

# Building a Community Behavioral Health Workforce Center of Excellence

Insights and Lessons Learned from Interfaith Community Service's Talent Initiative in North San Diego County

JUNE 2025



**PRICE**  
PHILANTHROPIES

HELPING PEOPLE HELP THEMSELVES  
**interfaith**  
community services

a report prepared by



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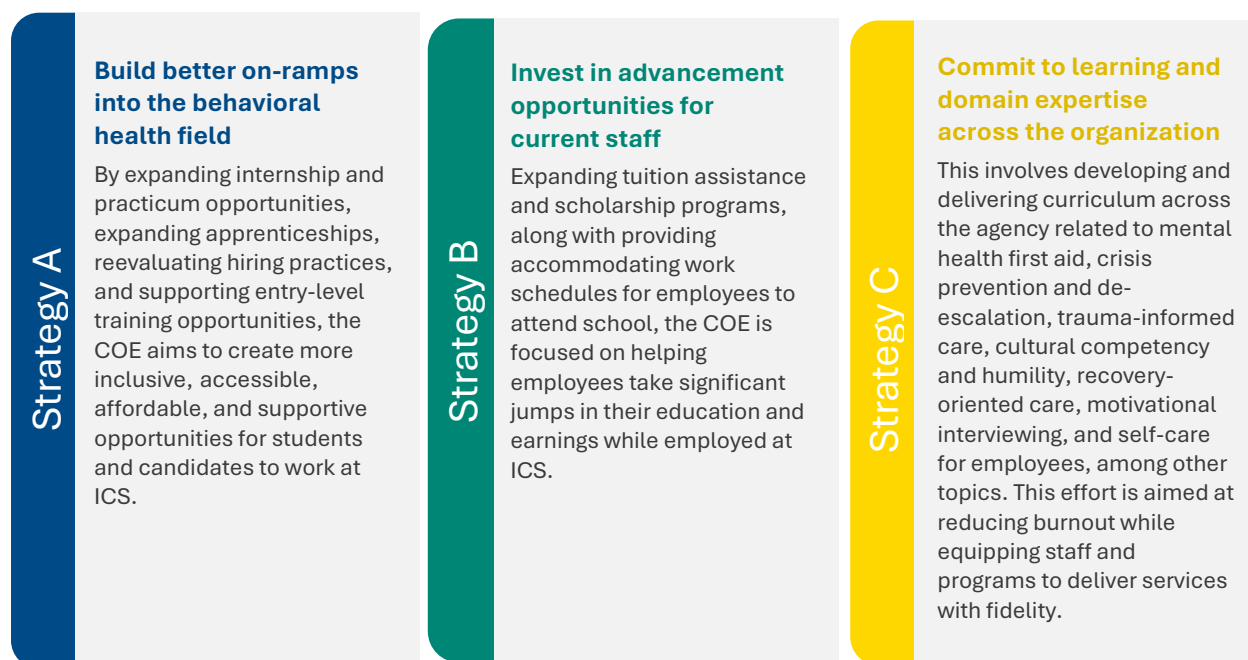
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# Executive Summary

## Background

A 2022 report commissioned by the County of San Diego Board of Supervisors and completed by the San Diego Workforce Partnership found the 17,000 behavioral health professionals working in San Diego County was 8,000 short of the number needed.<sup>1</sup> Since 2022, the County of San Diego has continued to steadily increase its investment in public behavioral health services. Interfaith Community Services (ICS), like many other County-funded community behavioral health providers that make a significant portion of the behavioral health system of care in the region, struggled to hire and retain the professionals needed to expand mental health and substance use programs.

In response to one of the five recommendations in the report, Price Philanthropies approved a five-year, \$2.5 million grant award to establish the Interfaith Behavioral Health Workforce Center of Excellence (COE), conditional on ICS securing \$1 million in matching funds. In December 2022, the County of San Diego Board of Supervisors approved funding for the match. Beginning in 2023, the ICS team began to put the COE concept into practice through the following three strategies:



This report provides a review of how the COE was established, how ICS is staffing and operating the COE, and an update on each of the COE workforce programs and initiatives. It also highlights the critical design decisions the ICS team has faced along the way, providing insights and considerations for ICS and the behavioral health field as ICS continues to refine and expand their COE efforts. Finally, the report provides baseline metrics and a framework for tracking the return on investment of the COE overtime that can be used by ICS and other providers over the next several years.

<sup>1</sup> Addressing San Diego's Behavioral Health Worker Shortage. San Diego Workforce Partnership (2022). <https://workforce.org/wp-content/uploads/2023/02/San-Diego-Behavioral-Health-Workforce-Report-1.pdf>

## Program Updates

In 2023 and 2024, the COE implemented five major initiatives to attract and retain behavioral health workforce talent.

- 1. Developing a Masters Level Student Intern to Associate Clinician Pathway:** Prior to the COE starting in 2022, ICS annually hosted an average of five student interns pursuing master's degrees in social work, therapy, and counseling. In 2023 and 2024, the organization hosted 23 and 41 advanced year interns, respectively. The COE team has expanded relationships with colleges and universities, built a structured onboarding process, developed a survey to measure the intern experience before and after the internship, and hired dedicated clinical supervisors to support and mentor interns. Working with HR, the COE team created a process to engage interns early and often about their interest working for ICS after they graduate and now fast-track interns through the hiring process. In 2025, three interns have already accepted job offers as associate clinicians.
- 2. Building the Substance Use Disorder Career Pathway:** As ICS substance use disorder programs and services grow, so does its need for registered and certified substance use disorder (SUD) counselors. In 2018, ICS employed 10 SUD counselors. In January 2025, ICS had 25 SUD counselors on the payroll. Recruiting and retaining SUD counselors will continue to be a priority for ICS and the COE. In partnership with the San Diego Workforce Partnership, ICS is providing tuition assistance to help current employees complete an accelerated six-month addiction studies program at Tarzana Treatment College. Since 2023, 11 employees have entered the program. All five in cohort 1 graduated, but only 1 went on to become a registered SUD counselor. The others reported using the knowledge in their current role. Going forward, the COE plans to reevaluate SUD counselor wage ranges, revise the program's selection criteria, and explore participation in a regional SUD counselor registered apprenticeship program to increase the number of individuals that get through the program and advance on the SUD counselor career path at ICS.
- 3. Expanding the Nursing and Occupational Therapy Internship Program:** The COE has also allowed ICS to expand work-based learning opportunities for nursing and occupational therapy students in San Diego County. Unlike the clinician pathway, ICS is not focused on hiring these students' post-graduation. Instead, the priority is to bring in nursing and OT interns to provide educational resources and extra support to patients in the ICS recuperative care program, where people who are experiencing homelessness can heal and recover after a hospital stay. Prior to the COE starting up, ICS hosted 10 OT student interns and 10 nursing student interns. Two years later in 2024, the COE helped place and support 34 OT interns and 51 nursing interns. These individuals, under proper supervision, help ICS provide vital healthcare services through a multi-disciplinary treatment (MDT) approach to individuals experiencing homelessness.
- 4. Providing Scholarships for Employees to Pursue a Master of Social Work (MSW):** In 2023, ICS began offering selected, eligible employees up to \$40,000 per year to attend accredited Master of Social Work programs. Recipients are required to work at ICS for at



least three years after graduation or they must repay a prorated portion of the funds back to ICS. Sixteen (16) employees have participated in the program thus far, including seven unlicensed case managers, four program managers or directors, three SUD counselors, and two program specialists. In addition to providing the scholarship, the COE team works with the recipients to adjust their work schedule as needed so they can successfully attend school. ICS also provides employment-based practicum and advanced year internship opportunities for the scholarship recipients in accordance with each university's requirements. As of June 2025, four have graduated from the program; three are employed and completing their service requirement. One individual left ICS and has repaid a portion of their scholarship funds.

- 5. Internal Training and Staff Development:** In 2024, with support from a HEAR Us grant, ICS began conducting required as well as optional internal trainings for all staff and interns on a range of behavioral health service delivery topics and essential workplace skills through in person sessions, remote distance learning, and asynchronous content. Topics include mental-health first aid, de-escalation, documentation, professionalism and boundaries, strength-based case management, and a range of other topics identified by program managers and supervisors. In 2024, COE trainers held trainings for 215 interns and staff. In 2025, the COE team has contextualized the content to specific ICS programs, clients, and treatment models. ICS plans to offer the trainings to clients and partners as part of a social enterprise training and staffing business.

## Key Insights and Lessons Learned for the Field

In its first two years of implementation, the COE offers significant lessons learned for ICS, other behavioral health providers interested in establishing or expanding internal workforce initiatives, and funders interested in supporting behavioral health workforce efforts. Notably, many of the lessons learned can inform the **\$75M ELEVATE Behavioral Health Workforce Fund** established by the County of San Diego and operated by the Policy and Innovation Center ([link](#)).

1

### **Building Long-Term Clinical Supervision Capacity is Critical (but Difficult).**

ICS made the decision to hire three Licensed Clinicians to serve as clinical supervisors for interns and associates. These W-2 employees do not have client caseloads and are fully dedicated and focused on supporting, training, and consulting with interns and associates. Prior to the COE, individual clinicians could provide supervision to interns or associates “off-the-side of their desk” along with their normal job duties, and/or individual associates would hire contracted supervisors to sign off on their hours. Both practices proved difficult to sustain and scale. Establishing dedicated COE clinical supervisors has given the organization more capacity, consistency, and structure in the supervision process.

Recruiting clinical supervisors was not easy, however. It took 18 months to fill the position, and ICS had to increase the posted pay range twice before getting qualified licensed clinicians to apply. The higher salaries proved to be worth it for ICS as W-2 employees were able to supervise more interns and associates at a lower cost per hour than contracted clinical supervisors.

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**Expanding the Number of Master's Interns from 5 to 41 in Two Years Did Not Require Paying Stipends:** ICS hired a full-time practicum and internship coordinator to build relationships with university partners and coordinate resources to provide a highly supported internship experience. ICS is not paying interns stipends at this time, although COE staff understand the hardship unpaid internship requirements can cause students. Despite offering unpaid internships, 95% of interns shared they had a positive experience and would recommend the program to fellow students, many citing the availability and support from their clinical supervisor and the practicum coordinator as major reasons. Thus far in 2025, more students are reaching out to ICS and requesting internship opportunities than the 50-60 planned spots.

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**Interns Don't Automatically Convert to Associate Clinicians.** While ICS was rapidly expanding the number of interns from master's of social work, therapy, and counseling programs, work needed to be done to increase the likelihood high-performing interns were made aware of, applied for, and were offered an interview for open associate positions. Without intentional processes to coordinate the timing of job postings, capture feedback on intern performance, and develop an employment opportunity specific to the individuals interests and growth areas, ICS missed opportunities to convert high-performing interns into associate clinicians. The COE team is focused on changing that; in 2025 they worked with HR to develop a specific process for interns to increase intern to associate clinician conversion rates. In the first three months of 2025, three former interns have already been hired as associates, a notable increase over hiring in the previous two years where a total of two interns were hired (zero in 2023 and two in 2024).

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**All Behavioral Health Professionals Benefit from Addiction Studies Education, but Not All of Them Want to be SUD Counselors.** ICS has provided tuition assistance for 11 employees to take a 6-month accelerated addiction studies program, one of the steps to becoming a Certified SUD Counselor in California. In the first cohort of five employees, only one went on to pursue registration and certification as a SUD Counselor. The other four stayed in their roles as case managers and outreach specialists for a myriad of reasons. ICS is exploring wage increases, the program selection process, and the apprenticeship model as ways to increase the pipeline of new and current employees into critical SUD Counselor jobs.

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**The COE is Building a Residency Model to Train Social Workers, and It's a Game Changer:** ICS is providing up to \$40,000 in annual scholarships per employee paired with accommodating schedules and employer-based practicums and internships, creating a debt-free pathway for ICS employees with bachelor's degrees to become licensed clinical social workers (LCSWs) in five years. This model is transforming individuals' lives and challenging established norms in social work training that can create significant financial hardship for individuals, such as large debt loads, unpaid internships, and inability to earn while learning.

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**Taxes, Collections, and Employer-Sponsored Scholarship Programs:** Setting up and operationalizing the MSW Scholarship Program require significant design decisions and management support that play a major role in the program model, operations, and ultimately, impact.

Any reimbursement or scholarship provided by an employer beyond \$5,250 per year is considered taxable compensation. Nearly 30% of the nearly \$1M set aside for the MSW scholarship payments have or will be used to pay employer and employee payroll taxes that resulted from the scholarship payments to employees, a taxable event. Additionally, ICS is responsible for collecting repayments from scholarship recipients that do not fulfill their three-year post-graduation service agreement.

The ELEVATE Behavioral Health Workforce Fund's Pay-it-Forward Loan Fund represents an opportunity to avoid this tax and offload the repayment, service requirement enforcement, and collection responsibility from employer to a third-party going forward for ICS and for other behavioral health providers.

