

Region 6 Behavioral Health Board

Executive Summary – January 2026 Meeting

Reporting Period: January 2026

Board Chair: Victoria Byrd

Counties Served: Bannock, Power, Caribou, Bear Lake, Franklin, Oneida

The Region 6 Behavioral Health Board held its in-person meeting on January 20, 2026. The primary focus of the meeting was gaining a deeper understanding of behavioral health service delivery, provider reach, and access challenges across Region 6.

The most significant portion of the meeting was dedicated to presentations and discussion with HealthWest and the Pocatello Free Clinic. The Board is intentionally working to better understand the current behavioral health landscape in the region, particularly in rural communities identified as having growing needs through the Board's most recent Gaps and Needs Assessment.

Both HealthWest and the Pocatello Free Clinic shared information regarding their services, regional footprint, wait times, and access to care. A consistent theme across both presentations was workforce recruitment and retention. Providers identified difficulty recruiting and retaining qualified clinicians due to heavy workloads, burnout, limited reimbursement rates, and sustainability challenges. These barriers affect not only rural communities, but also regional hubs such as Pocatello and Idaho Falls.

The Board engaged providers in discussion regarding how it can best support their work. Both organizations expressed interest in the Region 6 Gaps and Needs Assessment and indicated a willingness to collaborate with the Board, including assisting with future data collection and planning efforts.

Board business items were also addressed, including approval of prior meeting minutes, review of the board calendar, funding timelines, the Behavioral Health Planning Council Governor's Report, and a review of board membership vacancies and upcoming term expirations.

During the final portion of the meeting, the Board reviewed 988 call and text volume data by county, shared by the Idaho Department of Health and Welfare. Approximately the final ten minutes of the meeting were dedicated to discussion of this data. The Board noted significant variation in utilization across Region 6 counties and discussed potential contributing factors such as population density, awareness of the 988 service, access to behavioral health resources, and rural isolation.

Given that suicide prevention resources rank among the top priorities identified in the Region 6 Gaps and Needs Assessment, the Board identified 988 utilization as an important area for further analysis. A more in-depth discussion and development of a regional plan of action is scheduled for the February meeting.

Overall, meeting discussion aligned closely with Region 6 priorities, including access to treatment providers, children and adolescent mental health care, veteran mental health care, and suicide prevention resources. The Board will continue focusing on data-driven planning, workforce sustainability, rural access strategies, and collaborative partnerships to strengthen behavioral health services across the region.