Minnesota Statewide Training Planning Workgroup

Consultant Letter of Interest

Date: _____

Organization: _____

Primary Contact: _____
_____ _Last_ _____ _First_ _____ _M.I._

Address: _____
Street Address _____ _Unit #_

_____
City _____ _State_ _____ _ZIP Code_

Phone: _____ Email _____

Total Proposed Project Cost $ _____

Please Indicate Which Training Topics[1] You Propose to Provide and Which Training Modalities[2] You Plan to Provide

	Recorded available on-demand online	201 going deeper training	Office hours coaching technical support sessions	Train the Trainer to increase "in person" trainings in each region
Housing First	☐	☐	☐	☐
Harm Reduction	☐	☐	☐	☐
Racism & Equity	☐	☐	☐	☐
Trauma Informed Care	☐	☐	☐	☐

Please Respond to the Following Questions about Your Training Plan

1. EXPERIENCE. Briefly describe your experience providing trainings on your proposed topic, including your experience in facilitating online trainings.

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[1] See Appendix A (pp 4-9)
[2] See Appendix B (p 10)

2.   WORKPLAN. Describe proposed timeline, activities, and deliverables for this project. *Feel free to attach workplan separately to this document.*

3.   CONTENT. Briefly describe the curriculum you will provide. How was it developed? Who informed the content? How will your curriculum maintain consistency with the core curriculum components defined in pages 4-8?

4.   INTEGRATION. Describe how training(s) will integrate equity and best practices.
   a.   If proposing the topics of Harm Reduction, Housing First, or Trauma Informed Care; how will the training ensure that Equity is infused into the concepts of the curriculum?
   b.   If proposing the topic of Racism and Equity, how will you ensure that this concept will be applicable to direct service? Also, how will the topic specifically integrated within the concepts of best practices like Housing First, Harm Reduction, and Trauma Informed Care?

5.   APPLICABILITY. How will the training plan and content lead participants to a level of understanding needed to apply within their daily work?

6.   LOGISTICS. Describe your agency's capacity to manage communication and registration for this project (not required to serve as consultant)

7. AUDIENCE.
    a. Describe your strategy for engaging staff from all levels within each participating agency (direct service, management, leadership) to ensure that training concepts are broadly understood and able to be implemented. Please be as detailed as possible.
    b. Describe how many agencies/participants across Minnesota you propose to train/support over the course of your project. Please delineate number of sessions and projected attendees per training topic/session.

8. TECHNOLOGY CAPACITY
    a. Is your agency able to host online training events?   ☐ Yes   ☐ No
        i. If yes, how many participants can join an event at one time?   Choose an item.
        ii. Please share the platform that you use: Choose an item.

9. EXAMPLES. Provide 2-4 sample products of your trainings: PowerPoints, handouts, links to recorded events, etc. (via links or attachments)

10. BUDGET. Please provide a project budget for proposed activities. Provide budget details and brief narrative for each line item (i.e. staffing, technology, travel, etc.) in the budget or in text box below. Administrative overhead is an allowable expense. You may utilize the budget template found in Appendix B or create your own.

11. TIMELINE.
    a. Proposed start date: _____
    b. Proposed project term: _____

References

Please list three professional references.

Contact: _____   Email: _____

Agency: _____   Phone: _____

Contact: _____   Email: _____

Agency: _____   Phone: _____

Contact: _____   Email: _____

Agency: _____   Phone: _____

APPENDIX A

Core Curriculum and Expectations for Identified Training Topics

Housing First

Learning objectives
- Participants will understand foundational elements of a housing first philosophy
- Participants will be able to consistently apply housing first practices in the design and operation of homeless assistance programming, regardless of CoC component type.
- Participants will be able to identify and apply housing first approaches specific to the experience of rural CoCs throughout Greater Minnesota.

