

**September 16, 2010**

**The National Coalition for Mental Health Recovery  
Announces the Formation of a  
Transitional Board of Directors**

**Recommendations for changes to this proposal  
are due by February 1, 2011 to  
[Laurenspiro1@gmail.com](mailto:Laurenspiro1@gmail.com). In subject line put  
“VOTING”. Responses to questions will be put on  
the web site and emailed to people who are on our  
e-newsletter list.**

**We continue to build our voice and our political  
power. We invite you to join us in making our  
vision a reality.**

**For more information on the coalition please go to  
[www.ncmhr.org](http://www.ncmhr.org)**

**~~~ Nothing About Us Without Us ~~~**

# **The National Coalition for Mental Health Recovery Announces the Formation of a Transitional Board of Directors**

Draft 8-12-10

## **INTRODUCTION:**

The National Coalition for Mental Health Recovery (NCMHR) was formed 4 years ago. In the process, a Steering Committee emerged made up of the executive directors of a consortium of 6 statewide organizations and the 3 consumer-run national technical assistance centers (TACs). The goal – whose time has come – was always to have an elected body to represent consumers and survivors from across the U.S.

The NCMHR is creating a transitional Board of Directors (hereafter referred to as the “Board”). Board members hold critical positions in the NCMHR’s planning, decision-making and communication systems by participating in building and coordinating grassroots coalition development; advancing the NCMHR’s education and advocacy activities; recruiting and retaining the membership of the NCMHR; and disseminating to its members, and to others as appropriate, information related to advocacy efforts. The Board will ensure that the NCMHR continues to develop and become an independent corporation.

## **Board composition:**

The NCMHR has divided the U.S. into 6 networking regions (based on the 10 federal regions), as indicated below, for the purpose of organizing the country. The new Board shall comprise:

- 3 representatives of the SAMHSA-funded consumer-run TACs (one from each center).
- 6 Board members, 1 elected from each NCMHR networking region. Term: 3 years.
- 3 elected at-large Board members. Term: 2 years.
- 3 optional appointments. (At its discretion, the Board may appoint a maximum of 3 additional Board members.) Term: 1 year.

## **NOMINATING AND VOTING PROCESSES:**

The existing Steering Committee will oversee the nominating and voting processes.

### **A. NOMINATING**

#### **Qualifications:**

Nominees must:

- be a member of the NCMHR;
- have the lived experience of recovery from mental health issues of sufficient severity to interfere with a major life role for a significant period of time;
- inspire hope by openly sharing their experiences of recovery from extreme emotional distress, a psychiatric diagnosis (or other wording of their choosing) and their social role disruption;
- have demonstrated experience in local, state, or national advocacy activities;

- have the ability to work well with other people, including negotiating common ground;
- agree to actively participate in regularly scheduled NCMHR Board teleconference calls: 8-12 per year, each approximately 90 minutes in duration;
- meet the qualifications and be able to fulfill the responsibilities listed below;
- agree to passionately promote the mission and values of the NCMHR;
- agree to abide by the NCMHR Principles of Respect.

See Addendum 1, below, for Mission, Values and Principles of Respect.

**Further qualifications specific to a regional Board member:**

The nominee must be a representative of a NCMHR statewide member organization as determined by the Board of Directors of the organization. See below for a listing of those states that have statewide NCMHR member organizations by region. (This will ensure that the regional representative effectively represents their statewide organization.) There is one NCMHR statewide member organization per state.

**Further qualifications specific to an at-large Board member:**

An at-large representative is a representative of constituents across the country regardless of region. An at-large representative may represent a constituency that spans regions, such as youth, people of color, LGBTIQ individuals, seniors, etc.

**RESPONSIBILITIES** of regional Board members:

1. facilitate two-way communication between the constituency of the region represented and the Board;
2. encourage states within the region to join the NCMHR, or actively recruit and maintain membership of the NCMHR;
3. actively participate in regularly scheduled NCMHR Board teleconference calls (8-12 per year, each approximately 90 minutes in duration);
4. participate in the NCMHR Annual Meeting (if possible);
5. actively participate in at least one NCMHR Board subcommittee;
6. serve as a leader and mentor for future Board members.

**RESPONSIBILITIES** of at-large Board members:

1. facilitate two-way communication between the constituency represented and the Board;
2. encourage constituency organizations, groups, or individuals, as appropriate, to join the NCMHR, or actively maintain their membership in the NCMHR;
3. actively participate in regularly scheduled NCMHR Board teleconference calls (8-12 per year, each approximately 90 minutes in duration);
4. participate in the NCMHR Annual Meeting (if possible);
5. actively participate in at least one NCMHR Board subcommittee;
6. serve as a leader/mentor for future Board members.

The Board of Directors of each NCMHR statewide member organization will determine the one regional Board nominee from their state.

There is a separate nomination form, which shall be completed for all nominations and e-mailed to Bryce Hewlett at [bhewlett@mhasp.org](mailto:bhewlett@mhasp.org).

The Steering Committee will determine whether the nominees meet the qualifications. The names of the qualified nominees will be placed on the appropriate ballot (regional or at-large), which will be sent to each NCMHR statewide organization member and associate member, as appropriate.

## **B. VOTING**

The Steering Committee will carry out all logistics related to a standardized election of Board members.

