Request for Proposal

Peer Support Specialist Certification Program *-Training for Crisis Specialization Training Curriculum*

Applications due by 5:00 PM PST on May 12th, 2023, via the Bonfire Submission Portal

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1 RFP Summary

The California Mental Health Services Authority (CalMHSA), a Joint Powers Authority (JPA), serves California Counties and Cities as an independent administrative and fiscal intergovernmental structure for jointly developing, funding, and implementing mental health services and educational programs at the state, regional, and local levels *(See Gov. Code §6500 et seq.).*

CalMHSA is the certifying body for the certification of Medi-Cal Peer Support Specialists in California. As the certifying body, CalMHSA is seeking proposals for the purpose of soliciting responses for interested entities with the experience and capacity to provide comprehensive training for certified Peer Support Specialists interested in receiving training in the Crisis Peer specialization. The Crisis Specialization training curricula includes all competencies required for the Crisis Peer specialization. Crisis Peer specialization training focuses on working with persons with lived experience having been crisis, or providing personal care for someone in the public behavioral health system of care who has experienced being in crisis. Training should focus on mental health, substance use disorder, and/or both (behavioral health).

CalMHSA conducted a landscape analysis of existing peer certification programs in the United States to compare curriculums, training standards, required skills, and best practices of peer support for persons in crisis. The landscape analysis report makes use of various sources, including the work of Eugene Oregon's White Bird Clinic mobile crisis team CAHOOTS (Crisis Assistance Helping Out on the Streets), "The National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit" from SAMHSA (Substance Abuse Mental Health Services Administration), C4Innovations, Palliance - The Institute for Peer Support & Lived Expertise program of Humannovations, the City of New York, the Cellar Trust, and Mental Health America. Additionally, CalMHSA held focus groups with subject matter experts to examine the domains and core competencies for the Crisis Care Peer specialization, and recorded feedback from the community members through virtual live focus group sessions and posting the report on the website for comments. Next, CalMHSA compared the knowledge, skills, and abilities identified in the seventeen core competencies for Medi-Cal Peer Support Specialist training to avoid redundancy in and build on the knowledge, skills, and abilities for certified Medi-Cal Peer Support Specialists seeking training for the justice involved specialization. Additionally, CalMHSA held focus groups with subject matter experts to examine the domains and core competencies for the crisis care involved specialization, and recorded input from subject matter experts in crisis care, community members, and stakeholder for its final analysis the core competencies. Input on the core competencies for justice involved specialization was collected, in writing, through virtual live focus group sessions, and certification website.

In conclusion, CalMHSA used the information from the landscape analysis as well as input from community and stakeholder feedback for its final analysis for the identification of the core competencies. Subsequently, an additional 40 hours of experiential learning specific to the justice-involved peer will be implemented to construct the Crisis Care Peer Specialization Training Program.

The following are the identified core competencies of the Crisis Peer Specialization for certified Peer Support Specialist.

Peer Training Curriculum Core Competencies Crisis Care Area of Specialization for Certified Medi-Cal Peer Support Specialist			
Adopted Crisis Care Specialization Core Competencies	**Learning objectives based on Knowledge, skills, and ability**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**	**Possible Hours of Training**
Pathways to Crisis	Knowledge: • Understanding the impact of various lived experiences, such as abuse, trauma, crisis, homelessness, mental health, substance use, racism, and unemployment. Skills: • Applying personal experiences to inform empathy and understanding in interactions with individuals who have had similar experiences. • Utilizing personal experiences to inform effective coping strategies and interventions. • Providing support and resources to individuals experiencing similar lived experiences. Abilities: • Using personal experiences to inform advocacy efforts and to challenge systems and structures that perpetuate harmful experiences. • Serving as a positive role model for individuals experiencing	• Telling your story to support other's recovery • Motivational Coaching practices and techniques • Connecting to local resources • Non-violent communication practices • Recovery practices • Rapport building • Crisis & safety management plans & guidelines • Value of choice and self-determination Connections map for natural supports • Role modeling techniques	3

	similar lived experiences by sharing personal stories of growth and resilience. • Understanding the potential triggers and effects of various lived experiences and incorporating that understanding into care plans and interventions.		
Prevention, De-Escalation, and Crisis Resolution	Knowledge: • Understand early intervention strategies to prevent crisis and the need for intensive services. • Understand de-escalation techniques, suicide prevention concepts and techniques, local resources, treatment, services and support preferences. • Understand laws related to involuntary holds. Skills: • Identify indicators of re-experiencing symptoms and take action to address distress or a crisis. • Assist individuals to develop self-management plans, relapse prevention and crisis prevention strategies. • Utilize de-escalation techniques, suicide prevention concepts and techniques, and compassionate curiosity in engaging with peers. • Participate in care coordination with other members of the support team. Abilities: • Meet people where they are. • Provide reassurance to peers in distress.	• Understand community resources • Legal rights and patient rights • Mandate reporting • Role modeling principles and techniques • Trauma-Informed Care • Motivational coaching techniques • Recovery-oriented care • Building collaborative partnerships • Common mental health and substance use disorders • Cycle of Escalation and De-Escalation techniques	4

	• Recognize signs of distress and threats to safety among peers and in their environments.		
Engagement and Resource Connection / Navigation	Knowledge: • Basic understanding of mental health and substance use challenges • Knowledge of community resources and services to support recovery • Understanding of patient's rights Skills: • Build rapport and trust through sharing lived experience • Use a trauma-informed approach when interacting with individuals • Help individuals assess their own needs and provide them with referrals • Assist individuals to link to and navigate community resources • Model effective coping strategies and interpersonal skills • Develop tools for effective outreach and continued support • Consider multiple barriers and challenges when helping an individual • Support engagement in mental health and substance use treatment services Abilities: • Approach every interaction from a strengths-based perspective • Support connection to natural supports	• Care Coordination principles • Advocacy principles • Confidentiality laws and professional expectations (HIPAA and 42 C.F.R. Part 2) • Motivational coaching technique • Building rapport techniques • Telling your story • Escalation and de-escalation techniques • Trauma-informed principles •	4

