



## "MENTAL HEALTH RECOVERY & WRAP FACILITATORS' TRAINING"

June 20, 2008

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 **September 15 - 19, 2008, at the Mt. Vernon Airport**, 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 12th 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

September 15 -19, 2008  
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 domains: basic understanding of WRAP, basic skills in facilitating a group, and access to the opportunity to be able to facilitate WRAP if you are trained to do so.

### 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, a CD-ROM, breakfast, lunch, and snacks each day of the training.

Lodging - For those who wish to stay in Mt. Vernon during the training, a block of rooms has been reserved at a local hotel. The cost is \$60 PLUS TAX PER NIGHT (**DO NOT SEND MONEY NOW**). Double occupancy rooms are also available at \$67 per night, plus tax.

NOTE: Limited scholarships are available, based on demonstrated need and available funding. Scholarship applications will be available after August 6, 2008, to those participants selected to participate.

### PAYMENT DUE

If selected, payment is due prior to the training. Additional information will be included with notification regarding where to send payment.

### SELECTION NOTIFICATION

All applicants will receive notification of application status by postal mail no later than August 6, 2008.

If not selected, applicant 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)** - 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.

**The above items must be submitted no later than Friday, July 18, 2008, 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](mailto:Josephine.Brodbeck@illinois.gov)

**DO NOT SEND PAYMENT NOW:** You will be notified of the status of your application by postal mail by Tuesday, August 6, 2008. If selected, information will be included regarding where to send payment. Payment must be received prior to the training in order to attend the event.

Sincerely,

*Nanette V. Larson*

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

September 15 - 19, 2008

Mt. Vernon Airport

Mt. Vernon, Illinois

Deadline for Submission: July 18, 2008

<b>Name:</b>	
<b>Preferred Name (if Applicable):</b>	
<b>Agency Affiliation:</b>	
	<b>Preferred Information</b>
<b>Street Address:</b>	<b>Home:</b>
	<b>Work:</b>
<b>City, State:</b>	
<b>ZIP Code:</b>	
<b>Phone Number:</b>	<b>Home:</b>
	<b>Work:</b>
<b>Cell Number:</b>	<b>Home:</b>
	<b>Work:</b>
<b>FAX Number:</b>	<b>Home:</b>
	<b>Work:</b>
<b>E-Mail Address:</b>	<b>Home:</b>
	<b>Work:</b>
<b>The Best Way to Reach Me:</b>	
<b>ADA Accommodations Needed, If Any</b>	

For Office Use Only  
App. #: \_\_\_\_\_

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 anonymously 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. Have you ever attended a workshop or seminar about WRAP? (Y/N) \_\_\_\_\_  
If so, what was the total number of workshop/seminar hours? \_\_\_\_\_  
Please attach a copy of the Certificate you received (Check) \_\_\_\_\_

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

C. Have you written a personal WRAP plan that you use in your daily life? (Y/N) \_\_\_\_\_  
If so, please describe how you use your WRAP in your daily life.  
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\_\_\_\_\_  
\_\_\_\_\_

2. SKILLS AND EXPERIENCE - (30 points)

A. Have you ever been, or are you currently, a WRAP Facilitator Trainee? (Y/N) \_\_\_\_\_  
If so, where? \_\_\_\_\_

B. Please list any experiences that you have had that could help you as a group facilitator/educator.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Please attach a letter of recommendation from someone who is familiar with your skills as a facilitator/educator.  
Letter of Recommendation Attached (Check) \_\_\_\_\_

3. ENVIRONMENT AND ACCESS - (20 points)

A. 1. Do you have a job at a mental health facility 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.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If you do not have a job at a mental health facility, please describe your plan to reach groups of consumers in order to carry out the role of a Certified WRAP Facilitator in Illinois?

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

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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 >>>**  
(Deadline for Submission: July 18, 2008)