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**Measuring the Return on Investment of Behavioral Health Workforce Program is Messy, But Possible:** Looking ahead, ICS is working with Price and Trailhead Strategies to develop a model to understand the financial return of the COE. Specifically, ICS is working to benchmark and track the following over the next three years for each critical behavioral health occupation:

- Annualized turnover
  - The number of days from job posting to hire (time to hire)
  - Unrealized revenue as a result of vacancy
  - Training and workforce revenue secured (e.g., training contracts, on-the-job training wage subsidies)
  - Indirect cost of turnover (e.g., HR time onboarding new staff)
-

## Glossary of Acronyms

The behavioral health field is awash in acronyms. To avoid any confusion or misunderstandings, we have provided a glossary of the most commonly used acronyms throughout this report.

|                      |   |
|----------------------|---|
| <b>MSW</b>           | <b>Master of Social Work</b>  |
| <b>ASW</b>           | Associate Social Worker (degreed and working toward licensure)  |
| <b>LCSW</b>          | Licensed Clinical Social Worker   |
| <b>MFT</b>           | Marriage and Family Therapist   |
| <b>AMFTs</b>         | Associate Marriage and Family Therapist (degreed and working toward licensure)                            |
| <b>LMFT</b>          | Licensed Marriage and Family Therapist  |
| <b>PCC</b>           | Professional Clinical Counselor   |
| <b>LPCC</b>          | Licensed Professional Clinical Counselor  |
| <b>BHS</b>           | Behavioral Health Services (a department within the County of San Diego Health and Human Services Agency) |
| <b>CalMHSA</b>       | California Mental Health Services Authority   |
| <b>SUD Counselor</b> | Substance Use Disorder Counselor  |
| <b>LVN</b>           | Licensed Vocational Nurse   |
| <b>OTS/OT</b>        | Occupational Therapy Services (OTS) or Occupational Therapists (OT)                                       |
| <b>DBT</b>           | Dialectical Behavior Therapy  |
| <b>CBT</b>           | Cognitive Behavioral Therapy  |
| <b>CSUSM</b>         | Cal State University San Marcos   |
| <b>SDSU</b>          | San Diego State University  |
| <b>CAADE</b>         | California Association for Alcohol and Drug Educators   |
| <b>CADTP</b>         | California Association of DUI Treatment Programs  |
| <b>CCAPP</b>         | California Consortium of Addiction Programs and Professionals   |



## Section 1: What is the Talent Challenge Facing Interfaith?

### 1.1: The Industry Context

There is a shortage of essential behavioral health professionals providing patient care to individuals with mental illness and substance use disorder in the United States. The workforce shortage is impacting access to care; in 2021, the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health estimated that fewer than half of people with a mental illness were able to get timely care.<sup>2</sup> As of December 2023, more than half of the U.S. population lives in a Mental Health Shortage Area (MHPSA), with significant shortages of addiction counselors, therapists, mental health counselors, psychologists, and psychiatrists projected for decades to come.<sup>3</sup> In 2018, more than half of U.S. counties did not have a practicing psychiatrist.<sup>4</sup> Historical underinvestment in the behavioral health system, increasing rates of mental illness and substance use, and high rates of employee burnout and attrition has led to a national shortage of peer support specialists, addiction counselors, professional counselors, social workers, therapists, nurses and nurse practitioners and psychiatrists.

In San Diego County, there has been significant public investments to expand the accessibility, quality, and effectiveness of the publicly funded behavioral health system over the last decade. The FY 2025/2026 County of San Diego Health and Human Services, Behavioral Health Services (BHS) budget is \$1.3B, an increase of over \$100M from FY 2024/2025 and more than double the agency's budget of \$529M in FY 2017//2018. In FY 2024/2025 80% of the BHS budget went to mental health and substance use disorder services, typically provided by community-based organizations, Federally Qualified Health Centers (FQHCs), and health systems providing services to residents in a range of outpatient and inpatient settings.



<sup>2</sup> Substance Abuse and Mental Health Services Administration. 2021 NSDUH detailed tables. January 4, 2023. SAMHSA.gov. <https://www.samhsa.gov/data/report/2021-nsduh-detailed-tables>

<sup>3</sup> National Center for Health Workforce Analysis. Behavioral Health Workforce 2023 Brief. December 2023. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>

<sup>4</sup> University of Michigan Behavioral Health Workforce Research Center. Estimating the Distribution of the U.S. Psychiatric Subspecialist Workforce. Ann Arbor, MI: UMSPH; 2018

## Exhibit 1: County of San Diego Behavioral Health Services Budget, FY 17/18 – FY 25/26



Source: Behavioral Health Services Directors Report, May 30th, 2024, Behavioral Health Services Budget Snapshot, 2025/2026

This growing investment, combined with the growing cost of living in the region and increasing competition for behavioral health professionals from other industries and settings (technology companies, private practice, telehealth providers) has turned workforce shortages into a crisis in recent years. A lack of qualified professionals has been cited by County BHS leaders and community-based organizations as the primary obstacle to expanding behavioral health care for residents on Medi-Cal or those without insurance.<sup>5</sup>

In 2022, a report from the San Diego Workforce Partnership estimated there were approximately 17,000 behavioral health professionals working in San Diego County across 11 patient-serving occupations in 2022, 8,000 short of the estimated 25,000 professionals needed to meet the population's need for services.<sup>6</sup>

<sup>5</sup> Addressing San Diego's Behavioral Health Worker Shortage. San Diego Workforce Partnership (2022). <https://workforce.org/wp-content/uploads/2023/02/San-Diego-Behavioral-Health-Workforce-Report-1.pdf>

<sup>6</sup> Ibid

**Exhibit 2: San Diego Workforce Partnership Behavioral Health Workforce Shortage Estimates in San Diego County, 2022 – 2027**



Developing and implementing bold solutions to address the workforce shortage has been, and will continue to be, a core priority for the County of San Diego and the network of behavioral health service providers that make up the continuum of care in San Diego County. The 2022 report laid out five recommendations to address the workforce crisis.

**Exhibit 3: *San Diego Workforce Partnership Recommendations from its 2022 Report: “Addressing San Diego’s Behavioral Health Worker Shortage”***



**Invest in Competitive Compensation**

San Diego BH professionals are paid less than other CA counties. **55% of workers surveyed were dissatisfied with pay.**



**Pursue Administrative Relief**

Streamlining documentation is a top concern for BH professionals. Explore **12 issue areas and 29 opportunities** to reduce administrative requirements.



**Build Regional Workforce Training Fund**

This report provides a financial framework for a **\$128M** down payment to train **4,250** more professionals.



**Establish Regional Training Centers of Excellence**

Sites would **deliver services, expand training and supervision** opportunities, and provide **research** opportunities focused on integrated care, workforce optimization, and training best practices.



**Continue Listening to Workers**

Input from **1,600 San Diego workers and students** informed this report. Levels of job satisfaction, burnout, intent to leave, and other factors driving career decisions should be surveyed annually to inform implementation and measure progress.

On October 11, 2022, the County of San Diego Board of Supervisors formerly accepted the report and directed the County executive leadership to advance the recommendations, along with partners, institutions of higher education, and behavioral health service providers.<sup>7</sup>

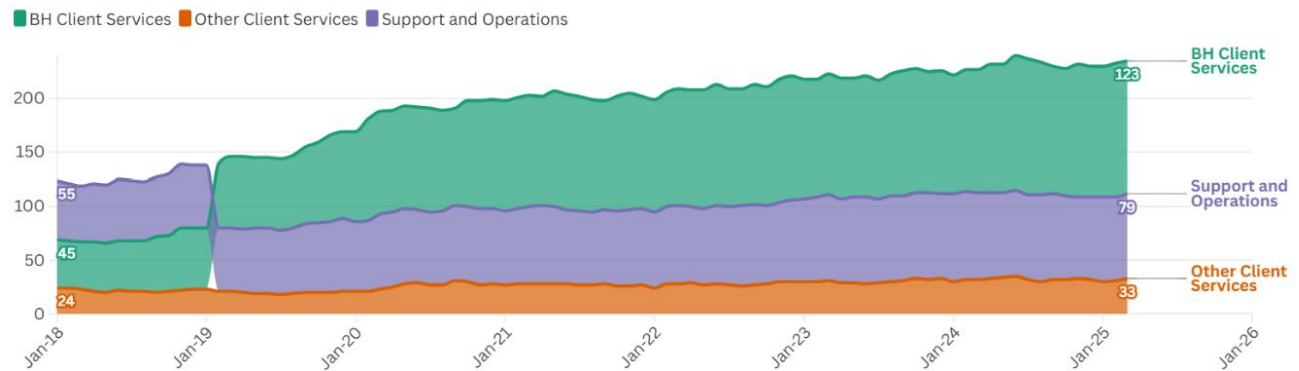
## **1.2: Interfaith Community Services expanded behavioral health services**

Interfaith Community Services (ICS) is one such behavioral health service provider. ICS is non-profit, non-denominational organization headquartered in Escondido, California. Established in 1979, ICS provides a wide range of programs and services, including nutrition, behavioral health, recuperative care, employment, and housing assistance primarily in the cities of Escondido, Vista, Fallbrook, San Marcos, and Oceanside in northern San Diego County (e.g., North County).

As the County of San Diego has expanded its investments in behavioral health over the last several years, ICS has seen a significant increase in county contracts for behavioral health services and an increasing employee headcount. In January 2018, ICS employed 124 employees. By January 2025, total headcount was 235, with the biggest increase coming from employees providing behavioral health clients services in roles such as Substance Use Disorder (SUD) Counselors, Peer Support Specialists, Case Managers, Associate or Licensed Clinicians, and other unlicensed behavioral health roles serving clients. In 2018, ICS employed 45 individuals in behavioral health client services. As of January 2025, ICS employed 123 of these professionals.

<sup>7</sup> County of San Diego Board of Supervisors Agenda Item #10 (October 11, 2022). <https://file.sandiegocounty.gov/COB/COBPublicView?FileId=28062354>

#### Exhibit 4: *Interfaith Community Services Active Employees, 2018-2025*



Source: Trailhead Analysis of Interfaith Payroll Data, Provided April 1, 2025 •

**Note 1:** Regular FTEs represent 91% - 95% from 2018 - 2025, with the remainder being regular part time or temporary staff.

As ICS continues to grow and expand its behavioral health services to meet the mental health and substance use disorder needs of North County residents, talent attraction and retention has become an organizational priority. The executive team has been focused on the following metrics:

- Reducing turnover
- Reducing time to hire (e.g., number of days from job posting to a new hire's first day)
- Increasing internal advancement opportunities
- Increasing the diversity and language competency of behavioral health staff

The ICS executive team was looking for opportunities to take on a more proactive role in attracting and retaining behavioral health talent to their organization.



## Section 2: Addressing the Talent Shortage | Getting Started

### 2.1: The Interfaith Workforce Center of Excellence Concept

Effective behavioral health training requires high-quality work-based learning, such as job shadows, rotations, practicums, internships, and structured supervision and mentorship opportunities. These real-world workplace settings that provide hands-on learning experiences expose individuals to the field, different settings, and sub-specialties and help prepare individuals to be successful in their current or future occupation.

However, it can be difficult for community behavioral health providers to provide consistent, high-quality work-based learning experiences to students and associates. Overworked staff, unfunded costs related to coordination and supervision, and MOU requirements with colleges and universities have all been cited as challenges.<sup>8</sup>

One of the recommendations in the 2022 San Diego Workforce Partnership report was focused on establishing regional behavioral health “Centers of Excellence” that 1) provide behavioral health services to the public 2) develop and host training and supervision programs for students, trainees, and current professionals, and 3) provide technical assistance and support to other organizations. While the ICS team did not have the entire program model worked out in late 2022, they knew the COE concept aligned well with their talent priorities.

Exhibit 5: *Interfaith Community Services Behavioral Health Talent Goals and Target Occupations*

#### TALENT GOALS:

##### Goal 1

Reduce time to hire and vacancy rates for key BH positions ICS

##### Goal 2

Increase retention of employees, particularly in target occupations

##### Goal 3

Increase workforce diversity, linguistic competency, and lived experience.

