

Paraprofessionals in California's Behavioral Health Workforce

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February 2023

Abstract / Overview

A shortage of behavioral health professionals in California has heightened interest in using paraprofessionals to meet growing demand for mental health and substance use disorder services. This report describes three paraprofessional occupations that are making important contributions to the delivery of behavioral health services (peer providers, community mental health workers, and social and human services assistants), situates them within the broader behavioral health workforce, discusses their impact, and describes job opportunities and educational programs. This report also offers recommendations for funders interested in expanding the behavioral health paraprofessional workforce and developing a pipeline of licensed behavioral health professionals.

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Acknowledgements

Funding for this project was provided by the Kaiser Permanente Northern California Fund for Health Education at the East Bay Community Foundation.

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Executive Summary

Thirteen million Californians live in communities designated as Mental Health Professional Shortage Areas. The shortage of licensed mental health and substance use disorder (SUD) professionals, collectively referred to as behavioral health professionals, has heightened interest in utilizing paraprofessionals to serve people with behavioral health needs. Paraprofessionals can be trained much more quickly than licensed professionals who (with the exception of psychiatric technicians) must complete at least six years of postsecondary education and several years of supervised clinical practice to become fully licensed. There is a pressing need to learn more about the paraprofessional workforce in behavioral health and identify opportunities for paraprofessionals to complete the training necessary to become licensed professionals.

This report examines three types of paraprofessionals employed by organizations that provide behavioral health services in California

- Peer providers
- Community mental health workers
- Social and human services assistants

These occupations were selected because people can enter them with less than a bachelor's degree and are not required to obtain licensure to practice. Wellness coaches, another paraprofessional behavioral health occupation that is emerging in California, are not discussed because a certification process for people who meet the training and competency requirements is not expected to be in place until the end of calendar year 2023 and training programs for people who wish to become wellness coaches are not expected to open until January 2024.

Methods

Information presented in this report was obtained through a literature review, key informant interviews, and analysis of publicly available datasets.

Findings

Roles of Behavioral Health Paraprofessionals

Behavioral health paraprofessionals complement licensed behavioral health professionals by

- Connecting people to licensed professionals
- Supporting clients' engagement in treatment
- Teaching clients coping, problem solving, and self-management skills
- Addressing clients' social needs
- Sharing their lived experience with mental health conditions or SUD

Community mental health workers primarily work in the communities in which they live to educate people about the importance of mental health and how to access services. Social and human services assistants typically provide emotional support to people who seek mental health services and help them make appointments and obtain other services they may need, such as food, housing, and transportation. Peer providers support clients' engagement in treatment by sharing their lived experience, teaching them skills for managing their conditions, accompanying them to appointments, and advocating on their behalf by engaging with other members of their care team.

Impact of Behavioral Health Paraprofessionals

Findings from the literature review and key informant interviews conducted for this project indicate that utilization of these three types of paraprofessionals is associated with

- Reduction in stigma associated with behavioral health conditions and use of behavioral health services
- Increased knowledge about how to access services and advocate for loved ones
- Stronger client-provider relationships
- Improvement in clients' mental health and social functioning
- Greater engagement in treatment and in work or education
- Enabling licensed behavioral health professionals to focus on clients with more complex needs

Job Market for Behavioral Health Paraprofessionals

Projections from the U.S. Bureau of Labor Statistics and interviews with key informants suggest that the job market for behavioral health paraprofessionals is strong due to

- Increased demand for behavioral health services
- Difficulties that employers face in retaining incumbent workers

Retention difficulties are primarily due to low wages and limited opportunities for advancement. Employers of peer providers experience additional challenges associated with identifying persons who are far enough along in their own recovery to be effective peer providers and helping peer providers maintain boundaries with clients and practice self-care.

Education of Behavioral Health Paraprofessionals

In California, behavioral health paraprofessionals are primarily trained

- On the job
- By community-based organizations
- In community colleges

New types of education providers that emphasize online learning are emerging, which can help students who have work and family responsibilities obtain education.

Most training programs for peer providers are offered by employers or community-based organizations. In contrast, multiple community colleges across California offer certificate and/or associate degree programs in human services or social work and human services (hereafter referred to as social work/human services), which focus on preparing people to work as social or human services assistants. In addition, most community colleges offer associate degree programs in psychology or sociology, which include courses relevant to mental health and SUD but, unlike social work/human services programs, usually do not require students to complete an internship or practicum that enables them to apply the knowledge and skills they learn in the classroom.

Certificate and associate degree programs at community colleges vary widely with regard to

- Required curricula
- Ability to stack credentials
- Availability of pathways to complete further education
- Availability of paid internships

Students who graduate from community college programs in these fields are racially/ethnically diverse. Many have lived experience with mental health conditions or SUD, or work for organizations that provide behavioral health or social services. Some are recent high school graduates but the majority are older students who are changing careers or seeking to advance their careers and better serve their clients. Many are from low-income families and must work while in college to provide for themselves and their families.

Conclusions

Greater use of behavioral health paraprofessionals could help alleviate California's shortage of licensed behavioral health professionals by

- Enabling licensed professionals to work at the top of their licenses
- Supporting clients' engagement with treatment and strengthening their ability to manage their conditions
- Addressing co-occurring social needs

The clarity with which the roles of behavioral health paraprofessionals are defined varies across the three occupations discussed in this report, as do the pathways by which paraprofessionals can pursue further education. Peer providers have well-defined roles in the behavioral health workforce but educational pathways for peer providers who are interested in becoming licensed behavioral health professionals are not well-defined and some may prefer to remain in peer support positions. In contrast, the roles of social and human services assistants vary substantially across employers but well-defined educational pathways are emerging.

Recommendations

Funders that are interested in both increasing the number of behavioral health paraprofessionals in California and the pipeline of persons from diverse backgrounds who become licensed behavioral health professionals should consider funding the training of social and human services assistants. This funding should encompass

- Investments in educational institutions
- Investments in students

Funders interested in meeting the behavioral health needs of children and youth in California should also monitor the development of the wellness coach occupation.

Investments in Educational Institutions

Funders should consider providing community colleges with resources to

- Hire additional social work/human services faculty
- Launch new social work/human services programs in areas of the state in which these programs are not currently available
- Enhance capacity to provide online learning either through exclusively online programs or hybrid programs
- Hire academic counselors to support students in social work/human services programs
- Improve educational pathways by standardizing curricula, developing stackable credentials, and streamlining pathways for students interested in earning bachelor's or master's degrees (e.g., establishing associate degrees for transfer)

Funding should also encompass support for bachelor's and master's degree programs in social work, especially programs at California State University campuses to ensure that these programs have sufficient capacity to admit graduates of certificate and associate degree programs who want to become licensed clinical social workers.

Investments in Students

Investment in educational infrastructure is a necessary but insufficient condition for increasing the number of social and human services assistants trained and the number who become licensed behavioral health professionals. Funders should also invest in

- Scholarships
- Resources for child care, elder care, and financial emergencies (e.g., car repair)
- Paid internships

Priorities for Investment by Region

Funders should consider prioritizing investments in the Inland Empire and the San Joaquin Valley because these regions have the smallest supplies of licensed behavioral health professionals per capita.

Introduction

One in five adults in California had a mental illness in 2018-2019 (Mental Health America, 2022). An estimated 23.5 percent of these adults had unmet need for mental health services as did an estimated 64.5 percent of California adolescents with major depression (Mental Health America, 2022). An estimated 8.8 percent of Californians had a substance use disorder (SUD) in 2018-2019 (Valentine and Brassil, 2022). National studies have found that the prevalence of mental health and SUD and unmet need for mental health and SUD services has increased since the COVID-19 pandemic began (Czeisler et al., 2021; Nagata et al., 2021; Vahratian et al., 2021; Zablotsky et al., 2022).

The difficulties that Californians face in obtaining mental health and SUD services stem in large part from shortages of mental health and SUD professionals, hereafter referred to as behavioral health professionals. Thirteen million Californians live in communities that the federal government has designated as Mental Health Professional Shortage Areas (HRSA, 2022) because they have 30,000 or more people per psychiatrists (20,000 or more people in areas with high need for mental health services). Areas of the state with low supplies of psychiatrists per capita often also have shortages of other types of behavioral health professionals (Coffman et al., 2018).

These shortages of behavioral health professionals have heightened interest in utilizing paraprofessionals to provide services to people with mental health conditions and SUD. For example, in 2020, California enacted legislation to establish a certification process for peer providers (Stats. 2020, Ch. 150, Sec. 2). On July 1, 2022, the California Department of Health Services (DHCS) began offering Medi-Cal beneficiaries coverage for community health worker services (DHCS, 2022a; DHCS, 2022b).

Paraprofessional occupations are also of interest as a strategy for growing the workforce of licensed behavioral health professionals. In contrast to licensed behavioral health professions, which typically require a graduate degree, paraprofessional occupations often require less than two years of education post high school. These occupations can be important entry points into the behavioral health workforce. Paraprofessionals can gain valuable experience working in the field and then go on to pursue the bachelor's and graduate level education necessary for licensure.

