

# **Trainer Application**

#### **Overview**

Behavioral Health System Baltimore (BHSB) invites trainers to submit applications to collaborate with BHSB to offer training on a wide variety of training topics for counselors, social workers, peer recovery specialists, harm reductionists, and others working in behavioral health care in Baltimore City.

Trainers may apply to (1) deliver training using existing curriculum (with approval of curriculum owner); (2) develop a new curriculum and deliver the training; (3) develop a new curriculum to be delivered by another trainer; and/or (4) develop and deliver customized training and technical assistance for behavioral health organizations.

BHSB is an authorized training sponsor for the Maryland Addiction and Behavioral Health Professionals Certification Board (MABPCB), the Maryland Board of Professional Counselors and Therapists (BOPC), and the Maryland Board of Social Work Examiners. Whenever possible, BHSB offers CEUs for training participants. BHSB will prioritize applications from trainers that meet the requirements of one or more of the above professional boards. Please see the <a href="CEU Requirements Document">CEU Requirements Document</a> to determine whether your application meets the requirements.

### **Trainer Eligibility**

Trainers must have at least one year of training experience (except new peer specialist trainers) and have expertise in the proposed training content. Peer specialist trainers with less than one year's experience must agree to be paired with a more experienced trainer.

Harm reduction trainers must also have lived or living experience using drugs or have relevant harm reduction volunteer or work experience.

Peer recovery specialist (PRS) trainers must also have lived experience in mental illness or substance use disorders or have experience as an ally to a person with lived experience and have the required prerequisite training to deliver the selected curriculum.

# **Application Review**

BHSB reviews trainer applications monthly, so please allow at least 60 days to hear back from us.

Applications for training focused on harm reduction content or solicited by the Maryland Harm Reduction Training Institute (MaHRTI) are reviewed on a rolling basis, and applicants of this type may, therefore, expect to receive a response in less than 60 days.



### **Trainer Approval**

Trainers who meet standardized criteria will be placed into a pool of qualified trainers.

BHSB will invite qualified trainers to provide training when training needs are identified, and funding is available. Upon selection, BHSB will establish contracts with selected trainers. There is no guarantee that BHSB will have training needs or funding available for all qualified trainers.

Approved trainers will remain on BHSB's Approved Trainer List for three years. During that period, trainers may submit additional training applications for BHSB to consider additional topics.

BHSB will coordinate training logistics with trainers when they are asked to provide training. BHSB will work with trainers to determine the training location or online training platform, develop training announcements and CEU applications, and determine other training logistics (e.g., start/end time, food needs, parking, etc.) Unless otherwise agreed upon, BHSB will issue training announcements, manage registration, and issue training evaluations and CEU certificates to participants. Trainers are responsible for providing hard copies of handouts to participants if needed.

### **Training Priorities**

BHSB identifies training priorities based on the needs of the behavioral health workforce and service delivery system. BHSB will also accept applications for trainings other than the below current priorities:

- Antiracism, diversity, equity, and inclusion
- Harm reduction-related topics
- Mental Health First Aid
- Peer Recovery Specialist training
- Suicide prevention

#### Antiracism Principles & Adult Learning Approaches

BHSB expects trainers to integrate principles of antiracism, equity, and inclusion in the delivery and content of training. This could include centering the safety, well-being, and voices of Black, Indigenous, and other People of Color (BIPOC); using respectful, person-centered language; and not using negative or discriminatory language that is biased towards individuals based on race, gender, sexual orientation, disability, and other identities. BHSB also expects the training to explicitly address how training topics/content intersect with or disproportionately impacts historically marginalized or oppressed groups.

BHSB also asks trainers to gear their training approaches towards adult learners. This could include helping trainees understand why the new material is important,



how the new information can be integrated into the adult learners' jobs and provide opportunities for learners to demonstrate mastery of new information. Training should also accommodate diversity of learning styles by utilizing various teaching methods (i.e., didactic, small group activities, scenario application, etc.)

