

Request for Proposal

Peer Support Specialist Certification Program -*Training for Justice Involved 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 Justice-Involved Peer specialization. The Justice-Involved Specialization training curricula includes all competencies required for the Justice-Involved Peer specialization. Justice-Involved Peer specialization training focuses on working with persons with lived experience having been justice-involved, or providing personal care for someone in the public behavioral health system of care who has experienced being in justice involved. 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 and other countries to compare curriculums, training standards, required skills, and best practices that satisfy the equivalent of a Justice-Involved Peer certification. The landscape analysis report makes use of various sources, including “Forensic Peer Specialists: An Emerging Workforce” from the Center for Behavioral Health Services and Criminal Justice Research (June 2011); “Substance Use Disorder Forensic Peer Best Practices Curriculum” by Michael Razavi, MPH, PRC, CADC I, CPS & Joan Ayala, MSW, CADC III, CRM (May 2017); “The sequential intercept model: Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders” by PRA (Policy Research Associates); “Forensic Peer Support: The role of the forensic peer within the Sequential Intercept Model” by Christopher Gonzalez, MAEd & Brett W Matossian, BHT (2017); “Peer Support within Criminal Justice Settings: The Role of Forensic Peer Specialists” by Larry Davidson, Ph.D., and Michael Rowe, Ph.D. (May 2008); and “Peer Support Roles in Criminal Justice Settings” by SAMHSA, (Substance Abuse Mental Health Services Administration) (August 2017). 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 justice involved specialization, and recorded input from subject matter experts in criminal justice systems, 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 Justice-Involved Peer Specialization Training Program.

The following are the identified core competencies of the Justice-Involved Peer Specialization for certified Peer Support Specialist.

Peer Training Curriculum Core Competencies Justice-Involved Area of Specialization for Certified Medi-Cal Peer Support Specialist			
Adopted Justice-Involved specialization Core Competencies	Learning objectives based on Knowledge, skills, and abilities	Possible Trainings (All of these trainings should be from the Criminal Justice perspective)	Minimum Hours of Training
Application of Lived Experience	<p>Knowledge:</p> <ul style="list-style-type: none"> • Knowledge of non-violent communication • Understand and apply mental health and substance use recovery concepts from a reentry perspective <p>Skills:</p> <ul style="list-style-type: none"> • Have lived experience in all or most of the continuum of the criminal justice systems, including arrests, detention, arraignment, court proceedings, sentencing, diversion, incarceration, probation, and/or parole • Build rapport and trust through sharing lived experience 	<ul style="list-style-type: none"> • 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 	3

	<ul style="list-style-type: none"> • Act as credible role models to individuals transitioning from criminal activity to pro-social behaviors, perspective, and expression • Share personal lived experiences following reentry and model the ways to advance recovery through coaching • Embody the potential for recovery for people who confront the dual stigmas associated with serious mental illnesses and criminal justice system involvement • Maintain freedom and model hope for a future free of incarceration • Inspire hope and the possibility of positive change through appropriate self-disclosure of their own histories, by consistently modeling recovery behaviors, and being a continual role model in recovery from addiction and crime. <p>Ability:</p> <ul style="list-style-type: none"> • Be able to communicate own lived experience in a way that is meaningful and non-judgmental • Have the ability to promote hope, the 		
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	<p>potential for change, and personal empowerment</p> <ul style="list-style-type: none"> • Help individuals evaluate their choices more effectively and provide guidance about appropriate interpersonal skills and ways of coping, ultimately increasing self-efficacy • Be able to identify and address barriers to success that prevent rehabilitation 		
Role of Advocacy	<p>Knowledge:</p> <ul style="list-style-type: none"> • Knowledge of linkage to legal aid resources • Knowledge of resources to employment opportunities for individuals re-entering the community • Knowledge of diversion programs, including advocacy and access to services • Educate others in the criminal justice system about mental health and substance use recovery • Knowledge of resources to address co-occurring issues/conditions, including mental health, substance use disorder treatment, and physical health care • <p>Skills:</p>	<ul style="list-style-type: none"> • Understand community resources • Legal rights and patient rights • Role modeling principles and techniques • Understanding the criminal justice systems • Building collaborative partnerships • Basic advocacy training • Addressing stigma • Interpersonal skills techniques • Recovery principles • Role modeling techniques 	3