This report focuses on three types of paraprofessionals that are making important contributions to the delivery of behavioral health services in California

- Peer providers
- Community mental health workers
- Social and human services assistants, who are sometimes referred to as care coordinators or case managers

Wellness coaches are another paraprofessional occupation that is emerging in California. The California budget for fiscal year 2021-2022 included \$338 million for the California Department of Health Care Access and Information (HCAI) to develop the wellness coach occupation (formerly referred to as behavioral health coach). HCAI envisions that wellness coaches will serve children, adolescents, and youth aged 0 to 25 years. They will work under the direction of a credentialed or licensed behavioral health professional to provide wellness promotion and education, screening, care coordination, individual support, group support, and crisis referral (HCAI, 2023c). Wellness coaches are not discussed further in this report because a process for certifying people who meet the training and competency requirements for wellness coaches is not expected to be in place until the end of 2023 and training programs for people who wish to become wellness coaches are not expected to open until January 2024.

The next chapter of this report describes the methods used to conduct this project. Subsequent chapters describe these three types of paraprofessionals, situate them within the broader behavioral health workforce, review evidence regarding their impact, and discuss job opportunities and educational programs. The report concludes with recommendations for expanding educational opportunities for paraprofessionals in California's community colleges and streamlining educational pathways for paraprofessionals who would like to become licensed behavioral health professionals.

Methods

Information presented in this report was obtained from three types of sources.

A literature search was completed in PubMed to identify peer-reviewed studies of the impact of peer providers, community mental health workers, and social work assistants.

Key informant interviews were conducted with ten representatives of organizations that employ behavioral health paraprofessionals or contract with other organizations to provide paraprofessional services. The project team also completed interviews with 12 representatives of colleges and other organizations that educate behavioral health paraprofessionals. The employers and educational institutions the key informants represented are distributed throughout the state of California (see Appendix A).

Publicly available datasets that contain information about paraprofessionals were also analyzed

- **2015-2019 American Community Survey (ACS), 5-year Public Use Microdata Sample (PUMS)** – ACS data were used to estimate selected employment and demographic characteristics of social and human services assistants
- **Integrated Postsecondary Education Data System (IPEDS), Completions Survey** – IPEDS data were used to describe the number of graduates of 455 training programs at community colleges in California and their gender and racial and ethnic composition
- **Bureau of Labor Statistics (BLS), Occupational Employment Statistics (OES)** – OES data were used to estimate mean wages for community mental health workers and social and human services assistants

Additional information about these data sources can be found in Appendix B.

Defining the Paraprofessional Behavioral Health Workforce

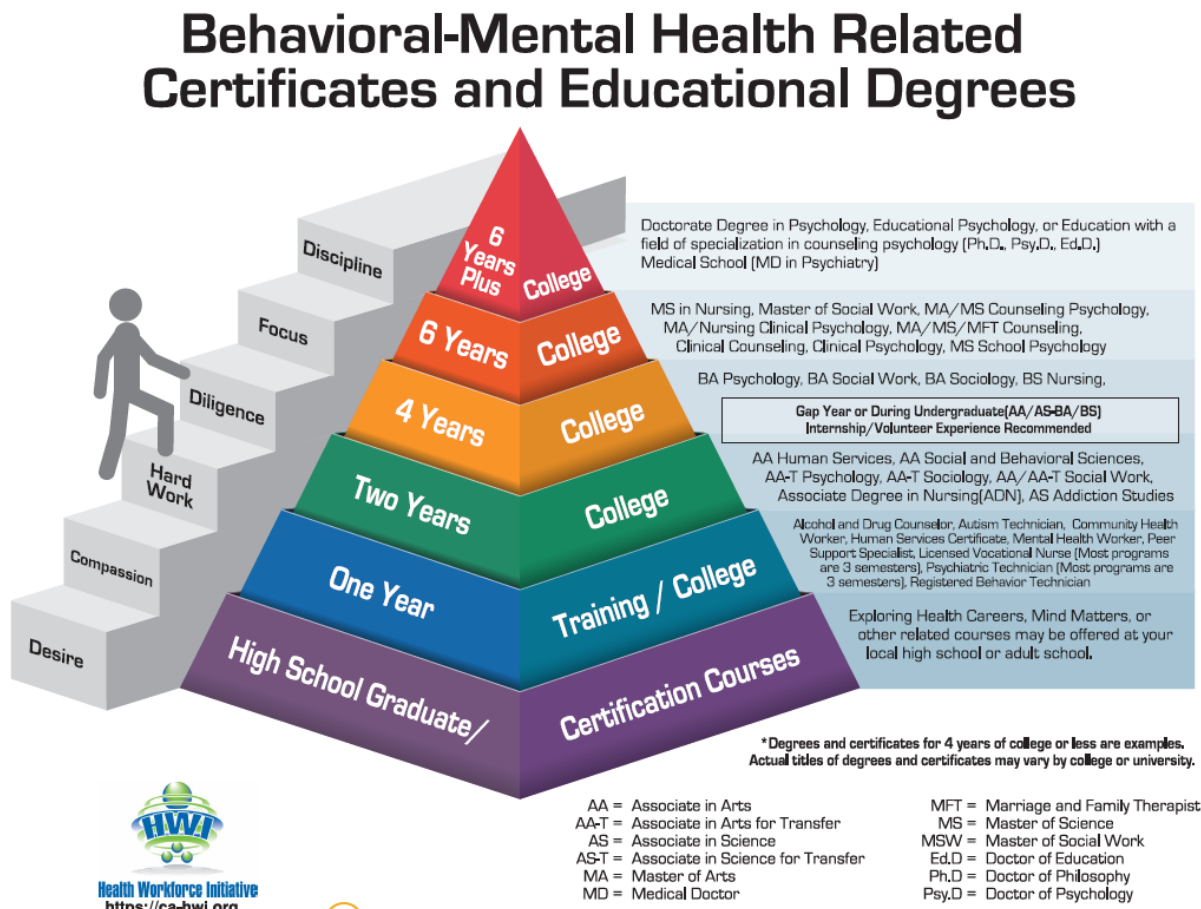
The behavioral health workforce encompasses persons in multiple occupations. These include occupations for which licensure or certification is required to practice as well as unlicensed occupations. Licensed mental health professionals that focus exclusively on behavioral health include licensed psychologists, licensed clinical social workers, licensed marriage and family therapists, licensed professional clinical counselors, and licensed psychiatric technicians. They also encompass physicians and advanced practice nurses who specialize in behavioral health (i.e., psychiatrists, psychiatric mental health nurse practitioners) as well as physician assistants, registered nurses, and licensed vocational nurses who practice in behavioral health settings.¹

The pyramid in Figure 1 illustrates the types of certificates and degrees available to people who are interested in working in the behavioral health field. At the bottom of the pyramid are courses at high schools and adult schools

¹ Primary care providers and first responders also play important roles in caring for people with mental health needs but this report addresses occupations and specialties that focus on caring for people with mental health needs.

that provide basic education about caring for people with mental health conditions or substance use disorder (SUD). At the top are doctoral and master’s degree programs that prepare people to work in licensed occupations and take six or more years to complete post high school. Educational programs that require one to two years of college are a mix of programs that prepare people for occupations for which licensure or certification is required (e.g., psychiatric technicians, substance use disorder counselors) and occupations for which licensure or certification is not required.

Figure 1. Levels and Types of Educational Programs for Behavioral Health Professionals



The length of time required to train licensed behavioral health professionals is a major challenge to increasing their supply. With the exception of psychiatric technicians, licensed behavioral health professionals must complete at least six years of education beyond high school (i.e., a bachelor’s degree and a master’s degree) and several years of supervised clinical training to become fully licensed.² Many licensed behavioral health professionals take longer to complete their education because they take time off to work between completing their bachelor’s and graduate degrees or attend their graduate programs part-time.

² The minimum length of education is longer for clinical psychologists because they complete doctoral degrees and for psychiatrists because they must complete medical school, which typically takes four years, and a residency program, which typically lasts four years (plus a one- to two-year fellowship program for those who subspecialize in child and adolescent psychiatry or another field).

This report focuses on three paraprofessional occupations utilized by organizations that provide behavioral health services

- Peer providers
- Community mental health workers
- Social and human services assistants, who are sometimes referred to as care coordinators or case managers

These occupations were selected because people can enter them with less than a bachelor's degree and do not need to obtain licensure or certification to practice. Peer providers and community mental health workers may choose to pursue certification so that they can bill Medi-Cal (California's Medicaid program) for their services but they are not required to do so. Neither licensure nor certification is required for social work assistants.

Below we describe the scope of practice, educational requirements, and reimbursement for these three occupations.

Peer Providers

Peer providers, sometimes referred to as peer support specialists or peer advocates, are persons who have lived experience with mental illness or substance use disorder (SUD) and are in recovery or are family members of persons with mental illness or SUD. Peer providers educate clients on how to develop skills in coping, problem solving, and self-management. They also advocate on their clients' behalf as members of their clients' core care team, help clients develop a recovery strategy, and accompany clients to appointments. When engaging with clients, peer providers often draw from their lived experience with mental health conditions or SUD or their experience navigating among behavioral health providers, health plans, social services agencies, and other entities (e.g., school systems) to obtain services for family members with mental health conditions or SUD. They work in clinical (e.g., mental health or SUD clinics) and non-clinical (e.g., community centers) settings and for a variety of employers, including government agencies, community-based organizations, and private hospitals and clinics (Chapman et al., 2018a; Gaiser et al., 2021). Reliable estimates of wages paid to peer providers in California are not available but key informants interviewed for this project indicate that they are similar to wages paid to entry-level workers in the hospitality and retail sectors.