	• Provide warm hand-offs to referred agencies and explain the necessity for the referrals • Assist individuals in identifying support systems consistent with individual needs • Use a strengths-based approach to encourage use of skills, strategies, and strengths that are already working or may work for an individual • Advocate for an individual's rights, especially Patient's Rights.		
Person-Centered Trauma-Informed	Knowledge: • Understand the effects of trauma on individuals and their overall wellness • Knowledge of core principles of trauma-informed practices Skills: • Ability to recognize signs of distress and personal risk indicators to support individuals • Non-judgmental attitude towards individual responses to trauma and crisis • Know and apply strategies to build resilience and perseverance • Report suspicions of abuse or neglect to appropriate authorities Abilities: • Ability to meet individuals where they are and support their choices regarding services received	• Adverse Childhood Experiences • Different levels of stress • Understanding Trauma (Racialized trauma, Intergenerational, Immigration, etc.) • Impact of trauma, compassion fatigue, burnout and grief • Shame and blame • Holistic approach to wellness • Impact of trauma before, during and after crisis event • Shame and blame	5

	• Utilize trauma-informed practices before, during, and after a crisis • Support individuals in avoiding crisis and managing the effects of trauma		
Co-occurring Disorders: MH and SUD	Knowledge: • Have a basic understanding of the Disease Model of Addiction, treatment approaches such as Medication Assisted Treatment (MAT), and the difference between prevention, treatment, and recovery. • Understand the prevalence of trauma in the lived experience of people with co-occurring disorders. • Understand Harm Reduction. Skills: • Create healing relationships based on respect, compassion, open and honest communication, active listening, and cultural humility. • Foster individual choice and self-determination. • Use active listening and empathic listening skills. • Provide culturally relevant education on the role of cultural identity, ethnic background, age, and gender in creating resiliency and improving prevention, treatment, and recovery. • Help individuals identify beliefs and values that work against their recoveries. • Use questions to help individuals identify and move through their	• Understanding of most common co-occurring disorders and conditions • Co-occurring mental health substance use conditions • Stages of Changes • Disease model of addiction • Impact of behavioral health conditions on family and/or support networks • Harm Reduction Models • Recovery Action Planning • Relapse prevention • Medication assisted treatment • Community resources • Recovery Capital principles • Navigation of behavioral health systems of care	3

	fears and get in touch with the life they want. Abilities: • Promote hope, the potential for change, and personal empowerment. • Approach every interaction from a strengths-based perspective and be non-judgmental. • Meet people where they are and support them in their goals. • Provide peer support services even if individuals are not engaged in treatment. • Respect the individual's confidentiality. • Have the ability to navigate the substance use system, public and private, so individuals can receive the services they want. • Understand the Stages of Change, Recovery Capital, and Recovery Action Planning to support individuals in their recoveries. • Embrace all pathways to recovery. • Provide education regarding warning signs, symptoms, and progression of substance use disorders.		
Active Crisis Support			
Conflict Resolution	Knowledge: • Understanding of local resources, treatment, services and support preferences of individuals served.	• Crisis & safety management guidelines • Safety planning and supporting self-determination	5

- Knowledge of laws related to involuntary psychiatric holds.
- Knowledge of signs of human trafficking and abuse and how to connect individuals to appropriate resources.
- Understanding of risk assessment, suicide prevention, and safety planning.
- Awareness of indicators that an individual may be re-experiencing symptoms of his or her condition(s).

Skills:

- Ability to do a safety and risk assessment.
- Ability to recognize signs of distress, threats to safety, and indicators of re-experiencing symptoms of a condition.
- Utilization of de-escalation techniques and suicide prevention concepts and techniques.
- Effective communication, conflict resolution, and problem-solving skills.
- Personal ability to deal with conflict and difficult interpersonal relations.

Abilities:

- Ability to provide support both one-on-one and as part of a team.
- Ability to take action to address distress or crisis using knowledge of local resources, treatment, services and support preferences of individuals served.

- Conflict resolution techniques
- Problem solving skills
- Knowledge and linkages to community resources
- Connections map for natural supports

	• Ability to identify indicators and provide early intervention strategies to avert crisis and/or the need for intensive services. • Ability to assist individuals to develop and activate self-management plans, advanced directives, relapse prevention strategies, and crisis prevention strategies. • Ability to utilize compassionate curiosity and practice non-judgmental behavior. • Ability to recognize when to escalate situations to a supervisor. • Top of Form		
Person-Centered Trauma-Informed	Knowledge: • Understanding the relationship between crisis and trauma. • The prevalence and impact of trauma, including PTSD, ACE's, and its effects on physical, behavioral, and emotional wellness. • Core principles of trauma-informed practices and their application in peer services. • Strategies to mitigate trauma during a crisis. Skills: • Pairing individuals in crisis with culturally appropriate and trauma-informed peer supporters.	• Adverse Childhood Experiences • Recognizing early warning signs and signs of distress • Different levels of stress • Understanding Trauma (Racialized trauma, Intergenerational, Immigration, etc.) • Impact of trauma in relation to crisis event • Shame and blame • Holistic approach to wellness • Value of choice and self-determination • Recovery models of care	3

	• Recognizing signs of distress and responding to personal risk indicators. • Assisting individuals in identifying basic needs and supporting their choice in decision-making and services received. • Being available for post-crisis support. • Knowing strategies to build resilience and perseverance and sharing them when appropriate. Abilities: • Meeting people where they are and being non-judgmental about their responses to crisis and trauma. ◦ • Utilizing effective communication and conflict resolution skills.		
Co-occurring Disorders: MH and SUD	Knowledge: • Basic knowledge of emergency measures such as Naloxone in case of overdose. • Understanding of treatment approaches such as Medication Assisted Treatment (MAT) and Medication Assisted Recovery (MAR) to support individuals in their recoveries. • Understanding of Harm Reduction to support individuals in their recoveries. • Basic knowledge of the substance use system, public and private, to help individuals navigate services.	• Understanding of most common co-occurring disorders and conditions • Co-occurring mental health substance use conditions • Stages of Changes • Disease model of addiction • Impact of behavioral health conditions on family and/or support networks • Harm Reduction Models • Recovery Action Planning • Relapse prevention principles	3

	• Understanding of the importance of person-centered language. Skills: • Use active listening and empathic listening skills. • Ability to communicate lived experience in a way that is supportive. • Use questions to help individuals identify and move through their fears and get in touch with the life they want. • Plan continuing care, relapse prevention, and discharge planning with individuals and those they wish included. Abilities: • Immediately call 911 in an overdose emergency. • Provide peer support services even if individuals are not engaged in treatment. • Meet people where they are. • Be non-judgmental. • Approach every interaction from a strengths-based perspective. • Recognize and use person-centered language. • Promote hope, the potential for change, and personal empowerment. • Create healing relationships based on respect, compassion, open and honest communication, active listening, and cultural humility. • Help individuals identify beliefs and values they hold that work against their recoveries.	• Medication assisted treatment • Community resources • Recovery Capital principles • Navigation of behavioral health systems of care	

| Crisis and Special Populations | Knowledge:

