

TRAINING ANNOUNCEMENT

Whole Health Action Management (WHAM)

Training Program

The Georgia Mental Health Consumer Network (GMHCN) is happy to report that funding has been awarded through a Statewide Consumer Networking Grant from the Substance Abuse and Mental Health Services Administration by the Center for Mental Health Services; and matched by the Georgia Department of Behavioral Health and Developmental Disabilities. Through this initiative GMHCN will train Certified Peer Specialists (CPS) to become Whole Health and Wellness Coaches. The training provided will be the Whole Health Action Management (WHAM) Training.

Purpose: The primary goal of this training is to teach skills to support peers to better self-manage chronic physical health conditions, and mental illnesses and addictions, to achieve whole health. Whole health is defined as having a healthy mind and body.

There are two major components to the WHAM 2-day, 10-session training. The first component uses a person-centered planning process with 10 health and resiliency factors to assist a person with creating a concise whole health goal to begin the self-management process. The WHAM training also focuses on developing mind-body resiliency to promote self-management skills.

PARTICIPATION IN THE TRAINING MEANS YOU AGREE TO:

- **Work on a whole health goal.**
- **Engage in peer support to reach your whole health goal.**
- **Pass a certification test which will be administered at the end of the 2-day training.**
- **Engage peers in setting whole health goals and supporting them with achieving their goals.**

Audience: This training is intended only for Georgia Certified Peer Specialists. Preference will be given to CPSs currently working directly with peers in Peer Support and other community based services.

Presenters: Experienced facilitators from the National Council on Behavioral Health will conduct the training.

PLEASE NOTE: This is a two day training and participants selected for this training are required to attend *both* days.

Logistics: Check in will be available at the Wingate by Wyndham Macon 100 N. Crest Blvd., Macon, GA 31210 after 4 pm. A single room will be reserved for you for the nights of February 11th and 12th, 2015. A continental breakfast will be provided at the hotel. The training site is in the conference room of the hotel. Lunch will be provided at the training site. A per diem will be provided to cover the cost of dinner for Wednesday and Thursday nights. The per diem will be issued on the first day of training.

Date	Location
Thursday, February 12, 2015 8:30 am – 4:00 pm and Friday, February 13, 2015 8:30 am – 3:30 pm	Wingate by Wyndham Macon 100 N. Crest Blvd., Macon, GA 31210 Macon, GA 31210 (478) 476-8100 http://www.wingatehotels.com/hotels/hotel-overview?hotel_id=07891&cid=whg_win_ggl_br&wid=ps:br_whg&002=2194806&004=2374023909&005=794913365&006=10692329709&007=Search&008=

Costs: Selected participants will receive full scholarships to attend the training. Scholarships include mileage reimbursement, registration fees, two nights of lodging, and meals.

Application: Please complete the application form as soon as possible; mail, fax, or email to:

Georgia Mental Health Consumer Network
246 Sycamore Street, Suite 260
Decatur, GA 30030

Fax: (404) 687-0772
Email: cbw@gmhcn.org

Registration: Applicants will be notified only if they are selected to attend the training.

Contact: For more information, contact Charles Willis at the GMHCN at (404) 687-9487 or toll free at 1-800-297-6146.

Note: Application starts on the next page.

APPLICATION

Whole Health Action Management (WHAM) Peer Support Training Program

February 12th and 13th, 2015 - Wingate by Wyndham Macon, GA
Please fill out the application completely to be considered for the training.
Applicants will be notified only if they are selected to attend the training.

Name _____

Home Address _____

City _____ County _____ Zip Code _____

Day Phone (____) ____ - _____ Evening Phone (____) ____ - _____

Cell Phone (____) ____ - _____ Email Address _____

Please check and complete the appropriate space(s):

I am a Certified Peer Specialist

I currently work at:

Program Name: _____

Agency Name: _____

Agency Address: _____

City _____ County _____ Zip Code _____

Agency Telephone (____) ____ - _____