As of July 1, 2022, organizations that provide specialty mental health services to Medi-Cal beneficiaries in 48 of California's 58 counties can obtain reimbursement for services provided by certified peer support specialists. The California Department of Health Services (DHCS) has established standards for the employment and training of peer support specialists and set forth minimum requirements for curricula used to train peer support specialists (DHCS, 2022c; DHCS, 2022d). Further details about SB 803, the legislation that authorized the Medi-Cal peer support services benefit, and the certification requirements can be found in Appendix C.

Community Mental Health Workers

Community mental health workers primarily engage in community outreach, navigation, and education. Educational activities typically focus on reducing stigma and teaching people about organizations that provide mental health services and how to access them. They also collaborate with licensed providers to provide case management and health promotion and may deliver less complex care to patients with less intensive mental health needs, such as persons who would benefit from preventive services (Barnett et al., 2019). Community mental health workers are usually members of the communities they serve. They are able to establish rapport and trust with clients by leveraging their shared language, culture, histories, values, and attitudes. This is particularly important for underserved and disenfranchised communities where there may be high levels of mistrust of behavioral health professionals and other health care providers and institutions.

Community mental health workers are a sub-group of community health workers (CHWs) who are also sometimes referred to as navigators or promotores. According to the California Employment Development Department (EDD), in 2021 the median hourly wage for CHWs in California was \$24 (EDD, 2022). A high school diploma is the minimum credential required to enter the occupation, although 84 percent of CHWs in California had a certificate, associate degree, or more education post high school (EDD, 2022).

Medi-Cal began offering CHW services as a covered benefit on July 1, 2022. Organizations that employ CHWs can be reimbursed for health education, navigation, screening and assessment, advocacy, and support provided by CHWs (DHCS, 2022b). Medi-Cal provides the CHW benefit through managed care plans with which DHCS contracts for physical health services and for non-specialty behavioral health services. It is not available through Medi-Cal's specialty mental health services (SMHS) plans or Drug Medi-Cal. DHCS has established standards for certification of CHWs which are described in Appendix D and HCAI is working with stakeholders to refine these standards and implement processes for certifying CHWs and approving training programs (HCAI, 2023a).

Social and Human Services Assistants

Social and human services assistants have many different job titles, including care coordinators, case managers, and navigators. These paraprofessionals work in a wide variety of organizations in the medical, behavioral health, and social services sectors. In behavioral health, they complement licensed professionals by performing lower complexity tasks so that licensed providers can perform higher complexity tasks. They work primarily with individual clients in person or via telephone, schedule appointments with licensed professionals, provide emotional support, improve clients' health literacy, and help clients address social needs (e.g., food, housing, transportation). In some respects, their work is similar to that of community mental health workers but they primarily focus on the needs of individual clients and are less likely to work in the community to educate people about the importance of mental health and available services.

In 2021, the median hourly wage for social and human services assistants in California was \$20 (EDD, 2022). A high school diploma is the minimum credential required to enter the occupation but 83 percent of social and human services assistants in California had a certificate, associate degree, or more education post high school (EDD, 2022). California does not reimburse social and human services assistants directly through Medi-Cal or other state programs and does not require them to obtain certification.

According to estimates from the American Community Survey, most social and human services assistants in California are female (74 percent). Thirty-nine percent are under age 35 years old. Blacks constitute a larger share of social and human services assistants than of California's overall workforce (10 percent vs. 5 percent), as do Latinos (49 percent vs. 37 percent). Twenty-two percent were born outside the United States, and 46 percent speak another language in addition to English.

Impact of Behavioral Health Paraprofessionals

Peer Providers

Multiple studies have assessed the impact of peer providers on clients with a mental health conditions or SUD. Findings from a systematic review of these studies suggest that the utilization of peer providers has contributed to improvements in four domains as illustrated in Table 1. Serving as a peer provider can also benefit the peer providers by improving their own recovery outcomes (Chapman et al., 2018b).

Table 1.

Domains in Which Peer Providers Improve Client Outcomes

Domain	Example
Behavioral health and recovery	Better mental health, decrease in substance use
Healthcare service utilization	Increase in medication initiation, fewer emergency department visits and inpatient admissions
Quality of life	Greater ability to engage in work or education
Interpersonal relationships	Improved social functioning, stronger client-provider relationships

Source: Gaiser et al., 2021.

A key informant told a story that illustrates how a peer provider improved a team's ability to identify and meet a client's needs. During a team meeting to review a client's progress, a peer provider stated that the client was "falling apart." A licensed therapist on the team expressed surprise because the client seemed fine during their therapy sessions. The peer provider remarked that the client seemed fine because he was trying very hard to function as well as possible during his therapy sessions due to fear that the therapist would hospitalize him if he revealed the full extent of the symptoms he was experiencing. The client had been more candid with the peer provider about his symptoms, perhaps because the client had a more trusting relationship with the peer provider than the therapist. The peer provider's presence on the team enabled the team to assist the client before his situation deteriorated to the point that hospitalization would have been necessary.

Community Mental Health Workers

Several studies of community mental health workers in the United States have been published (O'Keefe et al., 2021; Weaver and Lapidus, 2018).³ Findings from these studies and interviews conducted for this project indicate that community mental health workers leverage their relationships with communities to

- Reduce stigma associated with mental health conditions
- Improve attitudes toward using mental health services
- Increase knowledge about how to access services and advocate for loved ones
- Decrease symptoms of depression and emotional stress

A key informant described a community mental health worker employed by her organization who has a child with a mental health condition. The community mental health worker draws upon her experience as a parent to help families navigate the local mental health service delivery system to obtain services for loved ones with a mental health condition. The community mental health worker is a Latino immigrant who speaks Spanish well, which enables her to communicate effectively with people in the community whose preferred spoken language is Spanish. She is also familiar with the social and cultural norms that affect Latino immigrants' attitudes and beliefs about mental illness and accessing mental health services. Another interviewee stated that CHWs who work for her organization are able to build trust and de-stigmatize mental health conditions because their families are connected and active in the local community.

³ Multiple studies of community mental health workers in low- and middle-income countries have been published but were not included in the literature review for this project because findings from these studies may not generalize to the United States.

Social and Human Services Assistants

Literature on the impact of social and human services assistants is limited. Only one article was identified that assessed the impact of social work assistants in an acute adult hospital setting in Brisbane, Australia. The authors concluded that social work assistants can help improve access to care for new patients, improve productivity among staff, and enable social workers to focus on interventions that are more complex (O'Malia et al., 2012). Findings from interviews for this project suggest that social and human services assistants enable licensed professionals to practice at the top of their license by performing tasks such as managing referrals and serving as a liaison between clients and licensed mental health professionals.

One interviewee from a community health center described how social and human services assistants can complement community mental health workers. While conducting outreach at a food distribution center, a community mental health worker spoke with a female Latino immigrant who asked if the community health center provided services to people who have trouble sleeping. The community mental health worker referred her to a team of social work assistants on the community health center's staff. A social work assistant counseled the client about sleep hygiene (e.g., going to bed at the same time each night). Over time, the client shared that she had a traumatic experience when crossing the border. The social work assistant arranged for the client to receive counseling from a licensed therapist on the community health center's staff to help her cope with her trauma.

Job Market for Behavioral Health Paraprofessionals

Labor force projections indicate that demand for behavioral health paraprofessionals is strong. Table 2 displays projected growth in job openings for CHWs and social and human services assistants in California from 2018 to 2028. Projections are not available for peer providers.

Table 2.

Projected Growth in Job Openings

Occupation	Number of Jobs 2020	Projected Number of Jobs 2030	Projected Growth	Projected Annual Job Openings
Community Health Workers	6,700	7,900	18%	880
Social and Human Services Assistants	52,600	60,100	14%	7,260

Source: O*Net Online, 2022.

Findings from interviews conducted for this project are consistent with these estimates. The director of one educational program based at a community college reported that some of her program's students are hired before they complete the certificate or associate degree programs in which they are enrolled. Interviewees at other community colleges reported that students are sometimes hired by organizations at which they complete internships or practicums.

The strong demand for new graduates of paraprofessional training programs reflects the growth in demand for behavioral health services as well as the difficulties employers have retaining incumbent paraprofessionals. Multiple interviewees cited low compensation as a major barrier to retention. Behavioral health paraprofessionals' compensation is often similar to that of workers in hospitality, retail, and other jobs outside the health care sector

that are not as emotionally demanding (Chapman et al., 2018a). Some interviewees also cited limited opportunities for advancement within the same occupation as an important barrier.

Interviewees reported that their agencies face additional challenges in recruiting and retaining peer providers. Several interviewees stated that their agencies had ample numbers of applicants for peer provider positions but that many applicants were not far enough along in their recovery journeys to be good candidates. Barriers to retention include attitudes of some licensed behavioral health professionals and the challenging nature of the work. Several interviewees stated that peer providers face stigma because some licensed behavioral health professionals are skeptical that peer providers can make valuable contributions to care teams, a finding consistent with literature on peer providers (Chapman et al., 2018a). In other cases, peer providers find it difficult to manage their self-care and maintain boundaries with clients. Several agencies employ experienced peer providers as peer supervisors who provide mentoring and support to less experienced peer providers. One agency created a peer respite program to help peer providers who need to exit the workforce temporarily to focus on their own mental health.