#### TARGET OCCUPATIONS:

1. Peer Support Specialists
2. Substance User Disorder (SUD) Counselors
3. Licensed Vocational Nurses

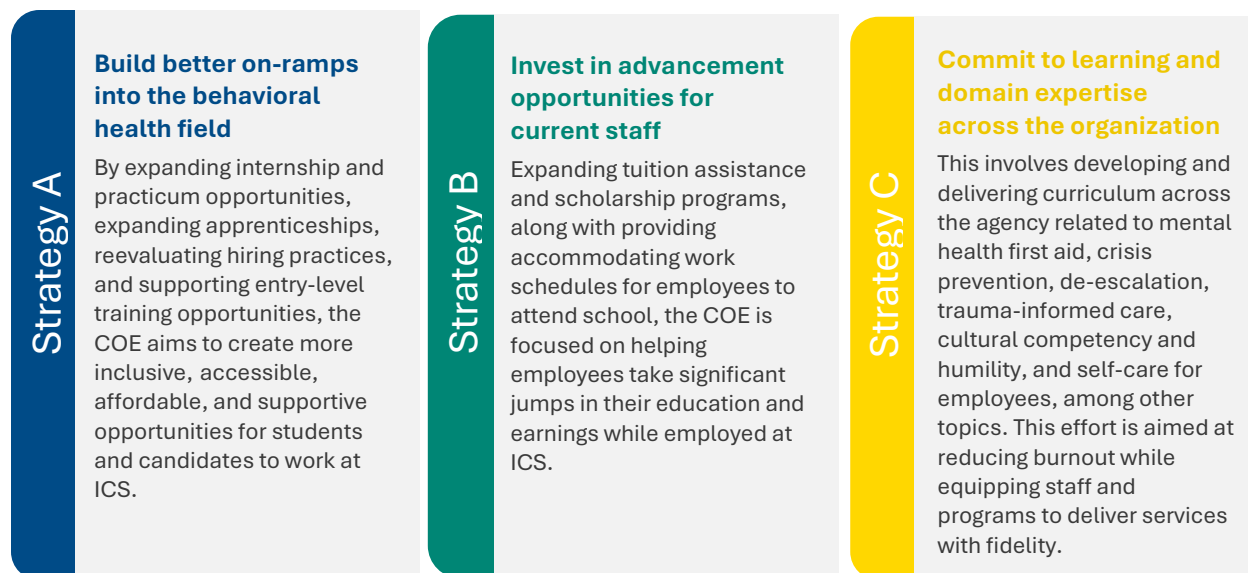
4. Registered Nurses
5. Occupational Therapists
6. Master's Level Clinicians (Social Workers, Therapists, Professional Counselors)

To achieve these goals, the ICS team focused on three major strategies. First, instead of simply posting jobs and hoping qualified candidates applied, ICS wanted to build better on-ramps into behavioral health occupations by expanding internship opportunities and creating new entry level job classifications (such as peers and apprentices). Second, ICS wanted to create meaningful advancement opportunities and tuition assistance programs for current staff to get the education, skills, certifications, and licensures needed for promotions and pay raises. Finally, ICS wanted to formalize internal training and staff development for all staff through custom curriculum and

<sup>8</sup> Addressing San Diego's Behavioral Health Worker Shortage. San Diego Workforce Partnership (2022). <https://workforce.org/wp-content/uploads/2023/02/San-Diego-Behavioral-Health-Workforce-Report-1.pdf>

dedicated training team members to reinforce a culture of learning and behavioral health domain expertise across the organization.

**Exhibit 6: *Three Focus Areas of the Interfaith Behavioral Health COE***



## 2.2: Funding the Initiative | A Public Private Partnership

Price Philanthropies, a private family foundation based in San Diego, California that has been supporting efforts to improve the mental health system of care for youth and their families since 2015 also saw the 2022 report from the San Diego Workforce Partnership and was interested in supporting the recommendations. Specifically, Price envisioned a role in providing catalytic, flexible funds that could be paired with public dollars to advance some of the more innovative education and training recommendations in the report, such as the COE.

In November 2022, Price Philanthropies made a \$2.5M grant award to ICS to put the COE concept into practice, conditional on receiving \$1M match from the County of San Diego. In December 2022, that match was approved by the County Board of Supervisors. With this public/private funding partnership in place, the COE was ready to move forward. To date, ICS has secured \$4,511,107 in funding from three private philanthropic sources and two public agencies to support the BH workforce Centers of Excellence. The table below details the funding ICS has secured.

**Exhibit 7: *Financial Support for ICS BH Workforce Initiative – As of December 2024***

| Funder  | Funding Source   | Amount      | Term                     | Notes  |
|---|--|-------------|--------------------------|--|
| <b>Price Philanthropies</b>                                 | Private: Philanthropy  | \$2,500,000 | Nov 2022 – Dec 2027      | Conditional on securing \$1M in matching funds |
| <b>County of San Diego Health and Human Services Agency</b> | Public: CA Mental Health Services Act (MHSA) Funding administered by the County of San Diego Behavioral Health Services (BHS). | \$1,000,000 | July 1, 2023 – June 2028 | Satisfied \$1M match requirements              |
| <b>San Diego Workforce Partnership</b>                      | Public: CA Workforce Development Board High Road   | \$24,079    | N/A                      | In-kind payments for tuition for 5 staff to    |

|   |  |           |                                 |   |
|---|--|-----------|---------------------------------|---|
|   | Training Partnership (H RTP)<br>Funding (Federal WIOA Funds) |           |                                 | attend SUD Counselor<br>Treatment program |
| <b>Kaiser Permanente<br/>Foundation</b> | Private Philanthropy   | \$95,000  | N/A                             | Provided to ICS through<br>SDWP.          |
| <b>The Conrad Prebys<br/>Foundation</b> | Private Philanthropy   | \$400,000 | July 1, 2024 –<br>June 30 2026  |   |
| <b>HEAR Us Foundation</b>               | Private Philanthropy   | \$692,028 | July 1, 2024 –<br>June 30, 2025 |   |

## 2.3: Staffing the Initiative

Setting up and maintaining a high-quality clinical supervision program for interns, clinical rotations, apprentices, and pre-licensed clinicians takes significant staff resources. Clinical sites need to establish and maintain relationships with colleges and universities, coordinate with internal program managers, conduct background checks, onboard employees, all while ensuring trainees have a meaningful experience and patient encounters remain productive.

A lack of dedicated staff has been cited by community-based providers across the US as the primary limiting factor to starting, maintaining, and expanding internal training, staff development, mentorship, and program fidelity capacity.<sup>9</sup> Prior to funding and organizational commitment beginning in late 2022, ICS staff shared that internship placement, clinical supervision, and other education and training investments were done on an ad-hoc basis for less than five people a year. The activity was often done “off the side of the desk” of a supervisor based on an individual’s passion for training, with minimal support from HR and program directors.

**“ Behavioral Health training is client service. It is treating patients. It must be led by clinical and program staff. I don’t see any other way to do it. ”**

– Dr. Santiago Zepeda-Ortiz, Director of Integrated Health

<sup>9</sup> For example, a recent report released by Cook County Health entitled “Addressing the Behavioral Health Workforce Shortage in Cook County (IL)” outlines the difficulties community providers face coordinating with universities to provide internships. <https://cookcountyhealth.org/wp-content/uploads/Cook-County-Behavioral-Health-Workforce-Full-Report-Cook-County-BH-Workforce-Assessment-October-2024-FINAL.pdf>

## DESIGN DECISION 1

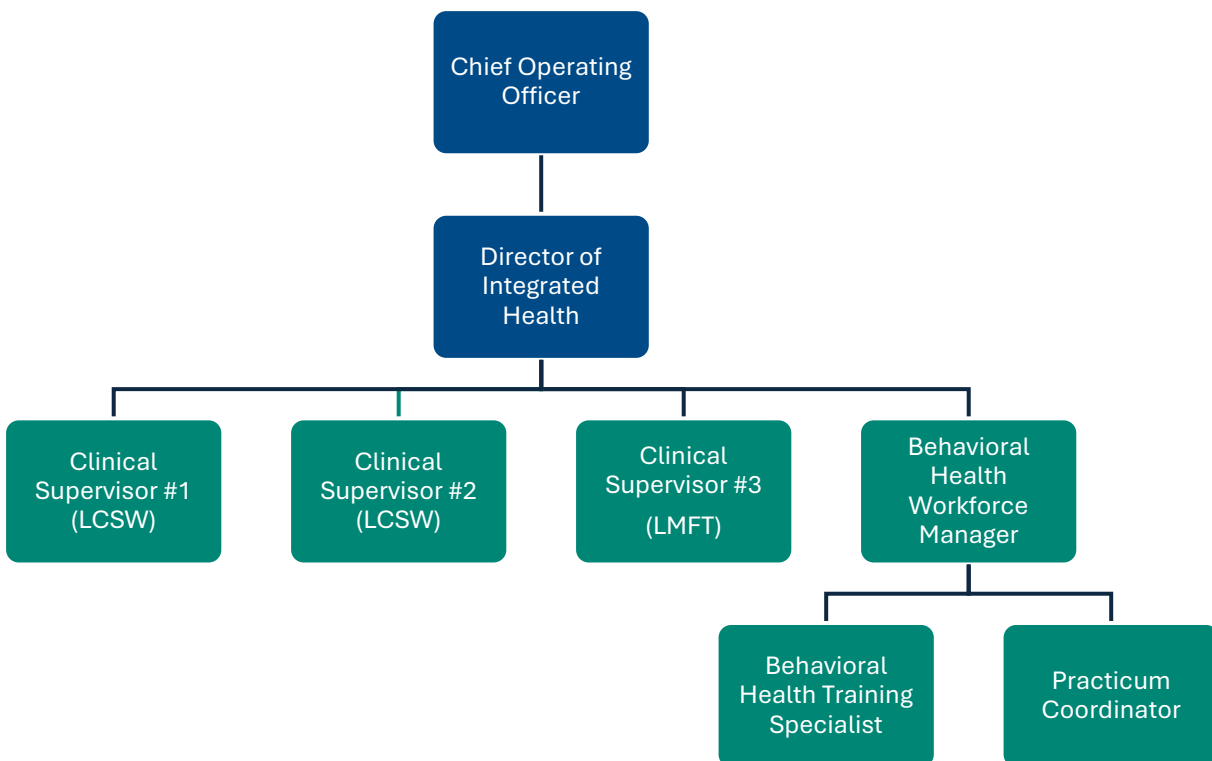
### Where should the initiative “live”? HR or Clinical Services?

One of the first decisions the ICS executive team had to make was where to house the effort within the agency. The team established the BH Workforce Center of Excellence under the Chief Program Officer, an executive-level role that oversees all the programs and service at the agency. Another option was within the HR team, a common place for corporate talent development efforts. However, because Behavioral health training is heavily “work-based” – internships, apprentices, pre-licensed associate supervision – requiring patient encounters, active caseloads, and other productive work in clinical settings, the decision was made to establish the initiative under the program team.

The ICS team said it really helps that this effort is led by experienced clinicians — as opposed to HR professionals — when navigating licensing nuances, school requirements, and the coordination with program managers to place and support interns.

With the dedicated funding for the BH Workforce COE, ICS has been able to hire a team of six dedicated staff (shown below in the organizational chart in Exhibit 7 in green) to set-up, manage, and lead the BH workforce initiative. This team is led by the Director of Integrated Health and housed under the Chief Operating Officer, who is responsible for the vast array of direct service programs ICS provides to the community. The decision was made to house this team under clinical services, as opposed to Human Resources, for improved alignment with clinical operations. Additional details on this decision can be found at right.

Exhibit 7: *Staffing the BH Center of Excellence at ICS, As of January 2025*



What follows is a summary of the primary responsibilities of each member of ICS's COE team:

**Clinical Supervisors:** The full-time clinical supervisors are licensed clinicians (two LCSWs, one LMFT) that oversee interns and pre-licensed clinicians, provide case consultations, review treatment plans, and provide assistance and clinical support to staff and managers across programs to ensure programs and services are delivered with fidelity and in accordance to evidenced-based practices and program policies. Critically, these staff do not have caseloads or programs to manage alongside these responsibilities and can be fully dedicated to workforce training, mentorship, and consultation.

**Behavioral Health Workforce Manager:** Responsible for setting up, managing, and maintaining individual programs within the overall BH workforce strategy. Primary duties include coordination between HR and program departments, external partner coordination, tracking and reporting, and providing overall management and administrative leadership in support of the COE goals. At the time of writing, this position was filled by an internal hire with an MSW who worked as an ASW in ICS's housing and homelessness program.

**Practicum Coordinator:** Coordinates with universities, program managers, and interns to facilitate, support, and expand ICS internship placements for MSW, MFT, OTS, Nursing, and SUD Counselor Students. This position was originally filled in November 2022. The current employee filling this position began in August 2023 and is an internal hire with a bachelor's degree who worked previously as a housing stability case manager.

**Behavioral Health Training Specialist:** Responsible for internal training to all ICS staff and interns that includes key concepts of ICS clinical approach (e.g., trauma-informed care and mental health first-aid), cultural competencies (e.g., serving LGBTQ BH needs), and workplace skills (e.g., practicing self-care).

In addition, the BH workforce team receives organizational support from existing corporate team members, including:

- **Chief Financial Officer:** Reporting on expenditures to various funders and administering and processing scholarship payments.
- **Human Resources:** The Human Resources (HR) team conducts background and clearance checks for interns and staff, collaborates on new policy and procedures related to the workforce, and provides overall personnel management and support.
- **Grant manager:** Writes proposals for additional philanthropic and government grants to support the initiative.

## 2.4: Securing Clinical Supervision Capacity

In addition to didactic classroom training — provided by colleges, universities, and other training partners — training, certifying, and licensing behavioral health professionals involves significant work-based learning hours that include real-world patient or client encounters. Providing high-quality experience to trainees and interns in a range of occupations requires significant clinical supervision capacity.

Prior to the COE, ICS staff and department made ad-hoc efforts to provide supervision for trainees whose work-based requirements are shown in the table below. Often, supervision was provided



by individuals with full caseloads because they were passionate about supporting the next generation of professionals in the field. However, doing supervision “off the side of their desk” made it difficult to sustain, scale, and provide consistent support to interns and associates.