	<ul style="list-style-type: none"> • Communicate with individuals their rights and responsibilities • Act as advocates at the individual and systems levels • Model appropriate advocacy within the varying service delivery systems • Promote recovery principles including self-advocacy and empowerment strategies • Improve civic engagement to support self-advocacy • Assist individuals in advocating for the correction of inaccurate entries in their criminal records • Work with individuals to explain misleading charges or convictions to potential landlords or employers and model disclosure of justice history • Help navigate child welfare issues and/or support meeting mandate requirements • Support with navigation and resources of other human services systems (housing, social services, employment, etc.) <p>Abilities:</p> <ul style="list-style-type: none"> • Understand how to access advocacy and 		
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	<p>protection resources, such as the Inspector General, Ombudsman, Disability Rights, and other resources to assist people to maintain their rights while incarcerated or in the community</p> <ul style="list-style-type: none"> • Promote recovery principles including self-advocacy and empowerment strategies • Improve civic engagement to support self-advocacy and reduce social stigma related to justice involvement. • Advocate for recipients of behavioral healthcare when they are unable to advocate for themselves • Help navigate child welfare issues and/or support meeting mandate requirements • Support with navigation and resources of other human services systems (housing, social services, employment, etc.) 		
<p>The role of consumers and family members</p>	<p>Knowledge:</p> <ul style="list-style-type: none"> • Understanding of culturally relevant, trauma-informed approaches to support individuals • Familiarity with Stages of Change, Recovery 	<ul style="list-style-type: none"> • Common mental health and substance use disorders • Stages of change • Recovery Capital principles • Recovery Action Planning 	<p>3</p>

	<p>Capital, and Recovery Action Planning</p> <p>Skills:</p> <ul style="list-style-type: none"> • Supporting individuals in strengthening or acquiring life skills • Support learning of emotional regulation skills • Motivate individuals to meet required justice involved obligations • Support individuals in setting personal goals and making steps towards reaching them • Use of empathy and validation techniques (i.e., when offering suggestions and strategies for overcoming challenges) • Use of open-ended questions that connect a person to their inner wisdom and move through their fears • Skill in communicating from a place of compassion and non-judgmental behavior <p>Ability:</p> <ul style="list-style-type: none"> • Model strengths-based and person-centered language and approaches • Ability to foster healing relationships based on respect, compassion, and cultural humility 	<ul style="list-style-type: none"> • Motivational coaching • Addressing Stigma and Biases 	
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	<ul style="list-style-type: none"> • Support individuals in identifying and expressing emotions • Ability to use active listening and empathic skills to support individuals • Ability to support individuals in identifying core values and beliefs that will support them in their recoveries • Ability to address internal and external stigma surrounding incarceration, mental health, and substance abuse 		
<p>Engagement Skills and Interventions</p>	<p>Knowledge:</p> <ul style="list-style-type: none"> • Understand the Cycle of Escalation and De-escalation • Knowledge of skill-building techniques • Understand criminogenic needs and appropriate responses to behaviors. • Embrace true collaboration as an ongoing process, and competence appropriate to role and responsibilities. <p>Skills:</p> <ul style="list-style-type: none"> • Teach emotion regulation and self-control strategies. • Use positive behavior supports and concepts of 	<ul style="list-style-type: none"> • Criminogenic behaviors and responses • Care Coordination principles • Helping families to communicate concerns. • Confidentiality laws and professional expectations (HIPAA and 42 C.F.R. Part 2) • Motivational Coaching • Mandated reporting • Telling your story • Work/life boundaries 	<p>4</p>

	<p>contingency management.</p> <ul style="list-style-type: none"> • Use techniques to increase skills that promote self-efficacy. • Value personal choice and goals <p>Ability:</p> <ul style="list-style-type: none"> • Application of motivational coaching techniques • Encourage involvement with supportive networks that can address their criminogenic needs (i.e., AA/NA, Anger management groups, parenting groups) • Encourage appropriate disclosure of information. • Support collaboration and partnerships with other service providers • Support individuals with complying with mandated conditions, specifically addressing challenges that affect special populations like "290 status" registrants, those in batterer's intervention programs, and those required to register as violent offenders. • 	<ul style="list-style-type: none"> • Escalation and de-escalation techniques 	
<p>Cultural Responsiveness (Humility)</p>	<p>Knowledge:</p> <ul style="list-style-type: none"> • Awareness of worker's personal values, biases, and beliefs, and their 	<ul style="list-style-type: none"> • Cultural awareness and humility principles and practices 	<p>3</p>

