

Western Service Area Authority Local Advisory Council Survey

Instructions: You do not need to type your answers on this form. Type your answers in an email and, for clarity, be sure to label the answers to which question.* Thank you!

Organization Name: _____

Person Completing Form: _____

Chairperson: _____

Vice Chairperson: _____

Secretary: _____

Treasurer: _____

LAC Representative to WSAA: _____

LAC Alternate Rep. to WSAA: _____

Mailing Address: _____

Contact Email: _____

Contact Telephone: _____

LAC Meeting Address: _____

LAC Meeting Date & Time: _____

1. Do the LAC members believe more Crisis Intervention Team (CIT) trained law enforcement officers/deputies are needed in your service area? Yes No Don't Know
2. Do your LAC members view suicide attempts and/or completions as a problem in your area?
 Yes No Don't Know
3. Is there enough safe, affordable, low income housing for people with disabilities in your area?
 Yes No Don't Know
4. What are the top 4 priority needs of your LAC service area? If there are more than four, please list other services you see as needed to provide a full range of mental health and substance abuse services in your LAC area to help that population to live, work, recreate, and participate in their community to the fullest extent of their ability and desire.

*** Feel free to add additional comments, including specific successes or deficits in your LAC area.**