Employers reported that they use several strategies to improve retention of behavioral health paraprofessionals. Some employers have created pathways for peer providers to advance within peer roles (e.g., peer → supervisor → manager). Multiple employers offer reimbursement for educational expenses, paid time off, or flexible schedules to enable employees to complete further education. Several employers hold regularly scheduled meetings with paraprofessionals to provide them with additional training. One of these employers asks paraprofessionals for input on the topics addressed in training sessions to ensure that the training responds to the needs identified. For example, one training covered the use of herbal teas for anxiety because paraprofessionals wanted to provide accurate information to clients who ask questions about these remedies. In addition, multiple interviewees stated that educating licensed behavioral health professionals about the roles of paraprofessionals and creating an organizational culture in which the voices of paraprofessionals are valued are critical to retaining paraprofessionals.

Educational Pathways for Behavioral Health Paraprofessionals

Types of Organizations that Train Behavioral Health Paraprofessionals

Multiple types of organizations train behavioral health paraprofessionals. Many paraprofessionals are trained by employers “on the job,” whereas others complete training programs offered by community-based organizations or community colleges. New types of education providers that focus on online learning are emerging, such as Futuro Health, a public-private partnership that offers certificate programs for Medi-Cal peer support specialists and community health workers with a behavioral health emphasis (Futuro Health, 2022). In contrast to some other paraprofessional occupations in health care (e.g., medical assistants), private colleges play a limited role in training mental health paraprofessionals in California.

As of December 2022, the California Mental Health Services Authority (CalMHSA) has approved 21 organizations to provide required training for certification as a Medi-Cal peer support specialist. Most of these organizations are community-based organizations, some of which have trained peer providers for many years. These organizations bring valuable experience to the design and implementation of training programs but peer support specialists who wish to continue their education at a college or university may not receive academic credit for this training. Only two of the approved programs are based at a community college (City College of San Francisco and San Jose City College).

Educational pathways for community mental health workers are less well-defined at present. Multiple community-based organizations and community colleges offer community health worker (CHW) educational programs but at

present it is unknown which of these programs provide the curriculum required for certification as a Medi-Cal CHW. The California Department of Health Care Access and Information (HCAI), the state agency tasked with implementing CHW certification and training standards, does not expect to release a list of approved educational programs until 2024 (HCAI, 2023a).

Social and human services assistants are educated primarily in community colleges.

Certificate and Degree Programs Offered by Community Colleges

Fifty-one community colleges in California offer certificate and/or associate degree programs in human services or social work and human services (hereafter referred to as social work/human services programs), which aim to prepare people to work as social and human services assistants. Thirty-two of these community colleges are in Northern California and 19 are in Southern California.⁴ Nine community colleges offer mental health worker certificate programs that focus specifically on preparing people to work for organizations that provide mental health services. Two of these community colleges are in Northern California and seven are in Southern California.⁵ As noted above, two community colleges in Northern California offer approved training programs for Medi-Cal peer support specialists. Appendix E lists the certificate and associate degree programs offered by community colleges by region along with degree programs at California State University (CSU) and University of California (UC) campuses that are available to paraprofessionals who wish to continue their education.

In some cases, certificate programs partner with local employers. For example, one community college obtained funding from a county behavioral health agency to establish a 19-unit Mental Health Work Certificate of Achievement program. Another community college collaborated with a community-based mental health services organization to create an 18-unit Mental Health Worker Certificate of Achievement program. A third community college is working with two employers to develop an apprenticeship type program under which students would complete an internship with one of the employers while completing the certificate program and work for that employer following graduation.

Community colleges offer two different types of associate degree programs: general associate degree programs and associate degree for transfer programs (ADT). General associate degree programs are designed primarily to prepare students to enter the workforce upon completion. ADT programs are designed to facilitate transfer to a CSU campus so that a student can complete a bachelor's degree. Credits for all courses completed in an ADT program are fully transferable to a CSU campus (provided a student attains a grade point average of 2.0 or higher), which minimizes the number of additional courses a student must complete to earn a bachelor's degree (CSU, 2022). Students who transfer to a program similar to the one in which they earn an ADT are guaranteed admission to the CSU system and can complete a bachelor's degree in four years if they enroll full time at both a community college and a CSU campus. In contrast, students who obtain a general associate degree may need more time to complete a bachelor's degree because they may not be able to transfer all of the credits they have earned. On the other hand, general associate degree programs may include more courses that provide students with knowledge and skills that employers value (e.g., knowledge about Medi-Cal eligibility requirements) which may benefit students who do not wish to earn a bachelor's degree or who need to work full-time to support themselves and their families before pursuing a bachelor's degree.

⁴ For purposes of this report, Northern California encompasses counties in the California Community Colleges' Bay Area Northeast, Bay Area Southwest, Central Motherlode, Greater Sacramento, Northern Coast, North Inland (Far North) regions. Southern California encompasses counties in the California Community Colleges' Inland Empire, Los Angeles, Orange County, San Diego-Imperial, South Central Coast regions.

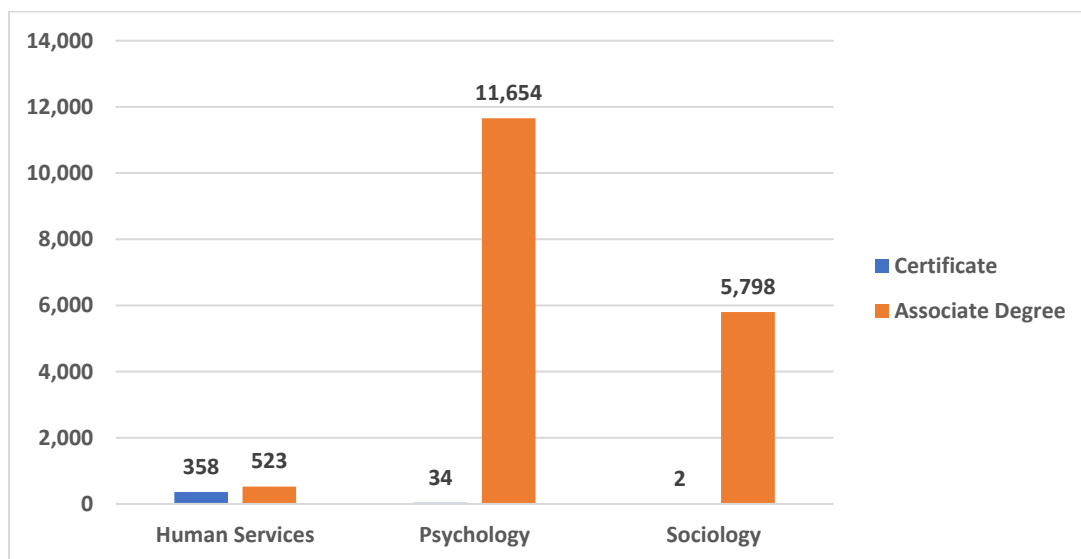
⁵ Ten community colleges offer certificate or associate degree programs for psychiatric technicians and 48 offer programs in substance abuse/addiction counseling but these programs are not discussed further because this report does not focus on these occupations.

Statewide, 14 community colleges offer ADTs in social work/human services and 40 offer general associate degrees in this field. Many community colleges also offer ADTs and general associate degrees in psychology or sociology. While the curricula for degrees in psychology or sociology include courses relevant to behavioral health, they typically do not include internships or practicums that enable students to apply the knowledge and skills they learn in the classroom. Thus, graduates of psychology or sociology programs may not be as well prepared as graduates of social work/human services programs to work as paraprofessionals while they complete additional education required to enter licensed professions.

Numbers of Graduates and their Demographic Characteristics

Figure 2 displays data from the Integrated Postsecondary Education Data System (IPEDS) regarding the numbers of certificates and degrees awarded by California community colleges in 2020 in the fields of human services (including programs in social work/human services), psychology, and sociology. Associate degrees in psychology and sociology accounted for the vast majority of degrees awarded in these fields. In the field of human services, 358 certificates and 523 associate degrees were awarded. Traditional associate degrees and ADTs are not differentiated in Figure 2 because the IPEDS data do not distinguish between these two types of associate degrees. Programs that prepare peer providers and community mental health workers are not reported because the Classification of Instructional Programming system that IPEDS uses to classify certificate and degree programs does not include codes for peer provider and community mental health worker programs.