	<p>potential impact on interactions with others</p> <ul style="list-style-type: none"> • Knowledge of stigma and biases surrounding justice-involved individuals • Understanding of cultural influences on individuals and groups, including those associated with justice involvement. • Understanding of current and historical structural racism and its impact on disparities in various areas <p>Skills:</p> <ul style="list-style-type: none"> • Sensitivity to how cultural identity can influence communication dynamics to support individuals in their recovery. • Understanding of the connections between behavioral health conditions, trauma, health disparities, and social inequity to support individuals in their recovery. • Use of dignity and respect with all individuals, regardless of personal characteristics or conditions • Knowledge of strategies for working with adults and youth with justice involvement to support their recovery. 	<ul style="list-style-type: none"> • Cultural understandings of mental health • Implicit & explicit bias <ul style="list-style-type: none"> • Systemic racism • Challenges faced by special populations (LGBTQ+, youth, older adults, gender identity, immigrants, refugees, etc.) 	
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	<p>Ability:</p> <ul style="list-style-type: none"> • Appreciation, recognition, and respect for personal values, cultural, spiritual beliefs, and practices of peers and their families • Understanding of how to support individuals in their recovery, including the use of person-centered language and advocating for multiple pathways to recovery/wellness • Application of interventions for various subpopulations, including those with physical and developmental challenges, chronic or persistent health conditions, and those experiencing homelessness • Ability to link individuals to resources and services specific to their intersectional identities 		
<p>Trauma Informed Care</p>	<p>Knowledge:</p> <ul style="list-style-type: none"> • Understand the impact of environmental trauma and conditioning. • Understand the historical and contemporary trauma, marginalization, and oppression populations, including cultural and ethnic minorities, and LGBTQ individuals experience. 	<ul style="list-style-type: none"> • Adverse Childhood Experiences • Different levels of stress • Understanding Trauma (Racialized trauma, Intergenerational, Immigration, etc.) 	<p>4</p>

	<ul style="list-style-type: none"> • Understand the prevalence of trauma and its impact on physical, behavioral, and emotional wellness • Be familiar with the ACE (Adverse Childhood Events) model <p>Skills:</p> <ul style="list-style-type: none"> • Have awareness of trauma arising from individuals' criminal justice experiences, including but not limited to: police induced trauma, disparate sentencing, incarceration, threats, intimidation, and stigmatizing labels within incarceration and criminal justice. • Application of trauma informed principles • Identification risk indicators and protective factors <p>Ability:</p> <ul style="list-style-type: none"> • Recognize signs of distress and risk indicators that may affect the individual's welfare and safety and respond appropriately. • Support the development of healthy behavior that is based on choice. • Teach coping skills of emotional regulation, mindfulness, stress 	<ul style="list-style-type: none"> • Impact of trauma, compassion fatigue, burnout and grief • Shame and blame • Holistic approach to wellness 	
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	<p>reduction, anxiety management, distress tolerance, and relaxation techniques.</p> <ul style="list-style-type: none"> • Activation of protective factors to support wellness. • Be non-judgmental. 		
Self-Awareness and Self-Care	<p>Knowledge:</p> <ul style="list-style-type: none"> • Understand the importance of self-care • Understand burnout and its effects. • Understand the dynamics of power, conflict, and integrity in the workplace <p>Skills:</p> <ul style="list-style-type: none"> • Activate self-care skills and teach coping practices • Use social skills and healthy social networks to support wellness. • Model self-care and self-awareness • Respond to setbacks as opportunities for learning and growth. • Conduct oneself in a manner that fosters personal recovery. • Awareness and identification of triggers <p>Ability:</p> <ul style="list-style-type: none"> • Recognize signs of stress and burnout and respond appropriately. 	<ul style="list-style-type: none"> • 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 	3

	<ul style="list-style-type: none"> • Use tools and techniques to manage personal stressors and triggers • Foster personal resilience and maintain wellness 		
Co-occurring Disorders: MH and SUD	<p>Knowledge:</p> <ul style="list-style-type: none"> • Understand the vulnerability of individuals with a history of mental illness or substance use who've been recently released from corrections. • Knowledge of available substance use disorder services, including Medication Assisted Treatment (MAT) services (i.e., counseling and medications for treatment of alcohol, opioid, and opioid overdose). • Have a basic understanding of the Disease Model of Addiction and the difference between prevention, treatment, and recovery. • Understand harm reduction models and recovery action planning to support recovery. • Understand "recovery capital" principles (internal and external resources). • Provide education regarding warning signs, symptoms, and 	<ul style="list-style-type: none"> • 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 	3

	<p>progression of substance use disorders.</p> <p>Skills:</p> <ul style="list-style-type: none"> • Foster individual choice and self-determination • Provide peer support services even if individuals are not actively engaged in treatment. • Demonstrate consistent support to individuals during times of wellness as well as during challenging times. • Use questions to help individuals get in touch with the life they want and help identify steps to creating them. • Assist individuals in recognizing the effect of substance abuse on life challenges and consequences of continued use • Be familiar with relapse prevention strategies to support the prevention of recidivism. • Provide education on how substance use challenges affect self, family, and community • Be able to help individuals navigate treatment services and recovery supports • Recognize the importance of a holistic (e.g., mind, body, spirit, 	<p>health systems of care</p>	
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	<p>environment) approach to recovery/wellness to support individuals in their recovery.</p> <ul style="list-style-type: none"> • Partner with other service providers <p>Abilities:</p> <ul style="list-style-type: none"> • Understand the Stages of Change to support with identifying and obtaining goals. • Support peers to be part of recovery groups and communities to stay active and around others in recovery 		
<p>Professional boundaries and ethics</p>	<p>Knowledge:</p> <ul style="list-style-type: none"> • Code of Ethics for certified Medi-Cal Peer Support Specialists • Legal requirements as a Mandate Reporter of abuse and neglect • Confidentiality laws, including Health Information Portability and Accountability Act (HIPAA) and 42 C.F.R. Part 2 <p>Skills:</p> <ul style="list-style-type: none"> • Use supervision to assure individual is appropriately served • Appropriately utilize supervision, consultation, and to address or resolve issues. • Appropriate use of supervision for own support 	<ul style="list-style-type: none"> • 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 	<p>3</p>

