



REGION 7 BEHAVIORAL HEALTH BOARD - GRANT REQUEST

SEATS/BOARD MEMBERS

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Eric Jackson - Bingham (Vice Chair)
Brent Mendenhall - Madison

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Hospital

Melissa Thyberg

Education

Katie Dodge

Mental Health Provider

Tina Ricks

SUD Provider

Chris Brayton

Mental Health Advocate

Sara White

SUD Advocate

Stephanie Taylor-Silva

Parent of Child - MH

Teriann Parker

Parent of Child - SUD

Vacant

Family Member - MH

Jerilyn Taylor

Family Member - SUD

Vacant

Adult MH Consumer

Rick Whitaker

Adult SUD Consumer

Donna Johnson (Treasurer)

Prevention Specialist

Ashley Stallings

Counties Served: Butte,
Bingham, Bonneville, Clark, Custer,
Fremont, Jefferson, Lemhi,
Madison, and Teton

GRANT REQUEST GUIDELINES

Thank you for your interest in securing funds from the Region 7 Behavioral Health Board (R7BHB). Please follow these directions in filling out your funding request:

- Requests must meet the scope of R7BHB's Mission and Vision:

OUR MISSION

To improve our systems of care within Region 7 for those affected by behavioral health issues. We will do this by evaluating gaps in services, encouraging collaboration among stakeholders, ensuring monitoring of critical statistics, and developing strategic plans based on the information.

OUR VISION

To be a valued partner that promotes the health and quality of life for our communities and its members. To provide leadership and devotion of resources that focuses on prevention, treatment, recovery, and overall wellbeing of people with behavioral health problems.

- Funding requests must meet the criteria set forth in Idaho Statute 39-3135, Powers and Duties of Regional Behavioral Health Services. Funding priority will be given to projects that:
 - Promote improvements in delivery of regional behavioral health (BH) services, identify gaps and needs in BH services, and coordinate and exchange information regarding BH programs in the region;
 - Provide and promote family support and recovery support services in the region including, community consultation and education; housing, employment, and supportive services for individuals with BH issues; and evidence-based prevention activities that reduces the burdens associated with BH issues.
- Requests must be in compliance with rules, regulations, and policies set forth by the State of Idaho and Eastern Idaho Public Health, the fiduciary agent of the Board.
- **Funding requests will be discussed at the monthly R7BHB meetings. The Board generally meets the third Friday of each month. Requests must be submitted at least 2 weeks prior to the meeting and are subject to availability on the meeting agenda.**
- It is recommended that the person requesting the funds attend the Board meeting to present the proposal and answer any questions relative to the request.
- Please complete the grant request in its entirety. When completed, return request to Mallory Johnson via mail or email. Please contact Mallory with any questions.

Mallory Johnson

Region 7 Behavioral Health Board

1250 Hollipark Drive ▪ Idaho Falls ▪ ID ▪ 83401

Phone: 208.533.3221 ▪ Fax: 208.525.7063

E-Mail: mjohnson@eiph.idaho.gov

REGION 7 BEHAVIORAL HEALTH BOARD - GRANT REQUEST

REQUESTOR NAME

Gina Pulleiro

ORGANIZATION

Upper Valley Child Advocacy Center

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

Non-Profit Organization

ORGANIZATION ADDRESS

162 North Yellowstone Hwy, Suite B

CITY

Rigby

COUNTY

Jefferson

STATE

Idaho

ZIP CODE

83442

EMAIL ADDRESS

gina@uppervalleycac.org

REQUESTOR'S PHONE

208-425-1566

PLEASE DESCRIBE YOUR REQUEST, EVENT, OR ACTIVITY, INCLUDING PURPOSE AND DESIRED OUTCOMES:

We are requesting funding to train a staff member as a facilitator in the Tufts Medical Center's Program of Healthy Outcomes From Positive Experiences (HOPE). The program strives to "transform how we advance health and well-being for our children, families, and communities". Training an additional facilitator would allow us to inform the community of Positive Childhood Experiences (PCEs) and their ability to counteract the effects of Adverse Childhood Experiences (ACEs). This program teaches that PCEs lead to more resilient adults and block the toxic stress from ACEs. Through sharing this we hope to encourage more to create more positive childhood experiences for children and ultimately create a more resilient community.