Figure 2. Certificates and Associate Degrees Awarded by California Community Colleges in Fields Relevant to Mental Health Paraprofessional Practice, 2020



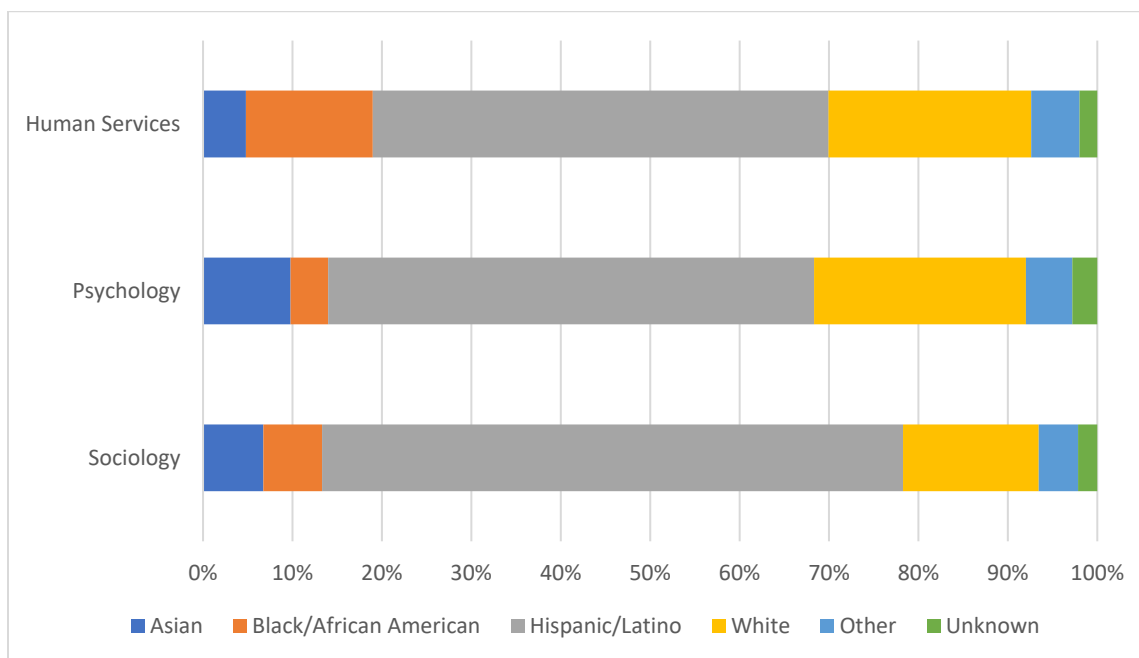
Source: IPEDS, 2020.

Key informants interviewed for this project reported that students who complete certificate and associate degree programs for peer providers, community mental health workers, and social and human services assistants come from a wide variety of backgrounds. Some students are recent high school graduates, but many are older students who are changing careers or are already employed by agencies that provide behavioral health services. Some people who are already working in behavioral health have graduate degrees and seek additional education

to enhance their ability to serve clients. Many students are in recovery from mental illness or SUD or are family members of people with mental health or SUD needs. Some are formerly incarcerated.

Graduates of these community college programs for behavioral health paraprofessionals are racially/ethnically diverse, as Figure 3 illustrates. In 2020 Hispanic/Latinos, who accounted for 39 percent of California's population and 37 percent of its workforce, constituted over 50 percent or more of graduates in human services, psychology, and sociology. Blacks/African Americans were well-represented relative to their proportions of the state's population and workforce among graduates of human services and sociology programs but not psychology programs. In contrast, Asians were underrepresented among graduates in all three fields.⁶

Figure 3. Race/Ethnicity of Graduates of California Community College Programs in Fields Relevant to Mental Health Paraprofessional Practice, 2020



Source: IPEDS, 2020.

Lack of Standardization Across Community College Programs

Findings from interviews with key informants and a review of requirements for certificate and associate degree programs in social work/human services indicate a lack of standardization across community colleges. Programs vary with regard to

- Required curricula
- Ability to stack credentials
- Availability of pathways to complete further education
- Availability of paid internships

⁶ The IPEDS data do not disaggregate Asian graduates into specific Asian ethnic groups.

Differences in curricular requirements across community colleges pose an obstacle to completion for students who relocate from one part of the state to another because they may have to take additional courses to complete their certificate or degree. For example, a community college in Los Angeles County and a community college in San Diego County both offer certificate programs for mental health workers that consist of similar numbers of units (18 vs. 19 units). The programs at both colleges require students to take courses in general psychology and abnormal psychology, and complete an internship, but one college requires students to complete courses in counseling and public benefits that the other program does not require, whereas the other college requires a course in principles of psychosocial rehabilitation and recovery that the other college does not require.

Community college programs also vary with regard to the ability of students to stack credentials (i.e., count courses completed for a certificate program toward fulfilling the requirements for another, more advanced certificate or an associate degree). Figure 4 provides an example of a community college at which none of the required courses for a community mental health worker certificate program are among the required courses for an ADT in social work. People who complete the 16 units required for the community health worker certificate at this community college and who wish to complete the ADT in social work program must complete an additional 30 units in the social work program and 30 units of courses that meet Intersegmental General Education Transfer Curriculum (IGETC) or CSU general education requirements. Students at this college would need to enroll for at least one additional semester to complete all requirements for transfer.

Figure 4. Example of Credentials that are Not Stackable

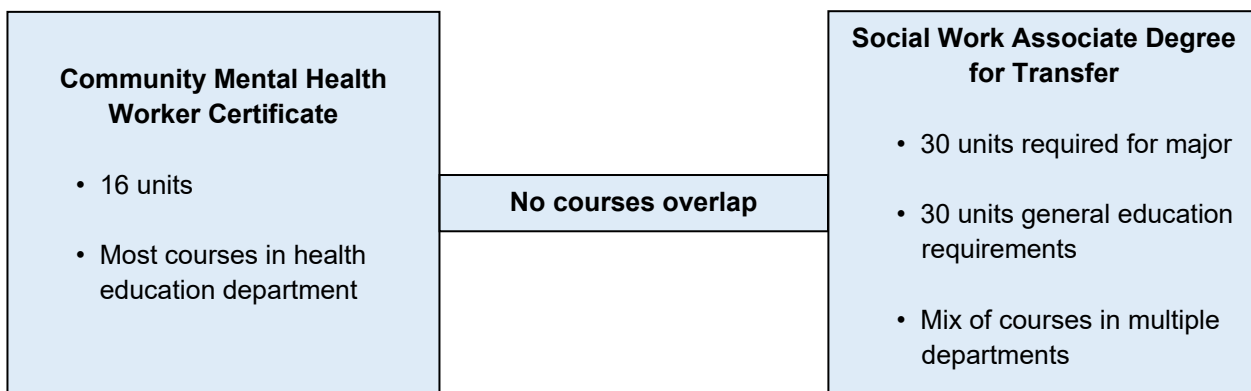
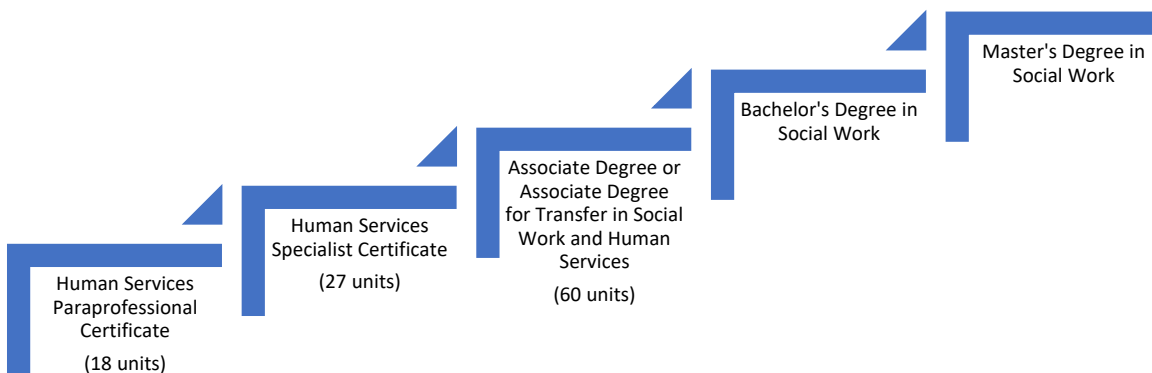


Figure 5 provides an example of a community college that offers stackable credentials, which enable students to complete the requirements for an associate degree more quickly. This community college offers two certificate programs, an 18-unit human services paraprofessional certificate and a 27-unit human services specialist certificate. All of the courses required for the paraprofessional certificate also fulfill requirements for the specialist certificate; students only need to take nine additional units to obtain the specialist certificate. In turn, all of the courses required for the specialist certificate fulfill requirements for a general associate degree in social work/human services. Four of the courses also fulfill requirements for an ADT in social work/human services. Students who attain either type of associate degree are eligible to transfer to a bachelor's degree program in social work at a CSU campus. Those with an ADT can enter with advance standing but will have taken fewer classes in social work/human services than students with a general associate degree. Students who earn a bachelor's degree in social work can continue their education by pursuing a master's degree in social work.

Figure 5. Example of Stackable Credentials

Community colleges also vary in the extent to which pathways are available for students completing certificate programs in social work/human services to continue their education. Some community colleges only offer certificate programs. People who complete these certificate programs must transfer to another community college to obtain an associate degree. Some community colleges do not offer both general associate degree and ADT options, limiting the options available to students.

Many social work/human services programs require students to complete practicums or internships with organizations that provide behavioral health, medical, or social services to enable them to gain work experience as part of their education. Some programs permit students to complete paid internships but others require students to complete unpaid internships. The requirement to complete volunteer work is challenging for some students because they need to work full-time to support themselves and their families. Students who have children or frail or disabled adult family members may have difficulty finding people to care for them while they complete volunteer work. One employer addressed this challenge by securing a grant to provide paid internships to students enrolled in a behavioral health paraprofessional education program at a local community college. The grant also enabled the employer to help students pay for child care and transportation.