#### **Standard Trainer Rates**

- 1. <u>Deliver an existing curriculum</u> **\$100.00 per training hour**. This rate includes preparation, presentation materials, handouts, preparing CEU documents, managing online technology, copying office supplies, local mileage, and other incidental costs. If more than one trainer presents, each trainer receives the full hourly rate of pay. <u>Example</u>: If a trainer delivers an existing 2-hour training curriculum, they will receive a BHSB contract and payment for \$200.00 (including 2 hours @ \$100/per hour for training).
- 2. Revise an existing curriculum **\$50.00 per hour** to revise an existing curriculum to address needs identified by BHSB. BHSB usually pays for 1-2 hours for making revisions. Example: If a trainer requires 1 hour to revise an existing 2-hour curriculum and they deliver the training, they will receive a BHSB contract and payment for \$250 (including 1 hour @ \$50 for revisions and 2 hours @ \$100 per hour for training).
- 3. <u>Develop & deliver new curriculum</u> **\$100.00 per hour**. BHSB usually pays up to 5 hours for the development of 1 training hour; however, BHSB will determine the number of hours needed for each new curriculum based on what activities are required, which may include attendance at BHSB planning meetings, researching, writing content, and developing PowerPoints and other presentation and handout materials.

When BHSB pays for curriculum development, the curriculum must be provided to BHSB, and depending on the funding source, the curriculum may be owned by BHSB and/or the funder and may be presented by BHSB or other trainers in the future.

<u>Example</u>: If a trainer requires 5 hours per training hour to develop a new 2-hour curriculum and they deliver the training, they will receive a BHSB contract and payment for \$1,200 (including 10 hours @ \$100/hour for curriculum development and 2 hours @ \$100/hour for training).

4. <u>Out-of-Town Trainers</u> - BHSB may reimburse reasonable amounts for transportation and lodging costs.

#### **Exceptions** to the above rates include:

- 1. If a trainer requests less than the above-stated rates,
- 2. Payment for two-day (a total of 12-16 hours) Peer Recovery Specialist training is \$1,200 per trainer,



- 3. Payment for five-day Core Peer Recovery Specialist training is \$2,000 per trainer and
- 4. BHSB considers offering higher rates of pay to individuals or organizations that own and train on nationally recognized curriculum or other unique trainings that meet designated needs and are not otherwise available.

#### **Instructions**

Submit completed applications to training-admin@bhsbaltimore.org

Please allow at least 60 days to be notified whether your application was approved. Submitting incomplete applications may result in delayed review.

Applicants can submit one training proposal using this form. There is a separate form to submit multiple trainings on BHSB's website:

https://www.bhsbaltimore.org/for-providers/funding-opportunities/

All training materials submitted with this application will be kept confidential, and BHSB will not share or use any materials without written permission from the applicant.

For MaHRTI trainer information, please email <a href="mailto:mahrti@bhsbaltimore.org">mahrti@bhsbaltimore.org</a>

For other trainer information, please contact the Operations Teams at <a href="mailto:training-admin@bhsbaltimore.org">training-admin@bhsbaltimore.org</a>



# **BHSB Trainer Application Form**

# **Trainer Information – not scored**

Trainer Name:		
Organization Name (if applicable):		
Mailiı	lailing Address:	
Email Address: Phone		
		Numl
Trai	ner Background – up to 30 points	
1.	Briefly describe your training experience, including the number of years you have provided training, the types of trainings you have provided or written curriculum for, and how you accommodate audiences with specialized communication needs to be able to participate in trainings (i.e., non-English speaking, hearing-impaired individuals, etc.) (10 points)	
2.	Attach a resume or curriculum vitae with this application. (10 points)	
3.	Attach two reference letters from individuals familiar with your training services with contact information for the person giving the reference (e.g.,	

name, title, organization, email, phone number). (10 points)



