



# **Behavioral Health Board - Region 3**

## **Serving Adams, Canyon, Gem, Owyhee, Payette and Washington Counties**

### **Appointed Members:**

#### **Co. Commissioner/Designee (3)**

Mark Rekow - Gem  
Marc Shigeta - Payette  
Leslie Van Beek - Canyon

#### **Dept. Of Health & Welfare (2)**

Penny Dunham  
Heather Taylor

#### **Court Appointed Judiciary (1)**

Judge Brian Lee

#### **Law Enforcement (1)**

Vito Kelso

#### **Adult Corrections System (1)**

Michelle Sundquist

#### **Juvenile Justice (1)**

Ivy Smith

#### **Health Professional (1)**

Melissa Mezo

#### **Hospital Representative (1)**

Joy Husmann

#### **School District (1)**

Alejandro Zamora

#### **Mental Health Private Provider (1)**

Greg Dickerson

#### **SUD Private Provider (1)**

Lina Smith

#### **Mental Health Advocate (1)**

Laura Raynor

#### **SUD Advocate (1)**

Dr. Chris Partridge

#### **Parent of Child - MH (1)**

Tricia Ellinger

#### **Parent of Child - SUD (1)**

Shawneen McGee

#### **Family member - MH Adult (1)**

Laurie Edwards

#### **Family member - SUD Adult (1)**

Chuck Christiansen

#### **Adult MH Consumer Rep. (1)**

Penny Jones

#### **Adult SUD Consumer Rep. (1)**

Aaron St. George

#### **Prevention Specialist (1)**

Jeri Gowen

Region 3 Behavioral Health Board  
13307 Miami Lane  
Caldwell, ID 83607

Dear Sir or Madame:

Thank you for your interest in securing funds from the Region 3 Behavioral Health Board. You may submit this application at any time, though funds may or not be available. The Board strives to create its budget for the coming calendar year each fall.

Please follow these directions in filling out your grant proposal:

- Limit your response to the space allowed
- Provide detail in regards to outcome measurements and proposed budget itemization
- Requests must meet the scope of the Boards Mission and Vision Statement
- Must be willing to complete an Evaluation after completion of funded project/event
- Return requests to Emily Straubhar at [Emily.straubhar@phd3.idaho.gov](mailto:Emily.straubhar@phd3.idaho.gov)

Please allow 8 weeks for a response to your request, prior to contacting us for updates.

Should you have any questions, please do not hesitate to reach out to a member of our Board or our Health Education Specialist, Emily Straubhar.

Sincerely,

Melissa Mezo – Chair, Region 3 Behavioral Health Board

### **MISSION & VISION**

***“The Mission of the Region 3 Behavioral Health Board is to advocate, educate, and ensure accessible care for those in need of Mental Health and Substance Use services, by developing and sustaining a network that promotes prevention and ready access to a full range of services.”***

***“Region 3 Behavioral Health Board envisions a healthy community through a collaborative integrated network that promotes and sustains hope and recovery for all.”***

Region 3 Behavioral Health Board - C/O Emily Straubhar  
13307 Miami Lane, Caldwell, ID 83607  
Phone: 208.484.8046 / Fax: 208.454.7722



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| RUBRIC SCORING SHEET           |  |  |   |       |
|--------------------------------|--|--|---|-------|
|                                | 3 pts.   | 2 pts.   | 1 pt.   | SCORE |
| PROJECT DESCRIPTION            | Strong description with procedures and activities that are well defined and link to project goals.                       | Adequate description with procedures and activities that are defined but project is somewhat unclear. Not clearly linked to project goals. | Description is vague and not clearly linked to project goals            |       |
| PROJECT PURPOSE AND OBJECTIVES | States a specific purpose and maintains a clear objective  | States a specific purpose and maintains a somewhat clear objective   | There are a few lapses on the objective but the purpose is fairly clear |       |
| PROJECT GOALS                  | Goals for the project are clearly described and thoroughly documented  | Projects purpose is stated and some evidence of need is provided.  | Projects purpose is unclear.  |       |
| BUDGET                         | Budget is complete and contains all required information. Budget is cost effective and linked to activities and outcomes | Budget is complete but is not cost effective and/or related to activities and outcomes   | Budget lacks required information or includes allowable expenditures    |       |
| WRITING TECHNIQUE              | Uses acceptable style and grammar (0 errors)   | Uses adequate style and grammar (1-2 errors)   | Fails to use acceptable style and grammar (2-5 errors)                  |       |
|                                |  |  | Total Score   |       |

***\*This worksheet will be used by the Executive Committee members to score***

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***the funding request submitted.***

***\*\*All requests should be submitted 90 days' prior the funding activity***

***\*\*\* Limit one request per organization for the calendar year (January –  
December)***



## Behavioral Health Board - Region 3

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#### Board Grant Proposal

REQUESTOR NAME

ORGANIZATION

TYPE OF ORGANIZATION (501 (c)(3), government, other):

ORGANIZATION ADDRESS

CITY

COUNTY

STATE

ZIP CODE

EMAIL ADDRESS

REQUESTOR'S PHONE

DOES REQUEST MEET ONE OF THE GOALS IDENTIFIED IN THE R3BHB STRATEGIC PLAN?