Core Curriculum
- What is Housing First?
  - Program philosophy that quickly connects people experiencing a housing crisis with permanent housing without preconditions (e.g. sobriety, treatment or service participation requirements) and provides the supports needed to maintain housing.
- Basic elements of a Housing First approach
  - Program vs. System application of Housing First
  - Maintaining involvement/enrollment of household regardless of loss of housing; program re-houses client when initial housing not successful
  - Housing first differences by program model (CE access, outreach, emergency shelter, RRH and PSH programs)
  - Housing crisis focus and rapid intervention when household is homeless or at imminent risk
  - Consumer self-determination and choice, including housing choice and client centered goals
  - Low-barrier housing and service accessibility. Acceptance into program/housing regardless of sobriety, mental health history, criminal history or low/no income
  - Service participation and other compliance issues not a condition of tenancy in housing
  - Progressive engagement techniques focused on delivering the right resources to the right people at the right point in time for the right amount of time
  - Programs are client ready – recognizing that all clients are housing ready with right supports
  - HF employs a *harm reduction* approach to service design and delivery
- Role of services in supporting housing first placements
  - Partnership between participant, service provider, landlord, community partners
  - Flexible service intensity, duration, and type to account for emergence of housing barriers while participant maintains housing
  - Assertive engagement with individualized and graduated responses to resident problems
- Review of national research data supporting a Housing First approach
  - Majority of very low-income households pay more than 50% of their income for housing and *do not* become literally homeless
  - Most people who become literally homeless regain housing with limited help and do not become literally homeless again – *even though they may still have high housing costs*
- Program characteristics of a Housing First approach
  - Are participants accepted whether or not sober?
  - Does program serve participants who have little or no income upon entry?
  - Does assessment and case planning focus on helping participants regain housing as quickly as possible and without conditions?
  - Can participants refuse services and remain in their housing?

- o Are programs striving to serve those with the highest barriers and most intensive service needs?
- Overcoming common Housing First challenges
    - o Some households may lose housing; what to do when a specific housing placement is not a good fit and program's housing success rates decrease
    - o Identifying improvement strategies when effective community partnerships and collaborations are not securely in place
    - o What to do with participants who do not consistently exhibit behaviors that support their own housing goals?
    - o How to gauge and adjust service intensity to account for high acuity participants?
    - o Complexities of serving households with children vs. single adults; children with protective services involvement, or other trauma issues
    - o Housing First program staff self-care needs (in light of complexity and difficulty of client life experiences)

Evaluation of each training – surveys, pre- and post-tests, overall process assessment
- Participant survey

Curriculum Sources:
- NAEH Practice Standards
- HUD Webinars
- USICH practice standards
- Hearth Connection

Harm Reduction

Learning objectives
- Participants are able to define harm reduction
- Participants are able to apply elements of harm reduction in service delivery

Core Curriculum
- Review five stages of change; highlight practical approaches for working with people in each stage
- Harm Reduction in a drug use setting
  - Discuss "normal" use of drugs, substance use disorders, reasons/context persons might use and abuse substances, elements of addiction
  - Define a "drug" – controlled substances, legal drugs, illegal drugs
  - Influence of the "setting" in which drug use occurs
  - Define "set" – person's unique physiology, physical health, mental and emotional state and cultural identity
  - Continuum of drug use
    - Abstinence
    - Experimentation
    - Occasional/social use
    - Regular user
    - Heavy user
    - Chaotic user
- Application of HR in broader, non-drug use environment (address other behaviors, not necessarily drug use)
  - Housing retention issues – anger management, personal/family relationships, criminal behavior, gambling
- Brief history of Harm Reduction model
  - Definition – reduce drug related harm experienced by users
  - "meeting people where they're at"
- Harm Reduction approach when a program is sobriety based – can the two co-exist?
- Key practice principles – user's use of drugs is accepted as fact, user is treated with dignity, HR is neutral regarding long-term intervention goals
- Application of HR in a service delivery environment – abstinence is not goal, low-threshold access to services (no barriers to service), focus on improving quality of life, individual sets their own goals, no single strategy or plan
  - Application for settings where children are present
- Understanding your participant – drug **Set** setting (awareness of client's history, culture, expectations, behaviors)
- Goals of engagement – address immediate needs, build trust, provide services, connect to community resources, build social networks
- Stages of Change – pre-contemplation, contemplation, preparation, action, maintenance
- Understanding relapse
- HR & Motivational Interviewing strategies

Evaluation
- Participant survey

Curriculum Sources
- www.motivationalinterview.org
- Harm Reduction Coalition www.harmreduction.org
- International Harm Reduction Association
- www.ihra.net
- www.harmreductionjournal.com

Racism & Equity

Learning objectives
- Participants will understand the effects of systemic racism on their clients and their work.
- Participants will be able to identify barriers.
- Participants will understand that racism is systemic and effects clients in a variety of ways.
- Participants will understand racism particular to Minnesota.
- Participants will be better able to build healthy relationships with clients, co-workers and community members.