### **VOTING FOR REGIONAL BOARD MEMBERS:**

- Only NCMHR statewide member organizations within a region may vote for the regional Board member. Each statewide member organization shall decide how it will cast its two votes; however, it cannot vote twice for the same person. The Board of each NCMHR statewide member organization shall include the participation of the NCMHR associate members in its nominating and voting processes.
- The appropriate regional ballot will be sent to each statewide member organization in that region.
- Votes shall be sent to Bryce Hewlett at [bhewlett@mhasp.org](mailto:bhewlett@mhasp.org). He will collect them, tally them and give all the voting data and results to the Steering Committee, which will announce them to the NCMHR.

### **VOTING FOR AT-LARGE BOARD MEMBERS:**

- There shall be one vote per NCMHR statewide member organization, one vote per consumer-run national technical assistance center, and one vote per NCMHR associate member organization.
- The NCMHR Steering Committee will verify qualified nominees.
- Ballots will be sent to the statewide member organizations, the consumer-run national technical assistance centers, and the associate member organizations.
- Each organization may cast 1 vote for up to 3 different candidates. (An organization may not cast more than 1 vote per candidate.)
- Votes shall be sent to Bryce Hewlett at [bhewlett@mhasp.org](mailto:bhewlett@mhasp.org). He will collect them, tally them and give all the voting data and results to the Steering Committee, which will announce them to the NCMHR.

## **SIX NCMHR FEDERAL NETWORKING REGIONS**

Underline indicates NCMHR statewide organization member (30) as of Oct 2010.

**A. NORTHEAST REGIONAL NETWORK:** Connecticut, Massachusetts, New Hampshire, Rhode Island, Vermont, New York, New Jersey, Maine (6 NCMHR members)

**B. MIDATLANTIC REGIONAL NETWORK:** Delaware, Maryland, Pennsylvania, Virginia, West Virginia, District of Columbia (5 NCMHR members)

**C. SOUTHERN REGIONAL NETWORK:** Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, Tennessee, Arkansas, Louisiana, New Mexico, Oklahoma, Texas (6 NCMHR members)

**D. MIDWEST REGIONAL NETWORK:** Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin (4 NCMHR members)

**E. PLAINS REGIONAL NETWORK:** Iowa, Kansas, Missouri, Nebraska, Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming (3 NCMHR members)

**F. WEST REGIONAL NETWORK:** Arizona, California, Hawaii, Nevada, Alaska, Oregon, Washington, Idaho (6 NCMHR members)

## **ADDENDUM 1**

### **Mission Statement**

The National Coalition for Mental Health Recovery (NCMHR) will ensure that consumer/survivors have a major voice in the development and implementation of health care, mental health, and social policies at the state and national levels, empowering people to recover and lead a full life in the community.

### **Values**

**Recovery:** Recovery is real and possible for everyone. To recover, we need services and supports that treat us with dignity, respect our rights, allow us to make choices, and provide assistance with our real-life, self-defined needs. This range of services must include consumer-run and -operated programs.

**Self Determination:** Self-determination is essential for recovery to occur. We need to be in control of our own lives.

**Holistic Choices:** We need choices that meet our self-defined needs. We need a wide range of recovery-oriented services and supports to assist us in achieving our goals. These include assistance with housing, education, and career development, all of which can be consumer-run. We need these opportunities to achieve full integration into the community.

**Voice:** We must have a voice in our recovery and in the policies facilitating our recovery. We are the most authentic voice in the mental health system, since mental health decisions affect every aspect of our lives. We bring our lived experience; therefore, we must be central in any dialogues and decisions about mental health issues at all levels. This is empowerment.

**Personhood:** We are whole human beings and will campaign to remove stigma and discrimination. We have the same dreams as all members of the community and the ability to make our own decisions. A barrier-free community is one free from discrimination and stigma.

### **Principles of Respect**

The Coalition maintains an inclusive culture built on mutual respect. We keep this cornerstone principle in focus so that we may work together to advance our mission.

**Rationale:** The Coalition includes individuals and groups with a wide range of views on mental illness and treatment. We have chosen to focus on those things that unite us, including (among others) a belief that recovery is real and possible for everyone, that we all deserve the same rights as people who are not consumer/survivors, and that we support everyone's right to make their own choices about their treatment and their life. Because we all understand our personal experiences differently, it is essential for the strength and unity of our Coalition that we respect one another's choices of the words we use to describe those experiences, and of the activities we may choose to participate in (or not) in furtherance of our own well-being.

Therefore, as a member of the Coalition we agree to abide by the following:

**When we are speaking for ourselves as individuals:**

1. Each of us is free to describe his/her own personal experiences in the way(s) that feel most comfortable to that person. We will not attack, demean, or in any way speak negatively or disrespectfully to one another in regard to these personal choices.
2. We understand that people may be uncomfortable with the use of certain words or personal decisions, and yet we will support that person's right to such personal autonomy.

**When we are working together to build and run our Coalition:**

3. We strive to keep our focus on the greater good of the group – which is to influence the national issues affecting all of us – rather than on our own personal issues.
4. We shall collaborate and cooperate in order to ensure that we continue to build a strong, unified and authentic voice of consumer/survivors.
5. We will be thoughtful of each other at all times and continuously strive to work in a positive, respectful, and trusting fashion.

**When we represent the Coalition while communicating with the community outside of the Coalition:**

6. We shall communicate, as appropriate, that the Coalition honors individual choice and we respect that our membership represents diverse perspectives on mental illness and treatment.
7. We will distinguish, as appropriate, our personal views from those of the Coalition so as not to misrepresent the Coalition's mission and principles.
8. We will be mindful of the impact that our behavior and language has on the community and strive to communicate a message that is consistent with our principles.

[www.ncmhr.org](http://www.ncmhr.org)