



**Butte-Silver Bow Application  
Mental 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.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: home) \_\_\_\_\_ work) \_\_\_\_\_ cell) \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

**Personal Information**

MHLAC position applied for (please check):

- Individual with lived experience
- Family member of individual with lived experience
- St. James Healthcare
- Southwest Montana Community Health Center
- Butte School District No. 1 or Montana Tech
- CCCS's Southwest Montana Addiction Recovery Treatment (SMART)
- Montana Adult Protective Services
- Mental health agency serving adults
- Mental health agency serving children
- Butte-Silver Bow county commissioner
- Butte-Silver Bow Law Enforcement
- Butte-Silver Bow County Attorney's Office
- Butte-Silver Bow Health Department

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 MHLAC:

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

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## Agreement to Serve

Butte-Silver Bow MHLAC members are appointed for two- or four-year terms, with terms being staggered. Members may designate one person from their category to represent their interests at meetings, but the designee may not vote. Members may be reappointed only once. Members are encouraged to resign if they miss three consecutive meetings (unexcused absences). MHLAC meetings are held on the second Monday 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 Mental Health Oversight 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 MHLAC bylaws.

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

I understand that serving on the MHLAC 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 MHLAC member.

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Signature of Applicant

\_\_\_\_\_  
Date