California Mental Health Services Authority

**Curriculum Template**

Unhoused 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 Unhoused Peers. Please include the specific curriculum that will be used in each competency section below. You may access the full-length Unhoused landscape analysis* [*here*](https://www.calmhsa.org/wp-content/uploads/CalMHSA_Medi-Cal-PSS-Unhoused-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.

**Unhoused 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- Certified Medi-Cal Peer Support Specialists Working with Persons who are Unhoused** | | | | | | | | | | | | | | | | | | |
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| **1. Application of Lived Experience** | | | **Knowledge, skills, and abilities for competency** | | | | | | **Possible Trainings**  **(Trainings should focus on serving persons who are unhoused)** | | | | **Minimum Training Hours** | | | | **Proposed Training**  **Provider’s Training Content** | | |
| Knowledge   * Personal awareness of societal stigmatization and discrimination (e.g., victims of violence, denial of work or access to resources).   Skills and Abilities   * Share lived experience with mental illness, substance use, and/or homelessness to support an individual’s needs to build a trusting peer relationship. * Role model positive behaviors (e.g., self-advocacy, self-care, physical activity, therapy). | | | | | | | | | * Telling your story to support other’s recovery. * Connecting to local resources * Role modeling techniques * Non-judgmental non-violent communication practices * Rapport building | | | | 3 | | | | Example:  • Module 1: Chapter 1-3 covers how to tell share your story of recovery | | |
| **2. Empowerment and Promotion of Recovery** | | | | | | | **Knowledge, skills, and abilities for competency** | | **Possible Trainings**  **(Trainings should focus on serving persons who are unhoused)** | | **Minimum Training Hours** | | | | | **Proposed Training**  **Provider’s Training Content** | |
| Knowledge:   * Understand the basic structures for systems navigation (i.e., mental health, substance abuse treatments, physical health, courts/jail, housing, Social Services).   Skills:   * Help individuals identify and prioritize their own needs. * Help individuals to participate in their care as an active participant in decision-making. * Encourage use of supportive relationships to help identify natural supports and other positive resources relevant to identified needs. * Assist individuals in discovering healthy lifestyle choices and safety planning. * Help individuals identify and engage in meaningful activities in the community (e.g., social groups, hobbies). * Support coordination of care to work towards identified goals. * Support individuals in strengthening and acquiring desired life skills such as accessing resources (food, employment, housing, etc.).     Abilities:   * Promote hope, the potential for change, and personal empowerment. * Use warm handoffs for resources, including assistance in accessing resources. * Accompany individuals to community activities and appointments | | | | | | | | | * Motivational coaching practices and techniques * Linkages to community resources * Connections map for natural supports * Care Coordination principles and building collaborative partnerships * Confidentiality laws and professional expectations (HIPAA and 42 C.F.R. Part 2) * Value of personal choice * Challenges faced by special populations (LGBTQ+, youth, older adults, gender identity, immigrants, refugees, etc.) * Basic advocacy training * Stigmas affecting this population appropriate way to addressing stigma * Interpersonal skills | | 4 | | | | |  | |
| **3. Co-occurring Disorders: Mental Health and Substance Use Disorder** | | | | **Knowledge, skills, and abilities for competency** | | | | | **Possible Trainings**  **(Trainings should focus on serving persons who are unhoused)** | | **Minimum Training Hours** | | | | | **Proposed Training**  **Provider’s Training Content** | |
| Knowledge:   * Best practice engagement and treatment approaches for mental illness, substance use disorders, co-occurring disorders, including physical health. * Various pathways to recovery such as abstinence, harm-reduction models, Medication Assisted Treatment (MAT), and Medication Assisted Recovery (MAR). * The Stages of Change, Recovery Capital, and recovery action planning to support individuals in their recovery. * The effects of trauma can mirror mental health symptoms. * The prevalence of trauma in the lived experience of people with experience of homelessness or underhoused. * Emergency and crisis interventions, including those for drug overdoses (i.e., Naloxone).   Skills:   * Use of Motivational Interviewing to support individual’s recovery. * Navigation of mental health and substance use service delivery systems to support the person’s access to and use of services. * Engagement and participation as driver’s in their own care.   Abilities:   * Support individuals to reach their goals through individual choice and self‐determination. * Support peers in their recovery goals and to remain connected in their communities. * Support individuals in their recovery through harm reduction models. | | | | | | | | | * 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 * Harm Reduction principles * Recovery Action Planning * Relapse prevention * Medication assisted treatment * Recovery Capital principles * Navigation of behavioral health systems of care * Trauma-informed practices * Self-advocacy practices * Value of personal choice and self-determination | | 4 | | | | |  | |
