



CONSUMER AND FAMILY PARTNETSHIP TEAM (CFPT)
Section 1 – Guidelines
Section 2 – Scholarship and Technical Assistance Applications
Effective July 1, 2013

Section 1

PURPOSE

Active and purposeful consumer and family member involvement is essential to helping to ensure that Ohio's behavioral health system is consumer-informed, collaborative, culturally competent, trauma-informed, and recovery/resiliency-oriented.

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) Consumer and Family Partnership Team (CFPT) is designed to increase and strengthen consumer and family participation through their targeted areas of expertise on OhioMHAS committees and workgroups.

Funds will be utilized to aid consumer/family members by paying mileage reimbursements, hosting in-state conferences, lodging accommodations & registration (for in-state events only) and technical assistance. Mileage and stipends will only be offered to participants who contribute to the work group/committees. Mileage reimbursement will be paid for participation in trainings/conferences attended. However, stipends will not be paid for participation in trainings/conferences.

Under the guidelines of CFPT, participants on OhioMHAS committees and workgroups are intended to include: OhioMHAS and other state system representatives, community behavioral health professionals, persons in recovery from substance use, consumer peers (adults and youth), and family members from around the state who represent various cultural and ethnic perspectives.

The six key components of consumer and family partnership that OhioMHAS's designated CFPT Lead coordinates and helps to facilitate are:

- 1. Recruitment**
- 2. Orientation/Mentoring**
- 3. Expectations of OhioMHAS Staff**
- 4. Expectations of Consumers and Family Members**
- 5. Reimbursement and Stipend Policy**
- 6. Facilitates implementation of application process as it relates to applications for being approved/denied for in state trainings/conferences/technical assistance**

CFPT Lead: A designated member of the OhioMHAS Office of Community Support and Recovery Initiatives who coordinates the day to day CFPT operations, including recruitment, retention, advocacy, reimbursements, and other tasks as assigned.

1. Recruitment

The need to create a pool of representative Peers from diverse cultural, ethnic, and racial backgrounds is crucial to transformation.

- a) The Ohio Empowerment Coalition (OEC) Director or designee will develop a database of consumers and family members who are able to serve on OhioMHAS committees, workgroups, and focus groups as content area experts, as well as represent consumer interests on statewide and local levels.
- b) At least 30 days prior to a workgroup/committee beginning, the Committee Chair will notify the CFPT Lead of the need for consumer and/or family representation. The CFPT Lead will contact the OEC Director or designee with the request for a particular content area expert. The Executive Director of the OEC or designee will respond to both the CFPT Lead and workgroup/committee facilitator within 1 week of the request in accordance with the number of peers and/or family members stipulated in the Stipend Peer Guidelines below. (Additional peers and/or family members may participate in a non-paid status with the approval of the Committee Chair.)

Stipend Peer/Family Member Guidelines:

Consumers and/or family members will comprise 25% of the work groups/committees

*** Special considerations may be pre-approved**

- c) All consumers and family members will be screened, oriented, and approved by the OEC Director or designee prior to participating in any OhioMHAS sponsored activity.
- d) The OEC will maintain a database of consumer and family member content experts who have indicated interest in participating in OhioMHAS activities and in being a liaison to OhioMHAS.
- e) The OEC will outreach to consumers and family members on an ongoing basis for OhioMHAS committees and workgroups to entities such as NAMI, Consumer Operated Services, Client Rights Specialists/Officers located at RPHs, Mental Health America of Franklin County, and local Mental Health Boards, etc.

2. Orientation/Mentoring

The CFPT Lead and Executive Director of the OEC or designee will jointly hold a formal CFPT Orientation Meeting twice a year for Consumers and Family Members.

- The CFPT Lead will orient participants to OhioMHAS CFPT reimbursement guidelines, participant expectations, forms, etc.
- The Executive Director of the OEC or designee will orient participants to basic principles of advocacy.

