

Wanted – Invited – Needed

for the Region IV Behavioral Health Board

Enthusiastic, engaged community members with a desire to help create local change and improve behavioral health in the communities of **Region IV – Valley, Elmore, Boise and Ada counties representing Mental Health Consumers/Advocates are invited to apply and participate on the Region 4 Behavioral Health Board.**

Position responsibilities:

You will be representing Mental Health Consumers/Advocates and bring a genuine desire to be part of the change process and actively involved on the Board. 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. Meetings are held monthly, the second Thursday of each month from 11am-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 IV; talking with your community (work, social, residential) about behavioral health topics and potential action plans (the Region IV Behavioral Health Board strives to have representation and feedback from all counties and stakeholders, from individuals with lived experience to elected officials in Region IV); 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 to June, four year terms (however, **this position only has two years left in its term**), with staggered rotations so that 1/3 of the Board is appointed per year starting in July 2016.

Rewards: The joy of working with other individuals committed to improving behavioral health and the satisfaction of seeing efforts become reality. 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.

Region IV Behavioral Health Board

Application / Nomination form

Applicant/Nominee NAME: _____

HOME Phone: _____ CELL Phone: _____

WORK Phone: _____ Preferred EMAIL: _____

Preferred MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Is this address WORK? HOME?

Occupation/usual daily activity: _____

COUNTIES in Region IV 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:

Organization Name, Contact Name, Daytime Phone Number and Email Address for Nominating Group:

Is your area of passion/concern/expertise: Mental Health Substance Use Disorders Both

Do you have lived experience (personal or close family member)? YES NO Prefer not to answer

Please check any of the boxes below that describe your background (check all that apply)

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

ARE YOU:

Able to attend monthly meetings? YES NO

Willing to participant in board working 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"/> Youth (SUDS/Children’s Mental Health) | <input type="checkbox"/> Family Support Services |
| <input type="checkbox"/> Treatment Service Providers | <input type="checkbox"/> Recovery Wellness Oriented Services |
| <input type="checkbox"/> Recovery Activities/Center | <input type="checkbox"/> Community Education |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Public Policy |

- Employment
- Other: _____

The Board needs members with different skill sets and talents. Please check any of the boxes below that describe your expertise, work experience or personal gifts/interests (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Community Organizer – someone who rallies the troops | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Business Savvy | <input type="checkbox"/> Social Media – Facebook, Twitter, Pinterest, etc. |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Training |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Worker Bee – a behind the scenes “get it done” person | <input type="checkbox"/> Facilitation Skills |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Research |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Other items not listed, but are skills or talents you can share: _____ | |

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 IV Behavioral Health Board?

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

Please list the contact name, phone number and email address for someone who can tell us more about your participation in an organization with a service mission (church, school, community, work – all areas of your life experience):

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

Based on your current obligations, are there specific conflicts that would make attending regional Behavioral Health Board meetings difficult given the current schedule of the 2nd Thursday of the month from 11am-1pm? (Note that call-in information is typically available for Board members who cannot attend in person).

Please indicate your schedule restrictions: _____

 APPLICANT SIGNATURE

 DATE

Please return this completed form by email or mail to:

Alexis Pickering at apickering@cdhd.idaho.gov
Central District Health Department
707 N Armstrong Place
Boise, ID 83704