



Arizona Behavioral Health Corporation
presents the
**2019 Eric Gilbertson Advocacy Institute for Behavioral Health
APPLICATION**

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

The Institute provides information, training, and resources to participants on behavioral health issues as the system continues to move towards integration of physical and behavioral health. We want to empower you at the individual, provider, and system level to be a voice about what works and what needs improvement. 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 integrated behavioral health services and how the public policy process works at the state and national levels to impact behavioral health policy.

Topics Covered
(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 2019 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 is refundable only if the accepted student cancels his/her enrollment **before** the first scheduled session.

The Institute will:

- Provide a continental 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 Arizona Behavioral Health Corporation informed about advocacy activities after graduation.
- Utilize skills attained through the Institute.

Training will be at the Caregiver House at the Foundation for Senior Living, 1201 E. Thomas Rd., Phoenix.

The Board of Directors of the Arizona Behavioral Health Corporation will review applications. Final selection should be completed by August 23, 2019.

Please remember to complete the **full** application (with requested references) and submit your \$10 application fee by the application deadline on **August 9, 2019**. **Please make sure you attach a check or money order with the application.**

Thank you!

Arizona Behavioral Health Corporation



Eric Gilbertson Advocacy Institute for Behavioral Health

SESSIONS TO BE HELD AT:

Foundation for Senior Living (FSL – Caregiver House)
1201 E. Thomas Road
Phoenix, AZ 85014

(Please do NOT send applications here.)

2019 DATES

Session 1: September 7, 2019, 9:30 am to 4 pm
Session 2: September 21, 2019, 9:30 am to 4 pm
Session 3: October 5, 2019, 9:30 am to 4 pm
Session 4: October 19, 2019, 9:30 am to 4 pm
Session 5: November 2, 2019, 9:30 am to 4 pm
Session 6: November 16, 2019, 9:30 am to 4 pm

APPLICATION DEADLINE:

August 9, 2019

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

**ABC – EG Institute
501 E. Thomas Road
Phoenix, AZ 85012**

**Make check or money order payable to:
Arizona Behavioral Health Corporation**

Please do not send cash. Make sure you have sufficient postage on your application/check envelope.

Arizona Behavioral Health Corporation will notify all applicants regardless of acceptance by **August 23, 2019.**

Questions? Contact Jodi Herfurth at 602-712-9200, ext. 208 or JodiH@azabc.org, subject line "ABC – EG Institute"



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 _____

**QUESTION 6 – 8 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? Please list all that apply.

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

- 8. What motivates your involvement in the Institute?



QUESTION 9 – 14 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 list any special dietary requirements:

Please note: The Institute will do its best to accommodate special dietary needs, but cannot guarantee meeting all special needs.

14. Will you need special seating accommodations (wheelchair space, etc.)? Yes ___ No ___



Please include and attach two letters of character reference (*not from family members*) the Institute can contact. Be sure to include telephone numbers.

OPTIONAL

(The Institute keeps this information strictly confidential and uses the information only in aggregate to document the population served by the Institute advocacy program for funders of the Institute. 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 ___