	<ul style="list-style-type: none"> • Establish and maintain appropriate interpersonal limits and boundaries. • Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance. • Communicate personal issues or concerns with supervisors • Uphold Code of Ethics <p>Abilities:</p> <ul style="list-style-type: none"> • Respect and maintain professional and personal boundaries (i.e., avoid dual relationships) • Establish and maintain a peer relationship rather than a hierarchical relationship. • Demonstrate respect and non-judgmental attitudes toward individuals in all contacts with community professionals and agencies • Recognize situations outside the competencies of a certified Medi-Cal Peer Support Specialist • Recognize and address personal and institutional biases and behaviors. • Maintain high standards of personal conduct that foster recovery 		
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<p>Safety and Crisis Planning</p>	<p>Knowledge:</p> <ul style="list-style-type: none"> • Recognize and respond to various risks, crisis, and emergency situations. • Identify indicators that the individual may be re-experiencing symptoms of his or her condition(s) and provide early intervention strategies to avert crisis and/or the need for intensive services (escalation cycle) • Recognize risk indicators that may affect the individual's welfare and safety. • Understand and practice risk assessment, suicide prevention, and safety planning. • Take action to address distress and/or crisis using knowledge of local resources, treatment, and resources to support a person's recovery. • Assist individuals to develop and activate self-management plans, advanced directives, relapse prevention strategies, and crisis prevention strategies • Report any suspicions of neglect or abuse. • Recognize signs of distress and threats to safety among individuals 	<ul style="list-style-type: none"> • Crisis & safety management guidelines • Safety planning and supporting 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 	<p>4</p>
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	<p>and in their environments</p> <ul style="list-style-type: none"> • Understand and utilize the concept of ‘seeking out common ground’ <p>Skills:</p> <ul style="list-style-type: none"> • Use effective communication, conflict resolution, and problem-solving skills. • Understand and utilize de-escalation techniques and provide reassurance to peers in distress. • Respond to personal risk indicators to assure welfare and safety. • Be able to personally deal with conflict and difficult interpersonal relations. <p>Abilities:</p> <ul style="list-style-type: none"> • Practice non-judgmental behavior • Demonstrate consistency by supporting individuals during ordinary and extraordinary times 		
<p>Community Reintegration Support</p>	<p>Knowledge:</p> <ul style="list-style-type: none"> • Basic understanding of mental health and substance use challenges and the behavioral health system. • Understanding of criminal justice systems and service delivery systems 	<ul style="list-style-type: none"> • Understanding of legal rights and patient rights • Navigation of criminal justice systems across the continuum • Navigation of behavioral health service for all ages 	<p>3</p>

	<ul style="list-style-type: none"> • Knowledge of client rights for diverse service sectors <p>Skills:</p> <ul style="list-style-type: none"> • Provide care coordination services within the behavioral health delivery systems and across other service delivery sectors • Evaluate the effectiveness of interventions at various intercept points along the continuum of justice involvement. • Model effective coping strategies and interpersonal skills • Support and coach individuals with finding and maintaining employment. • Remain an advocate when interacting with other service providers. <p>Abilities:</p> <ul style="list-style-type: none"> • Provide warm hand-offs to referred agencies and explain the necessity for the referrals so individuals understand and follow through. • Accompany individuals to community activities and appointments when requested. • Identify positive supports and pro-social associates 	<ul style="list-style-type: none"> • 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 	
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	<ul style="list-style-type: none"> • Consider multiple barriers and challenges when helping an individual prepare for employment and education, including job search, navigating application process, interviewing, and attire. • Help individuals learn about changes in technology and trends that have occurred while incarcerated. • Understand and practice risk assessment, suicide prevention, and safety planning 		
<p>Recidivism Risk Factors</p>	<p>Knowledge:</p> <ul style="list-style-type: none"> • Understanding of criminogenic needs as they relate to recidivism, including the eight most significant criminogenic needs • Understanding of how trauma, environmental factors, and mental illnesses can correlate with substance use and criminal behavior • Understanding of risks and protective factors that influence a person's behavior <p>Skills:</p> <ul style="list-style-type: none"> • Teach skills that impact criminogenic needs • Share and role model changes in own 	<ul style="list-style-type: none"> • Criminogenic behaviors and recidivism • Impact of trauma • Risk assessment and protective factors • Impact of incarceration on behavioral health needs 	<p>4</p>

	<p>criminogenic thinking and behaviors</p> <p>Abilities:</p> <ul style="list-style-type: none"> • Discuss risks and protective factors that influence a person's behavior. 		
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*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 Justice Involved Peer specialization will need to encompass core competencies standards within the 12 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 Justice-Involved 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 Justice-Involvement.
- 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 reasonable accommodations request for training participants.
- 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	5/15/23 - 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 21, 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.