• Strategies for working with various subpopulations
• Resources and services specific to intersectional identities
• Legal and possible liability issues while working with Transitional Aged Youth
• Sign of human trafficking and abuse
• The use of Mobile Crisis teams instead of law enforcement
• The ability to work with community partners, including law enforcement

Skills:

• Providing culturally appropriate/safe field-based services
• Providing peer support when crisis occurs during incarceration and post-release from detention
• Linking individuals to resources and services specific to their intersectional identities

Abilities:

• Recognizing the signs of human trafficking and abuse and knowing how to help
• Working with various subpopulations
• Working with community partners, including law enforcement. | • Impact of crisis event on family and natural supports
• Cultural awareness and humility principles and practices
• Cultural understandings of mental health
• Implicit & explicit bias

Systemic racism

Challenges faced by special populations, including LGBTQ+, youth, older adults, gender identity, immigrants, refugees, etc. | 3 |

Post Crisis/Recovery Core Competencies

Crisis Planning and Support	Knowledge: • Knowledge of post-crisis interventions. • Understand the overall life implications of a 5150 / 5585 experience in order to support individuals in their recoveries. • Know and be able to link individuals to resources and services specific to their intersectional identities. Skills: • Plan continuing care, relapse prevention, and discharge planning with individuals and those they wish included (e.g., natural supports, providers). • Know how to support individuals facing long/short-term homelessness after crisis. • Know strategies to build resilience and perseverance and be able to share them when appropriate. • Provide support in meeting legal sanctions such as Mental Health Court requirements. Abilities: • Be available for post-crisis support. • Promote hope, the potential for change, and personal empowerment. • Be non-judgmental about individual responses to crisis and trauma.	• Crisis & safety management guidelines • Safety planning and supporting self-determination • Suicide awareness/prevention • Conflict resolution techniques • Problem solving skills • Knowledge and linkages to community resources • Connections map for natural supports	5

	• Meet people where they are, understand that they may not be ready to accept services or talk to you about their trauma. • Support individual choice with decision-making and services received. • Be alert to signs that a new crisis experience is starting.		
Self-Awareness and Self-Care	Knowledge: • Understand burnout and use self-awareness to manage compassion fatigue, vicarious trauma, and secondary traumatic stress. • Know the importance of ongoing supports for overcoming stress. • Know resources to promote personal resilience. • Develop a working knowledge of the concepts of "activation" and "self-management" of whole health goals. Skills: • Develop self-care skills and coping practices for helping professionals. • Strengthen social skills and healthy social networks including peer and natural support systems. • Learn to respond appropriately to personal stressors, triggers, and indicators. • Use tools & techniques for entering "triggering" environments. • Practice a strengths-based approach to recovery / wellness.	• Self-awareness and self-care for the Peer Worker • Self-awareness and self-care techniques for the person in care • Recognize signs of stress and burnout and respond	2

	• Respond to any setbacks on their recovery journey as an opportunity for learning additional techniques or strategies to achieve and maintain their whole health goals. Abilities: • Conduct themselves in a manner that fosters recovery and promotes hope for individuals who are on their own recovery journey.		

*RFP curriculum standards could change.

This request does not commit CalMHSA to contract for any supply or service whatsoever. In addition, responders are advised that CalMHSA will not pay for any information or administrative costs incurred in response to this RFP; all costs associated with responding to this RFP will be solely at the interested party's expense. Not responding to this RFP does not preclude participation in any future RFP submissions, if any is issued.

Background Information

Senate Bill 803 (SB 803): Peer Support Specialist Certification Program, authorized the Department of Health Care Services (DHCS) to seek federal approvals to add peer support specialists as a Medi-Cal provider type and peer support services as a distinct service type in counties opting to participate in a peer certification program. SB 803 also directed DHCS to develop state standards for this program. Those eligible for the Peer Support Specialist Certification are an "individual who is 18 years of age or older, who has self-identified as having lived experience with the process of recovery from mental illness, substance use disorder, or both, either as a consumer of these services or as the parent or family member of the consumer" (SB803, Article 1.4, section 14045.12(g)). Peer Support Specialists may serve in an array of behavioral health settings providing "culturally competent services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths" (SB 803, Article 1.4, section 14045.12(h)).

The intent of SB 803 is that the Peer Support Specialist Certification program will achieve all the following outcomes (section 14045.11(a-g)):

1. Support the ongoing provision of services for individuals experiencing mental health care needs, substance use disorder needs, or both, by certified peer support specialists;
2. Support coaching, linkage, and skill building of individuals with mental health needs, substance use disorder needs, or both, to families or significant support persons;

3. Increase family support by building on the strengths of families and helping them achieve a better understanding of mental illness to help individuals achieve desired outcomes;

4. Support collaboration with others providing care or support to the individual or family;

5. Assist parents, families, and individuals with developing coping mechanisms and problem-solving skills in order to help individuals achieve desired outcomes;

6. Promote skill building for individuals in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services and;

7. Encourage employment under the peer support specialist certification to reflect the culture, ethnicity, sexual orientation, gender identity, mental health service experiences, and substance use disorder experiences of the individuals the peer support specialist serves.

In alignment with SB 803, DHCS used multiple methods for gathering input to identify and establish program requirements to set statewide standards for the state-approved Medi-Cal Peer Support Specialist Certification. The information from the analyses were used to establish the Medi-Cal Peer Support Specialist Certification Program standards. The DHCS released guidance for the Peer Support Specialist Certification program implementation through the State of California- Health and Human Services Agency, Department of Health Care Services Behavioral Health Information Notice No: 21-041 (BHIN 21-041). The BHIN 21-041 outlines standards for implementation, including core competencies that shall be met through the training curriculum for Peer Support Specialist.

2 Project Scope of Work

The California Mental Health Services Authority (CalMHSA) is seeking qualified vendors with the expertise and capacity to provide training for the Justice-Involved Peer specialization for certified Medi-Cal Peer Support Specialist.

Training curriculum for the Crisis Care Peer specialization will need to encompass core competencies standards within the 11 domains as noted above and meet the 40-training hour requirement.

The selection process will consider the merits of the proposed approaches, the qualifications of the organization(s), the resources offered, the proposed timeline, and the life-cycle costs. CalMHSA reserves the right to select one or more providers if deemed the best option.

