



**Consumer and Family Affairs Administration
Continuing Education Opportunity**

Application deadline: March 17, 2017 at 11:59pm ET

The Department of Behavioral Health (DBH) Consumer and Family Affairs Administration (CFAA) is providing limited financial support to recipients of behavioral (mental health and/or substance use disorder) health services; Certified Peer Specialist; Recovery Coaches; primary caregivers (parents or legal guardians) of children receiving behavioral health services; peer-run organizations; family-run organizations; youth-run organizations; recovery community organizations and/or behavioral health advocates. Limited scholarships are available to participate in either the National Alliance for Mental Illness (NAMI) Convention or Mental Health America (MHA) National Conference. DBH reserves the right to cancel financial support at any time. The purpose of this support is to provide continuing education opportunities to individuals impacted by the behavioral health system.

Please Note: To be eligible for this financial support, a completed application (see next page) must be received by email terri.harrison2@dc.gov, fax (202) 671-8049 or hand-delivered to DBH at 64 New York Ave., N.E. 3rd Floor, Washington, DC 20002. DBH is open Monday - Friday (9:00 am - 6:00 pm).

Applications will not be accepted past the deadline. DBH reserves the right to decline incomplete applications. **ALL SUBMISSIONS WILL RECEIVE NOTICE OF RECEIPT VIA EMAIL OR TELEPHONE WITHIN 48 HOURS OF RECEIPT.**

Applicants who have been selected/not selected to receive a scholarship will be notified by April 1, 2017. If applicants accept financial support but do not attend the convention, this will affect their ability to receive future financial support for conferences/trainings offered by DBH.

- Convention information is available at <http://www.nami.org/Convention>.
- Conference information is available ~ <http://www.mentalhealthamerica.net/mental-health-america-2017-annual-conference-sex-drugs-and-rock-roll>

All questions should be directed to Terri Harrison, Staff Assistant, Consumer and Family Affairs Administration. You may contact Terri Harrison at terri.harrison2@dc.gov or (202) 671-2978.



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Application for Financial Support

Please PRINT the following information as you would like it to appear on the participant list.

Contact Information:

Name: _____

Title (if any): _____

Organization/Agency: _____

Home Address: _____

City, State, Zip: _____

Telephone: _____

Other/Telephone: _____

Email: _____

Continuing Education Opportunity Preference:

Indicate your first and second preference. Please note that you are not guaranteed your first choice.

_____ National Alliance of Mental Illness Convention, June 27 - July 1, 2017 (Washington, DC)

_____ Mental Health America Annual Conference, June 14 - 16, 2017 (Washington, DC)

Additional Information:

On separate paper, please provide the review committee with your answers to the following questions.

1. How will you disseminate/share information obtained at this conference to consumers or consumer groups? (100 - 300 words)
2. Why do you want to attend a conference this year? (100 - 300 words)
3. If you were granted one million dollars to improve the behavioral health system, how would you use your grant? (250-500 words)



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Financial Support Conditions:

To be eligible for this financial support, you must be a D.C. Resident and at least 18 years of age or older.

The financial support you receive will cover the conference registration fee only. Ground transportation will be considered on a case-by-case basis. As the recipient of financial support, you will be asked to do the following:

Submit a summary report, in a format provided, within 2 weeks of the conclusion of the conference. Your report will be summarized and shared with members of the CFAA network as deemed necessary.

Submit a completed evaluation form within 2 weeks of the conclusion of the conference. The form will be provided.

Submit a completed travel reimbursement form within 2 weeks of the conclusion of the conference, if applicable. The form will be provided.

Agree to have your name and contact information shared with other scholarship recipients. If you would like to keep your contact information confidential, please contact Terri Harrison once you have been awarded the scholarship.

Inform Terri Harrison, as soon as possible, if you are unable to attend the conference or will be delayed in meeting any of the above conditions.

Signature

Date

Print Name

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Please circle one answer - a “No” for answers does not automatically disqualify you from receiving financial support. Please circle one Yes or No.

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|---|------------|----|-----------|
| Are you a District of Columbia resident: | YES | or | NO |
| Are you at least 18 years of age or older? | YES | or | NO |
| Have you received behavioral health services? | YES | or | NO |
| If yes, were the services in the District of Columbia? | YES | or | NO |
| If yes, do you self-identify as someone in recovery? | YES | or | NO |
| Are you the parent or legal guardian of someone who has ever received mental health services? | YES | or | NO |
| If yes, were the services in the District of Columbia? | YES | or | NO |
| Do you have any experience (formal or informal) advocating for person or families with mental health disorders? | YES | or | NO |
| Are you willing to report about your experience at the Conference in a brief presentation? | YES | or | NO |
| Have you ever attended a NAMI convention or MHA conference? | YES | or | NO |
| Have you ever attended any national behavioral health conference?
If yes, please list the conference(s): _____ | YES | or | NO |
| _____ | | | |
| Are you a certified peer specialist or Recovery Coach? | YES | or | NO |
| Are you a member of the CFAA Network? | YES | or | NO |
| Do you require ground transportation?
Explain: _____ | YES | or | NO |
| _____ | | | |