Conclusions

Findings from the analyses conducted for this report suggest that greater utilization of peer providers, community mental health workers, and social and human services assistants could help alleviate the shortage of licensed behavioral health professionals in California in three major ways

- Enabling licensed professionals to work at the top of their licenses
- Supporting clients' engagement in treatment and ability to manage their conditions
- Addressing co-occurring social needs

Paraprofessionals can perform tasks for which licensure is not required, such as case management and patient navigation, which enables licensed professionals to devote more time to providing psychotherapy, prescribing medication, and other tasks that utilize their advanced training. In addition, paraprofessionals can develop trusting relationships with clients because they often share their racial/ethnic and linguistic backgrounds or have lived experience with mental health conditions or substance abuse disorders (SUDs). These relationships may increase clients' willingness to engage in treatment. Paraprofessionals can also teach clients skills that strengthen their ability to manage their conditions, and can address co-occurring social needs, such as food security and transportation, that may affect clients' well-being and their ability to prioritize treatment for their mental health condition or SUD.

The clarity with which workforce roles and educational pathways are defined varies across the three types of paraprofessionals. The roles of peer providers in supporting clients are well-defined and their impact is well-documented but educational requirements for certification in California have only recently been established. Most peer providers are educated outside of colleges and universities, and educational pathways for those interested in becoming licensed professionals are not clearly delineated. In addition, some peer providers may prefer to continue serving in a peer provider role, perhaps as a supervisor or educator, rather than become a licensed professional. In contrast, the roles of social and human services assistants vary substantially across employers but well-defined pathways for completing the educational requirements for practice as a licensed behavioral health professional are emerging at California's public colleges and universities. Community mental health workers fall somewhere in the middle; their roles are not as well-defined as those of peer providers and their educational pathways are not as well-defined as those of social and human services assistants.

Recommendations

Funders that are interested in both increasing the number of behavioral health paraprofessionals in California and the pipeline of persons from diverse backgrounds who become licensed behavioral health professionals should consider focusing on social and human services assistants. This occupation is in high demand. People can enter the field with only a high school diploma and many initial training programs can be completed in less than one year. Students enrolled in these programs often complete a practicum or internship in addition to course work, which enhances their preparation for employment in behavioral health services. Most educational programs are based at community colleges where tuition is low (sometimes free) and students accrue academic credits that can be applied toward meeting the requirements for a bachelor's degree in social work or a related field. Community colleges are also located throughout the state, which enables people to complete training for social and human services assistant positions without leaving their families and communities.

Funders interested in meeting the behavioral health needs of children and youth in California should also monitor the development of the wellness coach occupation. If implemented as envisioned, this new occupation has potential to improve mental health literacy among young people and to improve access to screening and treatment for mental health conditions and SUD.

Two types of investments are needed to increase the number of social and human services assistants educated in California and the share of social and human services assistants who go on to become licensed behavioral health professionals

- Investments in educational institutions
- Investments in students

Investments in Educational Institutions

Community colleges are likely to need additional resources to expand educational programs for social and human services assistants. Unlike private colleges, community colleges cannot rely on tuition revenue to cover costs associated with expanding their programs. The California state government also does not currently provide funding to community colleges for social work/human services programs, and decreases in state tax revenue are likely to preclude state investment in the near future. A few county behavioral health agencies have invested in community college programs but private funding is critical to expanding enrollment.

Additional resources also would be needed to establish new social work/human services programs at more community colleges. Opening new programs is especially important in rural areas of the state where community colleges are not located in close proximity to one another.

In addition, community colleges need resources to enhance social work/human services programs' ability to provide online learning. Students interested in becoming behavioral health paraprofessionals benefit from fully online and hybrid programs because they give students greater flexibility to schedule their education around their work hours and family responsibilities. Online programs also serve students in parts of the state in which local community colleges do not offer social work/human services programs.

Funders could also help community colleges hire academic counselors to specifically work with social work/human services students. General academic counseling offices at community colleges are often understaffed; interviewees reported that students can wait months for an appointment and may not meet with the same academic counselor consistently. These counselors also may not be familiar with the specific requirements of social work/human services programs or be aware of job opportunities for which students are eligible. Academic counselors who work specifically for social work/human services programs have more knowledge of the program's requirements, better connections to employers, and greater ability to meet with students multiple times and to tailor their advice to their individual situations.

In addition, funders could contribute resources to standardize curricula across community colleges, facilitate the development of stackable credentials, and streamline pathways for social work/human services students who want to become licensed behavioral health professionals. Community college faculty usually have large teaching loads and oftentimes also hold an administrative role within their departments. Grants for program development would give faculty "protected time" to focus on enhancing their programs and partnering with employers and CSU campuses.

Those interested in streamlining pathways for graduates of social work/human services programs to become licensed clinical social workers should also invest in colleges and universities that provide bachelor's and master's degrees in social work or related fields. In California, most bachelor's and master's degree programs in social work are offered by CSU campuses. Key informants at several community colleges interviewed for this project reported that CSU campuses in their area are not able to accept all qualified applicants who apply for admission to their bachelor's or master's degree programs in social work because the programs are impacted. While some of their graduates relocate to complete their education at CSU campuses in other parts of the state, some are unable to do so due to family responsibilities or other reasons. They may abandon pursuit of further education or enroll in programs at private colleges or universities that charge higher tuition than CSU campuses. Investment in online and hybrid programs at CSU campuses is also an important strategy to expanding educational opportunities for paraprofessionals who do not live near a CSU campus that offers bachelor's and/or master's degree programs in social work or a related field.

Prior to 2022, the California state government did not provide any funding to colleges and universities for social work education.⁷ The state budget for fiscal year 2022-2023 allocated \$60 million to the Department of Health Care Access and Information (HCAI) to award five-year grants to colleges and universities to establish or expand bachelor's or master's degree programs in social work. HCAI has awarded grants to seven universities to develop three new bachelor's degree programs in social work and three new master of social work (MSW) programs, and has awarded 16 grants to expand existing MSW programs. These grants are projected to increase the number of

⁷ Funds from the Mental Health Services Act have been used to provide funds to master's degree programs in social work and marriage and family therapy to award stipends to students and prepare students to practice in safety net behavioral health agencies but not to pay for hiring additional faculty or other expenses associated with expanding programs or opening new ones.

BSW and MSW students in California by 860 students (HCAI, 2023). These grants will be very helpful but only those awarded for expansion of existing programs will have an immediate impact on the number of students educated. Additional investments from other funders is likely to be needed.

Funders could also support partnerships between community colleges and CSU campuses to facilitate transfers for graduates of associate degree programs in social work/human services who want to continue their education. These partnerships could be modeled after the California Medicine Scholars Program's Regional Hubs of Healthcare Opportunity. These entities are partnerships among community colleges, CSU campuses, UC medical schools, and employers that seek to increase the number of community college students who become physicians (CMSP, 2022).

Investments in Students

Investment in the educational infrastructure is a necessary but insufficient condition to increasing the number of social and human services assistants trained to work as behavioral health paraprofessionals and the number who later become licensed behavioral health professionals. Students also need financial and psychosocial support to pursue their education. Many students enrolled in social work/human services programs are from low-income backgrounds. Scholarships, child care and elder care assistance, and emergency funds for unexpected expenses (e.g., car repair) can help students attain the financial stability needed to complete their education. Paid internships are also important because many students have difficulty finding time to complete volunteer hours since they work full-time and/or have child and/or elder care responsibilities. Employers could sponsor paid internships for students or funders could grant funds to educational programs that could be used to pay stipends. Apprenticeship programs under which students "earn as they learn" are an additional model for supporting students – students work for an employer while completing their education and are guaranteed a job after graduation.

Prioritizing Investments by Region

Funders should consider prioritizing investments in parts of California that have the lowest supplies of licensed behavioral health professionals. Previous research has found that the Inland Empire and the San Joaquin Valley have the lowest ratios of psychiatrists, psychologists, licensed clinical social workers, licensed marriage and family therapists, and licensed professional clinical counselors per capita (Coffman et al., 2018). This finding suggests that these regions would benefit most from increasing the supply of social and human services assistants as well as the proportion of persons in these occupations who become licensed professionals. However, the low supplies of licensed professionals in these regions raise questions about whether organizations that provide behavioral health services have sufficient capacity to provide internships to additional students in social work/human services programs. Funders should confer with employers about the availability of clinical training sites and the resources they may need to offer internships to more students.

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Appendix A. Organizations Interviewed**Educational Institutions**

Bakersfield College
Berkeley City College
Cabrillo College
Cerritos College
City College of San Francisco
Contra Costa College
Folsom Lake College
Futuro Health
San Diego City College
Santa Rosa Junior College

Employers

Alameda County Behavioral Health Care Services
CalVoices
CommuniCare Health Centers
Community Health Centers of the Central Coast
Kaiser Northern California
Kaiser Southern California
Lifelong Medical Care
RAMS
Telecare

Appendix B: Data Sources

American Community Survey

The 2015-2019 American Community Survey (ACS), 5-year Public Use Microdata Sample (PUMS) was used to estimate the demographic characteristics of social and human services assistants. (Peer providers and community mental health workers were not included because the [Standard Occupational Classification](#) (SOC) codes that the ACS uses to designate occupations does not include codes for these occupations.) The PUMS data allow researchers to describe population characteristics that are not provided by the summary tables published by the U.S. Census Bureau. Additional technical information about PUMS data can be found [here](#). The ACS is not designed specifically for analysis of individual occupations. However, because PUMS data describe population characteristics at the individual person-level (i.e. each observation in the sample represents one person's responses to the survey questions), it is possible to limit the analysis to only those occupations of interest. Finally, the 5-year PUMS file was used to ensure a sufficient number of sample observations to generate statistically valid results. These results should be interpreted as a period estimate specific to the data collected from 2015-2019.

