**FY 22 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 (1) deliver training using existing curriculum that is owned by the trainer, BHSB, another individual or organization, or is in the public domain; (2) develop new curriculum and deliver the training; (3) develop 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 [CEU Requirements Document](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bhsbaltimore.org%2Fwp-content%2Fuploads%2F2021%2F09%2FProfessional-Board-CEU-Requirements-02-09-21-002.pdf&data=04%7C01%7CShanna.Borell%40bhsbaltimore.org%7C62ce1977e2384d97e04b08d98291bf69%7C06f872e28ac44be5b7a10faba1d40b71%7C0%7C0%7C637684384779473893%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=zdzzPVDH%2Bht%2B7%2BIkDOeU1AFjWGJtV3UMNAYFhhZvvE4%3D&reserved=0) to determine whether your application meets requirements.

Selection & Contract

BHSB reviews trainer applications monthly, so please allow at least 60 days to hear back from us. Trainers who meet the criteria will be placed into a pool of qualified trainers. BHSB will invite specific 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 BHSB will have training needs or funding available for all qualified trainers.

Approved trainers will remain on BHSB’s 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 selected to provide a training. BHSB will work with trainers to determine location or online training platform; develop training announcements and CEU applications; and all other training logistics (e.g., start/end time, food needs, parking, etc.). Unless otherwise agreed upon, BHSB will issue training announcements, manage registration, issue training evaluations to participants, and CEU certificates. Trainers are responsible for providing hard copies of handouts to participants, if needed.

**Applicant Eligibility**

Applicants must have at least one year of training experience and have expertise in the proposed training content.

Harm reduction trainers must also have lived experience using drugs or experience working in a harm reduction setting.

Peer recovery specialist (PRS) trainers must also have lived experience in mental illness or substance use disorders or experience as an ally to a person with lived experience; and have the required prerequisites to deliver selected curriculum. New PRS trainers must agree to be paired with an experienced trainer.

**Standard Rates**

* $100 per training hour to deliver an existing curriculum. This rate includes preparation, delivery of training, local mileage, presentation materials, handouts, copying, office supplies, and other incidental costs. If more than one trainer presents, each trainer receives the full hourly rate of pay.
* $150 per training hour to deliver an existing curriculum with revisions to address needs identified by BHSB. If more than one trainer presents, each trainer receives the full hourly rate of pay.
* $100 per hour to develop new curriculum. BHSB will determine the number of hours to be paid. 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 in the future.
* BHSB may reimburse out-of-town trainers for reasonable amounts for transportation and lodging costs for in-person training.

**Exceptions** to the above rates include:

* If a trainer requests less than the above stated rates
* Payment for two-day Peer Recovery Specialist training is $1,200 per trainer
* Payment for five-day Peer Recovery Specialist training is $2,000 per trainer
* 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.

**Training Topics**

BHSB identifies training priorities each year based on the needs of the behavioral health system and workforce. See the [full list](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bhsbaltimore.org%2Fwp-content%2Fuploads%2F2021%2F09%2FTraining-Topics-Summary-September-2021.pdf&data=04%7C01%7CShanna.Borell%40bhsbaltimore.org%7C62ce1977e2384d97e04b08d98291bf69%7C06f872e28ac44be5b7a10faba1d40b71%7C0%7C0%7C637684384779463894%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=l72b1ywuRxMMbQBMqtp9eTh2rhMYzoQSFvhtCeftzyk%3D&reserved=0) for all training needs that have been identified by BHSB. Trainers may submit applications for other topics, but training priorities and topics on the full list are more likely to be funded.

