



## **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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Please return this completed form by email or mail to:**

Tami Cirerol at [tcirerol@cdh.idaho.gov](mailto:tcirerol@cdh.idaho.gov)  
Central District Health  
707 N Armstrong Place, Boise, ID 83704