2.1 Deliverables

The deliverables for this scope of work include, but not limited to, the following:

1) **Provide training to** certified Medi-Cal Peer Support Specialists for the Crisis Care Peer specialization.

   a. Curriculum must meet standards noted above.

    b. Applicant will be required to adhere to all national ADA regulations when developing and implementing their curriculum.

2) **Submit all the information requested in the Training Procurement Guide (Attachment A)** to detail the requirements of your training curriculum. This document should be uploaded as a separate PDF is not included in the 5-page maximum.

3) **Collect and provide the following data collection points found in Attachment B of this RFP to CalMHSA throughout their project period on a quarterly basis.**

3   Requested Information

The following response components are required to be submitted within the final application. CalMHSA is not responsible for costs associated with the development of proposals nor shipping or delivery of such. **(Maximum 5 Pages)**

The following information is to be submitted as part of the proposal:

1. **Overview**
   a. Please include an organizational chart if available.
   b. Provide a brief overview of your company's history and background.
   c. Past experience working with County/City Mental/Behavioral Health Departments and/or behavioral health organizations or initiatives.
   d. Past experience working with individuals with lived mental health experience, and/or individuals who have experienced Crisis Care.
   e. Past experience with workforce education and training development.
   f. Provide one example of prior work that is similar in scope and complexity to the items outlined in this Scope of Work.
   g. Must provide the above information for prime contractors as well as any sub-contractors.

2. **Method/Approach/Process**
   a. Describe in detail how your organization will address any necessary training accommodations.
   b. Describe in detail how your organization approaches cultural humility when working with different populations across California.

3. **Training Curriculum**

   a. Please complete all parts of Attachment A and submit accordingly. **This document is not included in the 5-page maximum.**

4. **Budget/Cost –**

a. The selected Provider will be entering into a deliverable-based contract with CalMHSA.

b. For entities submitting a proposal which includes the use of subcontractors (collaboration with other entities), please ensure deliverables are inclusive of all costs. CalMHSA will have no influence over subcontractors, therefore it will be the Provider's responsibility to manage all subcontractors and hold them to the same provisions they are being held to, under CalMHSA's contract.

4   Agreement Terms

The Agreement is subject to fund availability. If it is determined funds are no longer available, the Agreement may be terminated without cause or penalties.

The Agreement is estimated to commence on **July 1st, 2023,** this date is subject to change and is dependent on CalMHSA's approval.

The resulting Agreement will not take effect until fully executed by all parties and all insurance requirements have been met.

The Agreement term may change if CalMHSA makes an award earlier or later than expected, or if CalMHSA cannot execute the Agreement due to unforeseen delays.

5   Minimum Requirements

Proposer must meet the requirements below otherwise may be considered non-responsive and the proposal may be rejected, at the CalMHSA's sole discretion.

5.1.   Proposer(s) must have a minimum of three (3) years of direct experience in the development of workforce or education program development for mental health and/or substance use service organizations or local government agencies.

5.2.   Proposer(s) must comply with the RFP format and requirements set forth item 6 below.

5.4.   Proposer must submit three (3) signed letters of support, including references from organizations with whom Proposer has contractual or other business relationships who can substantiate Proposer's capacity to provide such services as described in. **The Letters of Support are not included in the 5-Page Maximum Proposal Requirement.**

5.5.   Proposer must not currently have a Settlement Agreement or Claim against them with any of CalMHSA's member counties or any other state agency. If there are current claims against the proposer in excess of $10,000 within the last five (5) years, Proposer must disclose claims information as part of their proposal submittal.

5.6   Financial Information: Proposer is required to submit copies of Proposer's most recent audited financial statements if selected to contract with CalMHSA.

5.7   Applicant Organization's must be located in California.

6   CalMHSA Rights and Responsibilities

6.1   CalMHSA is not responsible for representations made by any of its officers or employees prior to the execution of the Agreement unless such understanding or representation is included in this RFP or any written addenda to this RFP.

6.2   CalMHSA has the right to amend the RFP by written addendum. CalMHSA is responsible only for that which is expressly stated in the solicitation document and any authorized written addendum thereto. Such addendum shall be made available to each person or organization which CalMHSA records indicate has received this RFP. Should such addendum require additional information not previously requested, failure to address the requirements of such addendum may result in the Proposal Package not being considered, as determined in the sole discretion of CalMHSA. CalMHSA is not responsible for and shall not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf.

7   CalMHSA Option to Reject Proposal Packages

CalMHSA, at its sole discretion, may reject any or all Proposal Packages submitted in response to this solicitation. CalMHSA shall not be liable for any cost incurred by a Proposer in connection with preparation and submittal of any Proposal Package.

8   Truth and Accuracy of Representatives

False, misleading, incomplete, or deceptively unresponsive statements in connection with a Proposal Package shall be sufficient cause for rejection of the Proposal Package. The evaluation and determination in this area shall be at CalMHSA's sole judgment and its judgment shall be final.

9 Submission Instructions and Requirements

9.1 Proposal Timeline

EVENT	KEY DATES
RFP Issued	4/7/23
RFP Questions Due via CalMHSA's E-Procurement Portal	4/26/23
RFP Questions Answered	4/28/23
Deadline for Proposals to be Submitted	5/12/23
Application Review	5/15 - 5/26/23

9.2 Submittal Address

All Submissions must be submitted electronically using CalMHSA's e-Procurement Portal, Bonfire:

https://calmhsa.bonfirehub.com/portal

9.3 RFP Questions and Clarifications

All questions and requests must be submitted through CalMHSA's e-Procurement Portal at: https://calmhsa.bonfirehub.com/portal. The deadline to submit questions for this RFP is **April 19th, 2023.** The Frequently Asked Questions (FAQs) Document responding to all posed questions will be posted on **April 21st, 2023 at https://calmhsa.bonfirehub.com/portal** and on the CalMHSA website.

To ensure all parties have access to the same information at the same time, except as stated below, CalMHSA will **NOT** respond to questions as they are received and will not accept telephonic questions.

It is the sole responsibility of the proposer to refer to the FAQs, which will be posted on CalMHSA's e-Procurement Portal at https://calmhsa.bonfirehub.com/portal.

If a Proposer is unable to submit questions via the Bonfire e-Procurement Portal, the Proposer must provide CalMHSA with an email justification at info@calmhsa.org outlining why the Proposer is unable to do so.

