

Ad hoc committees will be established as needed to conduct Council business. An ad hoc committee is formed upon a motion approved by majority vote of members present, following discussion and deliberation of an issue related to the Council’s work plan. One or more Council members will be designated as committee chair(s) to organize and report on the work of the committee.

The general activities for ad hoc committees include:

1. Research issues and recommend actions needed for deliberation and action by the full Council.
2. Monitor activities in the community related to the charge of the committee.
3. Report to the full Council on the activities and progress of the committee.

**X. Amendments to the Bylaws**

The Hennepin County Mental Health Advisory Council bylaws may be amended as deemed necessary by vote of the Council. The Council will form a Bylaws Committee to develop a revised document for deliberation. All bylaw changes must be available to all Council members for a ten day review period and approved by a majority of the voting members present.

Sample Unmet Needs Recommendations

Hennepin County Adult Mental Health Local Advisory Council 2016 Unmet Needs and Recommendations

Highest Priorities

1. Continued focus on increasing housing services, supports and options for people who live with a mental illness.
   • Increase tenancy and housing supports so people with a mental illness can maintain their housing.
   • Expand the Housing First Initiative for people with a mental illness.
   • Continue focus on development of non-institutional transitional and permanent housing for people with a mental illness, in order to move more people from state hospitals, in accordance with the state Olmstead plan.
   • Develop more affordable housing options that have timely availability and are compatible with consumer needs and preferences.

2. Hire more peer specialist in Hennepin County contracted and operated services:
   • Require Certified Peer Specialists (CPS) be embedded in staffing requirements for Hennepin County mental health programs in order to improve service delivery and satisfaction for adults with a mental illness.
   • Expand funding streams for Certified Peer Specialists providers in mental health services.
   • Create a Hennepin County job classification for Certified Peer Specialist (level I and II) in order to hire CPS at Hennepin County.
   • Develop a mental health culture that values Certified Peer Specialists by educating providers on CPS role in serving clients.

Expand availability of mental health providers to meet consumer needs by addressing workforce shortages

• Seek new and innovative solutions to resolve workforce gaps by providing paid internships at Hennepin County.
• Increase people of color in the mental health workforce by developing creative recruitment and retentions strategies.
• Provide outreach and information to high school students about mental health professions so they consider a career in the mental health field.
• Implement flexible staff patterns and hours in mental health programs to attract staff and increase access for consumers.

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4 Hennepin County, MN Local Adult Advisory Council 2016 Unmet Needs Recommendations created by LAC member to present to the Hennepin Co. County Board; accessed on March 2016.
• Hire more Advance Practice Registered Nurses (APRN) so clients have increased access to staff who can prescribe medication.

3. **Increase vocational opportunities for people with a mental illness.**
• Expand the Individual Placement and Support (IPS) model by accessing funding available through the state IPS grant.
• Educate unions and businesses about hiring people with a mental illness.
• Hire mental health consumers for a variety of positions, including Certified Peer Specialist, at Hennepin County.

**Additional Priorities**

4. **Create a consumer and family member user friendly system with Hennepin County first points of contact**
• Provide mental health awareness training for staff at Hennepin County Intake and Assessment and Eligibility and Work Force Supports to develop friendly, customer oriented, and responsive, service delivery for consumers and family members.
• Improve the Hennepin County website to include information on all contracted and operated mental health services.
• Develop a mental health consumer and family feedback mechanism for Hennepin County Intake and Assessment, Economic Assistance, and the website in order to achieve improved consumer satisfaction.

5. **Decrease the number of people committed through Rule 20 who are patients at Anoka Regional Treatment Center.**
• Provide community based treatment to competency services so consumers who have been charged with criminal activity can return to the community.
• Expand criminal mental health court in Hennepin County.

6. **Develop community education to increase mental health awareness and decrease stigma**
• Decrease stigma through mental health awareness education.
• Decrease stigma by addressing the public perception of a connection between violence and mental illness.

