



Pat Quinn, Governor

Michelle R.B. Saddler, Secretary

Division of Mental Health

"MENTAL HEALTH RECOVERY & WRAP FACILITATORS' TRAINING"

May 17, 2010

You are invited to apply to complete the advanced level of WRAP Education, *Level 4: Mental Health Recovery & WRAP Facilitators Training*.

This five-day WRAP Facilitator's Training course is held bi-annually in Illinois, and the next training will be held **October 4 - 8, 2010, in Mt. Vernon, Illinois**. Any individual who has attended an introduction or orientation to WRAP or completed WRAP classes, and who has written a personal WRAP plan, is eligible to apply to attend the 40-hour WRAP Facilitator's Training course. Although the training spaces are limited, all interested and eligible persons are encouraged to apply.

Upon successful completion of the Facilitator's Training course, an individual is qualified to facilitate WRAP classes. It is recommended that Facilitators work in pairs, either with another certified Facilitator or with a trainee. Certified Facilitators are also qualified to conduct WRAP seminars and participate in strategic planning teams for WRAP implementation. Additionally, all certified Facilitators are eligible to apply to *shadow* at a future Facilitator's Training event, in order to further develop facilitation skills and to become a Recovery Educator (trainer).

Each WRAP Facilitator's Training course is conducted by four highly qualified Recovery Educators and four *Shadows*. We hope that you will consider applying to attend as a Participant and help to make this event, the 15th of its kind in Illinois, the most exciting training ever!

WHAT

"Mental Health Recovery & WRAP Facilitators' Training"
40-hour course to obtain a Certificate as a WRAP Facilitator

WHEN

October 4 - 8, 2010
Monday: 8:30 - 4:30; Tuesday-Thursday: 9:00 am - 4:30 pm; Friday 9:00 am - 3:00 pm

WHERE

Mt. Vernon Airport
Mt. Vernon, Illinois

WHO SHOULD APPLY

Any individual who has attended an introduction or orientation to WRAP or completed WRAP classes, and who has written a personal WRAP plan, is eligible to apply to attend the 40-hour WRAP Facilitator's Training course. Interested applicants should demonstrate on the application that they have had experience facilitating groups, and that they will have the opportunity to be able to facilitate WRAP once they are trained to do so.

SELECTION PROCESS

Although the training spaces are limited to a maximum of 20 participants, all interested and eligible persons are encouraged to apply. All applications are reviewed and scored based upon your responses on the application and pre-determined criteria in the following areas: basic understanding of WRAP, basic skills in facilitating a group, opportunity to be able to facilitate WRAP if you are trained to do so, and personal motivation to complete the course. Applicants must receive a score of 60 points or higher to be considered for selection.

COST

Registration - **\$250 PER PERSON (DO NOT SEND MONEY NOW)** - Registration fee includes cost of training; Copeland 'Mental Health Recovery & WRAP Curriculum: Facilitator's Training Manual with facilitator guidelines, handouts, overheads, activities for group participants, and CD-ROM; lunch and snacks each day of the training.

Lodging - **DO NOT MAKE RESERVATIONS NOW.** Additional hotel details will be sent to selected participants.

NOTE: Limited scholarships are available, based on demonstrated need and available funding. Scholarship applications will be mailed to those participants who are selected to participate.

PAYMENT DUE

If selected to participate, payment is due by Friday, September 10th. Additional information will be sent to selected participants, including where to send payment.

SELECTION NOTIFICATION

All applicants will receive notification of application status by postal mail no later than Monday July 19, 2010.

If not selected to participate, eligible applicants will be placed on a waiting list, in the event that cancellations occur.

ADDITIONAL INFORMATION

If you have any questions related to the above information, please contact:

Rhonda Keck

PH: 618-833-5161, Ext. 2515

Email: Rhonda.Keck@illinois.gov

or

Josephine Brodbeck

PH: 309-693-5228

Email: Josephine.Brodbeck@illinois.gov

IF YOU ARE INTERESTED IN PARTICIPATING IN THIS 40-HOUR WRAP FACILITATOR COURSE, PLEASE COMPLETE AND RETURN THE FOLLOWING:

- **Participant Application (3 pages including the cover sheet requesting contact information)**
- The application questions should be answered completely and the application signed. If submitted electronically, the signature line is to be acknowledged in the body of the email.
- **Letter of Recommendation (Required)** - The Letter of Recommendation should be from someone who can attest to your skills, ability, and character to become a WRAP Facilitator. Letters of Recommendation can be submitted by an employer, co-worker, or group member.