**Exhibit 8: *Required Work-Based Learning Hours for ICS Target Occupations***

| Occupation                       | Certification/License  | CA Work-Based Learning Requirement   |
|----------------------------------|--|--|
| <b>Peer Support Specialist</b>   | Cal MHSA Certification   | N/A<br>(80hr training requirement)   |
| <b>SUD Counselor</b>             | California Commission for Behavioral Health Certification  | By the 5 <sup>th</sup> year after registering, in addition to education, a person must have: <ul style="list-style-type: none"> <li>• 255 hours of supervised SUD training as a substance use disorder counselor</li> <li>• 2,080 hours of SUD counseling work experience</li> </ul> |
| <b>Social Worker</b>             | Master of Social Work (MSW) degree   | Complete ~1,000 hours of supervised experience over two years  |
| <b>Licensed Social Worker</b>    | Licensed Clinical Social Worker (LCSW) degree, registration with the BBS, <i>and</i> passing the CA Law and Ethics Exam and ASWB Clinical Exam         | All MSW Requirements + the completion of 3,000 hours of supervised work hours after degree completion; these hours must occur over a minimum of two years.   |
| <b>Registered Nurse</b>          | Associate Degree in Nursing (AND) or Bachelor of Science in Nursing (BSN) and licensed by the California Board of Registered Nursing (BRN)             | For ADNs, the requirement is at least 400 hours of clinical experience<br>For BSNs, the requirement is minimum of 500 direct patient care clinical hours in a board-approved clinical setting with a minimum of 30 hours of supervised direct patient care clinical hours.           |
| <b>Licensed Vocational Nurse</b> | Completion of an approved vocational nursing program and a license from the California Board of Vocational Nursing and Psychiatric Technicians (BVNPT) | A program-specific number of supervised clinical practice hours.   |
| <b>Occupational Therapist</b>    | Occupational therapy degree from an ACOTE accredited program and obtain licensure from the California Board of Occupational Therapy.                   | Rough 1,000 hours across Level I and Level II Fieldwork.   |

At the outset of the COE, ICS knew that expanding internal clinical supervision capacity would be fundamental to the success of the initiative. Adding that capacity proved to be challenging, and the ICS team worked with both contracted clinical supervisors and employees to provide this service in 2024.

## DESIGN DECISION 2

### Outsourced vs. In-House Clinical Supervision

Dedicated, qualified clinical supervision from a licensed clinician is critical to a community BH workforce initiative. With funds secured, ICS had two options. Option 1 is to outsource this activity by contracting with LCSW’s and other licensed clinicians to provide supervision to staff on an hourly basis. Alternatively, ICS could hire full-time clinical supervisors to be 100% dedicated to providing interns and pre-licensed clinicians with the supervision they need to be successful.

ICS decided to hire clinical supervisors internally, but it took a long time and multiple increases in the posted salary range to secure qualified candidates.

Contracting with licensed clinicians to provide supervision — shadowing client interactions, debriefing sessions, advising on treatment plans, reviewing notes, and signing off on required hours for licensure — is a common practice in the field. The ICS team, however, wanted full time, on-site FTEs to be available to learn ICS program models and develop trust with trainees and program managers. In January of 2023, ICS began recruiting for a clinical supervisor. However, it wasn't until 18 months later, in July 2024, that the first clinical supervisor was hired. Pay was the major reason hiring took so long. The original job posting advertised a salary of \$67,500. The range was increased to \$85,000 - \$95,000, but did not attract qualified applicants. It wasn't until the advertised salary range reached \$95,000 - \$115,000 that the position was filled at the top of the range.

“ We had to increase the pay multiple times. Our normal ranges were just uncompetitive for an LCSW. It took us over a year to hire our first clinical supervisor. ”

– Marlene Romo, BH Workforce Program Manager

ICS used a combination of seven different employed, contracted, and volunteer clinical supervisors (four (4) licensed clinical social workers, two (2) licensed marriage and family therapists, and one (1) licensed professional clinical counselor) to fill the need in the interim. While these professionals helped provide internship supervision to the many master's students who otherwise would not have been placed at ICS, staff mentioned several drawbacks of this fragmented, interim solution, including:

- **It is time-consuming to identify and maintain contract clinical supervisors:** It took significant person-hours, several referrals and screenings, and many months to identify, vet, and contract with potential clinical supervisors, who often have other full-time jobs with limited availability to support ICS.
- **Contracted clinical supervisors are not always accessible.** There were occasions when interns would need a consult, but their contracted clinical supervisor was not onsite or available to take a call.
- **People have disparate reporting and billing practices.** A mix of contractors and staff all have different supervision styles, note-taking practices, and understanding of billing requirements for different programs and funding streams. This disparate model made it difficult to establish “the Interfaith” method for clinical supervision to ensure consistency.
- **There are risks of burnout.** Licensed clinicians with their own caseloads and programs to manage — whether they are volunteer staff or contracted individuals “moonlighting” — find it difficult to switch to different tasks, programs, or organizational contexts, making supervision just one more thing on an already full plate. This increases frustration, makes

for long days, and long hours, and drives staff who are already prone, by the nature of their work, to burnout.

- **Levels of trust differ.** ICS staff also shared that in-house clinical supervisors have been able to build trust with program managers, case managers, and other staff and regularly consult on program fidelity, treatment plans, and difficult cases across all trainees. Clinical supervisors have been able to learn the intricacies of each program, support issues as they come up in real time. **That is, the investment in FTE clinical supervisors is supporting program quality and fidelity in addition to internal training capacity.**
- **There are cost differences for contract vs. internal staff.** In addition, the FTE Clinical Supervisor costs \$45-\$60 less per hour than the contracted partners, as shown below.

Exhibit 9: *2024 Clinical Supervision from Supervisors with at least 100 Hours Dedicated to Supervision*

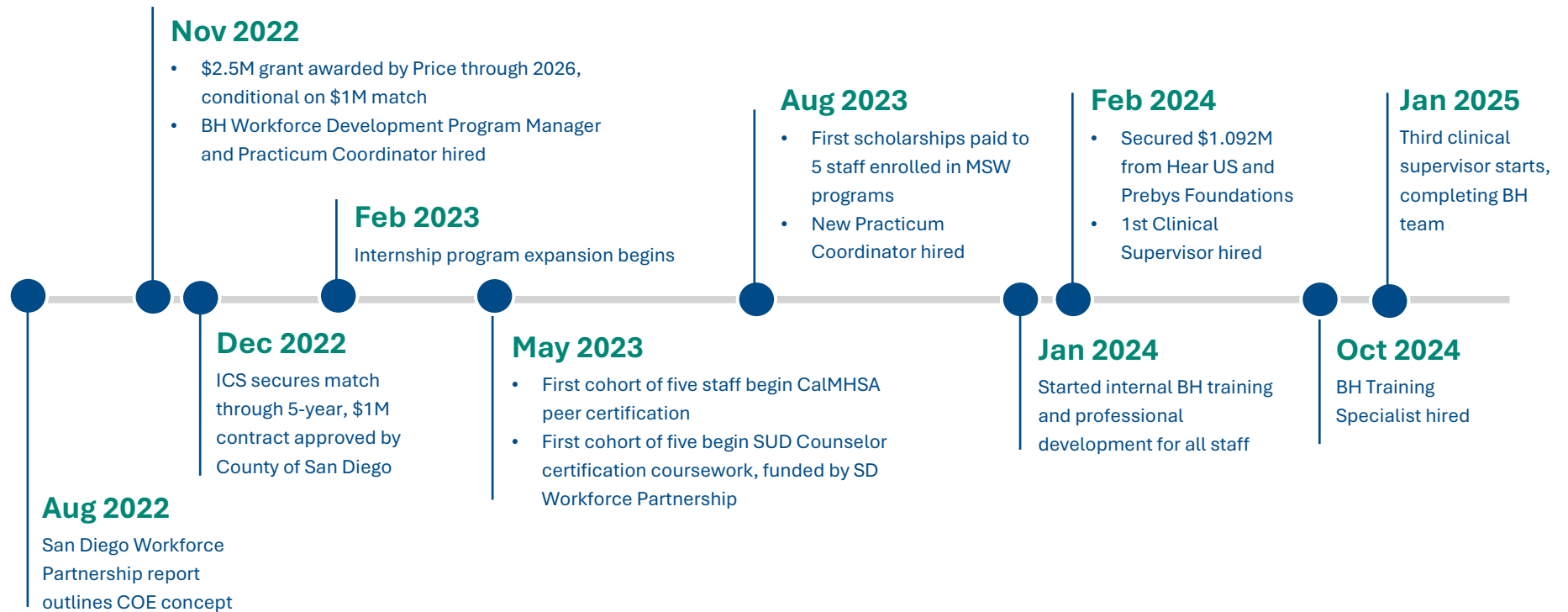
| Employee/<br>Contractor | Total Cost | Total Supervision<br>Hours | Hourly Cost            | Interns<br>Supported |
|-------------------------|------------|----------------------------|------------------------|----------------------|
| Contractor A            | \$19,656   | 160                        | \$123.20               | 4                    |
| Contractor B            | \$27,938   | 224                        | \$125.00               | 2                    |
| Contractor C            | \$24,281   | 194                        | \$125.00               | 6                    |
| Contractor D            | \$20,063   | 146                        | \$137.89               | 3                    |
| W-2 FTE Employee        | \$27,382   | 352                        | \$ 77.79 <sup>10</sup> | 10                   |

Source: ICS 2024 data tracking contractors and clinical supervision

Now that three full time clinical supervisors are on board as of January 2025, the ICS team is fully staffed to support the large number of interns, peers, apprentices, and pre-licensed clinicians ICS plans to train in 2025.

<sup>10</sup> The \$77.79 hourly rate is based on a salary of \$115,000 x 38% fringe divided by 2040 hours, the number a typical FTE will work in a year.

**Exhibit 10: Timeline of Major COE Start-Up Investments and Events**



## Section 3: Expanding Pathways into ICS

The first major push of the COE has been focused on expanding internships and associate clinician positions (e.g., ASWs, AMFTs). In 2022 and prior to the COE starting up, ICS hosted 30 interns and associate clinicians from addiction studies programs, Master of Social Work programs, occupational therapy programs, and nursing programs. **In 2023, the first full year of COE operations, this number ballooned to 169 interns. In 2024, ICS hosted 147 interns, an almost 500% increase in just two years.**

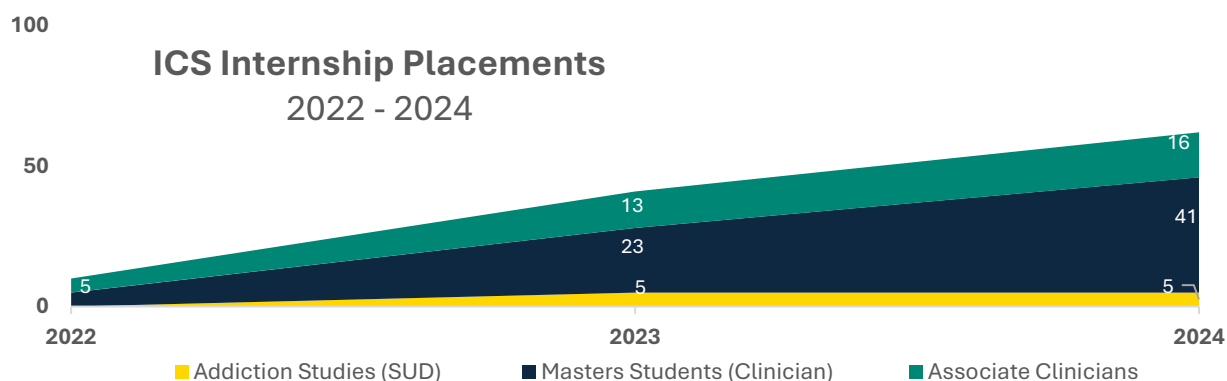
“ The goal is to become THE PLACE to go for an internship if you are student in San Diego interested in a career in community behavioral health. We want to build a brand and reputation among colleges, universities, and students that we offer a real learning experience with dedicated supervisors and field placement coordinators. Its starting to work.

– Marlene Romo, BH Workforce Program Manager

### 3.1: Attracting Addiction Counseling and Clinician Interns

ICS is investing in providing new entrants into behavioral health fields with a high-quality learning experience, all with the goal of converting these individuals to work with ICS as W-2 employees after they complete their education requirements. The focus for ICS is on Registered and Certified SUD Counselors, Associate Social Workers, Licensed Clinical Social Workers, Associate Marriage and Family Therapists/Professional Counselors, and Licensed Marriage and Family Therapists/Professional Counselors. In 2022, the baseline year before the COE began, ICS hosted a total of 10 of these interns and associates. In 2023 and 2024, that number grew to 41 and 62 respectively.

Exhibit 11: *ICS Clinician and SUD Counselor Intern and Associate Pipeline, 2022 - 2024*





Expanding ICS's internship program requires proactive communication and positive relationships with college and university partners and providing an experience that interns enjoy and recommend to fellow students. Four critical success factors (cultivating college/university partnerships, creating high-quality experiences, paying master's students, and expanding work-based employment) are detailed below.

- 1. Cultivating College and University Partnerships:** Because the ICS practicum coordinator is fully dedicated to practicum and internship coordination, ICS now has greater bandwidth to attend internship fairs, troubleshoot challenges, and build working relationships with field placement coordinators at each education institution. A list of ICS COE College and University Partnerships as of 2024 can be found in Appendix A.
- 2. Creating a High-Quality Experience:** From 2023-2024, ICS collected feedback both before and after interns completed their internships. An understanding of the needs and expectations of interns before their time at ICS can help support development of a positive experience, and post-internship surveys can assess the organization's success and potentially serve as predictor for how well the organization is positioning itself to convert interns to employees. The following were common themes expressed by interns before starting their internship:
  - They expressed a need/expectation for the following from their supervisor: communication, support, constructive feedback, guidance, and mentoring.
  - They were looking forward to furthering their skills in a real-world setting.