All new consumers and family members desiring to serve on a workgroup/committee (even those who have previously functioned in this capacity) will need to complete an orientation meeting prior to participating on a committee/workgroup. Participants will be asked to submit their social

security number during participation of their first committee/workgroup meeting. (Please see note on page 5). Participants in single events generated by OhioMHAS may be exempt from completing orientation.

Prior to attending the first committee meeting, the CFPT Lead will make a copy of the signed CFPT Expectation Form for each consumer and family member and provide it to the Committee Chair.

Orientation to committee workgroup by Committee Chair or designee:

The Committee Chair or designee is responsible to ensure that a brief orientation takes place for each consumer and family member involved in the committee/workgroup. The Committee Chair will develop and have each consumer and/or family member sign an individualized participation agreement (outlining expectations for the committee/workgroup).

The orientation consists of a face-to-face meeting or phone conference to answer any questions and to provide the following information, preferably in written form:

- Overview of the committee's function and scope of work
- Current committee members
- Explanation of the group's history and current work focus
- Frequency and length of meetings
- Duration of committee work (anticipated) and any relevant documents needed for review

During the first scheduled meeting, the Committee Chair or designee should emphasize why consumer participation is important and how it enhances the Department's focus on recovery and resiliency. It is vital for all professional committee members, internal members from OhioMHAS and external members from other organizations to understand and accept the value of Peers serving on committees, and to welcome their participation.

The Committee Chair or designee should offer to sit with the consumer and/or family member during meetings, provide appropriate introductions, explain acronyms and provide positive reinforcement through direct group interactions.

If a positive experience takes place during the initial period, it is more likely that continued participation and quality input by the consumer will take place. OhioMHAS staff should acknowledge and celebrate individual success and achievement.

Mentoring

In order for consumers and family members to play a meaningful role in the meeting process, the Committee Chair or designee is responsible to ensure that each consumer and family member has a mentor on the committee/workgroup. The mentor will explain the meeting purpose and process as well as encourage each Peer to provide input when he or she feels comfortable. This will help ensure equal representation, quality input, and help the Peer play an active role in the process.

The Committee Chair should provide all mentoring opportunities, and/or assign an appropriate team member to mentor those Peers who want a mentor. The practical use of structured mentoring should create trust, forge an equal partnership, and promote consumer leadership and recovery within the behavioral health system. As an organization, each committee member

(representing a variety of disciplines) should be encouraged to take the opportunity to forge a viable cohesive relationship with a consumer or family member to ensure successful collaboration

3. Expectations of OhioMHAS Staff

Responsibilities of OhioMHAS CFPT Lead:

- Actively recruit Peers in collaboration with the OEC
- Assign consumers and family members to committees or groups in collaboration with the OEC
- Establish a centralized location for payment request forms within Central Office
- Keep the centralized location for payment request forms well stocked
- Process and submit all payment requests for processing to the fiscal agent twice a month (15th and end of month)
- Provide assistance and support to consumers and family members around CFPT processes, as needed
- Provide support to OhioMHAS staff as needed

Responsibilities for Committee Members

- Be on time
- Ensure that everyone is treated as an equal member of the committee, valuing both work and lived experiences
- Actively listen to others
- Be respectful of different cultures and ethnic groups
- Treat all committee members with respect

Responsibilities for Committee Chair or Designee:

- Designate a mentor for each consumer and family member
- At the first meeting have the group set ground rules through consensus
- Revisit the ground rules as necessary
- Provide a membership contact list to each member
- Make sure each meeting agenda and all communication regarding the meeting includes the exact name of the group, directions to the meeting location and contact numbers in case of emergency
- Provide sign-in sheet, agenda and CFPT Payment Request Forms
- Provide written information to consumer and family members as needed to ensure a good foundation during orientation about scope of work, purpose of the committee, etc.
- Provide a monthly calendar of future meetings, times, and places
- Try to avoid scheduling conflicts with other Peer-oriented activities or meetings
- Take consumer and family member transportation needs into consideration for scheduling and meeting locations
- Make yourself available to discuss any questions consumers and/or family members may have about the committee, history and work of the group
- During and/or after the meeting ask consumers and/or family members for input at regular intervals
- Maintain firm and fair facilitation for all group members during every meeting

