

Arizona Foundation for Behavioral Health

Announces

The Eric Gilbertson Advocacy Institute for Behavioral Health

The Eric Gilbertson Advocacy Institute of the Arizona Foundation for Behavioral Health (AFBH) is sponsoring an **Advocacy Training** for service recipients, family members, Board members and individuals who are concerned about quality behavioral health in Arizona. AFBH will offer this advocacy training free of charge to those who are selected to participate through an application process.

The Advocacy Institute is a training program designed to promote advocacy on behavioral health issues. The program will provide participants with information, training, resources and skill building on behavioral health issues from the individual, provider, and system perspectives. Advocacy Institute participants will have opportunities to meet and talk to national and state leaders in the behavioral health advocacy field.

Participants will have an opportunity to meet and unite with others who have similar concerns and create a powerful voice on important issues. Participants will learn which state agencies are responsible for the delivery of behavioral health services and how the legislative process works at the local, state and national levels. The goal of the training is to develop productive and effective advocates who will speak about the needs of individuals served by the behavioral health system.

Topics To Be Addressed

History of the Disability Movement and its connection to Civil Rights

Which Arizona State Agencies Deliver Services to Individuals?

The Roles of:

Department of Health Services (ADHS)

Department of Economic Services (ADES)

Arizona Health Care Cost Containment System (AHCCCS)

Department of Education (ADOE)

The State Court System

Department of Corrections (ADOC)

Department of Juvenile Corrections (ADJC) and

Regional Behavioral Health Authorities (RBHAs)

What Community Supports are Available

State & Federal Policies

The Legislative Process

Organizing for Change

Dear Applicant,

Attached is your copy of the Advocacy Institute's application.

When completing the application, please consider the time commitment involved in participating in this program. Our financial obligation to train participants in this program is substantial; therefore, your total time commitment is extremely important to us.

Below are listed the items and commitments expected from you and also the items and commitments that the Advocacy Institute will provide to you.

The Eric Gilbertson Advocacy Institute will:

- Provide breakfast and lunch on training days
- Provide all training materials and speakers
- Pay for travel to the program by private automobile at the State of Arizona reimbursement rate
- Arrange carpools for individuals living outside Maricopa County

The Applicant will commit to:

- Attend all sessions
- Complete all homework assignments
- Inform AFBH of advocacy activities after graduation
- Utilize skills acquired through the Advocacy Institute
- Agree that only individuals selected to participate may attend the training sessions

Your application will be reviewed by the Board of Directors of the Arizona Foundation for Behavioral Health. They will assist in making the selection of participants.

Good Luck!

Eric Gilbertson Advocacy Institute

A Training Program

TRAINING DATES FOR 2007

Session 1: Saturday, September 22, 2007, 9:30 am to 4:30 pm

Session 2: Saturday, October 6, 2007, 9:30 am to 4:30 pm

Session 3: Saturday, October 20, 2007, 9:30 am to 4:30 pm

Session 4: Saturday, November 3, 2007, 9:30 am to 4:30 pm

Session 5: Saturday, November 17, 2007, 9:30 am to 4:30 pm

THE APPLICATION DEADLINE IS

August 22, 2007

To receive an application, call or FAX:
Arizona Foundation for Behavioral Health
1-602-612-9200 ext. 204
FAX 1-602-712-9222

Complete and mail to:

AFBH

1406 N. 2nd St.

Phoenix, AZ 85004

Notification of acceptance/decline will be by

September 10, 2007

Eric Gilbertson Advocacy Institute
APPLICATION FOR PARTICIPATION
(PLEASE PRINT LEGIBLY)

NAME _____

Street Address: _____ **Apt. #** _____

City: _____ **County:** _____ **ZIP** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

E-Mail _____

Ethnic Background: _____

Are you a legal resident of Arizona? Yes ___ No ___

TO BE COMPLETED IF YOU ARE APPLYING AS
A PARENT/GUARDIAN/FAMILY MEMBER
OF AN INDIVIDUAL RECEIVING BEHAVIORAL HEALTH SERVICES

1. Are you a parent, guardian and/or family member of an individual with a behavioral health need? Yes___ No___

2. Please list the individual(s) with a behavioral health need.

a. Name_____Age_____Relation_____

Condition_____

b. Name_____Age_____Relation_____

Condition_____

c. Name_____Age_____Relation_____

Condition_____

3. Describe the behavioral health need(s) that you, your child or others in your family have and how they affect the ability of you or your family member to function. Use the back of this page if you need more room.

4. Do you and/or your family member(s) receive behavioral health services?
Yes___ No___

If so, what services do you/they receive?

TO BE COMPLETED IF YOU ARE APPLYING AS
A SELF-ADVOCATE/ADULT RECEIVING A BEHAVIORAL HEALTH
SERVICE

1. Are you applying as an adult receiving behavioral health services?

Yes_____ No_____

2. Please describe your behavioral health needs briefly.

3. Please tell us about yourself. Use the back of this page if you need more space.

ALL APPLICANTS SHOULD COMPLETE THE REST OF THIS APPLICATION

1. Which RBHA serves your area? _____

2. Your Elected Officials are:

State Representative District: _____

State Representative District: _____

State Senator District: _____

County Supervisor: _____

U.S. Representative District: _____

U.S. Senator: _____

U.S. Senator: _____

3. How did you learn of the Advocacy Institute?

4. Please list current volunteer activities. (Use the back of this page if you need more room.)

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

6. Please provide any other information about you that you would like to include? (Attach extra pages if needed)

7. Please include two letters of character reference who can be contacted by the Selection Committee. (Not family Members) Be sure to include telephone numbers.

ACCOMMODATIONS:

Dietary: If you will need special dietary requirements (Diabetes, allergies, etc.), please explain:

Transportation: (please circle)

Will need carpool to attend sessions? Yes No

Will have my own transportation? Yes No

Will be happy to have others ride with me? Yes No

Will you need wheelchair accessible transportation to attend session?
Yes No