

**SMITH COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM**  
**2021 STAKEHOLDER COMMITMENT AND DESIGNATION OF REPRESENTATIVE(S)**

\_\_\_\_\_ is committed to be an active Stakeholder of the Smith County Behavioral Health Leadership Team (BHLT).

We are committed to its vision to improve the quality of life in Smith County for individuals and families affected by mental illness.

We are committed to its mission to provide guidance and linkages among stakeholders to build broad access to timely and appropriate behavioral health care services to better attend to the needs of those with mental illness in Smith County.

**As general evidence of our commitment, we agree to:**

- Appoint representative(s) to participate in BHLT and Action Team meetings with the understanding that our organization, regardless of number of representatives, has one vote.
- Authorize representative(s) to make decisions on our behalf.
- Keep BHLT informed of our organizations' behavioral health related activities.

Each representative is a vital link in a collaborative community network, and as such, shares in ideas, concerns and decisions and the development and deployment of resources. Representatives shall:

- Attend regular meetings and special events.
- Read materials and keep abreast of BHLT decisions and activities.
- Disseminate information to our organizational members and those we serve.
- Participate in at least one BHLT Action Team, if elected will co-chair that Action Team and serve on the BHLT Steering Committee.

**President or CEO**

<b>First Name:</b>	_____	<b>Last Name:</b>	_____
<b>Email:</b>	_____	<b>Phone:</b>	_____
		<b>Website:</b>	_____
<b>Address:</b>	_____		
<b>Address:</b>	_____		
<b>City:</b>	_____		
<b>State:</b>	_____		
<b>Zip:</b>	_____		

**What is the mission of your Organization?**

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**Primary Representative** for BHLT. *This Representative will vote on behalf of your organization.*

<b>First Name:</b>	_____	<b>Last Name:</b>	_____
<b>Email:</b>	_____	<b>Phone:</b>	_____

**Second Representative** for BHLT.

<b>First Name:</b>	_____	<b>Last Name:</b>	_____
<b>Email:</b>	_____	<b>Phone:</b>	_____

**Third Representative** for BHLT.

<b>First Name:</b>	_____	<b>Last Name:</b>	_____
<b>Email:</b>	_____	<b>Phone:</b>	_____

\_\_\_\_\_  
**Signature of President or CEO**

\_\_\_\_\_  
**Date**

Submit before January 31, 2021.

Questions?  
[info@smithbhlt.org](mailto:info@smithbhlt.org)