- Debrief with consumers and/or family members after the meeting
- Send out meeting minutes to all members in a timely manner
- Provide a separate orientation meeting prior to new Peers joining the group
- Follow-up with any consumer or family members who did not attend the meeting in person or via videoconference. Personal calls are preferable, especially early in the person's involvement with the group
- **Review and sign completed CFPT Payment Request Forms immediately after the meeting and submit to the OhioMHAS CFPT Administrative Support.**

Procedures for cancelled or rescheduled meetings:

It is crucial that each committee member is notified in a timely manner about meeting cancellations, changes in meeting locations, and rescheduled meetings.

- The Committee Chair should ensure that there is a current roster of members with up-to-date contact information so that each member may be contacted at least 48 hours before a change occurs.
- If a meeting is rescheduled to an earlier date, the notification should be at least 24 hours prior to the new date and time.
- The primary method of communication is a group e-mail...Committee Chair or Designee will call those consumers and/or family members who do not have e-mail addresses and/or access to e-mail in their home.
- The Committee Chair and/or designee should make sure someone is at the location of the cancelled or relocated meeting or that there is sign posted at the location with the new meeting information and the designee's contact information.

4. Responsibilities of Consumers and Family Members:

- Follow the CFPT Participation Expectations reviewed, distributed, and signed in CFPT Orientation
- Attend all scheduled meetings
- Notify Committee Chair or designee if you cannot attend a meeting
- Be on time and stay until the end of the meeting
- Before traveling, consumers and/or family members should make a copy of the agenda notice with the exact name of the group, location, and emergency contact numbers and then call ahead to make sure the meeting will be held as scheduled.
- If the travel reimbursement and stipend are not sufficient to cover the cost of a consumer's and/or family member's participation in a group, then the consumer and/or family member should talk to the Committee Chair or designee or the CFPT Lead about other ways to participate that require less travel or time, such as teleconferencing
- Share and process with fellow committee members during or immediately after each meeting
- **Travel reimbursements and stipends are only meant to help offset the cost of participation in an OhioMHAS activity; these funds should not be considered an income source**

Please Note:

- Stipends are taxable income. Each consumer and/or family member who accumulates \$600 or more in stipends during a calendar year will receive a 1099 MISC Form. Participant's Social Security number will be required for this process.
- It is the responsibility of the consumer and/or family member to contact his or her employer, tax lawyer or local Job & Family Services Benefits Counselor to assure that these funds do not adversely affect his or her entitlements or income tax filing status.
- The OhioMHAS CFPT Lead will provide contact information for benefits counseling upon request.

5. Reimbursement and Stipend Policy

Consumers and family members may be eligible to receive travel reimbursement and/or a stipend, for the days they participate in committees/workgroups or attend trainings or conferences.

Participation with CFPT compensation is limited to no more than two committees/workgroups at the same time unless specifically requested by the department.

Travel/Mileage Reimbursement:

- Peers who make use of public transportation will be reimbursed based on the actual cost of their transportation documented either with receipts or published fare schedules
- All taxi reimbursement requires pre-approval no less than 48 working hours prior to the date of the meeting by the OhioMHAS CFPT Lead
- Reimbursement for travel to canceled meetings will typically not be approved. However, special circumstances will be evaluated on a case by case basis
- Mileage reimbursement may only be claimed by the driver or on behalf of the driver of the vehicle
- Final mileage reimbursement will be determined based on mileage as calculated in MapQuest from point A to point B
- If there are extenuating circumstances regarding travel to a meeting location the Peer must seek approval from their Committee Chair in order to seek/obtain full reimbursement (i.e., getting lost, detours, etc.)

Stipends:

- A stipend may be requested for consumers and/or family members who participate in OhioMHAS sponsored teleconferences, videoconferences, group/team meetings, and/or document review request.
- In order to receive the stipend for each meeting, consumers and/or family members are expected to be in attendance for the entire meeting and to actively participate in accordance with the signed participation agreement.
- The funds paid are tiered based upon the type and duration of the activity completed (listed on the payment request form).
- If there are variances from the listed activities, the OhioMHAS CFPT Lead will determine stipend amount with his/her supervisor.