Attachment A – Training Curriculum Guide

California Mental Health Services Authority

Curriculum Template

Justice-Involved Peer Training

Training provider instructions for submitting training curriculum:

1. Please provide evidence, in the form of 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 Justice-Involved. Please include the specific curriculum that will be used in each competency section below. You may access the full-length Justice-Involved 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.

CaIMHSA curriculum review Process:

1. Training providers may begin training approval by CaIMHSA has been received. Please note, the full curriculum must be submitted to complete the review process.
2. CaIMHSA will keep the training provider informed should additional information be needed.
3. CaIMHSA notify the training provider of their agency's training curriculum approval.

Justice-Involved 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 meet 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- Justice Involved Specialization for Certified Medi-Cal Peer Support Specialists

1. Application of Lived Experience	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
<p>Knowledge:</p> <ul style="list-style-type: none"> Knowledge of non-violent communication Understand and apply mental health and substance use recovery concepts from a reentry perspective <p>Skills:</p> <ul style="list-style-type: none"> Have lived experience in all or most of the continuum of the criminal justice systems, including arrests, detention, arraignment, court proceedings, sentencing, diversion, incarceration, probation, and/or parole Build rapport and trust through sharing lived experience Act as credible role models to individuals transitioning from criminal activity to pro-social behaviors, perspective, and expression Share personal lived experiences following reentry and model the ways to advance recovery through coaching Embody the potential for recovery for people who confront the dual stigmas associated with 		<ul style="list-style-type: none"> 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 	3	<p><i>Example:</i></p> <ul style="list-style-type: none"> <i>Module 1: Chapter 1-3 covers how to tell share your story of recovery (PDF pages 12-45)</i>

1. Application of Lived Experience	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
	<p>serious mental illnesses and criminal justice system involvement</p> <ul style="list-style-type: none"> • Maintain freedom and model hope for a future free of incarceration • Inspire hope and the possibility of positive change through appropriate self-disclosure of their own histories, by consistently modeling recovery behaviors, and being a continual role model in recovery from addiction and crime. <p>Ability:</p> <ul style="list-style-type: none"> • Be able to communicate own lived experience in a way that is meaningful and non-judgmental • Have the ability to promote hope, the potential for change, and personal empowerment • Help individuals evaluate their choices more effectively and provide guidance about appropriate interpersonal skills and ways of coping, ultimately increasing self-efficacy • Be able to identify and address barriers to success that prevent rehabilitation 			

2. Role of Advocacy	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
	<p>Knowledge:</p> <ul style="list-style-type: none"> • Knowledge of linkage to legal aid resources • Knowledge of resources to employment opportunities for individuals re-entering the community • Knowledge of diversion programs, including advocacy and access to services • Educate others in the criminal justice system about mental health and substance use recovery • Knowledge of resources to address co-occurring issues/conditions, including mental health, substance use disorder treatment, and physical health care <p>Skills:</p> <ul style="list-style-type: none"> • Communicate with individuals their rights and responsibilities • Act as advocates at the individual and systems levels • Model appropriate advocacy within the varying service delivery systems • Promote recovery principles including self-advocacy and empowerment strategies • Improve civic engagement to support self-advocacy • Assist individuals in advocating for the correction of inaccurate entries in their criminal records • Work with individuals to explain misleading charges or convictions to potential landlords or employers and model disclosure of justice history • Help navigate child welfare issues and/or support meeting mandate requirements 	<ul style="list-style-type: none"> • Understanding community resources • Legal rights and patient rights • Role modeling principles and techniques • Understanding the criminal justice systems • Building collaborative partnerships • Basic advocacy training • Addressing stigma • Interpersonal skills techniques • Recovery principles 	3	

2. Role of Advocacy	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
	<ul style="list-style-type: none"> Support with navigation and resources of other human services systems (housing, social services, employment, etc.) <p>Abilities:</p> <ul style="list-style-type: none"> Understand how to access advocacy and protection resources, such as the Inspector General, Ombudsman, Disability Rights, and other resources to assist people to maintain their rights while incarcerated or in the community Promote recovery principles including self-advocacy and empowerment strategies Improve civic engagement to support self-advocacy and reduce social stigma related to justice involvement. Advocate for recipients of behavioral healthcare when they are unable to advocate for themselves Help navigate child welfare issues and/or support meeting mandate requirements Support with navigation and resources of other human services systems (housing, social services, employment, etc.) 			