| **4. Cultural Responsiveness (Humility)** | **Knowledge, skills, and abilities for competency** | | | | | | | | **Possible Trainings**  **(Trainings should focus on serving persons who are unhoused)** | | **Minimum Training Hours** | | | **Proposed Training**  **Provider’s Training Content** | | | |
| Knowledge:   * Best practices for engagement and treatment for mental illness, substance use disorders, and co-occurring disorders, including physical health * Various pathways to recovery and how to support individuals in their goals through individual choice and self-determination * Stages of Change, Recovery Capital, and recovery action planning to support individuals in their recovery * Prevalence of trauma in the lived experience of people with experience of homelessness or underhoused * Culturally responsive practices for various populations * Community resources and services specific to intersectional identities * Effects and impact of disparate policies, laws, and systems on subpopulations * Increased risk of violence for persons who are unhoused, including risks associated with gender and race/ethnicity * Know Signs of human trafficking, especially with youth   Skills:   * Use of Motivational Interviewing to support individual’s recovery * Navigation of mental health and substance use service delivery systems to support access to and use of services * Emergency and crisis interventions, including those for drug overdoses (i.e., Naloxone) * Peer support services to best support client engagement and participation in their own care   Abilities:   * Ability to recognize and serve specific populations, such as adults/older adults, youth, LGBTQ+, persons with persistent homelessness or housing instability, BIPOC, co-occurring disorders, co-morbidity medical conditions, criminal justice involved, immigrants/refugees, and veterans * Promotion of hope, potential for change, and personal empowerment * Identification and prioritization of individual needs * Support for individuals to participate in their care as active participants in decision-making * Warm handoffs for resources, including assistance in accessing resources * Accompaniment of individuals to community activities and appointments when appropriate * Encouragement of supportive relationships to help identify natural supports and other positive resources relevant to identified needs * Assistance with discovery of healthy lifestyle choices and safety planning * Support for identification and engagement in meaningful activities in the community * Coordination of care to work towards identified goals * Support for individuals in strengthening and acquiring desired life skills such as accessing resources (food, employment, housing, etc.) | | | | | | | | | * Cultural awareness and humility principles and practices * Cultural understandings of behavioral health conditions and accessing care * Implicit & explicit bias * Challenges faced by special populations who are unhoused, including LGBTQ+, youth, older adults, gender identity, immigrants, refugees, etc. * Risk factors affecting this population (welfare and safety) * Navigation of mental health and substance use systems * Navigation of social services systems * Community resources * Emergency and crisis interventions, including those for drug overdoses (i.e., Naloxone) * Care Coordination models of care approach | | 5 | | |  | | | |
| **5. Trauma Informed Care** | | | **Knowledge, skills, and abilities for competency** | | | | | | | **Possible Trainings**  **(Trainings should focus on serving persons who are unhoused)** | | **Minimum Training Hours** | | | **Proposed Training**  **Provider’s Training Content** | | | |
| Knowledge:   * Understand principles of trauma-informed practices and their application in peer services that support recovery. * Understand the prevalence and impact of ongoing trauma in the unhoused population and exposure to violence, severed relationships, social isolation, and human trafficking on physical, behavioral, and emotional wellness. * Recognize how trauma may affect engagement and lead to patterns of disengagement in services. * Understand the historical and contemporary trauma, marginalization, and oppression of diverse populations, including cultural and ethnic minorities, LGBTQ+ individuals, those with mental health challenges and addictions, those with physical and developmental disabilities, criminal justice involved individuals, and veterans. * Understand traumas around government and law enforcement agencies. * Understand the effect of trauma through a cultural lens. * Be aware of trauma for persons experiencing homelessness, criminal justice involvement, including disparate sentencing, incarceration, threats, intimidation, stigmatizing labels within incarceration and criminal justice environments, as well as being victims of crime. * Understand trauma-informed practices specific to specific populations.   