Processing and Payment:

- Payment request forms will be provided at each meeting by the Committee Chair or designee
- The Committee Chair or designee must sign and submit the completed forms to the Anna Labaya, OhioMHAS CFPT Administrative Support. It will be left up to the discretion of the OhioMHAS staff facilitating the meeting to verify each consumer's and/or family member's attendance by signing the payment request forms.
- To receive reimbursement, payment request forms should be completed, signed, and turned in to the Committee Chair at the end of each meeting.

***No payment will be issued for forms turned in 60+ days after the date of the meeting.**

- If a check has not been received, consumers/family members may call the OhioMHAS CFPT Lead 30 days after the meeting date in order to ensure that their payment request form has been submitted
- CHECKS MUST BE CASHED WITHIN 60-DAYS OF ISSUANCE OR THEY WILL BE VOIDED.
- IF A CHECK IS MISPLACED OR LOST IT MAY BE REISSUED UPON REQUEST IF REQUESTED PRIOR TO COMING VOID; HOWEVER, THE STOP PAYMENT FEE WILL BE SUBTRACTED FROM THE TOTAL AMOUNT OF EACH CHECK AND WILL BE REISSUED.
- HOWEVER, IF THE CHECK IS LESS THAN THE CURRENT STOP PAYMENT FEE NO REISSUANCE WILL BE CONSIDERED.

Special Accommodations:

- All overnight lodging requires preapproval by CFPT Lead prior to the date of the meeting, based upon the recommendation of Committee/Workgroup Chair
- CFPT overnight accommodations will be reimbursed in alignment with State Guidelines, Policy for OhioMHAS Travelers, which specifies lodging may be reimbursed only when required to travel at least 45 miles from his/her residence.

Reimbursement rates are subject to change without advanced notice. Stipends and mileage rates will be reimbursed based on the state rate and availability of funding.

Please Note:

- Consumers and/or family members who are employed and paid by their employer for their time and/or travel expenses are not eligible to receive reimbursement or stipend from CFPT funds.
- Consumers and/or family members who are employed by a statewide organization funded by OhioMHAS are not eligible to receive CFPT funds.

6. Facilitates implementation of application process as it relates to applications being approved/denied for in-state trainings/conferences

Section 2

CRITERIA FOR SCHOLARSHIP AWARDS

OhioMHAS has developed a set of criteria that scholarship applicants must meet in order to be considered for an award. Please read these carefully as you complete your application. *Please be complete and accurate on your application.* You may contact **OhioMHAS** at **614-728-1522** if you have any questions.

1. The conference or event must be relevant to the overall goal of the scholarship fund.
2. The cost of the conference, including conference materials, registration, lodging, and travel must be reasonable **as** determined by the Deputy Director, Community Support for the experience and knowledge to be gained in comparison with past conferences.
3. Consideration will be given as to whether there may be a more appropriate conference or event that might better provide the knowledge or experience the individual will derive from participation at the requested event.
4. **The scholarship application MUST be received in OhioMHAS office at least 20 business days prior to the conference or event registration deadline.**
5. **The applicant must agree to submit an Activity Summary Report to MHAFC, 2323 W. Fifth Ave., Suite 160, Columbus, OH 43204 or jhildebrand@mhafc.org within three (3) weeks following attendance at the conference/workshop. (form enclosed)**
6. **A copy of the event brochure/flyer should be submitted along with the scholarship application. We need documentation of dates and the agenda. Please submit a copy of the hotel information if applying for lodging.**
7. Individuals who are members of consumer/family groups will be given priority for consideration. If funds are available for more than one scholarship, additional individuals will be considered.
8. Early registration is required; OhioMHAS will not pay for late registration fees.
9. Consumer and/or family groups applying for multiple scholarships to allow several group members to attend an event must also complete the "Multiple Scholarship" section of the application. Unless otherwise indicated, multiple requests will be limited to four (4) members from an individual group.

