



Arizona Behavioral Health Corporation
presents the
**2018 Eric Gilbertson Advocacy Institute for Behavioral Health
APPLICATION**

The Eric Gilbertson Advocacy Institute for Behavioral Health (aka Institute) is designed for service recipients/participants, family members, Board Members, and individuals concerned about quality behavioral health in Arizona. The goal of the training is to provide you a comprehensive overview of the Arizona behavioral health system and to assist you in becoming effective advocates for those receiving behavioral health services.

The Institute provides information, training, and resources to participants on behavioral health issues at the individual, provider, and system level. The Institute will provide participants with opportunities to meet and talk with leaders and advocates in the Arizona behavioral health system. Additionally, you will have an opportunity to meet and unite with others who have a similar interest in creating a powerful voice on important issues. You will learn how various state agencies are responsible for the delivery of behavioral health services and how the legislative process works at the state, and national levels to impact behavioral health policy.

Topics to Be Addressed

(Subject to change)

History of the Disability Movement

State Agencies That Deliver Services to Individuals

The Role of DHS, DES, AHCCCS, DOE, the Courts & Corrections

The Role of the Regional Behavioral Health Authorities (RBHAs) & Complete Care Contractors

Community Supports

State & Federal Policy

Legislative Process

Organizing for Change



Dear Applicant,

Attached is the Institute's 2018 application form.

When completing the application, please consider the time commitment required to participate in this program. To obtain the greatest benefit from the program, it is important that you attend as many of the sessions as possible.

There is a **nonrefundable \$10 application fee**. Upon acceptance into the program, a **\$75 program fee will be due**. (The program fee will be refundable only if the accepted student cancels his/her enrollment **before** the first scheduled session.)

Below are the items and commitments expected from students and the commitments students may expect from the Institute.

The Institute will:

- Provide a simple breakfast, lunch, snacks and beverages (coffee, water, soda) for each session.
- Provide all training materials electronically (hard copies available by prior arrangement) and speakers.

Students will commit to:

- Attend all sessions.
- Complete all homework assignments.
- Keep AZ Behavioral Health Corporation informed about advocacy activities after graduation.
- Utilize skills attained through the Institute.

Applications will be reviewed by the Board of Directors of the Arizona Behavioral Health Corporation. They will be instrumental in selecting participants. (Final selection should be completed by August 29, 2018.)

Please remember to complete the **full** application (with requested references) and to submit your \$10 application fee.

Thank you!
Arizona Behavioral Health Corporation



Eric Gilbertson Advocacy Institute for Behavioral Health

2018 DATES

Session 1: September 15, 2018, 9:30 am to 4 pm
Session 2: September 29, 2018, 9:30 am to 4 pm
Session 3: October 13, 2018, 9:30 am to 4 pm
Session 4: October 27, 2018, 9:30 am to 4 pm
Session 5: November 17, 2018, 9:30 am to 4 pm
Session 6: December 1, 2018, 9:30 am to 4 pm

APPLICATION DEADLINE IS: August 15, 2018

Mail the completed application (with two character reference letters) and the nonrefundable \$10 application fee to:

ABC – EG Institute
1406 N. 2nd St.
Phoenix, AZ 85004

(Make sure you have sufficient postage on your application/check envelope.)

Make check or money order payable to: Arizona Behavioral Health Corporation. Please do not send cash.

Accepted applicants will be notified by:
August 31, 2018

Questions? Call 602-712-9200, ext. 208 (Jodi Herfurth)



APPLICATION FOR PARTICIPATION
ALL APPLICANTS MUST COMPLETE ITEMS 1-5 and 9-16
(PLEASE PRINT LEGIBLY)

1. Name _____
2. Street Address: _____ Apt. # _____
3. City: _____ County: _____ ZIP _____
4. Home Phone: _____ Work Phone: _____
Cell Phone: _____
5. E-Mail _____

**TO BE COMPLETED IF YOU ARE APPLYING AS
A BOARD MEMBER, COMMUNITY ADVOCATE, OR
BEHAVIORAL HEALTH SERVICE WORKER**

6. Which agency/group/board are you associated with?

7. How long have you been working with this agency/group/board?

8. What motivates your involvement?



TO BE COMPLETED BY ALL APPLICANTS

9. How did you learn of the Institute?

10. Please list any volunteer activities, past and present.

11. Please tell us why you think you should be chosen for the Institute (in 25 words or less).

12. Please provide any additional information you think the Institute should know regarding your application. (Use additional sheets if necessary.)

13. Please include two letters of character reference (not from family members) that can be contacted by the Institute. Be sure to include telephone numbers.

14. Please list any special dietary requirements:

(Please note: The Institute will do its best to accommodate special dietary needs, but cannot guarantee that all special needs can be met.)



15. Will you need special seating accommodations (wheelchair space, etc.)? Yes____ No____

16. Are you able to provide a car pool for other students? Yes____ No____

OPTIONAL

(This information is kept strictly confidential and used only in aggregate form for certain funding requests to document the population served by the Institute advocacy program. Individuals are never identified.)

17. Are you a parent, guardian and/or family member of an individual with behavioral health needs? Yes____ No____

18. Are you an adult receiving behavioral health services? Yes____ No____