Skills:   * Respond to personal risk indicators to assure the welfare and safety of individuals. * Be aware of "relationship trauma bonding" and the impact on individuals experiencing homelessness.   Abilities:   * Utilize principles of trauma-informed practices. | | | | | | | | | | * Adverse Childhood Experiences * Different levels of stress * Trauma experiences related to institutions (government agencies and law enforcement) * Holistic approach to wellness * Impact of trauma, compassion fatigue, burnout and grief * Shame and blame * Motivational coaching for engagement and care * Cycle of Escalation and De-Escalation * Risk assessment and safety planning * Basic understanding of “Trauma Boding” and impact on care | | 4 | | |  | | | |
| **6. Self-Awareness and Self-Care** | | | | | **Knowledge, skills, and abilities for competency** | | | | | **Possible Trainings**  **(Trainings should focus on serving persons who are unhoused)** | | **Minimum Training Hours** | | | **Proposed Training**  **Provider’s Training Content** | | | |
| Knowledge:   * Understand burnout, compassion fatigue, vicarious trauma, and secondary traumatic stress. * Know resources to promote personal resilience.   Skills:   * Develop and utilize self-care skills and coping practices for helping professionals. * Use tools and techniques for entering "triggering" facilities. * Respond appropriately to personal stressors, triggers, and indicators. * Conduct themselves in a manner that fosters their own recovery. * Use supervision for professional support and development.   Abilities:   * Prioritize self-care and personal wellness. * Manage compassion fatigue, vicarious trauma, and secondary traumatic stress through self-awareness. | | | | | | | | | | * Self-awareness and self-care for the Peer Worker * Self-awareness and self-care techniques for the person in care * Cultural perspective on self-care * Recognize signs of stress and burnout and respond | | 4 | | |  | | | |
| **7. Conflict Resolution** | | | | | | **Knowledge, skills, and abilities for competency** | | | | **Possible Trainings**  **(Trainings should focus on serving persons who are unhoused)** | | **Minimum Training Hours** | | | **Proposed Training**  **Provider’s Training Content** | | | |
| Knowledge:   * Understand the signs of distress and crisis. * Understand local resources, treatment, services, and support preferences of individuals served. * Identify indicators that an individual may be re-experiencing symptoms of their condition(s) and provide early intervention strategies. * Understand the cycle of de-escalation. * Understand the requirements of mandated reporting. * Understand suicide prevention concepts and techniques. * Understand self-management plans, advanced directives, relapse prevention strategies, crisis prevention strategies, and discharge goals. * Practice non-judgmental behavior.   Skills:   * Recognize signs of distress to support individuals in their recoveries. * Take action to address distress or a crisis. * Utilize de-escalation techniques. * Assist individuals to develop and activate self-management plans, advanced directives, relapse prevention strategies, crisis prevention strategies, and discharge goals.   Abilities:   * Provide early intervention strategies to avert crisis and/or the need for intensive services. * Immediately report abuse or neglect. | | | | | | | | | | * Conflict resolution techniques * Risk assessment practices * De-escalation technique * Recognizing signs of distress * Self-management plans, * Relapse prevention strategies, * Crisis prevention strategies, and discharge goals. * Early intervention strategies to avert crisis * Mandated reporting * Care Coordination practices | | 4 | | |  | | | |
| **8.** **Professional boundaries and ethics** | | | | | | | | **Knowledge, skills, and abilities for competency** | | **Possible Trainings**  **(Trainings should focus on serving persons who are unhoused)** | | **Minimum Training Hours** | | | **Proposed Training**  **Provider’s Training Content** | | | |
| Knowledge:   * Respect the privacy and confidentiality of those they serve. * Maintain healthy boundaries to avoid dual relationships or commitments that conflict with the interests of those they serve. * Understand the importance of establishing a peer relationship rather than a hierarchical relationship. * Understand the importance of establishing a respectful, trusting relationship with individuals. * Understand the range of supervisory options to process personal feelings and concerns about clients. * Understand ethical, legal, and professional standards to enhance self-awareness and performance. * Recognize and address personal and institutional biases and behaviors.   Skills:   * Establish and maintain a peer relationship rather than a hierarchical relationship. * Establish a respectful, trusting relationship with individuals. * Use a range of supervisory options to process personal feelings and concerns about clients. * Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance. * Recognize and address personal and institutional biases and behaviors. * Practice non-judgmental behavior. * Use supervision to find support to address or resolve issues.   Abilities:   * Respect the privacy and confidentiality of those they serve. * Maintain healthy boundaries to avoid dual relationships or commitments that conflict with the interests of those they serve. | | | | | | | | | | * Work/life boundaries * Code of ethics for Medi-Cal Peer Support Specialists * Overview of legal and ethical responsibilities, including confidentiality laws and mandate reporting * Use of supervision * Tools for self-evaluations of professional performance | | 4 | | |  | | | |