If a question relates to a proprietary/trade secrets aspect of a proposal and the question would expose proprietary information if disclosed to competitors, the proposer must mark the question as "CONFIDENTIAL." With the question, the proposer must submit a statement explaining why the question is sensitive. If CalMHSA concurs that the disclosure of the question or answer would expose proprietary information, the question will be answered by email reply, and both the question and answer will be kept in confidence. If CalMHSA does not concur regarding the proprietary nature of the question, the question will not be answered in this manner and the vendor will be notified and asked whether the vendor would like the question to receive a public response or no response at all.

9.4   Withdrawal

A proposer may withdraw or amend its proposal, but only before the Application Submittal Deadline of **May 5th, 2023,** directly on CalMHSA's e-Procurement Portal at https://calmhsa.bonfirehub.com/portal.

9.5   Review of Applications

CalMHSA will receive all applications and review for completeness and adherence to the RFP rules stated in this document. Following the initial review, all qualified applications will be reviewed and scored by a review panel. The evaluation panel will conduct a fair and impartial evaluation of proposals received in response to this RFP.

The review panel is comprised of individuals with varied backgrounds, to include professional expertise, lived experience, personal knowledge, etc. Panelists' information will not be disclosed as a matter of confidentiality. CalMHSA is committed to ensuring the RFP review panel is representative of California's racial, ethnic, and cultural diversity.

9.6   Negotiations with Potential Proposers

Selection will not be based exclusively on price. CalMHSA reserves the right to negotiate with proposers who, in the opinion of the review panel, have submitted the best proposal in an attempt to reach an agreement. If no agreement is reached, CalMHSA may negotiate with other proposers or may choose to extend the proposal period. CalMHSA also reserves the right to meet with vendors to gather additional information. Additional information may include, but is not limited to, a demonstration of skills described in the proposal.

9.7   Protest Procedures

Protests must be received no later than five (5) business days after the Notice of Intent to Award is posted on the CalMHSA website. The sole bases for protest are that the award was (1) in violation of law, (2) in violation of the provisions of this RFP, or (3) in violation of CalMHSA's procurement process. All protests must be in writing and (1) state in detail each and every ground asserted for the protest, citing to the law, RFP provision, or particular provision of the procurement policy on which the protest is based; (2) explain why the error prevented the aggrieved organization from being awarded the contract; and (3) identify the remedy sought.

Written protests can be sent to the following:

Via Email:

info@calmhsa.org

Via Certified Mail:
CalMHSA
1610 Arden Way
STE 175
Sacramento, CA 95815

Within 14 days of receipt of any protest, CalMHSA's Executive Director will provide a written decision which shall be final upon transmission to the protesting party. If the Executive Director determines that the error identified by the protesting party has deprived that party from receiving the contract, the Executive Director may act to rectify the error, including but not limited to cancellation of the RFP or proposed contract, correction or other revision of the awarded contract, termination of an improperly awarded contract, or affirmation of an existing contract if the discovered defect is immaterial or the Executive Director determines that affirmation is in the best interest of CalMHSA.

9.8   Notice Regarding Public Records Act Request

CalMHSA is subject to the Ralph M. Brown Act and the California Public Records Act. All proposals received for this RFP are ultimately subject to public review; however, during the competitive bid process, all proposals will be kept confidential. Upon award and execution of contract by awardee(s), all proposals and supplemental information will be subject to public review, with the exception of those elements of a proposal which contain elements that are clearly marked as confidential or trade secrets. Any such designation should be accompanied by a brief explanation of the reason the information is non-public and protected from disclosure under California law. CalMHSA reserves the right to disregard such designations if they have been applied indiscriminately to non-protected information, and in no event shall CalMHSA, its agents, representatives, consultants, directors, or officers be liable to a responding party for the intentional or inadvertent disclosure of all or a portion of a proposal submitted under this RFP, regardless of whether it was marked as confidential or trade secret.

Although the California Public Records Act allows certain confidential or trade secret information to be protected from disclosure, CalMHSA may not be in a position to establish that the information submitted is protected. If CalMHSA receives a request for public disclosure of all or any portion of a proposal that has been designated as exempt from disclosure, CalMHSA will use reasonable efforts to notify the responding party of the request and give such party an opportunity to assert, at its own expense, a claimed exception under the California Public Records Act or other applicable law within the time period specified in the notice issued by CalMHSA and allowed under the California Public Records Act.

9.9   Proposal Format

Proposals must be submitted through CalMHSA's e-Procurement Portal at: https://calmhsa.bonfirehub.com/portal. Submissions by other methods will not be accepted. Internet Explorer 11, Microsoft Edge, Google Chrome, or Mozilla Firefox. Javascript must be enabled.

Browser cookies must be enabled. Applicants should contact Bonfire at Support@GoBonfire.com for technical questions related to submissions or visit Bonfire's help forum at: https://bonfirehub.zendesk.com/hc.

Submission materials should be prepared in the file formats listed under Requested Information for this opportunity in the Bonfire Portal. **All PDFs documents must be formatted in Times New Roman, 12 pt. font, double spaced, unless otherwise indicated in the Requested Information**. The maximum upload file size is 1000 MB. Documents should not be embedded within uploaded files, as the embedded files will not be accessible or evaluated.

California Mental Health Services Authority

Curriculum Template
Crisis Peer Training

Training provider instructions for submitting training curriculum:

1. *Please provide evidence, in the form of a presentation (i.e., Power Point) and/or links to content/video, of your agency's training curriculum. Your curriculum must comprehensively cover the five areas of competency below. Training must be 40-hours of experiential learning specific to the Peers who have experienced Crisis Care. Please include the specific curriculum that will be used in each competency section below. You may access the full-length Crisis Care Specialization landscape analysis here.*

2. *Please upload a single (combined) PDF of your agency's full curriculum to Bonfire. The PDF file will be used to review the content of your curriculum.*

3. *You may access the full-length Medi-Cal Peer Support Specialist landscape reports here.*

CalMHSA curriculum review Process:

1. Training providers may begin training approval by CalMHSA has been received. Please note, the full curriculum must be submitted to complete the review process.

2. CalMHSA will keep the training provider informed should additional information be needed

3. CalMHSA notify the training provider of their agency's training curriculum approval.

Crisis Care Peer Specialization training for certified Medi-Cal Peer Support Specialists in California

The proposer shall use the following template to submit training curriculum content to mee the training requirement. To ensure accurate and timely reviews, please use the far-right column (below) to provide a link and/or clear description of where the training information related to the core competency can be located by CalMHSA. If your organization is currently lacking one or more of the required core competencies, please provide details on how your organization plans to incorporate this into the curriculum.

