



Wanted – Invited – Needed for the Region 4 Behavioral Health Board

Enthusiastic, engaged community members with a desire to help create local change and improve behavioral health in the communities of **Region 4** (Valley, Elmore, Boise, and Ada Counties) **are invited to apply and participate on the Region 4 Behavioral Health Board.**

Position responsibilities:

You will be representing the community. You must have experience in order to apply and represent this critical demographic on the Regional Behavioral Health Board.

Prepare for and attend meetings as scheduled. Preparation may include reading and reflecting on pre-meeting documents in preparation for fruitful meeting discussion. Monthly meetings convene the second Thursday of each month, from 11:00am-1:00pm. Estimated monthly time commitment is 3-6 hours (excludes travel time to meeting location).

Active participation in Board meetings includes, but is not limited to:

- Providing thoughtful contributions to Board discussions and decisions;
- Assisting with making informed decisions to improve behavioral health in all of Region 4;
- Talking with your community (work, social, residential) about behavioral health topics and potential action plans (The Region 4 Behavioral Health Board strives to have representation and feedback from all counties and stakeholders, from individuals with lived experience to elected officials in Region 4.);
- Participating on Board committees or working groups as your passion dictates;
- Committing to helping carryout the work of the Board through your networks, work affiliation, community groups and other contacts; and
- Being willing to develop your skills to help the Board better develop its skills.

Terms of appointment: July through June, up to four-year terms

Miscellaneous: Plans include utilizing conference call and other technology to minimize costs (time and travel) when possible. Reimbursement for limited travel expenses will be explored as resources permit.

Your application will be retained until June 30 of each year. As Board vacancies arise, your application will be reviewed according to the position(s) you indicated.

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Region 4 Behavioral Health Board

Application / Nomination Form

APPLICANT NAME			
MAILING ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
Is this a WORK address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMAIL ADDRESS		PHONE	
EMPLOYER NAME			
OCCUPATION OR DAILY ACTIVITY:			

Identify the **COUNTIES** in Region 4 in which you reside or work (check all that apply):

- Ada
 Boise
 Elmore
 Valley

Is this Application/Nomination at the request of a Community Organization, Board, or Council? YES NO

IF YES, Please list the Organization Name, Contact Name, and Email Address for the Nominating Group:

Is your area of passion, concern, or expertise in the following (select all that apply):

- Mental Health
 Substance Use Disorders
 Other: _____

Do you – or a friend or family member - have lived mental health experience?

- YES
 NO
 Prefer not to answer

Please select the seat(s) on the R4BHB you are applying for (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> County Commissioner
<input type="checkbox"/> Parent of Child with Mental Health disorder
<input type="checkbox"/> Adult Client of Mental Health Services (in wellness)
<input type="checkbox"/> Family Member of Person with MH Diagnosis
<input type="checkbox"/> Advocate for Mental Health
<input type="checkbox"/> Parent of Child with Substance Use Disorder
<input type="checkbox"/> Adult Client of SUDS Treatment Services (in recovery)
<input type="checkbox"/> Family Member of Person with SUDS Diagnosis
<input type="checkbox"/> Advocate for SUDS Prevention, Treatment, Recovery | <input type="checkbox"/> Region 4 DHW BH Staff
<input type="checkbox"/> Education Representative: School/Grades: _____
<input type="checkbox"/> Prevention Specialist
<input type="checkbox"/> Licensed Physician or Health Professional: _____
<input type="checkbox"/> Treatment Service Provider – Mental Health
<input type="checkbox"/> Treatment Service Provider – SUDS
<input type="checkbox"/> Hospital Representative
<input type="checkbox"/> Juvenile Justice System Employee
<input type="checkbox"/> Adult Correction System Employee
<input type="checkbox"/> Law Enforcement, Agency: _____
<input type="checkbox"/> 4 th District Judiciary |
|--|---|

Are you able to attend monthly meetings? YES NO

Based on your current obligations, are there specific conflicts that would prohibit you from attending monthly R4BHB meetings? [Board meetings are scheduled on the 2nd Thursday of every month, from 11:00 a.m. to 1:00 p.m., Mountain Time. Call-in information is available for every meeting.]

Please indicate your schedule restrictions: _____

Are you willing to participant in Board work groups or subcommittees?

YES NO YES, even if I am not appointed to the Behavioral Health Board

Please indicate areas of interest:

- | | |
|--|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> R4BHB Marketing |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Recovery Activities/Center |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Recovery Wellness Oriented Services |
| <input type="checkbox"/> Family Support Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Gaps & Needs Evaluation | <input type="checkbox"/> Treatment Service Providers |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Youth (SUDS/Children’s Mental Health) |
| <input type="checkbox"/> Public Policy | <input type="checkbox"/> Other: _____ |

Please comment on any knowledge or experience you have in fields of mental health and/or substance use disorders. Why are you interested in serving on the Region 4 Behavioral Health Board?

List any previous experience you have with boards, councils, or other organizations, including any offices or work groups/committees to which you have contributed your talent?

Please add any additional information you want us to know about your interest in the Region 4 Behavioral Health Board.

By signing below, I acknowledge that the above information is true and complete. I also understand that if I am appointed to a seat on the Region IV Behavioral Health Board that my professional information, including name, occupation, employer, email address, and role on the Board will be shared publicly.

APPLICANT SIGNATURE

DATE

This application will be kept for review by the R4BHB Appointing Committee for 12 months. If you are not appointed to a Board seat after 12 months, you may choose to submit a new application. You may choose to rescind your application at any time.

Please return this completed form by email to:

R4BHB@dhw.idaho.gov