



**Butte-Silver Bow Application
Behavioral Health Local Advisory Council**

Please complete this form and return it to: Chief Executive's Office, Attention: Board/Committee Applications, Butte-Silver Bow Courthouse, 155 W. Granite St., Butte, MT 59701 or scan and email to bsbboards@bsb.mt.gov.

Name: _____

Organization/Agency and Title (if applicable): _____

Address: _____ City: _____ Zip: _____

Phone: home) _____ work) _____ cell) _____

Email address(es): _____

Personal Information

Experience you bring to the BHLAC (please check):

- Individual with lived experience, having received behavioral health services
- Family member of individual with lived experience
- Behavioral health advocate
- Community provider of adult behavioral health services
- Community provider of child behavioral health services
- Healthcare service provider
- Human service provider
- Local government official

Please indicate your preferred length of term: 2 years 4 years

Please write a brief statement explaining why you would like to serve on the BHLAC:

In your view, what is the most important mental health issue facing Butte-Silver Bow?

Agreement to Serve

Butte-Silver Bow BHLAC members are appointed for four-year terms, with the initial terms of two and four years appointed to stagger the four-year appointments in the future. Members may designate one person from their category to represent their interests at meetings. Members may be reappointed only once. Members are encouraged to resign if they miss three consecutive meetings (unexcused absences). BHLAC meetings are held on the third Wednesday of each month.

The purpose of the LAC is to:

- Identify gaps or overlaps in local services, and recommend changes
- Analyze and discuss problems with service providers, advocacy groups, public officials and the general public
- Facilitate accurate and timely communication between various entities
- Assess the effectiveness of local mental health services and recommend ways services might be more effective
- Serve as a catalyst and facilitator in solving local mental health service problems
- Organize and coordinate needed services
- Educate the community on mental health issues
- Coordinate and collaborate with the Western Service Area Authority to advise the Behavioral Health Advisory Council and the Montana Department of Public Health and Human Services' Addictive and Mental Disorders Division

Please initial the following:

___ I understand that there is an expectation to attend monthly meetings, as stated in the BHLAC bylaws.

___ I understand that I may be asked to serve/volunteer on BHLAC committees or task forces to accomplish specific goals identified by the BHLAC.

___ I understand that serving on the BHLAC may require an investment of one (1) to five (5) hours monthly, with the possibility of additional hours, depending upon the work of the committee or task force.

___ I agree to disclose any other organization (personal or professional) with which I am associated that may represent a conflict of interest in voting as an BHLAC member.

Signature of Applicant

Date