SCHOLARSHIP APPLICATION INFORMATION (continued)

10. Presenters should seek scholarships from the conference organizers prior to requesting OhioMHAS/MHAFC funds. Presenters not sponsored by the conference will be considered in the following priority:
 - Consumers/Family Members who will be presenting on behalf of a mental health board or consumer-operated service will be considered first;
 - Consumers/Family Members who will be presenting on behalf of Ohio's mental health consumers will be considered next; and
 - Other presenters will then be considered.
11. Presenters shall provide a description of their workshop or presentation attached with application.
12. Consumer/family members requesting a scholarship to in-state conferences and who have not been awarded MHAFC funds to attend another in-state conference in the current OhioMHAS fiscal year will be given first consideration. Additional consideration will be given to:
 - Consumers/Family Members who are willing to share the information gained with other individuals and/or groups will be a priority. You must state on the application form the way you will accomplish this.
 - Consumers/Family Members who have received OhioMHAS/MHAFC scholarship funds in the past and who submitted the follow-up "**Activity Summary Report**" form.
13. Upon approval for Scholarship and TA funds, the recipient must wait 365 days from the date of approval before applying again for Scholarship and TA funds.

Applicants who do not agree to these criteria and who do not submit the "Description of Conference/Workshop Benefits" will not be considered for additional scholarship grants during the remaining fiscal year.

**Applications not completely filled out or without copies of conference/event brochures
or announcements will not be considered and will be returned to the applicant.**

**PLEASE RETURN THIS APPLICATION AT LEAST (20) WORKING DAYS PRIOR TO THE EVENT REGISTRATION DEADLINE
TO Sharon Fitzpatrick:**

**Ohio Mental Health and Addiction Services
30 E. Broad Street, 8th Floor
Columbus, OH 43215
Or
Fax to: (614) 485-9731**

SCHOLARSHIP APPLICATION

NOTE: Application MUST be received in the Community Support office 20 working days prior to the event registration deadline.

Mental Health /ADAMH Board Name:		County Name:	Date Submitted:
Applicant's Name:		Telephone Home/Work/Cell	Tax ID # (If applicable)
Address: (Street, City, State, Zip)			
Your Email Address:			
Are you over 18? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Group Affiliation:		<input type="checkbox"/> Consumer <input type="checkbox"/> Family Member	
Conference/Workshop Title *(enclose a copy of flyer/brochure)*			
Location			Date of Conference/Workshop
Are you a presenter? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes *(attach a description of your workshop/presentation)*		
Multiple Scholarship Request			
This section applies to consumer and/or family groups and organizations who are submitting multiple requests for scholarships. Multiple requests will be awarded at the discretion of the OhioMHAS. Please list persons requesting scholarships with number 1 being your first priority, number 2 being your second priority, etc. Your prioritization will assist us in making award decisions. All other application criteria will apply for all individuals awarded.			
1. Name	Are you over 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address	Consumer <input type="checkbox"/> Family Member <input type="checkbox"/>
2. Name	Are you over 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address	Consumer <input type="checkbox"/> Family Member <input type="checkbox"/>
3. Name	Are you over 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address	Consumer <input type="checkbox"/> Family Member <input type="checkbox"/>
4. Name	Are you over 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address	Consumer <input type="checkbox"/> Family Member <input type="checkbox"/>

SCHOLARSHIP APPLICATION

Conference/Workshop Expenses

Checks will not be made payable to "individuals" unless it is for reimbursement.

Item	Actual Cost	Requesting from MHAFC	Matching Funds	MHAFC Approved Amount	Already Made/Purchased?
Mileage (please include a copy of MapQuest)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Registration (please include completed form)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Lodging (please include hotel information)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Books/Materials					Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (describe or attach description)					
Total Cost					

Question 1: Please tell us with whom you will be sharing the information gained from attendance at this conference/workshop?

Question 2: How and when will you accomplish this?

SCHOLARSHIP APPLICATION

Question 3: I agree to complete the attached Activity Summary Report and return it to **MHAFC, 2323 W. Fifth Ave., Suite 160, Columbus, OH 43204** or **jhildebrand@mhafc.org** within 3 weeks following the event.