| **9. Safety and Crisis Planning** | | **Knowledge, skills, and abilities for competency** | | | | | | | **Possible Trainings**  **(Trainings should focus on serving persons who are unhoused)** | | **Minimum Training Hours** | | | **Proposed Training**  **Provider’s Training Content** | | | |
| Knowledge:   * Understanding escalation and de-escalation cycles * Knowledge of local resources, treatment, services, and support preferences of individuals served * Recognition of risk factors affecting person's ability to remain safely in the community * Understanding of cultural appropriateness and safety in field-based services * Knowledge of health and safety practices and protective strategies around infectious diseases   Skills:   * Recognition and taking action to address distress or a crisis * Seeking support from the treatment team for addressing a crisis and developing a plan to best support the person's safety * Development of crisis/safety planning, utilizing person's strengths (protective factors) to activate self-management plans, relapse prevention, and crisis prevention strategies * Practice non-judgmental behavior * Providing culturally appropriate/safe field-based services * Being aware of the environment and practicing health and safety practices * Traveling with a partner when in the field   Abilities:   * Recognizing and addressing personal and institutional biases and behaviors * Establishing and maintaining a peer relationship rather than a hierarchical relationship * Establishing a respectful, trusting relationship with individuals | | | | | | | | | * Crisis & safety management plans & guidelines * Escalation and De-Escalation techniques * Value of choice and self-determination * Cycle of domestic violence * Suicide awareness/ prevention * Conflict resolution techniques * Problem solving skills * Knowledge and linkages to community resources * Connections map for natural supports * Remaining present * Environmental health and safety | | 4 | | |  | | | |
| **10. Systems and Resource Navigation** | **Knowledge, skills, and abilities for competency** | | | | | | | | | **Possible Trainings**  **(Trainings should focus on serving persons who are unhoused)** | | **Minimum Training Hours** | | | **Proposed Training**  **Provider’s Training Content** | | | |
| Knowledge:   * Know key definitions and types of homelessness according to HUD standards. * Understand barriers to receiving services and how to navigate these challenges. * Understand the judicial system and how it impacts those unhoused. * Develop a working knowledge of available healthcare benefits for individuals living with debilitating behavioral health conditions. * Understand what the Homeless Management Information System (HMIS) is. * Consider multiple issues when assisting individuals with housing options.   Skills:   * Provide warm hand-offs to referred agencies and explain the necessity for the referrals. * Assist individuals to link to and navigate various services and supports. * Provide outreach in the community. * Assist in obtaining and maintaining housing. * Know how to find and access free and low-cost legal resources.   Abilities:   * Operate from a "recovery is possible" perspective to peer support. * Understand and effectively share housing program requirements to help individuals maintain housing. * Know how to acquire legal identification and verification documents of homelessness. * Consider cultural considerations, safety, relapse environment, criminal justice experience, and stage of change when assisting individuals with housing options. | | | | | | | | | | * Care Coordination principles * Confidentiality laws and professional expectations (HIPAA and 42 C.F.R. Part 2) * Mandate Reporting * Legal rights and patient rights * Navigation of behavioral health service for all ages * Navigation of child welfare systems * Employment and vocational community resources (i.e., housing, registration, meeting justice involvement mandates) * Navigation of community resources based on consumer’s needs * Basic treatment principles, including: * Medication * Evidence-based practices/practice-based evidence * Prevention and early intervention | | 4 | | |  | | | |

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*

1. Are your trainings offered in any other languages? If so, please list out what languages.
2. What California counties will your organization serve? Please individually list out all that apply.