



Region 6 Behavioral Health Board – Application for Board Membership

Thank you for your interest in serving on the Region 6 Behavioral Health Board. We are a collaborative group dedicated to improving behavioral health outcomes through advocacy, education, and action.

Our Mission:

We advocate, educate, and collaborate to address behavioral health gaps and promote equitable access to care in our region.

Our Vision:

A region where collaboration drives equitable, accessible, and integrated behavioral health systems.

Our Values:

- Instilling Hope – Inspiring confidence in the possibilities of better health and stronger systems.
- Seeking Strength – Empowering individuals and organizations to work together for lasting change.
- Embracing Recovery – Supporting systems that enable recovery for all in need.

We are currently seeking individuals who are passionate about improving behavioral health systems in Region 6. All board members must reside or work within Region 6 and are expected to attend monthly board meetings, held on the third Tuesday of each month at 11:30 AM.

NAME: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

CATEGORY OF MEMBERSHIP NOMINATION FOR REGION VI:

- ☐ COUNTY COMMISSIONER (3)
- ☐ IDHW EMPLOYEE REPRESENTING BEHAVIORAL HEALTH SYSTEM (2)
- ☐ PARENT OF A CHILD WITH SERIOUS EMOTIONAL DISTURBANCE (SED)
- ☐ LAW ENFORCEMENT OFFICER
- ☐ PARENT OF A CHILD WITH SUBSTANCE USE DISORDER (SUD)
- ☐ MENTAL HEALTH ADVOCATE(2)
- ☐ SUBSTANCE USE DISORDER ADVOCATE
- ☐ ADULT SUBSTANCE USE DISORDER SERVICES CONSUMER REPRESENTATIVE
- ☐ ADULT METAL HEALTH CONSUMER REPRESENTATIVE
- ☐ FAMILY MEMBER OF ADULT MENTAL HEALTH CONSUMER
- ☐ FAMILY MEMBER OF SUBSTANCE USE DISORDER CONSUMER
- ☐ MENTAL HEALTH PROVIDER WITHIN REGION VI
- ☐ SUDS PROVIDER WITHIN REGION VI
- ☐ LICENSED PHYSICIAN/HEALTH PRACTITIONER
- ☐ HOSPITAL REPRESENTATIVE WITHIN REGION VI
- ☐ ELEMENTARY OR SECONDARY PUBLIC EDUCATION SYSTEM REPRESENTATIVE
- ☐ JUVENILE JUSTICE SYSTEM
- ☐ REPRESENTATIVE OF ADULT CORRECTIONS
- ☐ JUDICIARY SYSTEM REPRESENTATIVE

Application Questions

1. Which board seat or role are you applying for?

(Please refer to the defined seats and list the one you are applying to fill.)

2. How do you see yourself representing this role on the board?

Explain how your background, experiences, or professional perspective aligns with the seat and how you plan to represent that voice in board discussions.

3. Why are you interested in serving on the Region 6 Behavioral Health Board?

What motivates you to take part in shaping behavioral health in Region 6?

4. What strengths, skills, or lived experiences will you bring to this work?

We value a range of perspectives — professional expertise, community involvement, and personal experiences all matter.

5. Do you live or work in Region 6?

Please list the county where you reside and/or work. (Eligibility requires a connection to Region 6.)

6. Are you able to attend monthly meetings held the third Tuesday of each month at 11:30 AM? Board Members who miss three consecutive meetings without good cause, and/or without prior notice, are deemed to have terminated their membership.

Please confirm your availability and willingness to participate regularly.

Signature: _____

Date: _____

PLEASE SUBMIT YOUR COMPLETED APPLICATION TO: DANIELLE STOHL AT
DANIELLE.STOHL@DHW.IDAHO.GOV

THANK YOU FOR YOUR INTEREST IN THE REGION 6 BEHAVIORAL HEALTH BOARD.