After their ICS experience:

- Over 95% of interns said they "agree" or "strongly agree" with the statement "staff have been accessible and supportive when I had to reach out with questions or concerns."
  - Most who needed resolution on an issue reported it had been addressed
  - Several expressed wishing for improvements related to their workspace (larger, more privacy, blinds) and equipment (key fobs, computers)
  - Interns expressed gratitude for the anti-racism training and requests were made for more crisis intervention and trauma-informed training.
- 3. Paying Master of Social Work and Counseling Students:** Advanced year MSW and Counseling students are required to complete internships of approximately 20-25 hours a week for six months (600 hours) to fulfill their field experience requirements to graduate. In some cases, interns receive stipends or wages from the university, the host-site, or a third party to complete these internships. In many cases, they do not. Many students and labor advocates have pointed to the financial hardship unpaid internships create for students, including SDSU student advocates who have conducted walk-outs in recent years.<sup>11</sup> In a recent study conducted by Payments for Placements, a student advocacy organization, 69% of SDSU students said they worried about paying for their expenses while in school. A similar share reported doing an unpaid internship negatively impacted their mental health.<sup>12</sup>

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<sup>11</sup> <https://publichealth.sdsu.edu/news/2023/students-deserve-paid-internships>

<sup>12</sup> <https://sdsu.co1.qualtrics.com/reports/RC/public/c2RzdS02NDBjZDgzZGVlMDIyNTAwMDhINDcwNDgtVVJfMmZ4ZG5DTUxIZGU3ZFJr>

## DESIGN DECISION 3

### Should the COE Offer Paid Internships to Master's Students?

Paying Master of Social Work, counseling, therapy, and students for their time interning is major decision point for the COE. ICS initially felt they would have to offer paid internships to attract these students, but found that providing dedicated support, high-quality onboarding, and diverse, meaningful experience was enough to grow the program.

Paying a \$10,000 stipend to students for their 2nd year internships would equate to near \$15 per hour (minimum wage). This would have been a \$370,000 investment in 2024 for the 37 master's students that interned at ICS who were not employees. Should ICS obtain funding to pay interns in the future additional design decisions would be needed.

At ICS, thirty seven (37) first and second year masters students in social work, counseling, and therapy programs completed unpaid internships in 2024. The ICS team recognizes the financial hardships unpaid interns face and are working to identify funds and payment mechanisms to pay interns. However, at this point, they have held off on using COE funds. See the "Design Decision 3" call out box for more information on this decision.

**“ We initially thought the only way to expand our internship program was to provide stipends to students. We are still fundraising for that and focused on offering a high-quality experience. Once word got out that we have a full-time practicum coordinator and clinical supervisor and provide true learning opportunities, the number of requests from students to do internships at Interfaith shot up. If we get the funds, we’d love to pay interns. Its important. But providing high-quality experiences was enough to increase interest. ”**

**– Marlene Romo, BH Workforce Program Manager**

- 4. Expanding Work-Based, or Employment-Based Internships:** Typically, MSW programs require students to complete field placements in the form of a practicum (~450 hours) and internships (~600 hours). Interviews suggest the quality, experience, and pay of these internships vary significantly. Some schools provide placement sites, others require students to find their own. Some schools allow a student's current employer to provide supervised work in a social work, counseling, or therapy setting to fulfill this requirement, others do not.

In 2023 and 2024, four ICS employees completed “work-based” internships at ICS programs. As the number of ICS employees are encouraged to return to schools through

the MSW scholarship program (see section 4), structuring Employment-Based Internships to meet a program's academic requirements while still paying the employee for productive work in ICS programs will be critical. Cal State University San Marcos (CSUSM) School of Social Work allows students to complete their practicum and advanced year internship at their current employer, under the following conditions<sup>13</sup>:

- Employer signs off and provides proactive communication with university<sup>1</sup>
- Employees must participate in activities directly linked to nine CSWE SW competencies<sup>14</sup>
- Employee must be working 24 hours/week for practicum, 28 hours for advanced year internship, and employed at least 90 days prior to the start of their internship
- Students must have a field supervisor who is different from their employment supervisor.

The ICS team has been able to meet these requirements, in part because of the staffing and infrastructure in place through the COE. Staff have reported success working with CSUSM for work-based interns. San Diego State University (SDSU) School of Social Work also allows employment-based internships under some circumstances, however ICS has not yet had experience hosting an employment-based internship in partnership with SDSU.<sup>15</sup>

**“ Work-based internships are critical. Otherwise, its just too much for people to go to school, work, then go travel to another site for 16 hours a week to get their hours. I don't really understand why some schools don't allow it. We are going to focus on that going forward.**

**– Marlene Romo, BH Workforce Program Manager**

### 3.2: Streamlining the Hiring Process for Interns

In 2023, ICS did not hire any interns as permanent FTEs from current or previous intern cohorts; in 2024 there were two interns hired. This was not for a lack of positions but resulted from a lack of internal processes and structures that streamlined and put focused energy on the development and conversion of interns to employees.

ICS has been making adjustments to hiring (and subsequently training) process to streamline interns into available roles upon graduation. Previously the process followed the below path.

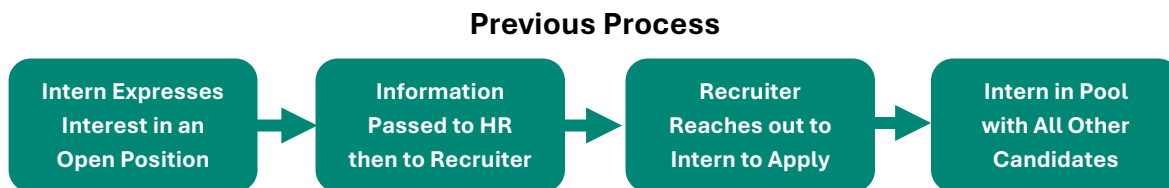
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<sup>13</sup> CSUSM School of Social Work's complete employment based internship policy can be found [here](#):

<sup>14</sup> [https://www.cswe.org/getmedia/bb5d8afe-7680-42dc-a332-a6e6103f4998/2022-Educational-Policy-and-Accreditation-Standards-\(EPAS\).pdf](https://www.cswe.org/getmedia/bb5d8afe-7680-42dc-a332-a6e6103f4998/2022-Educational-Policy-and-Accreditation-Standards-(EPAS).pdf)

<sup>15</sup> [https://socialwork.sdsu.edu/\\_resources/files/field/practicum-at-employment-site-application-aug.2024.docx](https://socialwork.sdsu.edu/_resources/files/field/practicum-at-employment-site-application-aug.2024.docx)

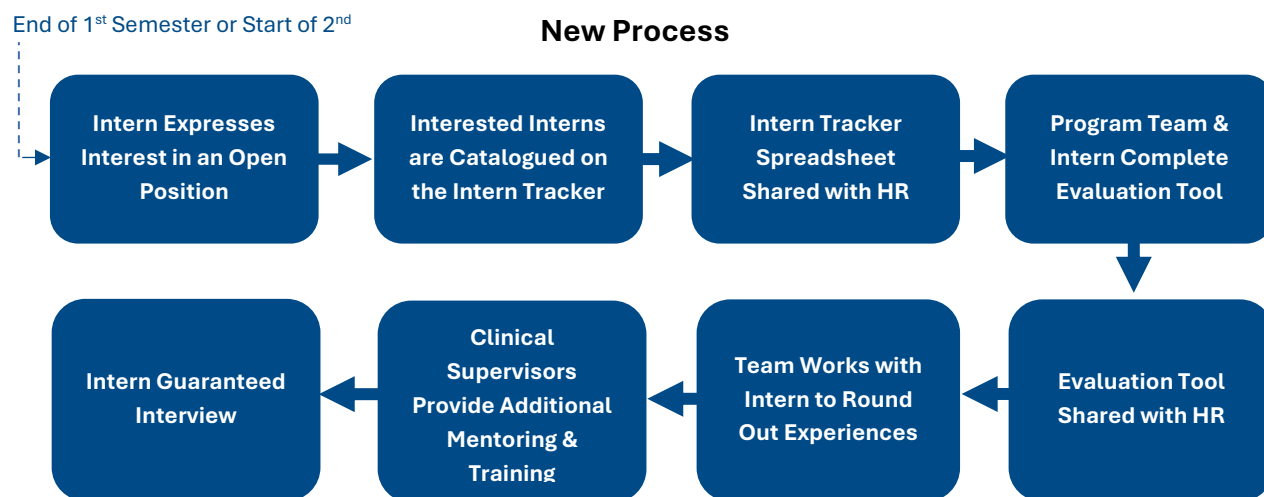
Exhibit 12: *Pathway for Internship → Employment (2024)*



Beginning in 2025, several notable improvements were made to increase the number of master's level interns that express interest, apply, and are ultimately hired for associate clinician roles at ICS. These include:

- **A proactive discussion and inquiry process** with interns that happens at the end of the first or beginning of their second year.
- **A tracking spreadsheet** to identify interns who were interested in employment and their interest areas, graduation dates, and other critical items. This tool is shared between the program teams and the position recruiter within HR.
- **Two evaluation tools**, one used to document supervisor, colleagues, and HR perspectives on how interns performed during their internships as well as reflections from the intern themselves about where they think they need to learn and grow to be qualified hires at ICS. The second evaluation tool is used to provide feedback to the intern after an interview.
- **A much more intentional process** when an intern indicates a desire for employment at ICS to develop custom experiences and opportunities that will add skills, shape experience to prepare them for whatever role they're interested in, and provide them with opportunities to shadow so they can get to know the job, the team, and understand the role's expectations.

Exhibit 13: *Updated Intern Recruitment and Hiring Process (2025)*



Under the new process, interns who are interested in a position are automatically given an interview. **As a result of the new process, three interns have already been hired in the first few months of 2025.**

### 3.3: Establishing an SUD Apprenticeship Program

As ICS increases its Alcohol and Other Drug (AOD) programming, a critical need is to meet the California Code of Regulations (CCR)<sup>16</sup> requirement of at least 30% of all staff to be a licensed or certified SUD Counselor. The remaining counseling staff must be registered (or on the pathway to certification) by one of the three California SUD (CADC-I) certification organizations:

- California Association for Alcohol and Drug Educators (CAADE)
- California Association of DUI Treatment Programs (CADTP)
- California Consortium of Addiction Programs and Professionals (CCAPP)

While the requirements vary slightly, CADC-I certification requires:

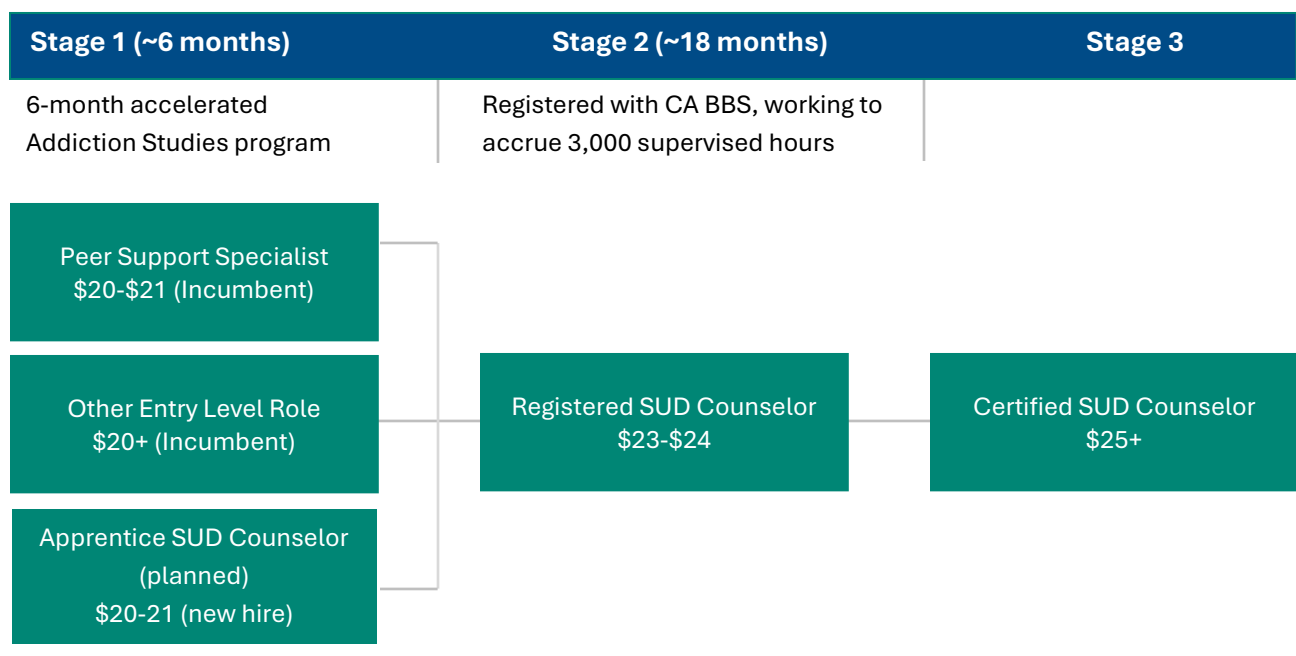
- 315 hours of approved education
- 255 hour internship (sometimes referred to as a practicum)
- Passing a written examination
- 3,000 hours of supervised work experience (after “registering”).

#### ICS Planning

ICS is working to build an internal career pathway with tuition assistance and mentorship to support new entrants and current staff interested in becoming a certified SUD Counselor. The goal is to create a clear, structured pathway for individuals who may or may not have a four-year degree to receive CADC certification become Certified SUD Counselor at ICS.

Below is a visual model outlining the desired career pathway envisioned by ICS to become an SUD Counselor at ICS. Each step is detailed in the following pages. Note, wage ranges were accurate as of January 2025.

Exhibit 14: *Envisioned SUD Counselor Career Pathway at ICS, as of January 2025*



<sup>16</sup> CCR Title 9, Division 4, Chapter 8; and Mental Health & Substance Use Disorder Services Information Notice 16-058.



**Stage 1: Preparation (~6 months):** During the first six months of the program, individuals would be employed full-time at ICS and take an accelerated 6-month accredited education program that covers the following core concepts over 315 classroom hours (additional details on each of these courses can be found in Appendix B):

- Addiction Theory (est. 48 hours)
- Law & Ethics (est. 45 hours)
- Physiology & Pharmacology (est. 48 hours)
- Individual, Group, & Family Counseling (est. 48 hours)
- Case Management & Patient Navigation (est. 46 hours)
- Professional Development (est. 48 hours)
- Supervised Practicum (est. 45 hours)

Before training, ICS and its training partner would pay the fees and support trainees to become a Registered SUD Counselor with the California Board of Behavioral Sciences (BBS). The design decision on considerations for training partners is shown in the blue box below. Receipt of registration confirmation would result in a promotion and pay raise.

**Stage 2: Supervised Work Experience (~18 months):** After completing the registration process with BBS, the trainee is eligible to begin accruing the required 3,000 hours for certification. ICS clinical supervision team, along with other volunteer certified SUD Counselors, are eligible to provide the supervision and sign off on hours. Once the individual has accrued 3,000 hours (1.5 years of FTE work), the ICS COE team will help the individual apply for certification with BBS, including covering all application fees. Once certification is received, the individual would be promoted to a Certified SUD Counselor.

**Stage 3: Promotion to Certified SUD Counselor:** The professionals would staff the growing AOD programming at ICS.

## DESIGN DECISION 4

### Selecting an Addiction Studies Education Partner

ICS staff involved in the program shared that participants in Cohort 1 reported high levels of satisfaction with the Tarzana program. On average, ICS team members shared participants spend ~10 hours a week on coursework and really liked the 6-month accelerated format. ICS also shared that Tarzana's flexibility on cohort start dates was very important so they can line it up with available funding and their internal selection process for participants.

One of the major drawbacks of selecting Tarzana, or any private program, is the cost. Tuition for the program is \$3,185, compared to much lower or no-cost options through the county's public community colleges. Palomar and San Diego City College both offer accredited programs with college credit that can be used toward a future AA degree. Convenience, cost, the ability of other institutions to meet ICS's needs, goals, and the volume of staff interested in this program will all drive selection of the education partner.

## ICS' Current Efforts

In 2023, ICS kicked off efforts with an initial cohort of five employees that received scholarships from the San Diego Workforce Partnership to attend a six-month, remote learning addiction studies program at Tarzana Treatment College, a private non-profit program accredited by CADTP and CCAPP. Tuition for each student is listed at \$3,185 on Tarzana's website. An additional six employees enrolled in the program in 2024.

In cohort 1, only one out of the five participants went on to become a Registered SUD Counselor. The remaining participants completed the 6-month coursework but opted to remain in their roles as case managers, program coordinators, and outreach workers. The primary goal is to get individuals to move through the career pathway envisioned by ICS. That is, from an entry level role to a registered SUD counselor, to a certified SUD counselor. While the four did not opt for this career pathway at ICS, they shared the knowledge was very helpful for their future careers or in their current roles. More specifically, the four staff who did not choose to pursue a SUD Counselor position at ICS either stayed within their program at ICS, took a SUD Counselor positions elsewhere, or were still weighing their future and options. Going forward, ICS is hoping to improve the number of participants that move toward full-time, certified SUD counselor work.

Exhibit 15: *Envisioned SUD Counselor Career Pathway at ICS*

|                 | No. in Cohort | Completed Program | Notes  |
|-----------------|---------------|-------------------|--|
| Cohort 1 (2023) | 5             | 5 (100%)          | Only one graduate became Registered SUD Counselor.       |
| Cohort 2 (2024) | 6*            | In process        | ICS team indicate more are interested in FT SUD careers. |
| Total           | 11            |                   |  |

\*one employee already completed coursework and is receiving assistance with exam preparation and registration fees.

## Future Plans

ICS plans to transition the current program into a formal registered apprenticeship. Registered apprenticeships are industry-driven career pathway programs that allow employers to develop and invest in their future workforce and allow individuals to earn wages while learning skills for a specific occupation or trade. The US Department of Labor (US DOL), who oversees the US apprenticeship system, provides seven defining features of a registered apprenticeship:<sup>17</sup>

1. **Industry Led:** Programs are vetted and approved to ensure alignment with industry standards and that apprentices are trained for highly skilled, high-demand occupations.
2. **Paid Job:** Apprentices are paid employees and earn wage increases as their skills and productivity increase.
3. **Structured On-the-Job Learning:** Programs provide structured on-the-job training to prepare for a successful career, which includes instruction from an experienced mentor.

<sup>17</sup> <https://www.apprenticeship.gov/employers/registered-apprenticeship-program>

4. **Supplemental Education:** Apprentices are provided supplemental classroom education based on the employers' unique training needs to ensure quality and success.
5. **Credentials:** Apprentices earn a portable, nationally recognized credential in their industry.
6. **Diversity:** Program design reflects the community through strong non-discrimination, anti-harassment, and recruitment practices to promote access, equity, and inclusion.
7. **Quality & Safety:** Apprentices are afforded worker protections while receiving rigorous training to equip them with the skills they need to succeed and the supervision to be safe.

## DESIGN DECISION 5

### Increasing the Number of Students Getting Certified

Only 1 of the 5 Addiction Studies program graduates in ICS's first cohort pursued registration as a SUD counselor after completing coursework. Below are design considerations that may influence this number over time:

- **Salary of the registered SUD Counselor:** Currently, posted jobs for a registered SUD Counselor are \$23-\$24 an hour. Some of the individuals in cohort 1 were in case management roles that paid up to \$28 an hour, creating financial disincentives to pursue the SUD career path.
- **Selection of eligible participants to receive the benefit:** ICS could consider who is eligible or has priority to participate in future cohorts, with an emphasis on jobs that make less than the current Registered SUD Counselor position. That way, individuals will get a raise after completing the 6-month program if they pursue registration, certification and a full-time SUD Counselor role. **This is particularly important if compensation adjustments for registered counselors cannot be made.**
- **Creating an "apprentice" or "trainee" SUD Counselor position for new hires:** The 11 program participants have thus far been incumbent workers. Another way to increase the number of people pursuing SUD registration and certification is to create a new job classification specifically targeting unemployed or underemployed individuals interested in pursuing this career pathway.

Another San Diego AOD program provider, McAlister Institute has been running a registered apprenticeship program for incumbent workers with the San Diego Workforce Partnership since 2022. Since then, McAlister has enrolled 36 individuals and reported strong satisfaction from employees, supervisors, and the organizational executive leadership with the program. This effort by ICS would use the same "apprenticeship standards" as the McAlister program. There are both pros and cons to shifting ICS's current model to a formal apprenticeship; they are discussed below.

Exhibit 16: *Pros and Cons of Participating in a SUD Counselor Registered Apprenticeship*

| Pros  | Cons  |
|---|---|
| <ul style="list-style-type: none"> <li>• Additional tuition assistance and wage subsidy funding opportunities through Federal grants, State funds, and SDWP.</li> <li>• Structured and rigorous supervision requirements to ensure trainees are supported on the job and apprentices are hitting competency milestones.</li> <li>• Opportunity to learn from other similar employers</li> <li>• Strengthens the regional trainee pipeline as more current and future employees understand one of the best ways to become an SUD counselor is to begin an apprenticeship.</li> </ul> | <ul style="list-style-type: none"> <li>• Collaboration requires flexibility and communication with other partners, most notably the program sponsor (in this case, the San Diego Workforce Partnership).</li> <li>• Although minor, there is an ongoing administrative burden related to reporting hire, pay increases, and employment separation of apprentices to program sponsor.</li> </ul> |

### 3.4: Expanding Nursing and Occupational Therapy Interns

Through the COE, ICS also expanded the number of nursing and occupational therapy (OT) interns across their behavioral health programs. Unlike SUD Counselor and Clinicians, ICS does not hire OTs and nursing professionals in large numbers. OT master's students graduate and typically work in hospitals, rehabilitation centers, and skilled nursing facilities at much higher salaries than ICS can support; in December 2024, there were no Occupational Therapists on ICS's payroll. ICS employed 8 nursing professionals in 2024. The goal of this effort was to provide additional staffing, educational, and support to their behavioral health care programs.

Occupational Therapy interns in their first or second year from programs including Point Loma Nazarene University and the University St. Augustine's Masters of Occupational Therapy (OT) programs, as well as RN and BSN students in need of clinical rotations, work primarily in ICS's recuperative care facility to provide patients with a multi-disciplinary treatment (MDT) approach. They provide education to the patient around their specific conditions, rounding out the MDT approach. Similarly, ICS has hosted significantly more nursing interns since the COE began than the number of nursing FTEs it employs. OT and Nursing internship expansion efforts are focused on improving the quality and availability of care and medical support for clients as part of ICS's MDT approach.

Overall, ICS has seen an 800%+ increase in the number of OT and Nursing interns, shown below, between 2022 and 2024.

Exhibit 17: *Interns and FTEs for OTs and Nursing*

| Occupations                                   | Number of Interns or Associates |                          |                           | ICS FTEs in related occupations (Dec. 2024) |
|---|---------------------------------|--------------------------|---------------------------|---|
|   | 2022 (baseline)                 | 2023 (first year of COE) | 2024 (second year of COE) |   |
| <b>Occupational Therapist Student Interns</b> | 10                              | 28                       | 34                        | 0   |
| <b>Nursing Student Interns</b>                | 10                              | 100                      | 51                        | 8 <sup>18</sup>                             |

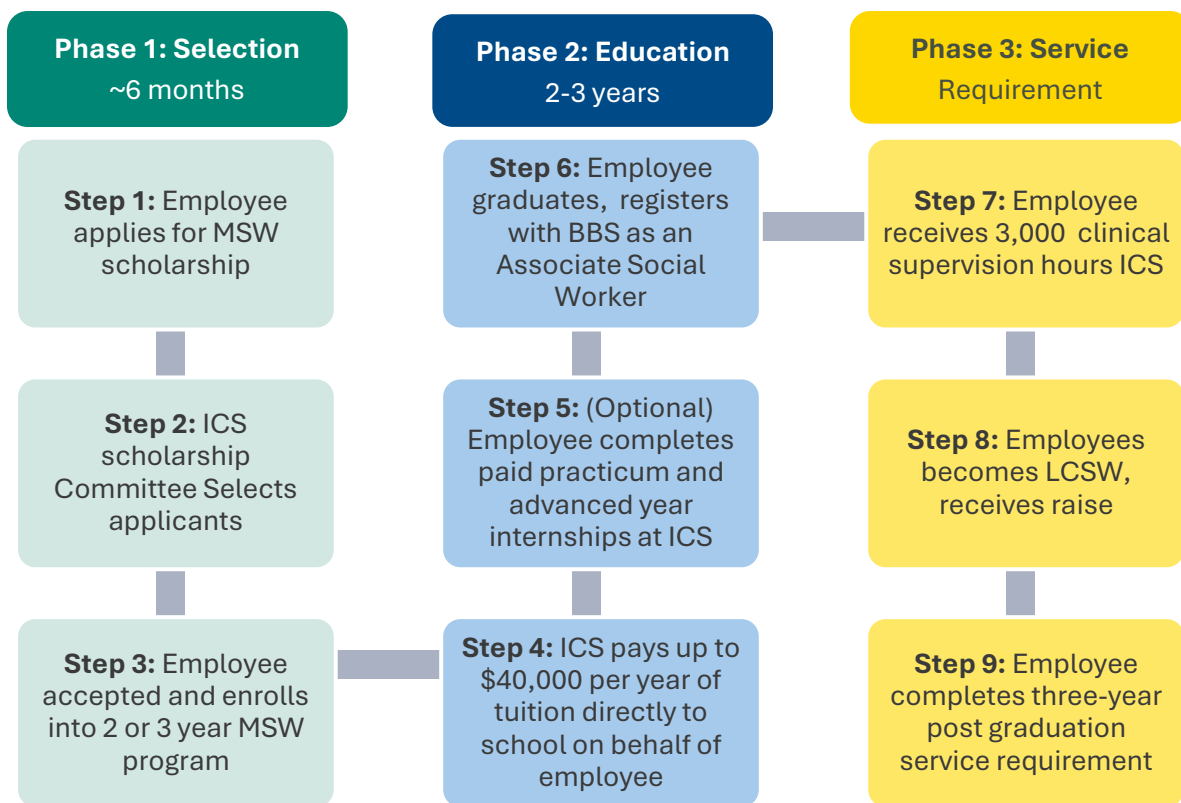
<sup>18</sup> 1 Certified Nursing Assistant, 4 Licensed Vocational Nurses, and 3 Nursing Supervisors (RNs)

## Section 4: Retaining and Upskilling Current Employees | Master of Social Work (MSW) Scholarship Program

A major priority for the COE is to provide current staff with bachelor's degrees working as case managers, SUD counselors, coordinators, specialists, program managers, and other similar roles a feasible and financially viable pathway to becoming Associate Social Workers (ASWs) and Licensed Clinical Social Workers (LCSWs) at ICS.

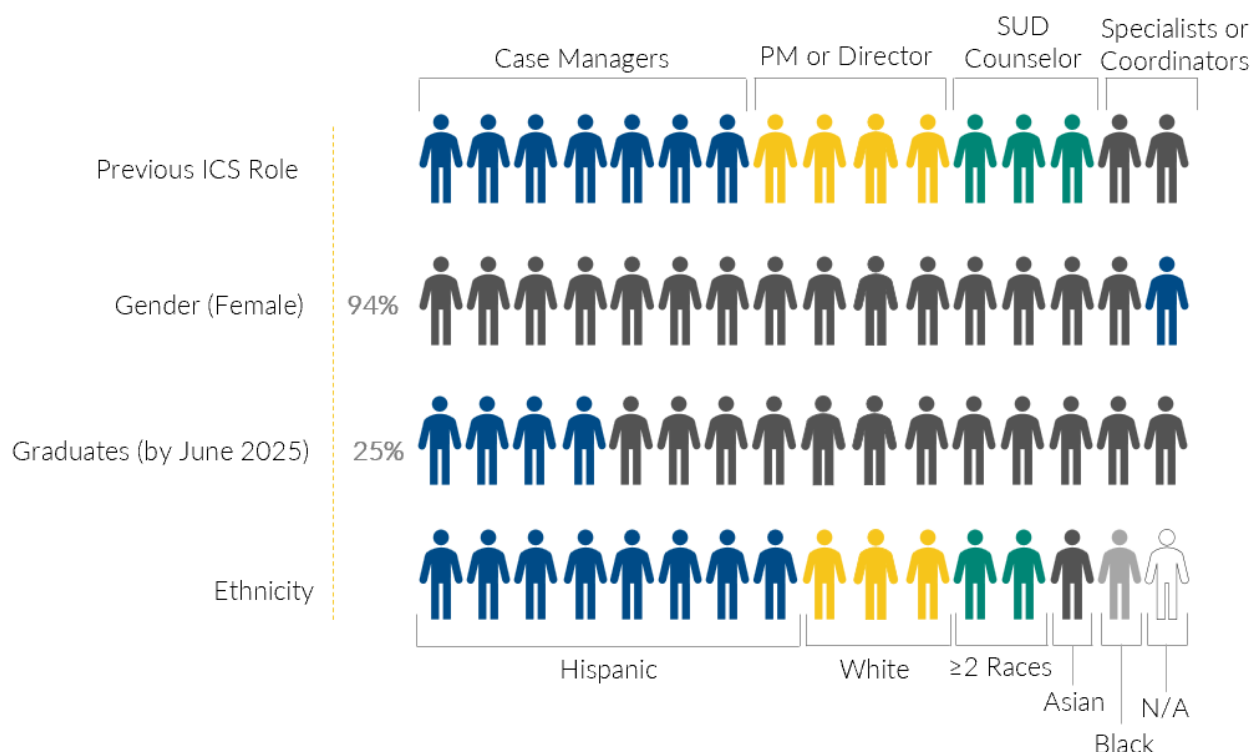
In 2023, the COE launched the MSW Scholarship Program, providing eligible employees up to \$40,000 per year to attend an accredited Master's of Social Work program. In exchange, employees must commit to a three-year service agreement post-graduation. If they do not stay with ICS for the entire term of their service agreement, they must repay a pro-rated portion of their scholarship back to ICS. The diagram below demonstrates how the scholarship program operates.

Exhibit 18: *ICS MSW Scholarship Program Design*



ICS has budgeted \$988,000 of the COE funds for direct scholarships for the MSW scholarship program. As of April 1<sup>st</sup>, 2025, ICS has spent \$410,802 dollars, with another \$437,617 obligated for the 16 initial scholarship recipients. \$139,791 remains available. Below is a summary of scholarship recipient information, demographic and current status of students moving through the program.

**Exhibit 19: *Scholarship Recipient Demographics/Backgrounds***



In cohort 1, recipients attended a mix of online programs offered by the University of Massachusetts (2), Walden University (1), Arizona University (1), and PenWest (1). Most of the 11 students in cohorts 2 and 3 are enrolled at CSU San Marcos (7). Three are enrolled at the University of Massachusetts and one is at National University. Of the two students that have already graduated, one left ICS for a job at the County and did not complete their three-year service requirement. ICS has set up a repayment schedule and received some payment from that student. Additional details on these students can be found in Appendix C.

**“ The scholarship is life changing. I don’t have to drown in student loans. ”**  
 – MSW Scholarship Recipient

Operating this scholarship program comes with several program design and management decisions related to selection, school eligibility, repayment requirements, and tax planning. Below are the major factors and lessons learned that impact the MSW scholarship program operations and the number of individuals it can support.



- **Cost of the Program and Scholarship Amount:** Tuition costs for MSW programs vary. The cost of attending a public in-state university is tens of thousands of dollars less than attending a private university or an out-of-state university. Costs vary depending on the length of the program and whether an individual received advanced standing for work experience and completes an accelerated program.

ICS provides up to \$40,000 per year to students attending an accredited MSW program in the US. Opportunities to limit costs of the program include:

- Capping scholarships to \$25,000 per year, which would cover full-time tuition for California State University programs.
- Requiring students to enroll in two-year programs, with a preference for programs that offer advanced standing credits for relevant work experience. By eliminating a third year of tuition payments, the cost per recipient would be lower

The ICS team considered these options, but ultimately left the program to be as flexible as possible for employees to participate.

- **Designing for Tax Efficiency:** ICS is paying tuition to programs directly to universities and recording these payments through payroll. While the initial \$5,250 per year in educational assistance is tax free, tuition assistance provided by an employer is considered taxable income by the IRS.

For the five individuals in cohort 1, **ICS invested a total of \$244,173 in 2024, an average of \$48,835 per person.** However, the average financial benefit, or scholarship amount for the five students was \$32,559. ICS paid over \$81,000 in employer and employee payroll taxes, or 33% of the total outlay for these five scholarships.

Exhibit 20: *Financial Support for ICS BH Workforce Initiative in Calendar Year 2024 for MSW Scholarship Recipients in Cohort #1 – Accrual Based Payments*

| Scholarship Recipient | Non-Taxable Tuition Reimbursement | Taxable Compensation | Tax Paid        | Post-Tax Benefit | Net Benefit      | Total Paid by ICS |
|-----------------------|-----------------------------------|----------------------|-----------------|------------------|------------------|-------------------|
| Recipient 1           | \$5,250                           | \$43,133             | \$16,110        | \$27,023         | \$32,273         | \$48,383          |
| Recipient 2           | \$5,250                           | \$37,700             | \$14,081        | \$23,619         | \$28,869         | \$42,950          |
| Recipient 3           | \$5,250                           | \$45,857             | \$17,128        | \$28,730         | \$33,980         | \$51,107          |
| Recipient 4           | \$5,250                           | \$48,565             | \$18,139        | \$30,426         | \$35,676         | \$53,815          |
| Recipient 5           | \$5,250                           | \$42,668             | \$15,937        | \$26,732         | \$31,982         | \$47,918          |
| <b>Total</b>          | <b>\$26,250</b>                   | <b>\$217,923</b>     | <b>\$81,394</b> | <b>\$136,529</b> | <b>\$162,779</b> | <b>\$244,173</b>  |

There may be options to provide this benefit through a third-party and through an alternative structure that may reduce this tax liability, along with the administrative burden manually tracking payments through ICS's payroll system (see Design Decision 6 below).

- ***Enforcing and Collecting Repayment After the Service Requirement:*** As of December 2024, one scholarship recipient left the agency shortly after graduating from their MSW program and did not complete their three-year service requirement. That individual repaid \$29,030 back to ICS, with an outstanding balance of \$19,353. The ability of ICS to recover funds from individuals that do not complete their service requirement will be critical to the long-term viability of a significant tuition benefit program.

## DESIGN DECISION 6

### **Should a large scale MSW scholarship program be administered “in-house”?**

The County of San Diego Behavioral Health Services (BHS) is investing in a region-wide public behavioral health 0% interest loan and scholarship program that will be administered centrally by the Policy and Innovation Center and its partners ([link](#)). The program is expected to roll out for students attending courses in August 2025 and will offer 0% interest loans with discounted repayment plans for employees of approved County-funded behavioral health programs, including ICS. While structured as a fully regulated student loan, it will have many of the same goals and features of the ICS scholarship program, with the potential to:

- Reduce or eliminate the taxable event triggered by ICS providing this benefit to employees directly
- Reduce the administrative burden on ICS staff administering the program
- Offload the enforcement of the three year service requirement and collection to a third party

ICS staff are interested in exploring this option, assuming administrative costs are reasonable and that the third-party can effectively enforce an ICS specific service requirement.

## Section 5: Commitment to Internal Training and Learning

### 5.1: Building Internal Staff Training Capacity

The COE is also focused on providing all ICS staff with knowledge of each program's treatment approach, evidence-based practices, cultural sensitivity, and “soft” or “essential” skills that promote productive working relationships with team members and patients in clinical settings such as communication styles, de-escalation skills, and conflict resolution.

Since the beginning of 2024, ICS staff reported that 215 (duplicated) interns and case management, SUD Counselors, and other direct service staff attended training in person, through remote distance learning (e.g., Zoom with a live instructor), or asynchronously on the following topics:

- Professionalism and Boundaries
- Trauma-Informed De-Escalation
- Crisis Intervention
- Documentation
- Motivational Interviewing
- Supporting Different Client Populations
- Emotional awareness
- Vicarious trauma
- Self-care
- Strength base case management
- Evidence Based Practices (i.e. DBT, CBT)

In 2024, most of the trainings were provided by outside continuing education providers, coordinated and paid for by the COE. As the COE team has been fully staffed, trainings specific to ICS program needs are offered in-person at program sites by the newly hired Behavioral Health Training specialist. Beginning in 2025, curriculum and training sessions will be tailored to the ICS context by the COE team. The Behavioral Health Training Specialist began creating curriculum based on program needs using a variety of sources – insight from subject matter experts (LCSWs, LMFTs, case managers, occupational therapists in the field), evidence-based practices (research journals, literature reviews), and general articles/videos on relevant topics. ICS is using Canva to create handouts and presentations for the training as the COE builds its training brand.

**“ Having an in-house training specialist dedicated to the role has been so helpful. Having topics specifically tailored to your agency populations/areas of need – has improved the relevancy, application, and buy-in from staff. ”**

– Marlene Romo, BH Workforce Program Manager

## 5.2: Future Plans – Building a Behavioral Health Training and Staffing Agency

Overtime, ICS has plans to extend this training competency to clients and partners as part of a social enterprise program that serves as a training institute. As envisioned, the program will provide industry-specific training, soft skills development, and certifications needed for employment, possibly through a **social franchise staffing agency** that supplies skilled professionals to healthcare and social service providers. By recruiting from ICS's more than 75 programs and leveraging the experience of the internal training content and curriculum ICS is building for its own staff, the program aims to

- Equip participants with the knowledge and skills required for entry-level and mid-level roles in healthcare and social services.
- Build a pipeline of qualified, mission-aligned staff for the social franchise staffing agency.
- Promote economic mobility and self-sufficiency for Interfaith program participants from marginalized communities.
- Address critical workforce shortages in healthcare and social service sectors by providing well-trained, reliable staff.

Initial target occupations for the social enterprise include:

- Entry Level Case Management
- Behavioral Health Technician
- Peer Support Specialist
- Substance Use Counselors

The training and staffing agency could potentially generate partner organizations for staff placements and pursue workforce grants. Profits would be reinvested into ICS's programs and operating budget providing revenue that strengthens infrastructure and program expansion.

### Behavioral Health Training Social Enterprise in Action: Pacific Clinics

One model comes from Pacific Clinics, one of the largest behavioral health service providers in California with more than 2,100 employees and locations across the state, launched the [Pacific Clinics Training Institute](#) in 1996 to meet the professional development and continuing educational training needs of Pacific Clinics staff members, to advance the knowledge of the behavioral health workforce in the community, and to promote cultural diversity and cultural competency. Since then, it has trained more than 20,000 individuals through a range of programs and is an approved PATH Technical Assistance training vendor under the Department of Health Care Services (DHCS) Marketplace, is a CalMHSA approved Medi-Cal Peer Support Specialist training agency, and offers a range of courses and customized trainings for employers and individuals.