Yes

No

Previous Scholarships or TA from OhioMHAS

Title	Location	Date	Amount

Approved:

Denied:

Program Manager – CFPT Lead

Date Approved

**ACTIVITY SUMMARY REPORT
FOR CONSUMERS / FAMILY MEMBERS / AGENCIES**

***SCHOLARSHIPS**

NOTE: This form **MUST** be completed and submitted to **MHAFC, 2323 W. Fifth Ave., Suite 160, Columbus, OH 43204** or **jhildebrand@mhafc.org** within 3 weeks following the conference/workshop.

Conference/Workshop Title	Date
I/the consumer and/or family member learned the following new information/skill at this conference/workshop:	
<hr/>	
I/the consumer and/or family member's attendance at this conference will be beneficial in the following way:	
<hr/>	
I/the consumer and/or family member have used what I/they learned from the event in the following way:	
<hr/>	
Name of person completing form	

Technical Assistance Application Information

The goal of technical assistance funds is to assist individuals and groups to develop the leadership and advocacy skills needed to effectively participate in the planning and development of behavioral health policies and services. We provide Technical Assistance (TA) grants to consumers and family members, both individuals and groups/organizations. Technical Assistance funds are awarded to consumer and family groups for the purpose:

- group development
- education
- skill building

To access these funds, potential recipients must complete an application process and meet the enclosed criteria.

Priority areas for funding include, but are not limited to, the following topic areas:

- Developing and/or maintaining Consumer-Operated Services or Peer Support Organizations
- Consumer/Family relationship building
- Connecting with statewide behavioral health organizations
- Developing local networks
- Establishing effective communication patterns (Newsletters, Media Watch, Advocating, Information Sharing, etc.)
- Moving on and beyond with Advocacy/Self-Help/Support Group
- Accessing local grant monies (Public and Private/Resource Development)
- Leadership Development
- Developing a Recovery/Peer-Support Model
- Including cultural diversity in group and program development
- Utilizing consumers in service evaluation and monitoring
- Technical Assistance to Universities on curriculum development and design to meet today's behavioral health systems challenges
- Behavioral health/substance use education and skills development

CRITERIA FOR TECHNICAL ASSISTANCE PROPOSALS

1. The activity must be relevant to the overall goal of the TA fund.
2. Applicants must have submitted a **Technical Assistance Activity Summary** for any previous MHAFC/OhioMHAS awarded technical assistance activities.

The OhioMHAS may deny technical assistance awards to any individual(s) or group(s) whose application fails to meet one or more of the expressed criteria.

TECHNICAL ASSISTANCE APPLICATION PROCESS

A Technical Assistance Proposal Application must be completed and submitted to the OhioMHAS office. Applications will be reviewed by the OhioMHAS CFPT Lead with a focus on the following key components of the proposed activity:

Content: What is it the activity and what/why is there a need for it?

Staffing: Are the right people available to carry out the activity?

Budget: Is it realistic for the activity?

Approval

If the Proposal Application is approved, technical assistance funds will be awarded based upon the plan submitted. OhioMHAS may also negotiate funding of portions of the submitted plan or the development and implementation of a mutually agreed upon alternative plan.

Evaluation

The applicant is responsible for ensuring that an evaluation of the activity is conducted. This can be accomplished through participants being asked to complete an evaluation form, or by some other method identified by the applicant or consultants/trainers/speakers conducting the activity.

An evaluation report of the activity **must** be submitted to MHAFC **within three (3) weeks** following the activity. **To print The TECHNICAL ASSISTANCE ACTIVITY SUMMARY REPORT print pages 13-14.**

The report should provide the following information:

- **number of participants**
- **copy of participant sign-in sheets**
- **names, addresses, telephone numbers of speakers/consultants, etc.**
- **summary of participant evaluations**
- **the applicant's overall assessment of the activity**
- **a copy of the event brochure/flyer (if applicable)**

When funds are being requested for a contractual activity (the applicant is contracting with a consultant or organization to provide/perform a particular service, i.e., develop a bookkeeping system, assist with tax exempt application process, develop a brochure, etc.) a report of the work completed by the contractor should be submitted to the OhioMHAS office.