3. The role of consumers and family members	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
	<p>Knowledge:</p> <ul style="list-style-type: none"> Understanding of culturally relevant, trauma-informed approaches to support individuals 	<ul style="list-style-type: none"> Common mental health and substance use disorders and care options 	3	

3. The role of consumers and family members	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
<ul style="list-style-type: none"> Familiarity with Stages of Change, Recovery Capital, and Recovery Action Planning <p>Skills:</p> <ul style="list-style-type: none"> Supporting individuals in strengthening or acquiring life skills Support learning of emotional regulation skills Motivate individuals to meet required justice involved obligations Support individuals in setting personal goals and making steps towards reaching them Use of empathy and validation techniques (i.e., when offering suggestions and strategies for overcoming challenges) Use of open-ended questions that connect a person to their inner wisdom and move through their fears Skill in communicating from a place of compassion and non-judgmental behavior <p>Ability:</p> <ul style="list-style-type: none"> Model strengths-based and person-centered language and approaches Ability to foster healing relationships based on respect, compassion, and cultural humility Support individuals in identifying and expressing emotions Ability to use active listening and empathic skills to support individuals Ability to support individuals in identifying core values and beliefs that will support them in their recoveries Ability to address internal and external stigma surrounding incarceration, mental health, and substance abuse 		<ul style="list-style-type: none"> Stages of change Recovery Capital principles Recovery Action Planning Motivational coaching Addressing Stigma and Biases 		

4. Engagement Skills and Interventions	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
	<p>Knowledge:</p> <ul style="list-style-type: none"> Understand the Cycle of Escalation and De-escalation Knowledge of skill-building techniques Understand criminogenic needs and appropriate responses to behaviors. Embrace true collaboration as an ongoing process, and competence appropriate to role and responsibilities. <p>Skills:</p> <ul style="list-style-type: none"> Teach emotion regulation and self-control strategies. Use positive behavior supports and concepts of contingency management. Use techniques to increase skills that promote self-efficacy. Value personal choice and goals <p>Ability:</p> <ul style="list-style-type: none"> Application of motivational coaching techniques Encourage involvement with supportive networks that can address their criminogenic needs (i.e., AA/NA, Anger management groups, parenting groups) Encourage appropriate disclosure of information. Support collaboration and partnerships with other service providers Support individuals with complying with mandated conditions, specifically addressing challenges that affect special populations like "290 status" registrants, those in batterer's intervention programs, and those required to register as violent offenders. 	<ul style="list-style-type: none"> Criminogenic behaviors and responses Care Coordination principles Helping families to communicate concerns. Confidentiality laws and professional expectations (HIPAA and 42 C.F.R. Part 2) Motivational Coaching Mandated reporting Telling your story Work/life boundaries Escalation and de-escalation techniques 	4	

5. Cultural Responsiveness (Humility)	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
<p>Knowledge:</p> <ul style="list-style-type: none"> • Awareness of worker’s personal values, biases, and beliefs, and their potential impact on interactions with others • Knowledge of stigma and biases surrounding justice-involved individuals • Understanding of cultural influences on individuals and groups, including those associated with justice involvement. • Understanding of current and historical structural racism and its impact on disparities in various areas <p>Skills:</p> <ul style="list-style-type: none"> • Sensitivity to how cultural identity can influence communication dynamics to support individuals in their recovery. • Understanding of the connections between behavioral health conditions, trauma, health disparities, and social inequity to support individuals in their recovery. • Use of dignity and respect with all individuals, regardless of personal characteristics or conditions • Knowledge of strategies for working with adults and youth with justice involvement to support their recovery. <p>Ability:</p> <ul style="list-style-type: none"> • Appreciation, recognition, and respect for personal values, cultural, spiritual beliefs, and practices of peers and their families • Understanding of how to support individuals in their recovery, including the use of person-centered language and advocating for multiple pathways to recovery/wellness 		<ul style="list-style-type: none"> • Cultural awareness and humility principles and practices • Cultural understandings of mental health • Implicit & explicit bias • Systemic racism • Challenges faced by special populations (LGBTQ+, youth, older adults, gender identity, immigrants, refugees, etc.) 	4	

5. Cultural Responsiveness (Humility)	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
<ul style="list-style-type: none"> Application of interventions for various subpopulations, including those with physical and developmental challenges, chronic or persistent health conditions, and those experiencing homelessness Ability to link individuals to resources and services specific to their intersectional identities 				