☐ YES ☐ NO

DATE OF REQUEST:

AMOUNT OF GRANT FUNDS REQUESTED: - SEE ITEMIZED BUDGET

\$

PLEASE DESCRIBE THE NATURE/SCOPE OF THE PROJECT/REQUEST FOR FUNDING WITH THE PURPOSE AND OBJECTIVES TO BE MET. INCLUDE ANY ACTIVITIES LINKED TO THE PROJECT ALONG WITH TIMELINES. PLEASE PROVIDE BIOGRAPHY(S) FOR ANY REQUESTS TO FUND SPEAKERS.

WHAT ARE THE PROJECT/REQUEST FOR FUNDING GOALS YOU WOULD LIKE TO ACHIEVE?:

HOW WILL YOUR PROJECT/REQUEST FOR FUNDING GOALS BE MEASURED?:

PLEASE STATE HOW THE REGION 3 BEHAVIORAL HEALTH BOARD WILL BE RECOGNIZED AND WHICH COUNTY(IES) SERVED.:

I agree to complete the evaluation form within 60 days of start of project/request.

Signature: \_\_\_\_\_

Approval of RBHB Board Chairman

Date: \_\_\_\_\_

\*Upon approval, the requestor will provide a W-9 and Finalized Budget

\*Above Services Are Authorized by Idaho Statute 39.31.35.



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**\*\*FUNDING *MUST* MEET THE GUIDELINES OF BOTH OUR CONTRACT AND OUR FIDUCIARY. WE MAY REQUIRE RECEIPTS, INVOICES, ETC. PRIOR TO ANY REIMBURSEMENT OR PAYMENT BEING MADE. SEE THE FUNDING AVAILABILITY FOR THE BOARDS CODE AND EXAMPLES. \*\***

#### **ITEMIZED BUDGET PROPOSAL**

| PROPOSED PURCHASE DATE | AMOUNT | PROPOSED PURCHASE FROM: |
|------------------------|--------|-------------------------|
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |
|                        | \$     |                         |

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## Funding Availability

Per ID Code 39.31.35

- Community consultation and education
- Housing to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization
- Employment opportunities to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization
- Evidence-based prevention activities that reduce the burden associated with mental illness and substance use disorders
- Supportive services to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization including, but not limited to, peer run drop-in centers, support groups, transportation and family support services

## Examples of Acceptable Funding Opportunities

- Printing of educational and/or advertising materials
- Costs associated with a speaker for community education
- Costs associated with room rentals for education events
- Purchase or rental of equipment or items, such as a movie, for education events
- Rental help for individuals
- Motel costs for individuals
- Utility help for individuals
- Wages for an individual, in recovery, and working in the scope of our work
- Transportation costs for those in Mental Crisis, treatment, or recovery
  - May include gas cards
- Sponsorship for groups (must be payable to a 501(c)(3)) who are promoting behavioral health or recovery events and support; the R3BHB will receive recognition for the sponsorship
- Banners for events R3BHB is involved in or which will be a co-group event in which R3BHB will



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#### Examples of Unacceptable Funding Opportunities

- Food
- Decorations
- Items to be auctioned or raffled off
- Items which require payment be made to an individual
  - We may pay for speaker fees, travel reimbursements, and to companies in an individual's name for work we have contracted
- Prize winnings



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### EVALUATION FORM

#### 1. General Information

|                              |                                |
|------------------------------|--------------------------------|
| <b>Name</b>                  | <b>Project/Request Title</b>   |
| <b>Employer/Organization</b> | <b>Project/Request Date(s)</b> |
| <b>Project/Request Time</b>  |                                |

#### 2. Evaluation

Were the funding goals for the project/request achieved? Explain.

Which county(ies) did this project/request serve?

What can you now offer to your employer, community, or clients you work with?

Based on your funding measurement for project/request; what were your outcomes?

Would you recommend this type of project/request to others? If NO, please explain why

|                  |             |
|------------------|-------------|
| <b>Signature</b> | <b>Date</b> |
|------------------|-------------|

Please submit to Emily Straubhar at [Emily.straubhar@phd3.idaho.gov](mailto:Emily.straubhar@phd3.idaho.gov)