



## County of Sacramento

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**Date:** August 7, 2015  
**Subject:** Wellness Recovery Action Plan Facilitator's Training

Dear Provider:

The County of Sacramento, Division of Behavioral Health Services, in partnership with NorCal MHA is excited to announce the upcoming Wellness Recovery Action Plan (WRAP) Facilitator's Training, developed by Mary Ellen Copeland, Ph.D., and facilitated by Copeland Center certified Advanced Level Wrap Facilitators. This training prepares participants to conduct WRAP groups, teaching mental health recovery skills to people who experience mental health challenges, their families and care givers and other community members.

This course is an intensive five-day training designed to help participants become powerful change agents and recovery educators as Certified WRAP Facilitators. By attending this training, participants will gain a deeper understanding of the recovery process and learn to:

- work with people who have mental health challenges, empowering them towards discovery of strengths they have and can use to enhance their recovery
- effectively share the underlying concepts necessary to recovery: hope, personal responsibility, education, self-advocacy, and support
- work with individuals and groups to develop a WRAP
- teach others about wellness tools and strategies
- motivate others to work toward recovery and help with successful progression towards achieving their life goals
- use personal interaction and various presentation styles and strategies that enhance the recovery process

Because training slots are very limited, priority consideration has been afforded to those who attended the "*Wrap around the World*" Conference in 2013. Due to the complexities of our system, multiple factors will be taken into account to select those who will be included in this training. Unfortunately, we will not be able to accommodate everyone who would like to attend.

Prior to submitting your application for consideration, please ensure that you meet the minimum requirements. To be considered for this training, applicants must have completed their own WRAP **and** one of the following: 1) Participation in a WRAP group (8 weeks); or 2) Attendance at the two-day/16 hour Workshop: Introduction to Mental Health Recovery and WRAP on September 29 – 30, 2015, or 3) Attendance at the 2013

WRAP Around the World Conference with completion of the pre-requisite track and proof of completion certificate.

The Facilitator's training will take place in Sacramento and has been scheduled for November 16-20, 2015, from 8:00 a.m. to 5 p. m daily. If selected, participants must attend all five days of the training to be eligible to become a Certified Wrap Facilitator. Since the WRAP around the World Conference was conducted almost two years ago, there will be a two-day /16 hour Workshop: Introduction to Mental Health Recovery and WRAP in Sacramento on September 29-30, 2015, from 8:00 a.m. to 5:00 p.m. each day, so that participants can get reacquainted with the WRAP concepts and principles. This workshop is optional, but strongly recommended.

If you have any questions or need more information, please contact Debrah DeLoney-Deans, Workforce, Education and Training Coordinator at [deloneyde@saccounty.net](mailto:deloneyde@saccounty.net) or 916-876-5128.

Sincerely,

Jo Ann Johnson, LCSW  
Cultural Competence/Ethnic Services Manager  
Workforce, Education and Training Program Manager  
DHHS- Division of Behavioral Health Services  
7001-A East Parkway, Suite 400  
Sacramento CA 95823



# **Wellness Recovery Action Plan (WRAP) Facilitator's Training**

Thank you for your interest in the Wellness Recovery Action Plan (WRAP) Facilitator's Training. This course is an intensive five-day training designed to help you become a powerful change agent and recovery educator as a WRAP Facilitator.

Training slots are very limited. Prior to submitting your application for consideration, please review the application thoroughly to ensure that you meet the minimum requirements for participation. All applicants must have completed their own WRAP **and ONE** of the following:

- Participation in a WRAP group (8 weeks), or
- Attendance at the two-day/16 hour Workshop: Introduction to Mental Health Recovery and WRAP on September 29 – 30, 2015, or
- Attendance at the 2013 WRAP Around the World Conference with completion of the pre-requisite track and proof of completion certificate.

In preparation for the five-day Facilitator's training, there will be a two-day/16 hour WRAP workshop, scheduled to take place in Sacramento on September 29-30, 2015 from 8:00 a.m. to 5:00 p.m. each day. The five-day Facilitator's Training will also be in Sacramento on November 16-20, 2015 from 8:00 a.m. to 5:00 p.m. daily. Attendance at the two-day/16 hour WRAP workshop is optional, but strongly recommended. However, if you are selected to participate in the Facilitator's Training, your attendance is required at all five days of the training to be eligible to become a Certified WRAP Facilitator. Please note that completion of the training is not an automatic guarantee of certification as a WRAP Facilitator. Applicants who are selected to attend this training will be subsequently notified of specific training locations and other pertinent details.

Please answer the following questions so that you may be considered for this exciting training opportunity.