Integrated Postsecondary Education Data System (IPEDS)

IPEDS is one of many survey data collection tools administered by the National Center for Education Statistics, which is part of the U.S. Department of Education. IPEDS consists of a battery of annual surveys that collect a wide range of data describing postsecondary education, including enrollments, completions, and institutional characteristics from all institutions that participate in the federal student aid program. The universe of participating institutions includes more than 7,500 liberal arts colleges, research universities, community colleges, and technical/vocational schools. For this report, the authors used data from the Completions Survey, which provides information about the characteristics of students graduating from specific types of postsecondary education programs. Additional information about IPEDS and access to public data sets can be found [here](#). These programs are organized using the Classification of Instructional Programming (CIP) code system, which defines education and training programs according to their content. Additional technical information about the CIP code system can be found [here](#).

Bureau of Labor Statistics (BLS), Occupational Employment Statistics (OES)

The OES data provide estimates of annual employment and wages for more than 800 occupations and the national, state, and metropolitan levels. The authors referenced estimated mean average wages for community health workers and social and human services assistants. (Peer providers were not included because the OES does not report estimates for this occupation.) Additional information about the OES survey program can be found [here](#). Of note, the estimate for mean wages of community mental health workers includes all community health workers, not just those who serve people with behavioral health needs.

Appendix C: Medi-Cal Peer Support Specialist Reimbursement and Certification

In 2020, Governor Newsom signed SB 803 (Beall, Chapter 150, Statutes of 2020), a bill that authorized California's Department of Health Care Services (DHCS) to seek the federal government's approval to establish peer support specialists as a distinct type of provider eligible for Medi-Cal (California's Medicaid program) reimbursement for furnishing specific types of services to beneficiaries through Medi-Cal's specialty mental health services (SMHS) plans and Drug Medi-Cal organized delivery system (DMC-ODS) or state plan (DMC-State). SB 803 also authorizes DHCS to establish standards for employment and training of peer support specialists and sets forth minimum requirements for curricula used to train peer support specialists.

Medi-Cal coverage for SMHS is provided through specialty mental health plans administered by counties. Counties are not required to certify or reimburse peer support specialists. Counties that choose to do so must use local funds to cover the non-federal share of expenditures for peer support services. Forty-eight of California's 58 counties decided to certify and reimburse peer support specialists for SMHS services and 41 decided to reimburse them for DMC-ODS or DMC-State services (DHCS, 2022c).

California secured federal approval for participating counties to begin reimbursing peer support specialists who meet the Medi-Cal programs requirements for certification effective July 1, 2022 (DHCS, 2022b). To obtain certification, peer providers must

- Be at least 18 years old,
- Have a high school diploma,
- Have lived experience with mental illness or SUD,
- Have a strong commitment to recovery and willingness to share their experience,
- Agree to adhere to a code of ethics,
- Complete an 80-hour training program, and
- Pass a certification exam

People who have previously worked as peer providers can obtain certification without completing a training program if they apply for "grandparenting" by June 20, 2023, and pass the certification exam. The California Mental Health Services Authority (CalMHSA) is responsible for certification, examination, and enforcement of professional standards for Medi-Cal Peer Support Specialists. A [list of approved peer support specialist training programs](#) can be found on CalMHSA's website. Information posted on CalMHSA's website indicates that to date 140 people from 24 counties have taken the certification examination and 90 percent passed (CalMHSA, 2022).

Appendix D: Medi-Cal Community Health Worker Reimbursement and Certification

Medi-Cal began offering CHW services as a covered benefit on July 1, 2022, following federal approval of a State Plan Amendment (SPA) to add these services to Medi-Cal's benefits package. CHWs can be reimbursed for providing health education, navigation, screening and assessment, advocacy, and support to Medi-Cal beneficiaries who

- Have a chronic condition
- Are at risk of developing a chronic condition
- Have experienced adverse childhood events
- Have experienced domestic violence
- Use tobacco or misuse alcohol or other substances
- Have unmet health-related social needs, such as housing or food security
- Had one or more ED visits or hospitalizations during the past six months
- Had one or more stays at a detoxification facility in the past twelve months
- Missed two or more medical appointments in the past 12 months
- Need recommended preventive services (DHCS, 2022a; DHCS, 2022b).

The CHW benefit is provided through managed care plans with which the California Department of Health Care Services (DHCS) contracts for physical health services and for non-specialty behavioral health services. It is not available through specialty mental health services (SMHS) plans or Drug Medi-Cal.

To obtain certification as a CHW, a person must demonstrate lived experience that will facilitate connection with the communities they intend to serve. This lived experience may include shared language, culture, gender identity, sexual orientation, as well as shared challenges, such as domestic violence, homelessness, or placement in the foster care system. CHWs must also demonstrate that they have minimum qualifications by either

- Completing a CHW certificate of completion, or
- Working at least 2,000 hours in a paid or volunteer CHW position within the past three years

Those who initially qualify based on work experience must complete the certificate of completion within 18 months of their first CHW visit. Certificate of completion programs must include classes and field work that provide knowledge and skills relevant to the provision of CHW services (DHCS, 2022b). The California Department of Health Care Access and Information (HCAI) is working with stakeholders to refine these standards and implement processes for certifying CHWs and approving training programs (HCAI, 2023a).

Appendix E. Community College and California State University Educational Programs for Behavioral Health Paraprofessionals and Professionals by Region, California, 2022

Bay Area Northeast Region

Counties: Alameda (part), Contra Costa, Marin, Napa, San Francisco, Solano, Sonoma

Community College	Human Services and/or Social Work	Mental Health Worker	Psychiatric/ Mental Health Services Technician	Psychology	Sociology	Substance Abuse/ Addiction Counseling
Berkeley City College	A-T, C			A-T	A-T	
City College of San Francisco	A-T	C [§]		A-T	A-T	C
College of Alameda				A, A-T	A, A-T	
College of Marin				A-T	A-T	
Contra Costa College	A, C			A, A-T	A, A-T	
Diablo Valley College				A-T	A-T	A, C
Laney College				A-T	A-T	
Las Positas College	A-T			A-T	A-T	
Los Medanos College				A-T	A-T	
Merritt College	A*			A-T	A-T	A, C
Napa Valley College	A, A-T, C		A, C	A, A-T	A-T	A, C
Ohlone College				A-T	A-T	
Santa Rosa Junior College	A, C			A, A-T	A-T	A, C
Solano Community College	A, C			A, A-T	A, A-T	

California State University/ University of California	Human Services	Mental Health Counseling/ Counselor	Psychology	Social Work	Sociology	Substance Abuse/ Addiction Counseling
San Francisco State University		M	B, M	B, M	B	
Sonoma State University		M	B, M		B	
University of California, Berkeley			B, D	B, M	B	
University of California, San Francisco						

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§ Certificate programs include a 5-unit Medi-Cal Peer Support Specialist Certification Training program and a 16-unit Community Mental Health Worker Certificate program.

Bay Area Southeast Region

Counties: Alameda (part), Monterey, San Mateo, Santa Clara, Santa Cruz

Community College	Human Services and/or Social Work	Mental Health Worker	Psychiatric/ Mental Health Services Technician	Psychology	Sociology	Substance Abuse/ Addiction Counseling
Cabrillo College	A, C			A, A-T	A, A-T	C
Cañada College	A-T, C			A, A-T	A, A-T	
Chabot College	A, A-T, C			A-T	A-T	
College of San Mateo	A*			A-T, C	A-T, C*	A, C
De Anza College				A-T	A-T	
Evergreen Valley College				A, A-T		
Foothill College				A, A-T	A, A-T	
Gavilan College				A-T		
Hartnell College				A-T	A-T	A, C
Mission College			A, C	A-T	A-T	
Monterey Peninsula College	A-T, C			A-T	A-T	
San Jose City College				A, A-T	A, A-T	A, C [§]
Skyline College				A, A-T	A-T	
West Valley College				A, A-T	A, A-T	

California State University/ University of California	Human Services	Mental Health Counseling/ Counselor	Psychology	Social Work	Sociology	Substance Abuse/ Addiction Counseling
California State University, East Bay			B	B, M	B	
California State University, Monterey Bay	B		B	M		
San Jose State University			B, M	B, M	B	
University of California, Santa Cruz			B, D		B	

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§ Certificate programs include a Peer Mentor Certificate program that meets the requirements for Medi-Cal Peer Support Certification and a Certificate of Achievement in Alcohol and Drug Studies.

