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*](https://www.calmhsa.org/wp-content/uploads/CalMHSA_Medi-Cal-PSS-Crisis-Care-Landscape-analysis.pdf)*.*
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*](https://www.calmhsa.org/wp-content/uploads/Peer-Certification-Landscape-Analysis-Report_Final.pdf) *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.

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| **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.   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. | | * 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 | *Example:*  *Module 1: Chapter 1-3 covers how to tell share your story of recovery* |

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| **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 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. | | | | | | | | | | * 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 |  | |
| **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:   * 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. | | | | | | | | | | * 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 |  | |
| **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:   * 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 * Utilize trauma-informed practices before, during, and after a crisis * Support individuals in avoiding crisis and managing the effects of trauma | | | | | | | | | | * 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 | 5 |  | |
| **Prevention Of Crisis Training** | | | | | | | | | | | | | |
| **5. 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:   * 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 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. | | | | | | | | | | * 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 |  | |
| **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. * 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. | | | | | | | | | | * 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 | |  |
| **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. * 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 | 3 | |  |
| **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. * 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. | | | | | | | | | | * 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 * Medication assisted treatment * Community resources * Recovery Capital principles * Navigation of behavioral health systems of care | 3 | |  |
| **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. * 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. | | | | | | | | | | * 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 | |  |
| 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.   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. | | | | | | | | | | * 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 | |  |

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.).

* 1. In- Person, 1 location (location type, city, county)
  2. In-Person, multiple locations (location type, city, county)
  3. Hybrid Model, virtual and in-person (number of virtual hours and number of in-person hours)
  4. 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.