# Training Proposal #1- up to 60 points (up to 65 points for harm reduction training)

4.	Training Title (10 points):
5.	Does the curriculum exist, or will you develop new curriculum? (not scored)  ☐ Existing Curriculum  ☐ Develop New Curriculum
	If existing, provide the name of the individual or organization that developed the curriculum. Click or tap here to enter text.
	If existing, do you have written approval from the curriculum owner to use the curriculum: $\Box$ Yes $\Box$ No
6.	Brief description of the training (3-5 sentences) (10 points):
7.	Learning objectives (3-5 objectives) (10 points)
8.	Focus audience (check all that apply) (not scored):  Counselors Harm reduction staff Peer Recovery Specialists
	<ul><li>☐ Social Workers</li><li>☐ Other (Specify): Click or tap here to enter text.</li></ul>
9.	Preferred number of participants in a training session (5 points):
	<del></del>



10.	Total training hours. Of the total, indicate how many hours will be live, real-time training, and how many hours will be independent study by participants ( <b>5points</b> ).
11.	Have you delivered this training in the past? If yes, describe the number of times you have trained on this topic, the number of people trained, and
	provide specific feedback received from trainees and other relevant information. (5 points) $\square$ Yes $\square$ No
12.	Provide 2-3 specific examples of how you will integrate principles of antiracism, equity, and inclusion into this training (5 points)
9	Provide 2-3 specific examples of how you will incorporate adult learning styles into this training (5
-	points)
- - -	Is this training already approved for Continuing Education Units (CEUs)?
	(not scored) □ Yes □ No
	If yes, indicate for which Boards.  ☐ Maryland Board of Professional Counselors and Therapists ☐ Maryland Board of Social Work Examiners

<ul> <li>Maryland Addiction and Behavioral Health Professionals Certification Board</li> </ul>
☐ Other (Specify): Click or tap here to enter text.
Will the training be provided virtually and/or in person? If virtually, please state the training platform you intend to use. Add an explanation if needed. (5 points) <ul> <li>□ In-person</li> <li>□ Virtual - specify platform:</li> </ul>
16. FOR HARM REDUCTION TRAINERS ONLY - If this training contains harm reduction content or was solicited by the Maryland Harm Reduction Training Institute, will you allow the training to be recorded and posted to the MaHRTI website (www.mahrti.org)? Add explanation if neede (5 points) □ Yes □ No
Budget – up to 10 points
<b>17.</b> Provide a basic that is consistent with BHSB standard hourly rates or explain why your application meets an allowable exemption from standard rates described on page 3 of this application. (Example: \$100 per hour x 2 hours training = \$200.00)

#### **Attachments**

- Resume or Curriculum Vitae
- Two Letters of Recommendation from individuals who are familiar with your training services with contact information (e.g., name, title, organization, email, phone number).
- For Peer Recovery Specialist trainers only, please attach (1) Training of Trainer completion certificate and (2) Written approval from the curriculum developer/owner to use an existing curriculum.
- For trainers who have completed a structured trainer certificate program (such as Mental Health First Aid), submit a copy of your trainer certification.



• Attach these to the email along with this training application to <a href="mailto:training-admin@bhsbaltimore.org">training-admin@bhsbaltimore.org</a>.



# If Applicable, Training Proposal #2- up to 60 points (up to 65 points for harm reduction training)

1.	Training Title (10 points):		
2.	Does the curriculum exist, or will you develop new curriculum? (not scored) a. Existing Curriculum b. Develop New Curriculum		
	If existing, provide the name of the individual or organization that developed the curriculum. Click or tap here to enter text.		
	If existing, do you have written approval from the curriculum owner to use the curriculum: $\Box$ Yes $\Box$ No		
3.	Brief description of the training (3-5 sentences) <b>(10 points)</b> : Click or tap here to enter text.		