**BHSB’s FY 22 Training Priorities:**

* Antiracism and/or Diversity, Equity, and Inclusion
* COVID-19 Pandemic and Behavioral Healthcare Delivery
* Suicide Prevention

**Instructions**

*Submit completed applications to* *Procurements@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 up to five training proposals on this form. 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 more information, please contact Bonnie Campbell at* *Bonnie.Campbell@BHSBaltimore.org* *or 443-615-7790.*

**BHSB Trainer Application Form – Single Training Proposal**

**Trainer Information – not scored**

**Trainer Name:** Click or tap here to enter text.

**Organization Name (if applicable):** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

**How many years have you been providing training on the topics in this application?** Click or tap here to enter text.

**Trainer Background – up to 30 points**

1. **Briefly describe your training experience, including the types of trainings you have provided or written curriculum for, specific training topics you provide/develop, and your focus audience(s) for trainings.**

Click or tap here to enter text.

1. **Describe your experience, ability, and willingness to provide distance or remote training in an engaging way. Include your experience using specific technology platforms such as Zoom, WebEx, Teams, etc. If applying to develop curricula, describe how it will be adaptable for both in-person and remote training.**

Click or tap here to enter text.

1. **BHSB awards additional points to trainers (or training organizations) who are members of historically marginalized and/or oppressed groups, including racial and ethnic groups (e.g., Black/African American, Latinx), TLGBQ+ communities, people with disabilities, including behavioral health disorders, etc. as one way to address funding inequities in Baltimore City. Please note your affiliations with any marginalized groups. This is optional but encouraged.**

Click or tap here to enter text.

1. **Attach a resume or curriculum vitae with this application.**
2. **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).**

**Training Proposal #1 – up to 60 points**

1. **Training Title:** Click or tap here to enter text.
2. **Does the curriculum exist or will you develop new curriculum?**

[ ] Existing Curriculum

[ ] Develop New Curriculum

1. **Brief description (3-5 sentences):** Click or tap here to enter text.
2. **Learning objectives (3-5 objectives):** Click or tap here to enter text.
3. **Focus audience (check all that apply):**

[ ]  Counselors

[ ]  Harm reduction staff

[ ]  Peer Recovery Specialists

[ ]  Social Workers

[ ]  Other (Specify): Click or tap here to enter text.

1. **Preferred number of participants:** Click or tap here to enter text.
2. **Total training hours:** Click or tap here to enter text.
3. **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, feedback received from trainees and other relevant information.** [ ]  Yes [ ]  No

Click or tap here to enter text.

1. **Describe how you will integrate principles of antiracism and equity into this training:** Click or tap here to enter text.
2. **Describe how you will incorporate adult learning styles into this training:** Click or tap here to enter text.
3. **Is this training already approved for Continuing Education Units (CEUs)?** [ ]  Yes [ ]  No

If Yes, indicate for which ones.

[ ]  Maryland Board of Professional Counselors and Therapists

[ ]  Maryland Board of Social Work Examiners

[ ]  Maryland Addiction and Behavioral Health Professionals Certification Board

[ ]  Other (Specify): Click or tap here to enter text.

If No, indicate for which, if any, boards the training would meet the CEU requirements.

[ ]  Maryland Board of Professional Counselors and Therapists

[ ]  Maryland Board of Social Work Examiners

[ ]  Maryland Addiction and Behavioral Health Professionals Certification Board

[ ]  Other (Specify): Click or tap here to enter text.

[ ]  None / Not Applicable

**Budget for Training #1– up to 10 points**

1. **Provide a basic budget (e.g., hourly rate, number of hours, total amount requested – Example: 3 training hours x $100/hour = $300). If your budget includes a higher rate than BHSB’s standard, please explain how the training meets one or more of the allowable exceptions.**

Click or tap here to enter text.

**Training Proposal #2 – up to 60 points**

1. **Training Title:** Click or tap here to enter text.
2. **Does the curriculum exist or will you develop new curriculum?**

[ ] Existing Curriculum

[ ] Develop New Curriculum

1. **Brief description (3-5 sentences):** Click or tap here to enter text.
2. **Learning objectives (3-5 objectives):** Click or tap here to enter text.
3. **Focus audience (check all that apply):**

[ ]  Counselors

[ ]  Harm reduction staff

[ ]  Peer Recovery Specialists

[ ]  Social Workers

[ ]  Other (Specify): Click or tap here to enter text.