APPLICATION DEADLINE

The above items must be submitted no later than **Friday, June 11, 2010**, to:

Josephine Brodbeck
DHS/Division of Mental Health
5407 N. University Street
Peoria, Illinois 61614
PH: 309-693-5228
FAX: 309-693-5101
E-Mail: Josephine.Brodbeck@illinois.gov

DO NOT SEND PAYMENT NOW: You will be notified of the status of your application by postal mail by Monday, July 19, 2010. If selected, information will be included regarding where to send payment. Payment must be received by Friday, September 10th, in order to attend the training.

Sincerely,



Nanette V. Larson
Director, Recovery Support Services
Division of Mental Health

Senior Recovery Educator
Copeland Center for Wellness and Recovery



For Office Use Only
App. #: _____

PARTICIPANT APPLICATION

RECOVERY EDUCATION AND WRAP FACILITATORS TRAINING

October 4 - 8, 2010

Mt. Vernon Airport

Mt. Vernon, IL

Deadline for Submission: **Friday, June 11, 2010**

Name:		
Preferred Name (If Applicable):		
Agency Affiliation:		
Mailing Address: <u>Please check one:</u> Home Address: _____ Work Address: _____		
Phone Number:	Home:	Work:
Cell Number:	Home:	Work:
FAX Number:	Home:	Work:
E-Mail Address:	Home:	Work:
The Best Way to Reach Me:		
ADA Accommodations Needed, If Any		

This completed Participant Application must be received by Friday, June 11, 2010

Please answer the following questions to the best of your ability. Your answers will assist the Steering Committee in selecting the most qualified applicants. All applications will be scored by a team of reviewers from the Statewide WRAP Steering Committee. Final determination will be made based upon combined scoring of the review team.

1. WELLNESS RECOVERY ACTION PLANNING (WRAP) - (30 points)

A. Workshops, Seminars and/or Symposiums

- (1) Have you ever attended a workshop, seminar or symposium about WRAP? (Y/N) _____
- (2) If so, what was the total number of workshop/seminar hours? (# Hours) _____
- (3) Please attach a copy of the Certificate you received (Check) _____

B. Classes

- (1) Have you completed an 8-week or 12-week WRAP Class? (Y/N) _____
- (2) If so, where, and who was the Facilitator(s)? _____
- (3) Please attach a copy of the Certificate you received (Check) _____

C. Personal WRAP Plan

- (1) Have you written a personal WRAP plan that you use in your daily life? (Y/N) _____
- (2) If so, please give examples from your WRAP and describe how you use WRAP in one or more areas of your daily life.

2. SKILLS AND EXPERIENCE - (30 points)

- A. (1) Have you ever been, or are you currently, a WRAP Facilitator Trainee? (Y/N) _____
- (2) If so, where? _____

- B. Please list any other life or work experiences that you have had that could help you as a group facilitator/educator (examples: consumer leadership experiences, facilitating groups or support groups, public speaking, etc.).

- C. Please attach a letter of recommendation from someone who is familiar with your skills as a facilitator/educator (employer, co-worker, or group member).

Letter of Recommendation Attached (Check) _____

3. OPPORTUNITY TO FACILITATE WRAP - (20 points)

A. (1) Do you have a job at a mental health center or other location where WRAP is or will be running?

(Y/N) _____ If so, where? _____

(2) Have you had a conversation with your supervisor about your involvement in the WRAP Initiative, were you to complete this course? (Y/N) _____

(3) Can we contact your supervisor? (Y/N) _____ If so, provide contact information.

B. If you do not have a job at a place where you can teach WRAP, **please describe your plan** to reach groups of consumers in order to carry out the role of a Certified WRAP Facilitator in Illinois?

4. PLEASE SHARE WITH US, IN A BRIEF NARRATIVE, WHY YOU ARE INTERESTED IN BECOMING A CERTIFIED WRAP FACILITATOR. - (20 points)

5. SIGNATURE: I certify that the information on this application is true and correct to the best of my knowledge. (If you are submitting your application electronically, please copy this statement into the body of your email as verification of your signature.)

Signature

Date

<<< A Letter of Recommendation MUST be attached to your Application >>>

This completed Participant Application must be received by Friday, June 11, 2010