<b>1.</b> L	earning objectives (3-5 objectives) (10 points):
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5.	Focus audience (check all that apply) (not scored):
	a. Counselors b. Harm reduction staff
	c. Peer Recovery Specialists
	d. Social Workers
	e. Other (Specify): Click or tap here to enter text.
6.	Preferred number of participants in a training session (5 points):
7.	Total training hours. Of the total, indicate how many hours will be live, real-time training, and how many hours will be independent study by participants (5 points).
8.	Have you delivered this training in the past? If yes, describe the number of times you have trained on this topic, and the number of people trained, and provide specific feedback received from trainees and other relevant information. (5 points) $\square$ Yes $\square$ No
9.	Provide 2-3 specific examples of how you will integrate principles of antiracism, equity, and inclusion into this training ( <b>5 points</b> )
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	Provide 2-3 specific examples of how you will incorporate adult learning styles into this training (5 points):
	Is this training already approved for Continuing Education Units (CEUs)? (not scored) □ Yes □ No
	If yes, indicate for which Boards.  a. Maryland Board of Professional Counselors and Therapists b. Maryland Board of Social Work Examiners c. Maryland Addiction and Behavioral Health Professionals Certification Board d. Other (Specify): Click or tap here to enter text.
ple	/ill the training be provided virtually and/or in person? If virtually, ease state the training platform you intend to use. Add an explanation if eded. <b>(5 points)</b> a. In-person □  b. Virtual - specify platform: □
red Ins	OR HARM REDUCTION TRAINERS ONLY - If this training contains harm duction content or was solicited by the Maryland Harm Reduction Training stitute, will you allow the training to be recorded and posted to the MaHRTI ebsite (www.mahrti.org)? Add explanation if needed (5 points)  Yes  No



### **Budget - up to 10 points**

<b>14.</b> Provide a basic that is consistent with BHSB standard hourly rates or	
explain why your application meets an allowable exemption from standard	t
rates described on page 3 of this application. (Example: \$100 per hour x 2	2
hours training =	
\$200.00)	
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#### **Attachments**

- Resume or Curriculum Vitae
- Two Letters of Recommendation from individuals who are familiar with your training services with contact information (e.g., name, title, organization, email, phone number).
- For Peer Recovery Specialist trainers only, please attach (1) Training of Trainer completion certificate and (2) Written approval from the curriculum developer/owner to use an existing curriculum.
- For trainers who have completed a structured trainer certificate program (such as Mental Health First Aid), submit a copy of your trainer certification.

Attach these to the email along with this training application to **training-admin@bhsbaltimore.org**.



# If Applicable, Training Proposal #3- up to 60 points (up to 65 points for harm reduction training)

Does the curriculum exist, or will you develop new curriculum? (not scored) a. Existing Curriculum b. Develop New Curriculum
If existing, provide the name of the individual or organization that developed the curriculum. Click or tap here to enter text.
If existing, do you have written approval from the curriculum owner to use the curriculum: $\hfill\Box$ Yes $\hfill\Box$ No
Brief description of the training (3-5 sentences) (10 points):
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Learning objectives (3-5 objectives) (10 points):
Learning objectives (3-5 objectives) (10 points):
Learning objectives (3-5 objectives) (10 points):
 Learning objectives (3-5 objectives) (10 points):
Focus audience (check all that apply) (not scored):
 Focus audience (check all that apply) (not scored):  a. Counselors   b. Harm reduction staff   c. Peer Recovery Specialists
Focus audience (check all that apply) (not scored):  a. Counselors   b. Harm reduction staff

- **6. Preferre**d number of participants in a training session **(5 points)**:
- **7. Total training** hours. Of the total, indicate how many hours will be live, real-time training, and how many hours will be independent study by participants



(5 points).