7. **Expand programs and providers for aging adults**
• Design and implement a mental health outpatient program for adults age 55 and older to meet the unique needs of aging adults.
Sample Effective Communication Strategies

Hennepin County Adult Mental Health Local Advisory Council
Principles of Effective Communication by Members

The Hennepin County Adult Mental Health Local Advisory Council (LAC) is comprised of a diverse group of consumers, family members, providers, advocates, and members at-large, representing a wide range of experiences and perspectives.

The LAC is Board sanctioned and appointed advisory committee.

1. As representatives appointed by County Commissioners, it is essential we conduct ourselves in a courteous, respectful manner.
2. We value each member’s contributions and understand that each member has come to serve on the LAC with good intentions, and desire to ensure that all people receive mental health services of the highest quality.
3. Achieving an effective, productive dialogue in the presence of divergent experiences and opinions require that we express our viewpoint, and that we listen to the viewpoints expressed by others on the Council. We believe that difficult conversation can be an opportunity to learn from each other’s collective experience.
4. We may disagree with another member’s expressed point of view but it is important to do so respectfully. Every LAC member brings their own views to every situation. It is helpful to be clear in stating why you view a situation a particular way and it is just beneficial to listen to other points of view.
5. Guest speakers are invited to our meetings for an exchange of information. They are our guests and we need to show consideration and respect even when we disagree with their stated position on an issue.
6. LAC members, rather than non-members in attendance, are given priority when addressing their comments and questions to the chair, the group, or to guest speakers.

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5 Hennepin County, MN Local Adult Advisory Council Effective Communication Strategies for LAC members; accessed on March 2016.
Sample Robert’s Rules

Simplified "Robert's Rules"

Robert's Rules describe basic protocols for discussing and deciding issues when a large number of people are involved. It usually would not be necessary to use many aspects of it for the typical board or committee meeting of 3 to 12 people, but the "basics" are a useful way to manage any meeting. There is nothing special about Robert's Rules other than that there has to be some protocol that everyone follows and this protocol has been tested over decades and proven sound. The rules anticipate every possible scenario and can be quite convoluted for the ordinary course of business; usually, particularly in smaller board settings, using the protocol for ordinary motions is enough to get the job done. However, in larger groups, Stroh as the larger shareholders meetings, it is useful to have a more complete protocol. This attachment provides two summaries:

- The basics of addressing a motion, and
- Information on ancillary motions (subsidiary, privileged and incidental) which might be needed in larger group settings.

Basics of Addressing a Motion

A motion is a course of action recommended by the person putting the motion forward.

- **The Chair controls the flow of** the meeting. In order to put forward a motion, the mover must be recognized by the Chair. This is generally done with a nod or a gesture. The mover must wait to be recognized.
- **The group can only consider one motion at a time.** If there is a motion on the table, then a second motion will not be "heard". There are exceptions to this rule — see Ancillary motions below.
- **The mover states his/her motion;** usually in positive terms, (i.e. you would move that the organization pursue such-and such a course of action, rather than that the organization NOT pursue another.) The motion statement is structured to start with the words "I move that..."
- **A second person, or** seconder, declares, "I second the motion" (meaning, "there are two here who think this is right"). In a friendly environment, the Chair may ask if there is a second to the motion, but is not obliged to do so.
- **If there is no seconder to the motion,** it will not be considered by the group — it is considered "lost".
- **If the motion is seconded,** the Chair declares to the group "It has been moved and seconded that...." The motion must remain unchanged while it is discussed and debated by the group.

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6 Hennepin County, MN Local Adult Advisory Council Simplified Roberts Rules used as a resource for LAC members; accessed on March 2016.
• **Formally, the Chair will ask if the mover wishes to expand on his/her motion.** In a friendly or smaller meeting environment, the mover may be given an opportunity to explain their reasons or rationale to the group before putting the motion forward, but technically, they should not do so until this point. **The mover will not be given another opportunity to speak unless the Chair calls upon him/her to answer a question or clarify a statement as a result of a contribution from the floor.**

• The members are given an opportunity to express their views or ask questions about the mean,

• All comments, starting with the motion and the second and running right through the entire process, should be directed at the Chair (that is why in Parliament, you hear MP’s talking to Mr. Speaker all the time — the Speaker operates as the Chair of the House of Commons). In this way, the Chair operates as debate or discussion “traffic cop” by recognizing only one person at a time and making sure that everyone plays by the same rules.

