



BEHAVIORAL HEALTH BOARD

## Wanted – Invited – Needed for the Region 3 Behavioral Health Board

Enthusiastic, engaged community members with a desire to help create local change and improve behavioral health in the communities of **Region 3** (Gem, Canyon, Payette, Owyhee, Washington, and Adams Counties) **are invited to apply and participate on the Region 3 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 4th Wednesday of each month, with the exception of November, when it occurs on the 3rd Wednesday due to the holiday, from 9:30am-12:00pm. The board does not meet in December. 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 3;
- Talking with your community (work, social, residential) about behavioral health topics and potential action plans (The Region 3 Behavioral Health Board strives to have representation and feedback from all counties and stakeholders, from individuals with lived experience to elected officials in Region 3.);
- 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:** January through December, up to four-year terms. If a seat is open, applicants can join the board at any time.

**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 December 31 of each year. As Board vacancies arise, your application will be reviewed according to the position(s) you indicated.*

<https://idahoregion3bhb.idaho.gov/>



## Region 3 Behavioral Health Board Application / Nomination form

**Applicant/Nominee Name:**

**Home/Cell Phone:**

**Work Phone:**

**Email Address:**

**Mailing Address:**

Is this address your:

Home

Work

**Occupation/usual Daily Activity:**

**Which county/counties in region 3 do you reside or work? (Select all that apply)**

Adams

Gem

Payette

Canyon

Owyhee

Washington

**Is this Application/Nomination at the request of a Community Organization, Board or Council?**

No  Yes

If yes, please list organization name, contact name, phone number and email for nominating group:

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

**Do you have a 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):**

Parent of child with mental health disorder

Licensed physician or health professional, describe:

Parent of child with substance use disorder

County Commissioner or designee x 3

Adult mental health consumer

Treatment service provider – mental health

Adult SUDs consumer

Treatment service provider – SUDS

Family member of person with MH diagnosis

Juvenile justice system – current employee

Family member of person with SUDS diagnosis

Adult correction system – current employee

Advocate for mental health

Law enforcement, list agency:

Advocate for SUDS prevention, treatment, recovery

Region 3 DHW BH Staff x 2

Education representative, list school/grades:

Hospital representative

Certified Prevention Specialist

3<sup>rd</sup> District judiciary

**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"/> Children’s Mental Health    | <input type="checkbox"/> Family Support Services   |
| <input type="checkbox"/> Treatment Service Providers | <input type="checkbox"/> Recovery Support 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             |
| <input type="checkbox"/> Employment                  | <input type="checkbox"/> Other:                    |

**The new Board will need 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"/> Communications | <input type="checkbox"/> Training            | <input type="checkbox"/> Research            |
| <input type="checkbox"/> Business Savvy | <input type="checkbox"/> Fund Raising        | <input type="checkbox"/> Local Government    |
| <input type="checkbox"/> Social Media   | <input type="checkbox"/> Public Speaking     | <input type="checkbox"/> Health Care         |
| <input type="checkbox"/> Planning       | <input type="checkbox"/> Worker Bee          | <input type="checkbox"/> Community Organizer |
| <input type="checkbox"/> Grant Writing  | <input type="checkbox"/> Facilitation Skills |  |
| <input type="checkbox"/> Marketing      | <input type="checkbox"/> Evaluation          |  |

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 3 BH 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 to know about your interest in the BH board.**

**Based on your current obligations, are there specific days or times that would make attending Regional BH board meetings difficult (for example, if you have a standing meeting on the 2nd Tuesday of the month from 9 a.m. to 11 am or if you cannot attend meetings scheduled for Mondays).**

**Please indicate your schedule restrictions:**

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Applicant Signature

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Date

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

**[mmezo@trhs.org](mailto:mmezo@trhs.org)**

Melissa Mezo  
Attn: Behavioral Health Board  
300 S. 23<sup>rd</sup> Street  
Boise, Idaho 83702

*Applications are reviewed during routine R3BHB Executive Committee meetings*

Please check if you would like your application be retained until December 31. As Board vacancies arise, your application will be reviewed according to the position(s) you indicated.