Funding

The maximum reimbursable payment for consultant services is limited to \$300 per day (usually not more than two days) inclusive of honorarium and expenses. Any additional expenses must be paid by the applicant group.

Follow-up

Each applicant must complete a Technical Assistance Activity Summary and return it to **MHAFC, 2323 W. Fifth Ave., Suite 160, Columbus, OH 43204 or jhildebrand@mhafc.org within three (3) weeks** following the event. (form enclosed)

If you have any questions regarding this application process, please call the OhioMHAS office at 614-728-1522.

**Applications not completely filled out or without copies of conference/event brochures
or announcements will not be considered and will be returned to the applicant.**

**PLEASE RETURN THIS APPLICATION AT LEAST (20) WORKING DAYS PRIOR TO THE EVENT REGISTRATION DEADLINE
TO:**

**Ohio Mental Health and Addiction Services
30 E. Broad Street, 8th Floor
Columbus, OH 43215
Or
Fax to: (614) 485-9731**

TECHNICAL ASSISTANCE APPLICATION

NOTE: Application MUST be received in the OhioMHAS office 20 working days prior to the event registration deadline.

Mental Health /ADAMH Board Name:	County Name:	Date Submitted:
Applicant's Name:	Telephone Home/Work/Cell	
Address: (Street, City, State, Zip)		
Your Email Address:		
Are you over 18? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Group Affiliation:	<input type="checkbox"/> Consumer <input type="checkbox"/> Family Member	
Technical Assistance Description		
Location	Date of Technical Assistance	

Technical Assistance Expenses

****Checks will not be made payable to "individuals" unless it is for reimbursement.****

Item	Actual Cost	Requesting from MHAFC	Matching Funds	MHAFC Approved Amount	Already Made/Purchased?
Mileage (please include a copy of MapQuest)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Technical Assistance					Yes <input type="checkbox"/> No <input type="checkbox"/>
Lodging (please include hotel information)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Contractual					
Equipment					Yes <input type="checkbox"/> No <input type="checkbox"/>
Books/Materials					Yes <input type="checkbox"/> No <input type="checkbox"/>
Printing/Postage					
Other (describe or attach description)					
Total Cost					

TECHNICAL ASSISTANCE APPLICATION

Question 1: I agree to complete the attached Activity Summary Report and return it to **MHAFC, 2323 W. Fifth Ave., Suite 160, Columbus, OH 43204** or **jhildebrand@mhafc.org** within 3 weeks following the event.

Yes

No

Previous Scholarships or TA from OhioMHAS

Title	Location	Date	Amount

Approved:

Denied:

Program Manager – CFPT Lead

Date Approved

Technical Assistance ONLY Proposal

WHAT IS YOUR GOAL? (What do you want to do?)

IDENTIFY THE PROBLEM/NEED. (Why is this activity needed?)

WHAT ARE YOUR ACTION OBJECTIVES? (How will you accomplish the activity?)

PREVIOUS TECHNICAL ASSISTANCE RECEIVED? (Have you ever received any TA funds before?)

PREVIOUS CONSULTANTS? (Who has given you help in the past?)

Technical Assistance ONLY Proposal (continued)

POTENTIAL CONSULTANTS FOR THIS ACTIVITY? (Who would you like to help you complete this goal and why have you selected them?)

TARGET DATE(S) (What date(s) do you want the activity to occur?)

PROPOSED LOCATION (Where do you plan to hold the activity?)

OTHER SIGNIFICANT ISSUES (Is there anything else you think we should know related to your request?)

What have you and/or your group identified as the “next steps” or follow-up activities to this event?

If you/your group were to do this activity/event again what, if anything, would you do differently?

Name of person completing form:

Please return this form to the: **Ohio Mental Health and Drug Addiction Services**
30 E. Broad Street, 8th Floor
Columbus, Ohio 43215
Or
Fax to: (614) 485-9731