6. Trauma Informed Care	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
<p>Knowledge:</p> <ul style="list-style-type: none"> Understand the impact of environmental trauma and conditioning. Understand the historical and contemporary trauma, marginalization, and oppression populations, including cultural and ethnic minorities, and LGBTQ individuals experience. Understand the prevalence of trauma and its impact on physical, behavioral, and emotional wellness Be familiar with the ACE (Adverse Childhood Events) model <p>Skills:</p> <ul style="list-style-type: none"> Have awareness of trauma arising from individuals' criminal justice experiences, including but not limited to: police induced trauma, disparate sentencing, incarceration, threats, intimidation, and stigmatizing labels within incarceration and criminal justice. Application of trauma informed principles 		<ul style="list-style-type: none"> 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 	4	

6. Trauma Informed Care	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
<ul style="list-style-type: none"> • Identification risk indicators and protective factors <p>Ability:</p> <ul style="list-style-type: none"> • Recognize signs of distress and risk indicators that may affect the individual's welfare and safety and respond appropriately. • Support the development of healthy behavior that is based on choice. • Teach coping skills of emotional regulation, mindfulness, stress reduction, anxiety management, distress tolerance, and relaxation techniques. • Activation of protective factors to support wellness. • Be non-judgmental. 				

7. Self-Awareness and Self-Care	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
<p>Knowledge:</p> <ul style="list-style-type: none"> • Understand the importance of self-care • Understand burnout and its effects. • Understand the dynamics of power, conflict, and integrity in the workplace <p>Skills:</p> <ul style="list-style-type: none"> • Activate self-care skills and teach coping practices • Use social skills and healthy social networks to support wellness. 		<ul style="list-style-type: none"> • 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	

7. Self-Awareness and Self-Care	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
<ul style="list-style-type: none"> • Model self-care and self-awareness • Respond to setbacks as opportunities for learning and growth. • Conduct oneself in a manner that fosters personal recovery. • Awareness and identification of triggers <p>Ability:</p> <ul style="list-style-type: none"> • Recognize signs of stress and burnout and respond appropriately. • Use tools and techniques to manage personal stressors and triggers • Foster personal resilience and maintain wellness 				

8. Co-Occurring Disorders: Mental Health and Substance Use Disorders	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
<p>Knowledge:</p> <ul style="list-style-type: none"> • Understand the vulnerability of individuals with a history of mental illness or substance use who've been recently released from corrections. • Knowledge of available substance use disorder services, including Medication Assisted Treatment (MAT) services (i.e., counseling and medications for treatment of alcohol, opioid, and opioid overdose). 		<ul style="list-style-type: none"> • 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 	3	

8. Co-Occurring Disorders: Mental Health and Substance Use Disorders	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
	<ul style="list-style-type: none"> • Have a basic understanding of the Disease Model of Addiction and the difference between prevention, treatment, and recovery. • Understand harm reduction models and recovery action planning to support recovery. • Understand “recovery capital” principles (internal and external resources). • Provide education regarding warning signs, symptoms, and progression of substance use disorders. <p>Skills:</p> <ul style="list-style-type: none"> • Foster individual choice and self-determination • Provide peer support services even if individuals are not actively engaged in treatment. • Demonstrate consistent support to individuals during times of wellness as well as during challenging times. • Use questions to help individuals get in touch with the life they want and help identify steps to creating them. • Assist individuals in recognizing the effect of substance abuse on life challenges and consequences of continued use • Be familiar with relapse prevention strategies to support the prevention of recidivism. • Provide education on how substance use challenges affect self, family, and community • Be able to help individuals navigate treatment services and recovery supports • Recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to 	<p>family and/or support networks</p> <ul style="list-style-type: none"> • Harm Reduction Models • Recovery Action Planning • Relapse prevention • Medication assisted treatment • Community resources • Recovery Capital principles • Navigation of behavioral health systems of care 		

8. Co-Occurring Disorders: Mental Health and Substance Use Disorders	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
	<p>recovery/wellness to support individuals in their recovery.</p> <ul style="list-style-type: none"> Partner with other service providers <p>Abilities:</p> <ul style="list-style-type: none"> Understand the Stages of Change to support with identifying and obtaining goals. Support peers to be part of recovery groups and communities to stay active and around others in recovery 			

9. Professional Boundaries and Ethics	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
	<p>Knowledge:</p> <ul style="list-style-type: none"> Code of Ethics for certified Medi-Cal Peer Support Specialists Legal requirements as a Mandate Reporter of abuse and neglect Confidentiality laws, including Health Information Portability and Accountability Act (HIPAA) and 42 C.F.R. Part 2 <p>Skills:</p> <ul style="list-style-type: none"> Use supervision to assure individual is appropriately served Appropriately utilize supervision, consultation, and to address or resolve issues. 	<ul style="list-style-type: none"> 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 	3	

