



REGION 7 BEHAVIORAL HEALTH BOARD - GRANT REQUEST

GRANT REQUEST GUIDELINES

SEATS/BOARD MEMBERS

Co. Commissioner

Karl Casperson - Bonneville
Eric Jackson - Bingham (Vice Chair)
Brent Mendenhall - Madison

IDHW Behavioral Health

Tim Thompson
Corey Leishman

Judiciary

Michael Whyte

Law Enforcement

Samuel Hulse

Adult Corrections

Dustin Park (Secretary)

Juvenile Justice

Darin Burrell (Chair)

Health Professional

Vacant

Hospital

Melissa Thyberg

Education

Vacant

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

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 <p style="text-align: center;">Paul Zinck</p>				
ORGANIZATION <p style="text-align: center;">Custer County Sheriff's Office</p>		TYPE OF ORGANIZATION (501(c)(3), government, other-explain): <p style="text-align: center;">Law Enforcement</p>		
ORGANIZATION ADDRESS <p style="text-align: center;">130 S. 9th St. #344 / PO Box 344</p>		CITY <p style="text-align: center;">Challis</p>	COUNTY <p style="text-align: center;">Custer</p>	STATE <p style="text-align: center;">Idaho</p>
EMAIL ADDRESS <p style="text-align: center;">pzinck@co.custer.id.us</p>		REQUESTOR'S PHONE <p style="text-align: center;">208-993-1509</p>		

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

The Custer County Sheriff's Office is seeking to improve patient outcomes and medical care of jail inmates in a county with little resources. We are seeking AED's for each patrol vehicle (11) and three stations. On duty deputies often arrive well before EMS and need to serve the community better by handling things until EMS arrives. While we do not have large statistics, in 2024 and 2025 we have had a combined number of calls in the following categories when deputies arrived prior to EMS and need to help people. Alcohol related 60, Narcotics 22, Suicide / Suicidal 13. As we work towards more education we also need equipment for when things go wrong. All of these categories fall into behavioral health. We are also working on community education plans along with the Challis area Health Center and North Custer Hospital District. ~~The outcomes will be improved care and faster care as we continue to partner with EMS.~~

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
11/13/2025	\$ 24,920.70	\$ 24,920.70	20 for training	\$ N/A

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

While we work on the mission of education and preventive measures for behavioral health issues, we need to respond with the correct equipment and education when things go poorly. We have several plans we are working with transition back into the community, support groups and so on.

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

As soon as funds become available we will order.

PLEASE DESCRIBE HOW YOUR OUTCOMES WILL BE MEASURED:

Outcomes will be measured based on a new reporting I am putting in place if and when equipment is used. As deputies have already been put in the position of doing CPR and having no AED long before EMS arrived this is an important tool for us to help along with the Naloxone we have received.

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

The Region 7 Behavioral Health Board will be recognized on the Custer County Sheriff's Facebook page which hits Custer Classifieds, an audience of approximately 4000 people in the county.

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 Paul Zinck	ORGANIZATION Custer County Sheriff's Office
-------------------------------------	---

ITEMIZED BUDGET PROPOSAL

PROPOSED PURCHASE DATE	AMOUNT	DESCRIPTON OF PURCHASE	PROPOSED PURCHASE FROM	PAYMENT OPTIONS	
				Check	Credit Card
ASAP	\$ 24,920.70	Zoll AED Plus x14	Henry Schein	<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"/>	<input type="checkbox"/>

IN-KIND SUPPORT FOR THE PROJECT

DONOR	DESCRIPTION OF DONATION	VALUE OF DONATION	OTHER COMMENTS
	N/A		

REPORTING REQUIREMENTS

1. 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.*
2. Applicants must agree to report to the R7BHB in person if requested.

SIGNATURE OF GRANT REQUESTOR: Paul Zinck