1. **Preferred number of participants:** Click or tap here to enter text.
2. **Total training hours:** Click or tap here to enter text.
3. **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, feedback received from trainees and other relevant information.** [ ]  Yes [ ]  No

Click or tap here to enter text.

1. **Describe how you will integrate principles of antiracism and equity into this training:** Click or tap here to enter text.
2. **Describe how you will incorporate adult learning styles into this training:** Click or tap here to enter text.
3. **Is this training already approved for Continuing Education Units (CEUs)?** [ ]  Yes [ ]  No

If Yes, indicate for which ones.

[ ]  Maryland Board of Professional Counselors and Therapists

[ ]  Maryland Board of Social Work Examiners

[ ]  Maryland Addiction and Behavioral Health Professionals Certification Board

[ ]  Other (Specify): Click or tap here to enter text.

If No, indicate for which, if any, boards the training would meet the CEU requirements.

[ ]  Maryland Board of Professional Counselors and Therapists

[ ]  Maryland Board of Social Work Examiners

[ ]  Maryland Addiction and Behavioral Health Professionals Certification Board

[ ]  Other (Specify): Click or tap here to enter text.

[ ]  None / Not Applicable

**Budget for Training #2– up to 10 points**

1. **Provide a basic budget (e.g., hourly rate, number of hours, total amount requested – Example: 3 training hours x $100/hour = $300). If your budget includes a higher rate than BHSB’s standard, please explain how the training meets one or more of the allowable exceptions.**

Click or tap here to enter text.

**Training Proposal #3 – up to 60 points**

1. **Training Title:** Click or tap here to enter text.
2. **Does the curriculum exist or will you develop new curriculum?**

[ ] Existing Curriculum

[ ] Develop New Curriculum

1. **Brief description (3-5 sentences):** Click or tap here to enter text.
2. **Learning objectives (3-5 objectives):** Click or tap here to enter text.
3. **Focus audience (check all that apply):**

[ ]  Counselors

[ ]  Harm reduction staff

[ ]  Peer Recovery Specialists

[ ]  Social Workers

[ ]  Other (Specify): Click or tap here to enter text.

1. **Preferred number of participants:** Click or tap here to enter text.
2. **Total training hours:** Click or tap here to enter text.
3. **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, feedback received from trainees and other relevant information.** [ ]  Yes [ ]  No

Click or tap here to enter text.

1. **Describe how you will integrate principles of antiracism and equity into this training:** Click or tap here to enter text.
2. **Describe how you will incorporate adult learning styles into this training:** Click or tap here to enter text.
3. **Is this training already approved for Continuing Education Units (CEUs)?** [ ]  Yes [ ]  No

If Yes, indicate for which ones.

[ ]  Maryland Board of Professional Counselors and Therapists

[ ]  Maryland Board of Social Work Examiners

[ ]  Maryland Addiction and Behavioral Health Professionals Certification Board

[ ]  Other (Specify): Click or tap here to enter text.

If No, indicate for which, if any, boards the training would meet the CEU requirements.

[ ]  Maryland Board of Professional Counselors and Therapists

[ ]  Maryland Board of Social Work Examiners

[ ]  Maryland Addiction and Behavioral Health Professionals Certification Board

[ ]  Other (Specify): Click or tap here to enter text.

[ ]  None / Not Applicable

**Budget for Training #3– up to 10 points**

1. **Provide a basic budget (e.g., hourly rate, number of hours, total amount requested – Example: 3 training hours x $100/hour = $300). If your budget includes a higher rate than BHSB’s standard, please explain how the training meets one or more of the allowable exceptions.**

Click or tap here to enter text.

**Training Proposal #4 – up to 60 points**

1. **Training Title:** Click or tap here to enter text.
2. **Does the curriculum exist or will you develop new curriculum?**

[ ] Existing Curriculum

[ ] Develop New Curriculum

1. **Brief description (3-5 sentences):** Click or tap here to enter text.
2. **Learning objectives (3-5 objectives):** Click or tap here to enter text.
3. **Focus audience (check all that apply):**

[ ]  Counselors

[ ]  Harm reduction staff

[ ]  Peer Recovery Specialists

[ ]  Social Workers

[ ]  Other (Specify): Click or tap here to enter text.