Core Competencies- Crisis Care Specialization for Certified Medi-Cal Peer Support Specialists				
Prevention of Crisis Training				
1. **Pathways to Crisis**	**Knowledge, skills, and ability for competency**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**	**Minimum Hours of Training**	**Proposed Training Provider's Training Content**
Knowledge: • Understanding the impact of various lived experiences, such as abuse, trauma, crisis, homelessness, mental health, substance use, racism, and unemployment. Skills: • Applying personal experiences to inform empathy and understanding in interactions with individuals who have had similar experiences. • Utilizing personal experiences to inform effective coping strategies and interventions. • Providing support and resources to individuals experiencing similar lived experiences.		• Telling your story to support other's recovery • Motivational Coaching practices and techniques • Connecting to local resources • Non-violent communication practices • Recovery practices • Rapport building • Crisis & safety management plans & guidelines	3	*Example:* *Module 1: Chapter 1-3 covers how to tell share your story of recovery*

| Abilities:
• Using personal experiences to inform advocacy efforts and to challenge systems and structures that perpetuate harmful experiences.
• Serving as a positive role model for individuals experiencing similar lived experiences by sharing personal stories of growth and resilience.
• Understanding the potential triggers and effects of various lived experiences and incorporating that understanding into care plans and interventions. | • Value of choice and self-determination Connections map for natural supports
• Role modeling techniques | | |

Prevention of Crisis Training				
2. Prevention, De-Escalation, and Crisis Resolution	**Knowledge, skills, and ability for competency**	**Possible Trainings** **(All of these trainings should be from the Crisis Care perspective)**	**Minimum Hours of Training**	**Proposed Training Provider's Training Content**
Knowledge: • Understand early intervention strategies to prevent crisis and the need for intensive services. • Understand de-escalation techniques, suicide prevention concepts and		• Understand community resources. • Legal rights and patient rights • Mandate reporting	4	

Skills:	• Role modeling principles and techniques		

techniques, local resources, treatment, services, and support preferences.
• Understand laws related to involuntary holds.

Skills:

• Identify indicators of re-experiencing symptoms and take action to address distress or a crisis.
• Assist individuals to develop self-management plans, relapse prevention and crisis prevention strategies.
• Utilize de-escalation techniques, suicide prevention concepts and techniques, and compassionate curiosity in engaging with peers.
• Participate in care coordination with other members of the support team.

Abilities:

• Meet people where they are.
• Provide reassurance to peers in distress.
• Recognize signs of distress and threats to safety among peers and in their environments.

• Role modeling principles and techniques
• Trauma-Informed Care
• Motivational coaching techniques
• Recovery-oriented care
• Building collaborative partnerships
• Common mental health and substance use disorders
• Cycle of Escalation and De-Escalation techniques

Prevention of Crisis Training

3. Engagement and Resource Connection / Navigation	Knowledge, skills, and ability for competency	Possible Trainings (All of these trainings should be from the Crisis Care perspective)	Minimum Hours of Training	Proposed Training Provider's Training Content
Knowledge: • Basic understanding of mental health and substance use challenges • Knowledge of community resources and services to support recovery • Understanding of patient's rights Skills: • Build rapport and trust through sharing lived experience • Use a trauma-informed approach when interacting with individuals • Help individuals assess their own needs and provide them with referrals • Assist individuals to link to and navigate community resources • Model effective coping strategies and interpersonal skills • Develop tools for effective outreach and continued support • Consider multiple barriers and challenges when helping an individual • Support engagement in mental health and substance use treatment services Abilities:		• Care Coordination principles • Advocacy principles • Confidentiality laws and professional expectations (HIPAA and 42 C.F.R. Part 2) • Motivational coaching technique • Building rapport techniques • Telling your story • Escalation and de-escalation techniques • Trauma-informed principles	4	

• Approach every interaction from a strengths-based perspective • Support connection to natural supports • Provide warm hand-offs to referred agencies and explain the necessity for the referrals • Assist individuals in identifying support systems consistent with individual needs • Use a strengths-based approach to encourage use of skills, strategies, and strengths that are already working or may work for an individual • Advocate for an individual's rights, especially Patient's Rights.				
Prevention of Crisis Training				
4. Person-Centered Trauma-Informed	**Knowledge, skills, and ability for competency**	**Possible Trainings** **(All of these trainings should be from the Crisis Care perspective)**	**Minimum Hours of Training**	**Proposed Training Provider's Training Content**
Knowledge: • Understand the effects of trauma on individuals and their overall wellness • Knowledge of core principles of trauma-informed practices Skills:		• Adverse Childhood Experiences • Different levels of stress • Understanding Trauma (Racialized trauma,	5	

• Ability to recognize signs of distress and personal risk indicators to support individuals	Intergenerational, Immigration, etc.)
• Non-judgmental attitude towards individual responses to trauma and crisis	• Impact of trauma, compassion fatigue, burnout and grief
• Know and apply strategies to build resilience and perseverance	• Shame and blame
• Report suspicions of abuse or neglect to appropriate authorities	• Holistic approach to wellness
	• Impact of trauma before, during and after crisis event
Abilities:	• Shame and blame
• Ability to meet individuals where they are and support their choices regarding services received	
• Utilize trauma-informed practices before, during, and after a crisis	
• Support individuals in avoiding crisis and managing the effects of trauma	

Prevention of Crisis Training				
5. Co-occurring Disorders: Mental Health and Substance Use Diorders	**Knowledge, skills, and ability for competency**	**Possible Trainings** **(All of these trainings should be from the Crisis Care perspective)**	**Minimum Hours of Training**	**Proposed Training Provider's Training Content**
Knowledge: • Have a basic understanding of the Disease Model of Addiction, treatment approaches such as Medication Assisted		• Understanding of most common co-occurring disorders and conditions	3	

Treatment (MAT), and the difference between prevention, treatment, and recovery. • Understand the prevalence of trauma in the lived experience of people with co-occurring disorders. • Understand Harm Reduction. Skills: • Create healing relationships based on respect, compassion, open and honest communication, active listening, and cultural humility. • Foster individual choice and self-determination. • Use active listening and empathic listening skills. • Provide culturally relevant education on the role of cultural identity, ethnic background, age, and gender in creating resiliency and improving prevention, treatment, and recovery. • Help individuals identify beliefs and values that work against their recoveries. • Use questions to help individuals identify and move through their fears and get in touch with the life they want. Abilities: • Promote hope, the potential for change, and personal empowerment.	• Co-occurring mental health substance use conditions • Stages of Changes • Disease model of addiction • Impact of behavioral health conditions on family and/or support networks • Harm Reduction Models • Recovery Action Planning • Relapse prevention • Medication assisted treatment • Community resources • Recovery Capital principles • Navigation of behavioral health systems of care		

• Approach every interaction from a strengths-based perspective and be non-judgmental. • Meet people where they are and support them in their goals. • Provide peer support services even if individuals are not engaged in treatment. • Respect the individual's confidentiality. • Have the ability to navigate the substance use system, public and private, so individuals can receive the services they want. • Understand the Stages of Change, Recovery Capital, and Recovery Action Planning to support individuals in their recoveries. • Embrace all pathways to recovery. • Provide education regarding warning signs, symptoms, and progression of substance use disorders.				

