

October 12, 2021

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: **Mental Health Local Advisory Council**

PRESENTED BY: **Commission**

Category: Community Health Care Center dba/ Alluvion Health

_____ Dusti Zimmer (Filling seat vacated by Trista Besich)



CASCADE COUNTY
Mental Health Local Advisory Council
Application



Please complete this form and return it to the County Commission Office, Room 111 Courthouse Annex, 325 2nd Avenue North, Great Falls, MT 59401. If you have any questions, please contact the Commission Office @ (406) 454-6810. This application is designed to obtain information as to your interest and qualifications for serving on a County Government Board.

(Please Print or Type)

Date: 9.13.2021

NAME Dusti Zimmer
TELEPHONE 406.791.7938
EMAIL dzimmer@alluvionhealth.org
ADDRESS: 601 1st Ave North, Great Falls, MT 59401

Current County Boards or Volunteering

Please see attached resume for information.

Previous Public Experience, Boards or Volunteering

Please see attached resume for information.

Employer

Alluvion Health, Chief Clinical Operations Officer

Education

Master's degree as a clinical social worker, bachelor's degree in applied psychology

Please indicate which category you are qualified for.

- Mental Health Services: Consumer
- Mental Health Services: Family Member or Consumer
- Provider: Mental Health Services ___ Adult ___ Child
- Representative: City Attorney, County Attorney or Public Defender
- Representative: Center for Mental Health
- Representative: Benefis Health System or Great Falls Clinic Hospital
- Representative: Community Health Care Center dba/Alluvion Health
- Representative: City Law Enforcement
- Representative: Sheriff's Office

List special experience or education you may have for serving on this council.
(Include additional information on the back of this form or attached a resume.)

Previously served on the LAC Board but resigned due to dual occupancy by Alluvion Health.

Please see attached resume.

Cascade County Mental Health Local Advisory Council
C/O Cascade County Board of County Commissioners
325 2nd Ave North, Room 111
Great Falls, MT 59401

Dear Board of Commissioners,

It is with sincere regret that I submit this letter to you. This will constitute my letter of resignation as the Alluvion Health representative to the Cascade County Mental Health Local Advisory Council (MHLAC).

Please accept my appreciation for the opportunity to serve as a part of the MHLAC and for the experience and education I gained from my time with them. I would like to take this opportunity to say that making this decision has been difficult, as being a member of the Council has been a positive experience and one for which I am grateful. However, my other commitments have become too great for me to be able to fulfil the requirements of my position, and I feel it is best for me to make room for someone with the capacity to serve the Council wholeheartedly. As such, I have included an application from Dusti Zimmer, Chief Clinical Operations Officer, who is pleased to apply to be the Alluvion Health representative to the Council.

It has been a pleasure being part of the Council. I am pleased at the changes and successes the Council has achieved since I joined and have no doubt they will continue these successes in the future.

Again, thank you very much for the opportunity to be a part of the MHLAC, I very much enjoyed my experience.

Respectfully,



Trista Besich, MBA
Chief Executive Officer