Central Motherlode Region

Counties: Fresno, Kern, Kings, Merced, San Joaquin, Stanislaus, Tulare, Tuolumne

Community College	Human Services and/or Social Work	Mental Health Worker	Psychiatric/ Mental Health Services Technician	Psychology	Sociology	Substance Abuse/ Addiction Counseling
Bakersfield College	A, C			A-T	A-T	
Cerro Coso Community College	A, C			A-T	A-T	C
Clovis Community College				A-T, C*	A-T, C*	
College of the Sequoias	A, C			A-T	A-T	
Columbia College	A-T, C			A-T, C*	A-T, C*	
Fresno City College	A, A-T, C			A, A-T	A-T	A, C
Merced College	A, C			A, A-T	A-T	A*, C*
Modesto Junior College	A, C			A-T	A-T	A, C
Porterville College			C		A-T	C*
Reedley College	C*			A-T	A-T	
San Joaquin Delta College		C	A, C	A, A-T		C
Taft College				A-T	A-T	
West Hills College Coalinga			A, C	A-T		
West Hills College-Lemoore	C			A, A-T	A-T	

California State University/ University of California	Human Services	Mental Health Counseling/ Counselor	Psychology	Social Work	Sociology	Substance Abuse/ Addiction Counseling
California State University, Bakersfield			B	M	B	
California State University, Fresno			B, M	B, M	B	C
California State University, Stanislaus			B, M	M	B	
University of California, Merced			B, D		B	

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Greater Sacramento Region

Counties: El Dorado, Placer, Sacramento, Yolo, Yuba

Community College	Human Services and/or Social Work	Mental Health Worker	Psychiatric/ Mental Health Services Technician	Psychology	Sociology	Substance Abuse/ Addiction Counseling
American River College	A, C			A, A-T	A-T	A, C
Cosumnes River College	A, C			A-T	A-T	A, C
Folsom Lake College	A, A-T, C			A, A-T	A-T	
Lake Tahoe Community College				A-T	A-T	A, C
Sacramento City College				A, A-T	A, A-T	
Sierra College				A, A-T	A-T	
Woodland Community College	A			A-T	A-T	A, C
Yuba College	A		C	A, A-T	A-T	A, C

California State University/ University of California	Human Services	Mental Health Counseling/ Counselor	Psychology	Social Work	Sociology	Substance Abuse/ Addiction Counseling
California State University, Sacramento			B, M	B, M	B	
University of California, Davis			B, D		B	

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Inland Empire Region

Counties: Riverside, San Bernardino

Community College	Human Services and/or Social Work	Mental Health Worker	Psychiatric/ Mental Health Services Technician	Psychology	Sociology	Substance Abuse/ Addiction Counseling
Barstow Community College				A-T	A-T	
Chaffey College				A-T	A-T	
College of the Desert				A, A-T	A-T	A, C
Copper Mountain Community College				A-T	A, A-T	
Crafton Hills College				A, A-T	A, A-T	
Moreno Valley College	A, C			A-T	A-T	C
Mt San Jacinto Community College District				A-T		A*, C*
Norco College				A-T	A-T	
Palo Verde College				A-T	A-T	C
Riverside City College	A*			A-T	A-T	
San Bernardino Valley College	A, C		A, C	A-T	A-T	C
Victor Valley College				A-T	A-T	

California State University/ University of California	Human Services	Mental Health Counseling/ Counselor	Psychology	Social Work	Sociology	Substance Abuse/ Addiction Counseling
California State University, San Bernardino	B*		B, M	B, M	B	
University of California, Riverside			B, D		B	

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Los Angeles Region

Counties: Los Angeles (part)

Community College	Human Services and/or Social Work	Mental Health Worker	Psychiatric/ Mental Health Services Technician	Psychology	Sociology	Substance Abuse/ Addiction Counseling
Cerritos College		A, C		A-T	A-T	
Citrus College				A-T	A-T	
Compton College				A-T	A-T	
East Los Angeles College				A-T	A-T	C
El Camino Community College District				A-T	A-T	
Glendale Community College	A-T			A-T	A-T	A, C
Long Beach City College	A, C			A-T	A-T	A, C
Los Angeles City College	A, C			A-T	A-T	A, C
Los Angeles Harbor College				A-T	A-T	
Los Angeles Mission College				A-T	A-T	
Los Angeles Pierce College				A-T	A-T	A, C
Los Angeles Southwest College				A, A-T	A, A-T	C
Los Angeles Trade Technical College				A-T	A-T	
Los Angeles Valley College				A-T	A, A-T	
Mt San Antonio College			A, C	A-T	A-T	A, C
Pasadena City College				A-T	A-T	
Rio Hondo College				A-T	A-T	A, C
Santa Monica College				A-T	A-T	
West Los Angeles College				A, A-T	A	A, C

California State University/ University of California	Human Services	Mental Health Counseling/ Counselor	Psychology	Social Work	Sociology	Substance Abuse/ Addiction Counseling
California State Polytechnic University, Pomona			B, M		B	
California State University, Dominguez Hills	B		B, M	M	B	
California State University, Long Beach			B, M	B, M	B	
California State University, Los Angeles			B, M	B, M	B	
California State University, Northridge			B, M	M	B	
University of California, Los Angeles			B, D	M	B	

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Northern Coast Region

Counties: Humboldt, Mendocino

Community College	Human Services and/or Social Work	Mental Health Worker	Psychiatric/ Mental Health Services Technician	Psychology	Sociology	Substance Abuse/ Addiction Counseling
College of the Redwoods	A			A-T	A-T	C
Mendocino College	A, C			A, A-T	A-T	A, C

California State University/ University of California	Human Services	Mental Health Counseling/ Counselor	Psychology	Social Work	Sociology	Substance Abuse/ Addiction Counseling
Humboldt State University			B, M	B, M	B	

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North Inland (Far North) Region

Counties: Butte, Lassen, Plumas, Shasta, Siskiyou

Community College	Human Services and/or Social Work	Mental Health Worker	Psychiatric/ Mental Health Services Technician	Psychology	Sociology	Substance Abuse/ Addiction Counseling
Butte College				A-T	A-T	
College of the Siskiyous	A, C			A, A-T	A-T	
Feather River Community College District					A-T	
Lassen Community College	A, C			A-T	A-T	A, C
Shasta College	A			A-T	A-T	

California State University/ University of California	Human Services	Mental Health Counseling/ Counselor	Psychology	Social Work	Sociology	Substance Abuse/ Addiction Counseling
California State University, Chico			B, M	B, M	B	

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Orange County Region

Counties: Orange

Community College	Human Services and/or Social Work	Mental Health Worker	Psychiatric/Mental Health Services Technician	Psychology	Sociology	Substance Abuse/Addiction Counseling
Coastline Community College	A, C			A, A-T	A, A-T	
Cypress College	A, C		A, C	A-T	A-T	C
Fullerton College	A-T			A, A-T	A, A-T	
Golden West College				A-T	A-T	
Irvine Valley College				A, A-T	A, A-T	
Orange Coast College	A*, C*			A-T	A-T	
Saddleback College	A, C	A, C		A-T	A-T	A, C
Santa Ana College	A			A, A-T	A, A-T	
Santiago Canyon College				A-T	A, A-T	

California State University/ University of California	Human Services	Mental Health Counseling/ Counselor	Psychology	Social Work	Sociology	Substance Abuse/ Addiction Counseling
California State University, Fullerton	B		B, M	M	B	
University of California, Irvine			B, D		B	

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San Diego-Imperial Region

Counties: Imperial, San Diego

Community College	Human Services and/or Social Work	Mental Health Worker	Psychiatric/Mental Health Services Technician	Psychology	Sociology	Substance Abuse/Addiction Counseling
Cuyamaca College	A			A-T	A-T	
Grossmont College				A-T	A-T	
Imperial Valley College	A*			A-T	A-T	A, C
MiraCosta College	A-T			A, A-T	A-T	
Palomar College	A, C			A-T	A-T	A, C
San Diego City College	A	C		A, A-T	A, A-T	A, C
San Diego Mesa College				A, A-T	A, A-T	
San Diego Miramar College				A-T	A-T	
Southwestern College	A, A-T			A, A-T	A, A-T	

California State University/University of California	Human Services	Mental Health Counseling/Counselor	Psychology	Social Work	Sociology	Substance Abuse/Addiction Counseling
California State University, San Marcos			B, M	M	B	
San Diego State University**			B, M	B, M	B	
University of California, San Diego			B, D		B	

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** San Diego State University also offers a Psychiatric Rehabilitation Advanced Certificate.

South Central Coast Region

Counties: Los Angeles (part), San Luis Obispo, Santa Barbara, Ventura

Community College	Human Services and/or Social Work	Mental Health Worker	Psychiatric/ Mental Health Services Technician	Psychology	Sociology	Substance Abuse/ Addiction Counseling
Allan Hancock College	A, C			A, A-T	A-T	A, C
Antelope Valley College				A-T	A-T	C
College of the Canyons				A, A-T	A, A-T	
Cuesta College	A-T		A, C	A, A-T	A, A-T	A, C
Moorpark College				A, C*	A-T, C*	
Oxnard College	A, C			A-T	A, A-T	A, C
Santa Barbara City College				A, A-T, C*	A, A-T, C*	A, C
Ventura College	A, C			A-T	A-T	C*

California State University/ University of California	Human Services	Mental Health Counseling/ Counselor	Psychology	Social Work	Sociology	Substance Abuse/ Addiction Counseling
California Polytechnic State University, San Luis Obispo			B, M		B	
California State University, Channel Islands			B		B	
University of California, Santa Barbara			B, D		B	

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