

Regional Behavioral Health Board Answers

This form is designed to collect information for the annual report to the Governor and Legislature about behavioral health services in Idaho. If you have any pictures of community events in your region, please attach them. Thank you for your help in improving the quality of behavioral health services for Idahoans!

Person Completing Form:

Region:

Contact Email:

Contact Phone Number:

Please list your Behavioral Health Board's Sub-Committees along with each sub-committee's Chair name and contact information:

Please list your region's top three goals from last year:

- 1.
- 2.
- 3.

Please list the top 3 action items for these goals from last year:

- 1.
- 2.
- 3.

Please provide short answer on your success or outcome from last year's goals. If not, explain why.

What education and/or community events did you participate in?

Please list your region's top 3 greatest gaps and needs in behavioral health for the current year

- 1.
- 2.
- 3.

Do you feel access to Mental Health services in your Region has improved, decreased, or is staying the same? Please explain why.

Do you feel access to Substance Use Disorder services (Prevention, Treatment, Recovery) in your Region has improved, decreased, or is staying the same? Please explain why.

Please provide a brief 20-50 word quote from a community member, peer, or BHB member about the importance of mental health services in your region.

Behavioral Health Gaps and Needs

Rate each category with 1 being the most critical in your area.	1-13
Access to treatment providers	
Stable Housing	
Community Crisis Center	
Anti-Stigma education	
Suicide Prevention Resources	
Children/Adolescents Mental Healthcare	
Veteran’s Mental Healthcare	
Caregiver supports (including education, training, emotional support, respite care, etc.)	
Peer supports (including education, training, emotional support, etc.)	
Substance use disorder treatment centers	
Crisis Intervention Team (CIT) training for law enforcement officers	
Mental Health Court	
Other:	

If you chose “other”, please provide more information: