



Cal-HOSA and Cerritos College Partnership: Advancing the Mental Health Worker Certificate Program

Brief Collaborative Description

In the summer of 2020, a project consisting of Cal-HOSA, Los Altos High School, and Cerritos College resulted in an emerging mental health workforce strategy to expand career education for 18 high school youths interested in the mental health field. The aim of this pilot program was to strengthen a seamless continuous secondary, to postsecondary, to employment pipeline in response to the region's shortage of bicultural and bilingual mental health workers. This collaborative also includes community-based organizations (CBOs) as key partners.

The Mental Health Worker Certificate Program (MHWCP)

The program prepares students to enter the workforce as certified mental health workers at community-based mental health organizations and county behavioral health agencies. The MHWCP helps students, especially those with lived/life experiences, become an important piece of California's mental health workforce that mirrors underserved populations and helps to close the treatment gap. For many students with real-life experiences, this certificate reinforces their commitment to the helping professions that for many may have started in middle school. This certificate also means students can build a multi-faceted pipeline to careers in California's mental health system. From a replicable, transferable, and sustainable perspective, the emphasis is to connect middle and high school Cal-HOSA chapters, a community college certificated program, and university-level options to offer multiple entry points to ongoing educational/experiential learning and exit points to community-based mental health jobs. More information about the Mental Health Worker Program (MHWP) is available on the program's website (<https://www.cerritos.edu/mental-health-worker/default.htm>)

MHWCP Course Descriptions

This pipeline model makes it possible for participating high schools to enroll a cohort of up to 25 students per year. Each cohort stays together throughout their program of study to complete 18 units or six courses in three semesters:

- **Summer semester:** PSYC 101 (Introductory Psychology), INST151 (Principles of Recovery and Psychosocial Rehabilitation), INST 272 (Special Populations);
- **Fall semester:** INST 152 (Helping Relationships), PSYC 271 (Abnormal Psychology); and
- **Spring semester:** PSYC 273 (Mental Health Worker Field Experience).

Note: INST = Interdisciplinary Studies; PSYC = Psychology

Practice Implications

This collaborative model integrates college courses with the student's high school program of study. Due to the COVID-19 pandemic, currently the courses are online with a possibility of a college instructor going to a high school campus and teaching the courses in person. This would eliminate potential barriers (e.g., inadequate transportation, stress of adapting to a new learning environment, lack of time and resources, etc.) that keep high school students from participating in college. Another key benefit is the program's hands-on experiential learning course that combines classroom instruction with real-life work experiences that are consistent with the current mental health industry. Upon graduating from high school, students will have their Mental Health Worker Certificate with opportunities to gain employment at mental health agencies, all the while: (1) supporting their mental wellness and resilience, and (2) continuing their undergraduate and graduate education.

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Cost-effectiveness and Replication

The cost to students is almost nothing (i.e., \$3 student health fee per semester). Schools can purchase the books and reuse them for new cohorts. This collaborative model can be replicated throughout California by working in partnership with Cal-HOSA's 230 chapters/schools, community colleges, county offices of education, and CBOs. The program can lead to a reliable pipeline of future mental health professionals in place to meet an increased demand for a workforce that is culturally, linguistically, and contextually appropriate and represents the diversity of underserved populations.

Conclusion

Building on the ethnicity/race, gender, sexual identity, lived/life experiences of students from different geographical areas will translate into a diverse workforce that will mirror the composition of the most vulnerable populations being served. Equity and inclusion are achieved when the existing and future workforce matches the language and culture of the underserved populations they intend to serve.