• **There is a time limit,** usually set by the Chair at the beginning of the meeting, for how long someone can hold the floor to talk about the motion. This prevents filibustering and helps everyone treat everyone else’s views with respect. Sometimes there is a limit put on the debate of the entire motion rather than on individual contributions to the discussion.

• If no one has any comments or questions on the motion, it can go immediately to a vote.

• Otherwise, when there has been a full discussion and no further comments or questions are forthcoming from the floor, the Chair will then ask for a vote. This is called “Calling the Question”. Depending on the circumstances, votes can be:
  - By the show of hands typical in a boardroom setting. This method can also be extended to a show of “Votes” where proxies are used. Some organizations hand out one special card for every proxy vote, so a show of hands might include someone putting their hand up with, say, 10 proxy cards.
  - By voice (shouting "Aye" or "No" to indicate positive or negative vote). Somewhat more typical in political settings than in corporate settings.
  - By roll call — the Secretary reads the name of each voter who then indicates individually what his or her vote is. This can be used in any setting but is time-consuming.
  - By division — the members, shareholders or directors literally stand up and go to one side or another of a room or dividing point to indicate their position on the motion. The House of Commons often used division on important questions.
  - By ballot — where secrecy is important. Not used often.

• In addition to these methods, the Chair, if he/she Judges there to be a general consensus on the motion, can say, "There being no objection". The motion is Passed", the pause allows any individual to say that they object, if there are not objectors, then the motion is carried or passed. However, is there is even one objector, the motion, Must be put to a formal vote.

  ▪ Once a motion is put to a vote that is the end of that motion one way or the other, it cannot be reconsidered by the group, whether it was passed or lost, unless there is a new motion to reconsider or rescind it.

**Basics of Ancillary Motions**

The motion described above is a "main motion", although the process is generally the same for all motions. Even though the group can only address one motion at a time, there are sometimes motions related to the motion on the floor that is would make sense to consider at the time they come up. Under **Robert’s Rules**, some of these motions are debatable and others go directly to a vote.

**Subsidiary Motions**

The purpose of a subsidiary motion is to change how a main motion is handled and voted on. It must therefore be considered before the group can proceed to consider the main motion.
Sample Guidelines for LAC Mentors

Guidelines and Suggestions for LAC Mentors

“A mentor is a kind of guide, who despite having been far enough to know something of what’s down the path, comes back to walk with you, and thus leads without leaving you to follow.”—Boyd (1988)

Providing a mentor to new LAC Members is one of the principal strategies enacted by the Council to welcome, orient and retain new members. Here are a set of suggested actions for mentors. These may not be sufficient in some cases, so feel free to be creative with how you engage and support your mentee.

• Contact the new LAC Member about a week before and after the 1st meeting to welcome them to the Council and ask if he/she has any questions.

• Encourage the new Member to come to the new member orientation.

• Meet and greet at the first meeting – talk about your own experiences in your first year with the Council.

• Have a discussion about what each expects of the other also clarifying how much time and guidance you expect to offer.

• Initiate contact with the New Member at the first few meetings.

• Be available to listen to concerns. Give perspective and a context to what is happening at the Council meetings.

• Encourage the mentee to write down notes of questions that need clarification.

• Support and encourage their involvement and participation at meetings and work groups.

• Initiate contact (call or email) with new Member if they miss a meeting.

Worksheet 1: Community Partners to Invite

Membership on your Local Mental Health Advisory Council should be representative of your community. Involve people with a broad variety of education, experiences, opinions, economic level, gender, race, age, and ethnic background. Who are the key players in your community and county?

