

# ABOUT

The Placer County Campaign for Community Wellness functions as the legislatively mandated body to oversee the implementation of the Mental Health Services Act. The Workforce Education and Training Advisory Committee is a subcommittee of Placer's Campaign for Community Wellness and is intended to address identified public mental health occupational shortages and meet the education and training needs of the public mental health system.

# MISSION

*To develop and support a diverse workforce capable of providing client and family driven, culturally and co-occurring competent services, which promote MHSA core values utilizing evidence-based practices. The WET Advisory Committee members work together to ensure this mission is realized.*

# CORE VALUES

- 4 Promote wellness, recovery and resilience
- 4 Increase consumer and family member involvement in policy and service development and employment in service delivery
- 4 Develop a diverse and culturally sensitive and competent workforce in order to increase the availability and quality of Mental Health services and supports for individuals from every cultural group
- 4 Deliver individualized, consumer-driven services that are outcome oriented and based upon successful or promising practices
- 4 Outreach to underserved, unserved and co-



# FUNDING

The Workforce Education and Training program is offering funding MHSA based training:

- **Scholarships** (Up to \$550.00)
- **Reimbursement** (Up to \$550.00)

# PARTNERSHIPS

For contract vendors, funding opportunities to help with:

- **Clinical group supervision** funding for registered BBS intern supervision (Up to \$10,000 per agency)
- **Registered BBS/Psychology intern** funding (Up to \$10,000 per agency)
- **Proposal Community-Based trainings:** Submit a Letter of Intent with agency name, nature of request, how many individuals, brief budget, how does the training tie back to the MHSA core values

*The WET subcommittee meetings are held the fourth Monday of every month from 1:00pm-2:30pm in the large conference room located at Placer County Adult System of Care, 11533 C Avenue, Auburn, CA 95603. Meetings are cancelled on County holidays.*



## Workforce Education and Training Coordinator

Placer County Adult System of Care

11512 "B" Avenue  
Auburn, CA 95603

Phone: (530) 889-7222  
Fax: (530) 889-7293

[www.campaignforcommunitywellness.org](http://www.campaignforcommunitywellness.org)



CAMPAIGN FOR  
COMMUNITY  
WELLNESS

*Building Relationships  
Improving Mental Wellness  
in Placer County*

**Workforce Education and Training  
(WET)**

Scholarship • Reimbursement • Funding  
**APPLICATION**

# Workforce Education and Training (WET) Scholarship/Reimbursement Application

I am applying for a  
 Scholarship  Reimbursement

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Cell \_\_\_\_\_

Sponsoring Agency (if applicable) \_\_\_\_\_ Role with Agency (if applicable) \_\_\_\_\_

Agency Description \_\_\_\_\_

Are you Bilingual or Bicultural?  Yes  No Languages Spoken:  English  Spanish  Other \_\_\_\_\_

## Course Information

Institution / Agency	Course Title and Number(s)	Date/Time	Cost
----------------------	----------------------------	-----------	------

Course Description:

Total Reimbursement or Scholarship (\$550.00 per Fiscal Year) **Amount Requested \$** \_\_\_\_\_

Other costs: (please explain) \_\_\_\_\_

Please answer the following questions on a separate sheet of paper (no more than 250 words per response):

1. What motivates you to take this course/training?
2. There are limited funds for this program, and the Advisory Sub-Committee hopes to support individuals with a variety of experiences, backgrounds, and perspectives. With that in mind, tell us a bit about yourself.
  - a. Would you say you represent an under-represented population? If so, please describe.
  - b. What is your connection to the mental health wellness and recovery community?
3. In terms of your life experience, describe your effective leadership skills.
4. How will this course or training improve your ability to serve individuals with mental illness in your community or organization?
5. What is your career goal?
6. Anything else you would like to share?
7. One of the criteria for this Scholarship is based on need. Explain why you are unable to pay in advance for the class or training (answer only if applying for Scholarship).

I understand I am required to retain the "Wet Training Report Form" and return it to the WET Coordinator after I complete the course/training. I also understand that failure to do so could jeopardize future scholarships.

I am committed to working within the Placer County public mental health field and using the skills I learn in this course/training to enhance my ability to provide recovery focused, culturally competent services.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

In my opinion the above course work will be beneficial to \_\_\_\_\_ and result in improved capacity for Placer's wellness community.  
(Applicant Name)

Supervisor/Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

ASOC Director \_\_\_\_\_ Date \_\_\_\_\_

Please mail, fax OR email your application to:

Workforce Education & Training Coordinator  
Placer County Adult System of Care  
11512 "B" Avenue, Auburn, CA 95603  
scompton@placer.ca.gov; Fax (530) 889-7293; Ph (530) 889-7222

If you require assistance with filling out this form please contact: W.E.T. Training Coordinator at (530) 889-7222

All Applications are reviewed and screened by the Workforce Education and Training Advisory Sub-Committee. Selected applicants may also be interviewed. Applications are assessed for individual commitment to recovery, motivation, and desire to work in the public mental health field.

Extra consideration will be given to individuals that represent Placer's diversity in terms of geography, culture, and lived experience with public mental health.

Electronic submissions are acceptable as long as signature and all components are legible.