



Behavioral Health Board - Region 3

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

Appointed Members:

Dept. Of Health & Welfare (2)

Jessica Werst
Penny Dunham

Region 3 Behavioral Health Board
450 West State Street, Boise, ID. 83702

Court Appointed Judiciary (1)

Judge David Eames

Dear Sir or Madame:

Law Enforcement (1)

Brad Coen

Thank you for your interest in securing funds from the Region 3 Behavioral Health Board. You may submit this application at any time, though however, requests will only be reviewed two times per year, March and August 2025. These dates are subject to change based on Board recommendations as well as feedback from the Department of Health and Welfare, Division of Behavioral Health.

Adult Corrections System (1)

Marc Dominguez

Juvenile Justice (1)

Mikaela Rios

Health Professional (1)

Melissa Mezo

Please follow these directions in filling out your grant proposal:

Hospital Representative (1)

Joy Husmann

- Limit your response to the space allowed.
- Provide detail in regard 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 mmezo@trhs.org

Representative of the Public

Education System (1)

Jodie Keys

Please allow approximately 90 days for a response to your request, prior to contacting us for updates. Not only does the Region 3 BH Board need to review and vote (where appropriate), but the Division of Behavioral Health will also need to approve according to the Funding Guidance Plan.

Mental Health Private Provider (1)

VACANT

Should you have any questions, please do not hesitate to reach out to a member of our Board or email mmezo@trhs.org

SUD Private Provider (1)

Lina Smith

Mental Health Advocate (1)

Jennifer Stairs

SUD Advocate (1)

Dr. Chris Partridge

Sincerely,

Parent of Child - MH (1)

Alexander Copple

Melissa Mezo – Chair, Region 3 Behavioral Health Board

Parent of Child - SUD (1)

Shawneen McGee

MISSION & VISION

Family member - MH Adult (1)

Amber Acree

“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.”

Family member - SUD Adult (1)

Stacey Rosecrans

Adult MH Consumer Rep. (1)

Samantha Tackitt

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

Adult SUD Consumer Rep. (1)

VACANT

Prevention Specialist (1)

Kristen Heller

Co. Commissioner/Designee (3)

Open

Open

Open



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Board Funding 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 Chair

Date: _____

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

*Above Services Are Authorized by Idaho Statute



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****FUNDING *MUST* MEET THE GUIDELINES OF BOTH OUR CONTRACT AND OUR FISCAL AGENT. 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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	\$	
	\$	
	\$	

*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 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 be present.



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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	
Name	Project/Request Title
Employer/Organization	Project/Request Date(s)
Project/Request Time	
2. Evaluation	
<p>Were the funding goals for the project/request achieved? Explain.</p> 	
<p>Which county(ies) did this project/request serve?</p> 	
<p>What can you now offer to your employer, community, or clients you work with?</p> 	
<p>Based on your funding measurement for project/request; what were your outcomes?</p> 	
<p>Would you recommend this type of project/request to others? If NO, please explain why</p> 	
Signature	Date

Please submit to mmezo@trhs.org when/if the funding request has been fulfilled.