DATE OF REQUEST:	AMOUNT OF FUNDS REQUESTED: - SEE ITEMIZED BUDGET (page 2)	TOTAL ANTICIPATED COST OF EVENT/ACTIVITY/PROJECT	# OF EXPECTED PARTICIPANTS	TOTAL IN-KIND DONATIONS
05/09/25	\$1500	\$ 1500	1	\$ 0

PLEASE DESCRIBE HOW YOUR REQUEST SUPPORTS THE MISSION AND VISION OF THE R7BHB

This request supports the mission and vision of R7BHB because the HOPE framework "encourages those who work with child, youth, and families to look deeper in order to find what is going well and identify the strengths each person possesses" (Laura Gallant, The Transformational Impact of HOPE). HOPE prompts a non-biased approach, taking in the whole individual, including their strengths and their weaknesses, rather than just one or the other. Training another facilitator will allow us to share with the community, and other community stakeholders that the Positive Childhood Experiences have been "associated with lower risks of fair or poor adult health and adult mental health" (Huang et al).

PLEASE PROVIDE A TIMELINE OF EVENTS, INCLUDING WHEN FUNDS WILL BE SPENT:

The Train the Facilitator course will take place in 3 sessions on July 15, July 30, and August 15 of 2025. Funds will be spent at the end of June when signing up for the course.

PLEASE DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED:

A facilitator would be trained and able to present the HOPE framework to community members to help more people understand that there is hope for healing after adverse childhood events. We track all statistics for community trainings, measuring how many trainings we do, how many people, and the group that we train. In the years 2022 to 2024 we completed an average of 6 trainings and an average of 104 individuals each year. The HOPE training has been taught to youth leaders, elementary school staff, counselors, college students, multidisciplinary teams, and more. We will continue to track this information with all HOPE trainings our staff member facilitates.

PLEASE STATE HOW THE REGION 7 BEHAVIORAL HEALTH BOARD WILL BE RECOGNIZED:

We will recognize the Region 7 Behavioral Health Board as we promote and present HOPE we will display R7BHB's logo as the sponsor of the trainings.

Approved: ☐ Yes ☐ No - Reason: _____

R7BHB Board Representative: _____ Date: _____

EIPH Representative: _____ Date: _____

REGION 7 BEHAVIORAL HEALTH BOARD - GRANT REQUEST

If request is approved, the requestor will provide a W-9 and Finalized Budget.
Receipts and invoices will be required prior to any reimbursement or payment being made.

REQUESTOR NAME	ORGANIZATION
Gina Pulleiro	Upper Valley Child Advocacy Center

ITEMIZED BUDGET PROPOSAL

PROPOSED PURCHASE DATE	AMOUNT	DESCRIPTON OF PURCHASE	PROPOSED PURCHASE FROM	PAYMENT OPTIONS	
				Check	Credit Card
End of June	\$ 1500	Facilitator Certification	Tufts Medical Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>

IN-KIND SUPPORT FOR THE PROJECT

DONOR	DESCRIPTION OF DONATION	VALUE OF DONATION	OTHER COMMENTS

REPORTING REQUIREMENTS

- Applicants must agree to submit an evaluation of the event, activity, or project that was funded by the R7BHB grant funds as well as any receipts or invoices requested by EIPH within 30 days of completing the event. *Requests for reimbursement received 60 days after the date of the event may be denied.*
- Applicants must agree to report to the R7BHB in person if requested.

SIGNATURE OF GRANT REQUESTOR: Gina Pulleiro