9. Professional Boundaries and Ethics	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
	<ul style="list-style-type: none"> • Appropriate use of supervision for own support • Establish and maintain appropriate interpersonal limits and boundaries. • Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance. • Communicate personal issues or concerns with supervisors • Uphold Code of Ethics <p>Abilities:</p> <ul style="list-style-type: none"> • Respect and maintain professional and personal boundaries (i.e., avoid dual relationships) • Establish and maintain a peer relationship rather than a hierarchical relationship. • Demonstrate respect and non-judgmental attitudes toward individuals in all contacts with community professionals and agencies • Recognize situations outside the competencies of a certified Medi-Cal Peer Support Specialist • Recognize and address personal and institutional biases and behaviors. • Maintain high standards of personal conduct that foster recovery 			

10. Safety and Crisis Planning	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
	<p>Knowledge:</p> <ul style="list-style-type: none"> Recognize and respond to various risks, crisis, and emergency situations. Identify indicators that the individual may be re-experiencing symptoms of his or her condition(s) and provide early intervention strategies to avert crisis and/or the need for intensive services (escalation cycle) Recognize risk indicators that may affect the individual's welfare and safety. Understand and practice risk assessment, suicide prevention, and safety planning. Take action to address distress and/or crisis using knowledge of local resources, treatment, and resources to support a person's recovery. Assist individuals to develop and activate self-management plans, advanced directives, relapse prevention strategies, and crisis prevention strategies Report any suspicions of neglect or abuse. Recognize signs of distress and threats to safety among individuals and in their environments Understand and utilize the concept of 'seeking out common ground' <p>Skills:</p> <ul style="list-style-type: none"> Use effective communication, conflict resolution, and problem-solving skills. Understand and utilize de-escalation techniques and provide reassurance to peers in distress. Respond to personal risk indicators to assure welfare and safety. Be able to personally deal with conflict and difficult interpersonal relations. 	<ul style="list-style-type: none"> Crisis & safety management guidelines Safety planning and supporting self-determination. Cycle of violence Suicide awareness and prevention Conflict resolution techniques Problem solving skills Knowledge and linkages to community resources Connections map for natural supports 	4	

10. Safety and Crisis Planning	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
<p>Abilities:</p> <ul style="list-style-type: none"> Practice non-judgmental behavior Demonstrate consistency by supporting individuals during ordinary and extraordinary times 				

11. Community Reintegration Support	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Content
<p>Knowledge:</p> <ul style="list-style-type: none"> Basic understanding of mental health and substance use challenges and the behavioral health system. Understanding of criminal justice systems and service delivery systems Knowledge of client rights for diverse service sectors <p>Skills:</p> <ul style="list-style-type: none"> Provide care coordination services within the behavioral health delivery systems and across other service delivery sectors Evaluate the effectiveness of interventions at various intercept points along the continuum of justice involvement. Model effective coping strategies and interpersonal skills Support and coach individuals with finding and maintaining employment. 		<ul style="list-style-type: none"> Legal rights and patient rights Navigation of criminal justice systems across the continuum 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 	3	

11. Community Reintegration Support	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Content
<ul style="list-style-type: none"> Remain an advocate when interacting with other service providers. <p>Abilities:</p> <ul style="list-style-type: none"> Provide warm hand-offs to referred agencies and explain the necessity for the referrals so individuals understand and follow through. Accompany individuals to community activities and appointments when requested. Identify positive supports and pro-social associates Consider multiple barriers and challenges when helping an individual prepare for employment and education, including job search, navigating application process, interviewing, and attire. Help individuals learn about changes in technology and trends that have occurred while incarcerated. Understand and practice risk assessment, suicide prevention, and safety planning 				

12. Recidivism and Risk Factors	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
<p>Knowledge:</p> <ul style="list-style-type: none"> Understanding of criminogenic needs as they relate to recidivism, including the eight most significant criminogenic needs 		<ul style="list-style-type: none"> Criminogenic behaviors and recidivism Impact of trauma Risk assessment and protective factors 	4	

12. Recidivism and Risk Factors	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)	Min. Training Hours	Proposed Training Provider's Training Content
<ul style="list-style-type: none"> Understanding of how trauma, environmental factors, and mental illnesses can correlate with substance use and criminal behavior Understanding of risks and protective factors that influence a person's behavior <p>Skills:</p> <ul style="list-style-type: none"> Teach skills that impact criminogenic needs Share and role model changes in own criminogenic thinking and behaviors <p>Abilities:</p> <ul style="list-style-type: none"> Discuss risks and protective factors that influence a person's behavior. 		<ul style="list-style-type: none"> Impact of incarceration on behavioral health needs 		

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:

<i>In-Person</i>	<i>2-week session</i>	<i>\$400</i>
<i>Virtual</i>	<i>2-week session</i>	<i>\$200</i>

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 students 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)