Core Curriculum
- Understanding how racism affects homelessness and homeless services (background, research and statistics)
  - How rates of homelessness for people of color and indigenous or native persons compare to the general population and the population of people living in deep poverty (<50% of federal poverty rate).
  - Understanding and examples of how racial discrimination prevents people from accessing housing that is affordable and safe
  - Pathways into homelessness for people of color and indigenous or native persons
  - Barriers to exiting homelessness for people of color and indigenous or native persons – criminal justice involvement, lack of economic mobility, racial disparities in behavioral healthcare, network impoverishment)
  - Experiences of people of color and indigenous or native persons within the homelessness response system – need a safe space to learn from personal stories around racial inequity.
  - Exploring Anti-Racism/Anti-Oppression (AR/AO) theory and practice.
- Understanding the impact of domestic violence and trauma
- Understanding racism in Minnesota
- Exploring organizational change strategies so that organizational/agency level, leaders and line staff can champion racial equity.
  - Train all staff working in the homeless services sector on understanding racism and the intersection of racism and homelessness, so they can target resources toward and develop/adapt programs for people of color and indigenous or native persons.
  - Establish professional development opportunities to identify and invest in emerging leaders of color, including indigenous or native leaders, in the homelessness sector.
  - Create positions in organizations that are explicitly focused on and charged with creating equity-based responses to homelessness.
  - Create greater racial and ethnic diversity on boards of directors for local and national non-profit organizations working on homelessness.
  - Ensure involvement in community efforts such as SPARC and similar local and national projects designed to remediate racial inequity.
  - Develop or adapt behavioral health interventions, domestic violence programs, and other supportive services for people of color and indigenous or native persons experiencing homelessness.

Evaluation
- Participant survey
- Post-training assessment to gauge participant knowledge and identify needs for needed follow-up

Curriculum Sources
- Washington Regional Association of Grantmakers: Putting Racism on the Table series
- Amanda Andere, CEO, Funders Together to End Homelessness
- SPARC research and training materials
- Canadian Housing First toolkit

Trauma Informed Care

Learning objectives
- Participants understand the essential elements of trauma-informed care approaches and interventions
- Participants understand the application of trauma-informed approaches in the setting of crisis responses services and housing for persons experiencing homelessness

Core Curriculum
- Define concept of trauma-informed approaches
  - Review widespread impacts of trauma and understand potential paths for recovery
  - Recognize the signs and symptoms of trauma in clients, families, staff and others involved with the CoC and crisis response services
  - Integrate knowledge about trauma into policies, procedures and practices
  - Actively resist re-traumatization
- Six key principles of trauma-informed approach to care
  - Safety
  - Trustworthiness and transparency
  - Peer support
  - Collaboration and mutuality
  - Empowerment, voice and choice
  - Cultural, historical and gender issues
- Understanding differences in approaches for children
- Review of standard trauma-specific Interventions (examples)
  - Addiction and Trauma Recovery Integration Model (ATRIUM)
    - 12-session recovery model using peer support, psychosocial education, interpersonal skills training, meditation, creative expression, spirituality, and community action.
  - Essence of Being Real
    - Peer-to-peer approach intended to address effects of trauma. Helpful for survivor groups geared to promoting relationships rather than focusing on trauma itself.
  - Risking Connection
    - Emphasizes concepts of empowerment, connection, and collaboration.
  - Sanctuary Model
    - Model is geared to children who have experienced interpersonal violence, abuse, and trauma. Intended mostly for residential treatment settings such as group homes, emergency shelters, juvenile justice programs, substance abuse programs. Dissuades use of restraints and other coercive practices.
  - Seeking Safety
    - Therapy model for PTSD and survivors of abuse and assault. Safety is overarching goal.
  - Trauma, Addiction, Mental Health, and Recovery (TAMAR)
    - Structured 10-week intervention designed for persons in residential systems. Provides basic insights on trauma, its developmental effects on symptoms and current functioning, symptom appraisal and management, development of coping skills, and preventative education.
  - Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
    - Educational and therapeutic approach for the prevention and treatment of complex PTSD. Provides practical skills in de-escalation, regulation of extreme emotions, managing intrusive trauma memories, and restoring capacity for information processing and positive memories.
  - Trauma Recovery and Empowerment Model (TREM and M-TREM)
    - Gender specific curriculum for survivors of physical and sexual violence.

Evaluation
- Participant survey

Curriculum Sources

- SAMHSA Trauma-Informed Care Training and Technical Assistance - https://www.samhsa.gov/nctic/trauma-interventions

APPENDIX B

Training Modalities Desired Scope			
	Recorded available on-demand online	201 going deeper training	Office hours coaching technical support sessions	Train the Trainer to increase "in person" trainings in each region
Scope	• Ability to provide CEU, competency tests (not required)	• One or multiple sets of training sessions to describe topics in depth with examples and best practices • Could be recorded or live training • Audiences will be recommended to attend either recorded or live basic concept training • Ability to provide CEU, competency tests (not required)	• One or multiple sets of one-hour follow up session to recorded or live training • Audiences will be required to attend either recorded or live training prior to join office hours • Live Q&As & case consultation	• One or multiple sets of training sessions • Can be recorded or live or combined • May build certain certification/confirmation steps for participants to be 'trainers'