1. **Preferred number of participants:** Click or tap here to enter text.
2. **Total training hours:** Click or tap here to enter text.
3. **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, feedback received from trainees and other relevant information.** [ ]  Yes [ ]  No

Click or tap here to enter text.

1. **Describe how you will integrate principles of antiracism and equity into this training:** Click or tap here to enter text.
2. **Describe how you will incorporate adult learning styles into this training:** Click or tap here to enter text.
3. **Is this training already approved for Continuing Education Units (CEUs)?** [ ]  Yes [ ]  No

If Yes, indicate for which ones.

[ ]  Maryland Board of Professional Counselors and Therapists

[ ]  Maryland Board of Social Work Examiners

[ ]  Maryland Addiction and Behavioral Health Professionals Certification Board

[ ]  Other (Specify): Click or tap here to enter text.

If No, indicate for which, if any, boards the training would meet the CEU requirements.

[ ]  Maryland Board of Professional Counselors and Therapists

[ ]  Maryland Board of Social Work Examiners

[ ]  Maryland Addiction and Behavioral Health Professionals Certification Board

[ ]  Other (Specify): Click or tap here to enter text.

[ ]  None / Not Applicable

**Budget for Training #4– up to 10 points**

1. **Provide a basic budget (e.g., hourly rate, number of hours, total amount requested – Example: 3 training hours x $100/hour = $300). If your budget includes a higher rate than BHSB’s standard, please explain how the training meets one or more of the allowable exceptions.**

Click or tap here to enter text.

**Training Proposal #5 – up to 60 points**

1. **Training Title:** Click or tap here to enter text.
2. **Does the curriculum exist or will you develop new curriculum?**

[ ] Existing Curriculum

[ ] Develop New Curriculum

1. **Brief description (3-5 sentences):** Click or tap here to enter text.
2. **Learning objectives (3-5 objectives):** Click or tap here to enter text.
3. **Focus audience (check all that apply):**

[ ]  Counselors

[ ]  Harm reduction staff

[ ]  Peer Recovery Specialists

[ ]  Social Workers

[ ]  Other (Specify): Click or tap here to enter text.

1. **Preferred number of participants:** Click or tap here to enter text.
2. **Total training hours:** Click or tap here to enter text.
3. **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, feedback received from trainees and other relevant information.** [ ]  Yes [ ]  No

Click or tap here to enter text.

1. **Describe how you will integrate principles of antiracism and equity into this training:** Click or tap here to enter text.
2. **Describe how you will incorporate adult learning styles into this training:** Click or tap here to enter text.
3. **Is this training already approved for Continuing Education Units (CEUs)?** [ ]  Yes [ ]  No

If Yes, indicate for which ones.

[ ]  Maryland Board of Professional Counselors and Therapists

[ ]  Maryland Board of Social Work Examiners

[ ]  Maryland Addiction and Behavioral Health Professionals Certification Board

[ ]  Other (Specify): Click or tap here to enter text.

If No, indicate for which, if any, boards the training would meet the CEU requirements.

[ ]  Maryland Board of Professional Counselors and Therapists

[ ]  Maryland Board of Social Work Examiners

[ ]  Maryland Addiction and Behavioral Health Professionals Certification Board

[ ]  Other (Specify): Click or tap here to enter text.

[ ]  None / Not Applicable

**Budget for Training #5– up to 10 points**

1. **Provide a basic budget (e.g., hourly rate, number of hours, total amount requested – Example: 3 training hours x $100/hour = $300). If your budget includes a higher rate than BHSB’s standard, please explain how the training meets one or more of the allowable exceptions.**

Click or tap here to enter text.

**Attachments (also listed in above sections)**

* Resume or CV
* Two Letters of Recommendation with contact information

*Attach these to the email along with this training application.*