## Section 6: Tracking the Impact

Over the course of the next four years, ICS will work with Price and Trailhead Strategies to track the performance on key talent metrics using ICS payroll records and HR recruitment data. Where possible, this will include benchmarking ICS performance using relevant estimates from Lightcast, a labor market data and analytics tool. The analysis is focused on the following four data points:

- **Annualized turnover:** The number of involuntary separations (layoffs, termination for cause) and voluntary separations (resignations and retirements) divided by the total number of employees, calculated using quarterly reports from ICS payroll system, Paylocity.

Using data from all employers in San Diego County for related SOC codes, the below chart shows how ICS turnover in each occupational group compares to San Diego employers overall (identified below as “SD Benchmark”). Since 2023, ICS has been performing better than the benchmark for case managers and near the benchmark for clinicians and SUD Counselors. In 2024, ICS turnover in the peer, advocacy, and outreach specialist category was 22 percentage points higher than the benchmark.

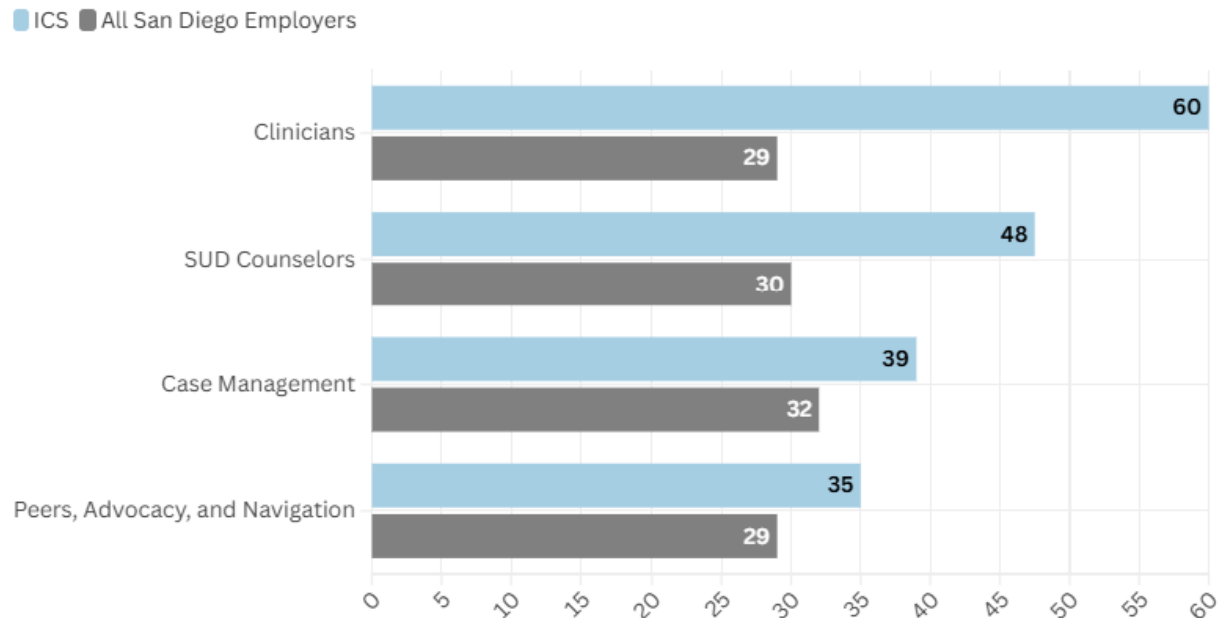
Exhibit 21: *Turnover by Behavior Health Occupation, 2019 - 2014*

|      | Case Managers |              | Clinicians |              | Peers/Adv/Outreach |              | SUD Counselors |              |
|------|---------------|--------------|------------|--------------|--------------------|--------------|----------------|--------------|
|      | ICS           | SD Benchmark | ICS        | SD Benchmark | ICS                | SD Benchmark | ICS            | SD Benchmark |
| 2019 | 33%           | 34%          | 29%        | 45%          | N/A                | 59%          | 78%            | 25%          |
| 2020 | 33%           | 39%          | 26%        | 53%          | N/A                | 64%          | 80%            | 28%          |
| 2021 | 58%           | 34%          | 43%        | 50%          | 67%                | 65%          | 49%            | 32%          |
| 2022 | 51%           | 54%          | 24%        | 54%          | 36%                | 66%          | 22%            | 29%          |
| 2023 | 31%           | 46%          | 45%        | 49%          | 67%                | 61%          | 33%            | 38%          |
| 2024 | 36%           | 46%          | 47%        | 49%          | 83%                | 62%          | 40%            | 39%          |
| Avg  | 40%           | 42%          | 36%        | 50%          | 63%                | 62%          | 50%            | 32%          |

- **Time to hire:** This metric tracks the number of days between posting a job and filling a position through an accepted job offer. Time to hire is calculated using data provided by ICS’s HR team and benchmarked to San Diego County employers for similar positions using Lightcast, a labor market analysis software tool that aggregated job postings.

In all four occupational categories, ICS median data lags the benchmark in median time to hire. The most significant lag is in the clinician pathway, followed by SUD Counselors. Overtime, it is expected the median time to hire will decrease as a result of COE activities.

Exhibit 22: *Interfaith Community Services Median Time to Hire for Key Behavioral Health Positions, 2024*



Source: ICS recruitment data and job posting estimates for all San Diego County explores provided by Lightcast

- **Internal advancement:** Number of internal promotions and pay raises for staff using quarterly ICS payroll data from Paylocity. Future updates of this analysis will explore how beneficiaries of the programs described in this report are advancing internally within ICS compared to all staff and industry benchmarks.
- **Demographics and diversity:** Analysis and tracking of age, race/ethnicity, gender of ICS staff and occupational groups using quarterly payroll system reports from Paylocity. Over time, this analysis will include turnover and internal advancement metrics disaggregated by above demographics.

Using these metrics, future analysis will be focused on developing a Behavioral Health Cost of Turnover and Vacancy Tool that can be used by ICS and other behavioral health employers to benchmark and track costs related to workforce attrition and vacancy. This tool will then be used to produce a Return on Investment calculation for the COE each year.



## Appendix A: ICS College and University Partners, 2024

The below list details the educational institutions, across the country, with whom ICS has a MOU in place to accept interns.

| ICS COE University and College Partnerships in 2024    |  |
|--|--|
| <b>Arizona State University, School of Social Work</b> | Penn West University   |
| <b>Baylor University</b>                               | Pepperdine University  |
| <b>Boise State University</b>                          | Point Loma Nazarene University   |
| <b>Cal Poly Pomona, School of Science Psychology</b>   | PLNU, Occupational Therapy Program                                     |
| <b>California Baptist University</b>                   | Rutgers School of Social Work  |
| <b>CSU Dominguez Hills, School of Social Work</b>      | San Diego State University   |
| <b>CSU San Marcos, School of Social Work</b>           | San Diego Workforce Partnership  |
| <b>CSU San Marcos School of Nursing</b>                | Southern New Hampshire University                                      |
| <b>CSU San Marcos Psych Mental Health NP</b>           | Tarzana Treatment Centers College                                      |
| <b>Fordham University</b>                              | Touro University Worldwide   |
| <b>Golden Gate University</b>                          | University of Kentucky   |
| <b>Intercoast College</b>                              | University of Louisville   |
| <b>Liberty University</b>                              | UMASS Global, School of Social Work                                    |
| <b>Meridian University</b>                             | U. of Redlands School for Clinical Mental Health                       |
| <b>Mira Costa College</b>                              | USC, School of Social Work   |
| <b>Naropa University</b>                               | University of St. Augustine, Occupational Therapy Program              |
| <b>National University</b>                             | University of the Cumberland Clinical Mental Health Counseling Program |
| <b>Northwest University</b>                            | Virginia Commonwealth University                                       |
| <b>Palomar Community College</b>                       | Walden University  |

## Appendix B: SUD Apprentice Stage 1 Coursework Details

- **Addiction Theory (est. 48 hours):** This course provides an understanding of addiction, the addictive process, barriers to care, and an overview of common treatment modalities. It includes a glimpse into how substance use affects specific populations including: various gender identities and sexual orientations, people of color, people with disabilities, older adults, youth and differing socioeconomic and sociocultural backgrounds. This course includes understanding the Minnesota Model, the Twelve-Step experience, and multicultural counseling strategies.
- **Law & Ethics (est. 45 hours):** This course is designed to provide students with ethical and legal considerations related to addiction counseling in the state of California. It includes confidentiality requirements, HIPAA, and reporting requirements. The course largely covers laws relating to alcohol and drug use.
- **Physiology & Pharmacology (est. 48 hours):** This course provides an overview of the physiological, psychological and behavioral effects of drug and alcohol addiction. It will discuss the pharmacology of drug, alcohol, and other psychotropic mind-altering drugs. This course provides scientific approaches to understand the detoxification process, clinical assessments, and medications for addiction treatment.
- **Individual, Group, & Family Counseling (est. 48 hours):** This course is designed to provide students with fundamental individual and group counseling skills through the employment of evidence-based practices in addiction treatment, including motivational interviewing and cognitive behavioral therapy. This course offers guidelines and techniques for working with families and explores the educational psychology of brain-compatible learning. Students will get the opportunity to practice counseling sessions in various formats.
- **Case Management & Patient Navigation (est. 46 hours):** This course is designed to provide students with full competency in the twelve core functions of patient case management from screening to discharge. It includes an exploration of treatment planning and intake documentation for addictions professionals. It includes methods to create motivation for change in SUD treatment, relapse prevention, referral services, and a dive into co-occurring disorders. Students will engage in learning important pieces of writing in addiction treatment, including record-keeping, reports, and case notes.
- **Professional Development (est. 48 hours):** This course is designed to provide students with tools to assess their own professional and personal growth related to the fields of addiction and mental health. It includes a review of the needs for professional growth and the means to maintain a standard of excellence. This course investigates methods of self-care, professional development, professional organizations for addictions professionals, and career planning.
- **Supervised Practicum (est. 45 hours):** This course is designed to provide students with closely supervised work experience in a community clinical setting. It is used to assess clinical competency in assessments, treatment planning, group facilitation, record-keeping, and general agency procedures. Students work with an instructor to complete a project which synthesizes the learning from previous courses and the field work practicum internship at a clinical setting.

## Appendix C: Scholarship Student Details

Exhibit 23: *Summary of Scholarship Recipients Occupation, Race/Ethnicity, School, and Status (data as of April 2025)*

| #                                   | Position at Beginning of Program | Gender | Race/Ethnicity | University          | Enrollment Date | Status   |
|-------------------------------------|----------------------------------|--------|----------------|---------------------|-----------------|--|
| Cohort 1 MSW Scholarship Recipients |                                  |        |                |                     |                 |  |
| 1                                   | Certified SUD Counselor          | F      | Unknown        | Pen West MSW        | 07/05/2022      | Graduated, left ICS in Oct. 2024. Paid back \$29,029. Remaining balance of \$14,343 due. |
| 2                                   | Certified SUD Counselor          | F      | Hispanic       | UMass               | 10/24/2022      | Graduated. Fulfilling service requirement  |
| 3                                   | Homeless Outreach Specialist     | F      | Black          | Walden University   | 11/28/2022      | Grad: May 2025   |
| 4                                   | Case Manager                     | F      | Hispanic       | Arizona State Univ. | 08/18/2022      | Exp. graduation July 2025.   |
| 5                                   | Program Manager                  | F      | Asian          | UMass               | 01/09/2023      | Exp. graduation June 2026.   |
| Cohort 2 MSW Scholarship Recipients |                                  |        |                |                     |                 |  |
| 6                                   | SUD Counselor                    | F      | White          | CSUSM               | 08/26/2024      | 1st year. Exp. graduation May 2027.  |
| 7                                   | Resident Coordinator             | F      | Hispanic       | CSUSM               | 08/26/2024      | 1st year. Exp. graduation May 2027.  |
| 8                                   | Case Manager                     | F      | Hispanic       | CSUSM               | 08/26/2024      | 1st year. Exp. graduation May 2026.  |
| 9                                   | Case Manager                     | F      | White          | UMass               | 01/06/2024      | 1st year. Exp. graduation June 2026  |
| 10                                  | Case Manager                     | F      | Hispanic       | CSUSM               | 08/26/2024      | 1st year, Exp. graduation May 2026.  |
| 11                                  | Case Manager                     | M      | Hispanic       | National University | 06/19/2023      | 2nd year. Exp. graduation May 2026.  |
| 12                                  | Program Manager                  | F      | Two or more    | UMass               | 01/09/2023      | 1st year. Exp. graduation May 2026.  |
| Cohort 3 MSW Scholarship Recipients |                                  |        |                |                     |                 |  |
| 13                                  | Program Manager                  | F      | White          | UMass               | 08/26/2024      | Starting January 2025  |
| 14                                  | Case Manager                     | F      | Hispanic       | CSUSM               | 08/26/2024      | Starting March 2025  |
| 15                                  | Case Manager                     | F      | Unknown        | CSUSM               | 08/26/2024      | Starting March 2025  |
| 16                                  | Program Director                 | F      | Hispanic       | CSUSM               | 01/06/2024      | Starting March 2025  |



a report prepared by