**Community Members/Names, Affiliation**

Adults with a lived experience of mental health:

_______________________________________________________________________________
_______________________________________________________________________________

Youth with a lived experience of mental health:

_______________________________________________________________________________
_______________________________________________________________________________

Parents:

_______________________________________________________________________________
_______________________________________________________________________________

Family Members:

_______________________________________________________________________________
_______________________________________________________________________________

Parent Teacher Organizations:

_______________________________________________________________________________
_______________________________________________________________________________

Mental Health Professionals:

_______________________________________________________________________________

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Psychologists:

_________________________________________________________________________________

_________________________________________________________________________________

Social Workers:

_________________________________________________________________________________

_________________________________________________________________________________

Marriage and Family Therapists:

_________________________________________________________________________________

_________________________________________________________________________________

Clinic:

_________________________________________________________________________________

_________________________________________________________________________________

Hospital:

_________________________________________________________________________________

_________________________________________________________________________________

Crisis:

_________________________________________________________________________________

_________________________________________________________________________________

Community:

_________________________________________________________________________________

_________________________________________________________________________________

Tribal:

_________________________________________________________________________________
Clergy and Faith based:

_______________________________________________________________________________

_______________________________________________________________________________

County Board:

_______________________________________________________________________________

_______________________________________________________________________________

Police Department:

_______________________________________________________________________________

_______________________________________________________________________________

Others:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________
Worksheet 2: Action Steps Worksheet

My county LAC is strong in:

___________________________________________________________________________________

___________________________________________________________________________________

The biggest challenge for my county’s LAC is:

___________________________________________________________________________________

___________________________________________________________________________________

Some steps that could be taken to address this challenge are:

1. ____________________________________________________________________________

2. ____________________________________________________________________________

3. ____________________________________________________________________________

Engagement of people with a mental health lived experience (Check applicable box):

☐ I feel that the voice of those with a mental health lived experience is well represented

___________________________________________________________________________________

___________________________________________________________________________________

People/Groups/Organizations I would like to engage with LAC work in my county:

___________________________________________________________________________________

___________________________________________________________________________________

My plan for engaging these people/groups/organizations include these steps:

1. ____________________________________________________________________________

2. ____________________________________________________________________________

The ways I will work to ensure that my LAC meetings include productive, inclusive discussion that can make an impact on mental health in my county include:

1. ____________________________________________________________________________
9 Mental Health Minnesota: The Voice of Recovery, Local Advisory Council Best Practice Regional Event, Action Steps Worksheet for LAC members; accessed December 2015.
Worksheet 3: Creating Recommendations

Instructions: Please indicate your LAC’s name, the date your LAC completed this form and who will be leading the [year] Unmet Needs Recommendation. For each recommendation you are proposing, indicate your problem statement in 1-3 sentences, indicate your recommendation (i.e. solution) in 1-3 sentences and discuss what will it take to eliminate or decrease the problem (will it take money, policy change, pilot, etc.) in 1 paragraph. Complete this by [date] and email to [LAC Support staff or LAC chairs].

<table>
<thead>
<tr>
<th>LAC Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>LAC Lead(s):</td>
<td></td>
</tr>
</tbody>
</table>

Problem Statement

What is the problem your LAC or group would like to see eliminated or decreased in your county and/or community? Please, be clear and specific.

What Will It Take?

What will it take to eliminate or decrease the problem stated above? Money, policy change, pilot project/program, etc.? Please, be clear and specific.

Recommendation (i.e. Solution to the problem)

What is the LAC’s or group’s recommendation (i.e. solution to the problem)? Please, be clear and specific.

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Resources

Minnesota State Legislature
http://www.leg.state.mn.us/

- MN Statute for Local Adult Mental Health Advisory Councils
  https://www.revisor.mn.gov/statutes/?id=245.466#stat.245.466.5

- MN Statute for Local Children’s Mental Health Advisory Councils
  https://www.revisor.mn.gov/statutes/?id=245.4875

Roberts Rules of Order (Revised) http://robertsrules.com/

Community Toolbox http://ctb.ku.edu/en/toolkits

Language Matters in Mental Health
http://hogg.utexas.edu/new-resources/language-matters-in-mental-health

Mental Health Minnesota: The Voice of Recovery
http://www.mentalhealthmn.org/

NAMI-MN
http://www.namihelps.org/

Department of Human Services (DHS)
http://mn.gov/dhs/

SAMHSA
http://www.samhsa.gov/

Wellness in the Woods
http://www.wellness-in-the-woods.org/