8.	Have you delivered this training in the past? If yes, describe the number of times you have trained on this topic, the number of people trained, and provide specific feedback received from trainees and other relevant information. (5 points) $\square$ Yes $\square$ No
9.	Provide 2-3 specific examples of how you will integrate principles of antiracism, equity, and inclusion into this training (5 points):
10.	Provide 2-3 specific examples of how you will incorporate adult learning styles into this training (5 points)
11.	Is this training already approved for Continuing Education Units (CEUs)? (not scored) □ Yes □ No
	If yes, indicate for which Boards. a. □ Maryland Board of Professional Counselors and Therapists
	b. □ Maryland Board of Social Work Examiners
	c.   Maryland Addiction and Behavioral Health
	Professionals Certification Board
	d. □ Other (Specify): Click or tap here to enter text.
	Will the training be provided virtually and/or in person? If virtually,
•	ease state the training platform you intend to use. Add an explanation if
П	eeded. <b>(5 points)</b> a. I□ n-person
	b. □ Virtual – specify platform:



Ins	ction content or was solicited by the Maryland Harm Reduction Training tute, will you allow the training to be recorded and posted to the MaHRTI site ( <a href="https://www.mahrti.org">www.mahrti.org</a> )? Add explanation if needed (5 points)
a.	es □ No

13. FOR HARM REDUCTION TRAINERS ONLY - If this training contains harm

### **Budget - up to 10 points**

**14.** Provide a basic that is consistent with BHSB standard hourly rates or explain why your application meets an allowable exemption from standard rates described on page 3 of this application. (Example: \$100 per hour x 2 hours training = \$200.00)

#### **Attachments**

- Resume or Curriculum Vitae
- Two Letters of Recommendation from individuals who are familiar with your training services with contact information (e.g., name, title, organization, email, phone number).
- For Peer Recovery Specialist trainers only, please attach (1) Training of Trainer completion certificate and (2) Written approval from the curriculum developer/owner to use an existing curriculum.
- For trainers who have completed a structured trainer certificate program (such as Mental Health First Aid), submit a copy of your trainer certification.

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# If Applicable, Training Proposal #4- up to 60 points (up to 65 points for harm reduction training)

1.	Training Title (10 points):
2.	Does the curriculum exist, or will you develop a new curriculum? (not scored)  ☐ Existing Curriculum  ☐ Develop New Curriculum
	If existing, provide the name of the individual or organization that developed the curriculum. Click or tap here to enter text.
	If existing, do you have written approval from the curriculum owner to use the curriculum: $\square$ Yes $\square$ No
3.	Brief description of the training (3-5 sentences) (10 points):
4.	Learning objectives (3-5 objectives) (10 points):
5.	Focus audience (check all that apply) (not scored):    Counselors
	<ul><li>☐ Harm reduction staff</li><li>☐ Peer Recovery Specialists</li></ul>
	<ul><li>☐ Social Workers</li><li>☐ Other (Specify): Click or tap here to enter text.</li></ul>



6.	Preferred number of participants in a training session (5 points):						
7.	Total training hours. Of the total, indicate how many hours will be live, reatime training, and how many hours will be independent study by participan ( <b>5points</b> ).						
8.	Have you delivered this training in the past? If yes, describe the number of times you have trained on this topic, the number of people trained, and provide specific feedback received from trainees and other relevant information. (5 points)   Yes						
9.	Provide 2-3 specific examples of how you will integrate principles of antiracism, equity, and inclusion into this training (5 points):						
10.	Provide 2-3 specific examples of how you will incorporate adult learning styles into this training (5 points)						
	Is this training already approved for Continuing Education Units (CEUs)?  (not scored) □ Yes □ No  If Yes, indicate for which Boards. □ Maryland Board of Professional Counselors and Therapists □ Maryland Board of Social Work Examiners □ Maryland Addiction and Behavioral Health Professionals  (iner Application: Updated 9/25/2024)						



