



LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

Service Area Leadership Team (SALT) Membership Application

ANNUAL



Overview

Each of the eight (8) SALTs convenes the interests of DMH stakeholders from its respective Service Areas, including underserved/unserved and any other interested DMH stakeholder communities as well as any interested individual parties in general, such as other County departments, law enforcement, schools and any organization that looks to inform a shared vision. The primary goal of each SALT is for representatives of community to convene and develop stakeholder priorities that will advise DMH on its planning to develop and improve its services and partnership. The recent name change from SAACs to SALTs is to emphasize that these multi-stakeholder meetings provide access to and can be attended by any stakeholder in each geographic region.

Members should be residents who live, work, or attend schools in one of the (8) services areas within Los Angeles County and who are committed to improving mental health and wellbeing within that service area. Each member will strive to represent at least one area of expertise or experience. These include and are not limited to: personal experience as a consumer or family member of a consumer; active participation in community organizations, such as faith-based or community non-profits; living in the community; working for a contract provider of mental health services, law enforcement, city or county and/or having an affiliation assisting persons living with mental health issues.

Please Select Service Area:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Service Area 1 | <input type="checkbox"/> Service Area 3 | <input type="checkbox"/> Service Area 5 | <input type="checkbox"/> Service Area 7 |
| <input type="checkbox"/> Service Area 2 | <input type="checkbox"/> Service Area 4 | <input type="checkbox"/> Service Area 6 | <input type="checkbox"/> Service Area 8 |

Name: _____

Address: _____

City, & Zip: _____ Phone Number: _____

Email Address: _____

Organizational Affiliation (professional, community member, and agency or organization representative) if applicable:

Name: _____

Address: _____

City, & Zip: _____ Phone Number: _____

Email Address: _____



Membership Group



Please select (one) stakeholder group background you want to represent as a regular voting member in the Service Area:

<input type="checkbox"/> Adults with severe mental illness (SMI)	<input type="checkbox"/> Seniors with severe mental illness (SMI)	<input type="checkbox"/> African
<input type="checkbox"/> Faith-Based Organization	<input type="checkbox"/> Substance Abuse Organization	<input type="checkbox"/> African - American
<input type="checkbox"/> Families of children, adults, and seniors (SMI)	<input type="checkbox"/> Social Services Provider (non-managerial staff)	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Young Child (0-5)	<input type="checkbox"/> Educational Organization	<input type="checkbox"/> Asian Pacific Islander
<input type="checkbox"/> Children (6-14)	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Black
<input type="checkbox"/> Transitional Youth (15-26)	<input type="checkbox"/> MH Youth Advocate	<input type="checkbox"/> Deaf, Hard of Hearing, Blind
<input type="checkbox"/> Adults (27-64)	<input type="checkbox"/> NAMI Chapter: _____	<input type="checkbox"/> Eastern European/Middle Eastern
<input type="checkbox"/> Older Adults (65-Older)	<input type="checkbox"/> Private Business Representative	<input type="checkbox"/> Latino/Latinx
<input type="checkbox"/> Healthcare Provider/Agency	<input type="checkbox"/> Veteran	<input type="checkbox"/> LGBTQ12-S
<input type="checkbox"/> Mental Health Provider	<input type="checkbox"/> Veteran Advocacy Organization	<input type="checkbox"/> Latino/Latinx-monolingual
<input type="checkbox"/> Grassroots organizations that advocate for the interests of communities of color, immigrants, racial and health equity, cultural inclusion, disability rights, LGBTQ12-S etc.		<input type="checkbox"/> Other: _____

Representative Questionnaire

- How do you feel you could contribute to the success of the Service Area Leadership Team (SALT)?

- How are you willing to give time, energy, and resources to support the Service Area Leadership Team (SALT)?

- Voting members stay connected to the Service Area through meeting attendance, committee work, community events, e-mail, and other communications. Do you have the time and resources to be an active representative of the Service Area? ☐ Yes ☐ No

- What do you believe are the most significant issues or problems facing the Service Area Leadership Team (SALT)?

Consent and Certification

I acknowledge that the County of Los Angeles Department of Mental Health may contact other entities or other persons to confirm the information I have provided.

I certify that all statements and representations made in this application are true and correct, and I reside within the Service Area identified in the application.

Applicant – Print Name/Signature

Date