Request for Proposal

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

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

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1 RFP Summary

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

CalMHSA is the certifying body for the certification of Medi-Cal Peer Support Specialists in California. As the certifying body, CalMHSA is seeking proposals for the purpose of soliciting responses for interested entities with the experience and capacity to provide comprehensive training for certified Peer Support Specialists interested in receiving training in the Unhoused Peer specialization. The Unhoused training curricula includes all competencies required for the Unhoused Peer specialization. Unhoused Peer specialization training focuses on working with persons with lived experience having been unhoused, or providing personal care for someone in the public behavioral health system of care who has experienced being unhoused. 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. The landscape analysis report will focus on identifying core competencies and essential skills for working with the unhoused population, and sources surveyed for the report included SAMHSA, the National Library of Medicine, the Canadian Observatory on Homelessness, the European Federation of National Organizations working with the Homeless, and the Academy of Peer Services. CalMHSA held focus groups with subject matter experts to examine the domains and core competencies for the Unhoused Peer specialization, and recorded feedback from the community members through virtual live focus group sessions and posting the report on the website for comments. Next, CalMHSA compared the knowledge, skills, and abilities identified in the seventeen core competencies for Medi-Cal Peer Support Specialist training to avoid redundancy in and build on the knowledge, skills, and abilities for certified Medi-Cal Peer Support Specialists seeking training for the unhoused specialization. Additionally, CalMHSA held focus groups with subject matter experts to examine the domains and core competencies for the unhoused specialization, and recorded input from subject matter through community members and stakeholders for its final analysis of 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 Unhoused Peer Specialization Training Program

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

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Peer Training Curriculum Core Competencies Unhoused Area of Specialization for Certified Medi-Cal Peer Support Specialist			
Adopted Unhoused specialization Core Competencies	**Knowledge, skills and abilities**	**Possible Trainings** **(All of these trainings should be from the Unhoused perspective)**	**Possible Hours of Training**
Application of Lived Experience	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 • Noon-judgmental non-violent communication practices • Rapport building	4
Empowerment and Promotion of Recovery	Knowledge: • Understand the basic structures for systems navigation (i.e., mental health, substance abuse treatments, physical	• Motivational coaching practices and techniques • Linkages to community resources • Connections map for natural supports	4

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	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 discovery of 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.	• 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	

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	• Use warm handoffs for resources, including assistance in accessing resources. • Accompany individuals to community activities and appointments		
Co-occurring Disorders: MH and SUD	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).	• 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

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	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.		
Cultural Responsiveness (Humility)	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	• 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,	4

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	• 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)	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	

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	• 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.)		
Trauma Informed Care	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.	• 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	4

	• 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	• Risk assessment and safety planning • Basic understanding of "Trauma Boding" and impact on care	

	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.		
Self-Awareness and Self-Care	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.	• 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

	• 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.		
Conflict Resolution	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.	• 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

	• 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.		
Professional boundaries and ethics	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	• 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

	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.		

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	• 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.		
Safety and Crisis Planning	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	• 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

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	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		

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	• Establishing a respectful, trusting relationship with individuals		

Systems and Resource Navigation	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.
		• Care Coordination principles
		• Confidentiality laws and professional expectations (HIPAA and 42 C.F.R. Part 2)
		• 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
		• Legal and Ethical responsibilities
		•
			4

	• 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.		

*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

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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 Unhoused Peer specialization for certified Medi-Cal Peer Support Specialist.

Training curriculum for the Unhoused Peer specialization will need to encompass core competencies standards within the 10 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 Unhoused 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 being unhoused.
    e. Past experience with workforce education and training development.

f. Provide one example of prior work that is similar in scope and complexity to the items outlined in this Scope of Work.
g. Must provide the above information for prime contractors as well as any sub-contractors.

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

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

4. **Budget/Cost –**
   a. The selected Provider will be entering into a deliverable-based contract with CalMHSA.
   b. For entities submitting a proposal which includes the use of subcontractors (collaboration with other entities), please ensure deliverables are inclusive of all costs. CalMHSA will have no influence over subcontractors, therefore it will be the Provider's responsibility to manage all subcontractors and hold them to the same provisions they are being held to, under CalMHSA's contract.

4 Agreement Terms

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

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

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

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

5 Minimum Requirements

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

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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.

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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.

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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	5/12/23 - 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 21st, 2023 at https://calmhsa.bonfirehub.com/portal** and on the CalMHSA website.

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

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

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

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

9.4 Withdrawal

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

9.5 Review of Applications

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

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

9.6 Negotiations with Potential Proposers

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

9.7 Protest Procedures

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

Written protests can be sent to the following:

Via Email:

info@calmhsa.org

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

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

9.8 Notice Regarding Public Records Act Request

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

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

9.9 Proposal Format

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

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

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

Attachment A – Training Curriculum Guide

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.*
2. *Please upload a single (combined) PDF of your agency's full curriculum to Bonfire. The PDF file will be used to review the content of your curriculum.*
3. *You may access the full-length Medi-Cal Peer Support Specialist landscape reports here.*

CalMHSA curriculum review Process:

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

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.

Core Competencies- Certified Medi-Cal Peer Support Specialists Working with Persons who are Unhoused.				
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		• Motivational coaching practices and techniques	4	

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	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 discovery of 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	• 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		

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			
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).	• 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	4	

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	• 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	• 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		

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	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.			
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		• 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.	5	

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	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:	• 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		

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• 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.)			
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.		• 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	4	

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• 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	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		

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	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.			
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:		• Self-awareness and self-care for the Peer Worker • Self-awareness and self-care techniques for the person in care	4	

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Abilities: • 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. • Prioritize self-care and personal wellness. • Manage compassion fatigue, vicarious trauma, and secondary traumatic stress through self-awareness.		• Cultural perspective on self-care • Recognize signs of stress and burnout and respond		
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		• Conflict resolution techniques • Risk assessment practices • De-escalation technique	4	

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	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,	• 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		

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	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.			
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,		• 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	

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	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-			

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	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.			
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		• Crisis & safety management plans & guidelines • Escalation and De-Escalation techniques • Value of choice and self-determination • Cycle of domestic violence • Suicide awareness/prevention	4	

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	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	• Conflict resolution techniques • Problem solving skills • Knowledge and linkages to community resources • Connections map for natural supports • Remaining present • Environmental health and safety		

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	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			
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.		• 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	4	

	• 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:	• 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		

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• 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.			

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

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

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

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

d. Virtual Platform Only

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

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

Example:

In-Person	*2-week session*	*$400*
Virtual	*2-week session*	*$200*

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

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

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Attachment B (Data Collection Required)

Agency Name
How many hours is your training?
# of students trained in the last quarter
# of Applicants that did not receive training
# of students currently employed in a Peer Support Role?
# of sudents currently employed with Behavioral Health County Agencies?
# of students employed with Community Based Organizations (CBO)?
# of students employed with Peer Run Organizations?
AGE

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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?

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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)

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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)

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