## **WRAP Facilitator's Training Application**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone/Fax Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Position: \_\_\_\_\_

Check all that apply:

- \_\_\_\_\_ I primarily work with Adults  
\_\_\_\_\_ I primarily work with children and families

1. Age group: 18-24 \_\_\_\_\_ 25-34 \_\_\_\_\_ 35-44 \_\_\_\_\_  
45-54 \_\_\_\_\_ 55-64 \_\_\_\_\_ 65-74 \_\_\_\_\_  
75 and older \_\_\_\_\_

2. Gender: \_\_\_\_\_

3. Ethnic Background: \_\_\_\_\_

4. Years of experience in the field of mental health or substance abuse working with multicultural clients: \_\_\_\_\_

5. Have you completed your own WRAP? Yes \_\_\_\_\_ No \_\_\_\_\_

What was that experience like for you?

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6. In addition to completing your own WRAP, please indicate which of the following pre-requisites you will have completed by 9/30/15:

- \_\_\_\_\_ Participation in a WRAP group (8 weeks), or
- \_\_\_\_\_ Attendance at the two-day/16 hour Workshop: Introduction to Mental Health Recovery and WRAP on September 29 – 30, 2015, or
- \_\_\_\_\_ Attendance at the 2013 WRAP Around the World Conference with completion of the pre-requisite track and proof of completion certificate.

If you completed a WRAP group or workshop, please tell us when and where you attended:

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7. For the group or workshop you attended, who was your WRAP Facilitator?

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8. Everyone processes and learns new information in different ways. Please provide a brief description of your experiences in facilitating groups that would help you to be an effective WRAP Facilitator?

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9. During the WRAP Facilitator Training, you will be called upon to do a presentation or speak about portions of your own WRAP process. How would you rate your comfort level for public speaking?

\_\_\_\_\_ Very Comfortable  
\_\_\_\_\_ Somewhat Comfortable  
\_\_\_\_\_ Not at all Comfortable

10. WRAP is designed to have a broad appeal to the community. Please describe your experience engaging with culturally and linguistically diverse audiences?

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11. Why do you want to learn to facilitate WRAP groups?

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12. Please describe your plan to implement WRAP groups in the next year. Please discuss how you plan to inform the community about WRAP groups, who you will partner with and what audiences you plan to target?

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13. Do you fluently speak a language other than English?

Yes \_\_\_\_\_ Please specify: \_\_\_\_\_

No \_\_\_\_\_

**For Applicant:**

I am submitting my application to participate in the Wellness Recovery Action Plan (WRAP) Facilitator’s Training, a collaborative effort between the County of Sacramento and NorCal MHA.

I understand that there are a limited number of slots for this training. I understand that I must agree to all the conditions listed below to be considered for the training. By my signature, I agree to the following:

- 1) I have completed and signed the WRAP Facilitator’s Training application.
- 2) I have completed my own Wellness Recovery Action Plan
- 3) I will have completed ONE of the following pre-requisites by 9/30/15:
  - a. Participation in a WRAP group (8 weeks), or
  - b. Attendance at the two-day/16 hour Workshop: Introduction to Mental Health Recovery and WRAP on September 29 – 30, 2015, or
  - c. Attendance at the 2013 WRAP Around the World Conference with completion of the pre-requisite track and proof of completion certificate.
- 4) I must attend all five days of eight-hour training sessions, as scheduled on November 16-20, 2015, 8:00 a.m. to 5:00 p.m.
- 5) If I become certified as a WRAP Facilitator, I am expected to facilitate a minimum of two (2) groups per year, a total of 16 hours, and attend refresher courses as they become available in the Sacramento or surrounding area.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**For Agency Director:**

I am aware that my staff member has applied to participate in the WRAP Training in order to become a certified WRAP Facilitator. *This training is a 5-day commitment and participants must attend all five days to be eligible for certification.* If certified, applicants are expected to facilitate a minimum of two (2) groups per year, a total of 16 hours and be available for refresher courses as they become available in the Sacramento or surrounding area.

I support my staff member’s application, and if selected and certified, I will support the obligated hours above and commit to ensuring applicant is given the time to attend the training, including any refresher courses and facilitate WRAP groups.

Signature of Agency Director : \_\_\_\_\_ Date: \_\_\_\_\_

Agency Director’s email: \_\_\_\_\_

*If you have any questions or need additional information, please contact Debrah DeLoney-Deans, WET Coordinator, at: [deloneyde@saccounty.net](mailto:deloneyde@saccounty.net) or phone: 916-876-5128. Please return the completed application to Debrah by **Tuesday, September 1, 2015.***