Certification Board  ☐ Other (Specify): Click or tap here to enter text.
<ul> <li>Will the training be provided virtually and/or in person? If virtually, please state the training platform you intend to use. Add an explanation if needed. (5 points)</li> <li>□ In-person</li> <li>□ Virtual - specify platform:</li> </ul>
<b>13. FOR HARM REDUCTION TRAINERS ONLY</b> - If this training contains harm reduction content or was solicited by the Maryland Harm Reduction Training Institute, will you allow the training to be recorded and posted to the MaHRTI website (www.mahrti.org)? Add explanation if needed (5 points) ☐ Yes ☐ No
Click or tap here to enter text.
Budget – up to 10 points
<b>14.</b> Provide a basic that is consistent with BHSB standard hourly rates or explain why your application meets an allowable exemption from standard rates described on page 3 of this application. (Example: \$100 per hour x 2

#### **Attachments**

• Resume or Curriculum Vitae

hours training = \$200.00)

- Two Letters of Recommendation from individuals who are familiar with your training services with contact information (e.g., name, title, organization, email, phone number).
- For Peer Recovery Specialist trainers only, please attach (1) Training of Trainer completion certificate and (2) Written approval from the curriculum developer/owner to use an existing curriculum.
- For trainers who have completed a structured trainer certificate program (such as Mental Health First Aid), submit a copy of your trainer certification.



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# If Applicable: Training Proposal #5 – up to 60 points (up to 65 points for harm reduction training)

1.	Training Title (10 points):
2.	Does the curriculum exist, or will you develop new curriculum? (not scored Existing Curriculum  Develop New Curriculum
	If existing, provide the name of the individual or organization that developed the curriculum. Click or tap here to enter text.
	If existing, do you have written approval from the curriculum owner to use the curriculum: $\hfill\Box$ Yes $\hfill\Box$ No
3.	Brief description of the training (3-5 sentences) (10 points):
4.	Learning objectives (3-5 objectives) (10 points):
5.	Focus audience (check all that apply) (not scored):  Counselors Harm reduction staff Peer Recovery Specialists
	☐ Social Workers
	☐ Other (Specify): Click or tap here to enter text.



6.	Preferred number of participants in a training session (5 points)					
7.	Total training hours. Of the total, indicate how many hours will be live, real-time training, and how many hours will be independent study by participants (5 points).					
8.	Have you delivered this training in the past? If yes, describe the number of times you have trained on this topic, the number of people trained, and provide specific feedback received from trainees and other relevant information. (5 points) $\square$ Yes $\square$ No					
9.	Provide 2-3 specific examples of how you will integrate principles of antiracism, equity, and inclusion into this training <b>(5 points)</b> :					
-						
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10.	Provide 2-3 specific examples of how you will incorporate adult learning styles into this training <b>(5 points)</b> :					
11.	Is this training already approved for Continuing Education Units (CEUs)? (not scored) $\square$ Yes $\square$ No					
	If Yes, indicate for which Boards.  ☐ Maryland Board of Professional Counselors and Therapists ☐ Maryland Board of Social Work Examiners ☐ Maryland Addiction and Behavioral Health Professionals Certification Board ☐ Other (Specify):					
	Will the training be provided virtually and/or in person? If virtually, please state the training platform you intend to use. Add an explanation f needed. (5 points)  □ In-person □ Virtual - specify platform:					
12	EOD HADM DEDUCTION TRAINEDS ONLY - If this training contains					

harm reduction content or was solicited by the Maryland Harm Reduction
Training Institute, will you allow the training to be recorded and posted to
the MaHRTI website (<a href="https://www.mahrti.org">www.mahrti.org</a>)? Add explanation if needed
(5points)

BHSB Trainer Application: Updated 9/25/2024

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# **Budget – up to 10 points**

14	<ul> <li>Provide a basic that is consistent with BHSB standard hourly rates or</li> </ul>
	explain why your application meets an allowable exemption from standard
	rates described on page 3 of this application. (Example: \$100 per hour x 2
	hours training = \$200.00)

#### **Attachments**

- Resume or Curriculum Vitae
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