Active Crisis Support				
6. Conflict Resolution	Knowledge, skills, and ability for competency	Possible Trainings (All of these trainings should be from the Crisis Care perspective)	Minimum Hours of Training	Proposed Training Provider's Training Content

Knowledge:

- Understanding of local resources, treatment, services and support preferences of individuals served.
- Knowledge of laws related to involuntary psychiatric holds.
- Knowledge of signs of human trafficking and abuse and how to connect individuals to appropriate resources.
- Understanding of risk assessment, suicide prevention, and safety planning.
- Awareness of indicators that an individual may be re-experiencing symptoms of his or her condition(s).

Skills:

- Ability to do safety and risk assessment.
- Ability to recognize signs of distress, threats to safety, and indicators of re-experiencing symptoms of a condition.
- Utilization of de-escalation techniques and suicide prevention concepts and techniques.
- Effective communication, conflict resolution, and problem-solving skills.
- Personal ability to deal with conflict and difficult interpersonal relations.

Abilities:

- Ability to provide support both one-on-one and as part of a team.

• Crisis & safety management guidelines • Safety planning and supporting self-determination • Conflict resolution techniques • Problem solving skills • Knowledge and linkages to community resources • Connections map for natural supports	5		

- Ability to take action to address distress or crisis using knowledge of local resources, treatment, services, and support preferences of individuals served.
- Ability to identify indicators and provide early intervention strategies to avert crisis and/or the need for intensive services.
- Ability to assist individuals to develop and activate self-management plans, advanced directives, relapse prevention strategies, and crisis prevention strategies.
- Ability to utilize compassionate curiosity and practice non-judgmental behavior.
- Ability to recognize when to escalate situations to a supervisor.Top of Form

Active Crisis Support				
7. Person-Centered Trauma-Informed	Knowledge, skills, and ability for competency	Possible Trainings (All of these trainings should be from the Crisis Care perspective)	Minimum Hours of Training	Proposed Training Provider's Training Content
Knowledge: • Understanding the relationship between crisis and trauma.			3	

• The prevalence and impact of trauma, including PTSD, ACE's, and its effects on physical, behavioral, and emotional wellness. • Core principles of trauma-informed practices and their application in peer services. • Strategies to mitigate trauma during a crisis. Skills: • Pairing individuals in crisis with culturally appropriate and trauma-informed peer supporters. • Recognizing signs of distress and responding to personal risk indicators. • Assisting individuals in identifying basic needs and supporting their choice in decision-making and services received. • Being available for post-crisis support. • Knowing strategies to build resilience and perseverance and sharing them when appropriate. Abilities: • Meeting people where they are and being non-judgmental about their responses to crisis and trauma. • Utilizing effective communication and conflict resolution skills.	• Adverse Childhood Experiences • Recognizing early warning signs and signs of distress • Different levels of stress • Understanding Trauma (Racialized trauma, Intergenerational, Immigration, etc.) • Impact of trauma in relation to crisis event • Shame and blame • Holistic approach to wellness • Value of choice and self-determination • Recovery models of care		

Active Crisis Support				
8. Co-occurring Disorders: Mental Health and Substance Use Disorders	**Knowledge, skills, and ability for competency**	**Possible Trainings** **(All of these trainings should be from the Crisis Care perspective)**	**Minimum Hours of Training**	**Proposed Training Provider's Training Content**
Knowledge: • Basic knowledge of emergency measures such as Naloxone in case of overdose. • Understanding of treatment approaches such as Medication Assisted Treatment (MAT) and Medication Assisted Recovery (MAR) to support individuals in their recoveries. • Understanding of Harm Reduction to support individuals in their recoveries. • Basic knowledge of the substance use system, public and private, to help individuals navigate services. • Understanding of the importance of person-centered language. Skills: • Use active listening and empathic listening skills. • Ability to communicate lived experience in a way that is supportive.		• Understanding of most common co-occurring disorders and conditions • Co-occurring mental health substance use conditions • Stages of Changes • Disease model of addiction • Impact of behavioral health conditions on family and/or support networks • Harm Reduction Models • Recovery Action Planning • Relapse prevention principles	3	

• Use questions to help individuals identify and move through their fears and get in touch with the life they want. • Plan continuing care, relapse prevention, and discharge planning with individuals and those they wish included. Abilities: • Immediately call 911 in an overdose emergency. • Provide peer support services even if individuals are not engaged in treatment. • Meet people where they are. • Be non-judgmental. • Approach every interaction from a strengths-based perspective. • Recognize and use person-centered language. • Promote hope, the potential for change, and personal empowerment. • Create healing relationships based on respect, compassion, open and honest communication, active listening, and cultural humility. • Help individuals identify beliefs and values they hold that work against their recoveries.	• Medication assisted treatment • Community resources • Recovery Capital principles • Navigation of behavioral health systems of care			
Active Crisis Support				
9. Crisis and Special Populations	**Knowledge, skills, and ability for competency**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**	**Minimum Hours of Training**	**Proposed Training Provider's Training Content**

Knowledge: • Strategies for working with various subpopulations • Resources and services specific to intersectional identities • Legal and possible liability issues while working with Transitional Aged Youth • Sign of human trafficking and abuse • The use of Mobile Crisis teams instead of law enforcement • The ability to work with community partners, including law enforcement **Skills:** • Providing culturally appropriate/safe field-based services • Providing peer support when crisis occurs during incarceration and post-release from detention • Linking individuals to resources and services specific to their intersectional identities **Abilities:** • Recognizing the signs of human trafficking and abuse and knowing how to help • Working with various subpopulations • Working with community partners, including law enforcement.	• Impact of crisis event on family and natural supports • Cultural awareness and humility principles and practices • Cultural understandings of mental health • Implicit & explicit bias Systemic racism Challenges faced by special populations, including LGBTQ+, youth, older adults, gender identity, immigrants, refugees, etc.	3	

Post Crisis/Recovery core competencies				
10. Crisis Planning and Support	**Knowledge, skills, and ability for competency**	**Possible Trainings** **(All of these trainings should be from the Crisis Care perspective)**	**Minimum Hours of Training**	**Proposed Training Provider's Training Content**
Knowledge: • Knowledge of post-crisis interventions. • Understand the overall life implications resulting from a psychiatric involuntary hold. • Know and be able to link individuals to resources and services specific to their intersectional identities. Skills: • Plan continuing care, relapse prevention, and discharge planning with individuals and those they wish included (e.g., natural supports, providers). • Know how to support individuals facing long/short-term homelessness after a crisis event. • Know strategies to build resilience and perseverance and be able to share them when appropriate. • Provide support in meeting legal sanctions such as Mental Health Court requirements. Abilities: • Be available for post-crisis support.		• Crisis & safety management guidelines • Safety planning and supporting self-determination • Suicide awareness/prevention • Conflict resolution techniques • Problem solving skills • Knowledge and linkages to community resources • Connections map for natural supports	5	

| • Promote hope, the potential for change, and personal empowerment.
• Be non-judgmental about individual responses to crisis and trauma.
• Meet people where they are, understand that they may not be ready to accept services or talk to you about their trauma.
• Support individual choice with decision-making and services received.
• Be alert to signs that a new crisis experience is starting. | | | | |

Post Crisis/Recovery Core Competencies				
11. Self-Awareness and Self-Care	**Knowledge, skills, and ability for competency**	**Possible Trainings** **(All of these trainings should be from the Crisis Care perspective)**	**Minimum Hours of Training**	**Proposed Training Provider's Training Content**
Knowledge: • Understand burnout and use self-awareness to manage compassion fatigue, vicarious trauma, and secondary traumatic stress. • Know the importance of ongoing support for overcoming stress. • Know resources to promote personal resilience. • Develop a working knowledge of the concepts of "activation" and "self-management" of whole health goals.		• Self-awareness and self-care for the Peer Worker • Self-awareness and self-care techniques for the person in care • Recognize signs of stress and burnout and respond	2	

Skills:			
• Develop self-care skills and coping practices for helping professionals. • Strengthen social skills and healthy social networks including peer and natural support systems. • Learn to respond appropriately to personal stressors, triggers, and indicators. • Use tools & techniques for entering "triggering" environments. • Practice a strengths-based approach to recovery / wellness. • Respond to any setbacks on their recovery journey as an opportunity for learning additional techniques or strategies to achieve and maintain their whole health goals. Abilities: • Conduct themselves in a manner that fosters recovery and promotes hope for individuals who are on their own recovery journey.			

1. How is your training program delivered? Please choose from the following options provided and describe where they are located (at an agency, college campus, virtually, etc.).

    a. In- Person, 1 location (location type, city, county)

    b. In-Person, multiple locations (location type, city, county)

    c. Hybrid Model, virtual and in-person (number of virtual hours and number of in-person hours)

    d.   Virtual Platform Only

2.   What days of the week and time of day do you anticipate your training to be offered?

3.   What is your cost per student based on your selected modalities?

Example:

In-Person   *2-week session*   *$400*

Virtual   *2-week session*   *$200*

4.   Are your trainings offered in any other languages? If so, please list out what languages.

5.   What California counties will your organization serve? Please individually list out all that apply.

Attachment B (Data Collection Required*)

*Data collected is subject to change based on state guidance.

Agency Name
How many hours is your training?
# of students trained in the last quarter
# of Applicants that did not receive training
# of students currently employed in a Peer Support Role?
# of sudents currently employed with Behavioral Health County Agencies?
# of students employed with Community Based Organizations (CBO)?
# of students employed with Peer Run Organizations?
AGE
How many students were taught between the ages of 18-25?
How many students were taught between the ages of 26-64?
How many students were taught that were 65+ years old?
GENDER IDENTITY
How many students identified as male?
How many students identified as female?
How many students identified as Non-Binary?
How many students identified as Unknown/Did Not Disclose?

RACE/ETHNICITY
How many students identified as American Indian/Alaskan Native?
How many students identified as Asian/Pacific Islander?
How many students identified as Black?
How many students identified as Hispanic?
How many students identified as White?
How many students Did not Disclose?
PROFICIENT LANGUAGES
How many students speak English?
How many students speak American Sign Language?
How many students speak Arabic?
How many students speak Armenian?
How many students speak Cambodian?
How many students speak Chinese (combined Cantonese or Mandarin)?
How many students speak Farsi?
How many students speak Hindi?
How many students speak Hmong?
How many students speak Japanese?

How many students speak Korean?
How many students speak Lao?
How many students speak Russian?
How many students speak Spanish?
How many students speak Tagalog?
How many students speak Thai?
How many students speak Vietnamese?
How many students speaks language not listed?
MEDI-CAL PEER SUPPORT SPECIALIST TRAINING
Registered for Training
COMPLETED Training
COMPLETED IN-PERSON Training
COMPLETED VIRTUAL Training
COMPLETED HYBRID Training (Half In-Person/Half Virtually)
COMPLETED using SELF-PACED Training Modules (No live instructor present)
CRISIS SPECIALIZATION
Registered for Training
COMPLETED Training

COMPLETED IN-PERSON Training
COMPLETED VIRTUAL Training
COMPLETED HYBRID Training (Half In-Person/Half Virtually)
COMPLETED using SELF-PACED Training Modules (No live instructor present)
UNHOUSED SPECIALIZATION
Registered for Training
COMPLETED Training
COMPLETED IN-PERSON Training
COMPLETED VIRTUAL Training
COMPLETED HYBRID Training (Half In-Person/Half Virtually)
COMPLETED using SELF-PACED Training Modules (No live instructor present)
JUSTICE INVOLVED SPECIALIZATION
Registered for Training
COMPLETED Training
COMPLETED IN-PERSON Training
COMPLETED VIRTUAL Training
COMPLETED HYBRID Training (Half In-Person/Half Virtually)
COMPLETED using SELF-PACED Training Modules (No live instructor present)

PARENT, CAREGIVER, OR FAMILY MEMBER PEER SPECIALIZATION
Registered for Training
COMPLETED Training
COMPLETED IN-PERSON Training
COMPLETED VIRTUAL Training
COMPLETED HYBRID Training (Half In-Person/Half Virtually)
COMPLETED using SELF-PACED Training Modules (No live instructor present)