



**CONTRA COSTA MENTAL HEALTH PLAN  
GUIDELINES FOR SCOPE OF PRACTICE FOR UNLICENSED STAFF**

Code	Code Description	<b>TRAINEES (Graduate Student)</b>	<b>**MENTAL HEALTH REHABILITATION SPECIALIST (MHRS)</b>	<b>DESIGNATED MENTAL HEALTH WORKER (DMHW)</b>	<b>THERAPEUTIC FOSTER CARE (TFC) PARENT</b>	<b>CERTIFIED PEER SUPPORT SPECIALIST</b>
		Students in educational Mental Health programs granting an MSW, MA, MS, or PhD/PsyD degree. May have existing: AA,AS, BA, BS, MA, MS	(Degree + MH experience): (1) AA, AS + 6yr (2) BA, BS + 4yr (3) MA, MS, PHD, PSYD + 2yr but not waived or registered with the Board.	Minimum Requirements: Must be at least 18 years of age with a high school diploma or GED	Minimum Requirements: Must be at least 21 years of age with a high school diploma or GED; must be an approved resource parent; and must complete 40 hours of initial TFC parent training and 24 hours of annual/ongoing training	Minimum Requirements: Must be at least 18 years of age with a high school diploma or GED; must have successfully completed DHCS-approved curriculum and training requirements for a Certified Peer Support Specialist; must pass a DHCS-approved certification examination for Certified Peer Support Specialist
<b>Assessment</b>						
H0031	Mental Health Assessment by Non- Physician	X	X	X	X	X
H2000	Comprehensive Multidisciplinary Evaluation	X	X	X	X	X
<b>Plan Development</b>						
H0032	Mental Health Service Plan Developed by Non-Physician	X	X	X	X	X
<b>Rehabilitation</b>						
H2017	Psychosocial Rehabilitation	X	X	X	X	X
H2021	Community-Based Wrap-Around Services	X	X	X	X	X
<b>Case Management</b>						
T1017	Targeted Case Management	X	X	X	X	X
<b>Crisis Intervention</b>						
H2011	Crisis Intervention Service	X	X	X	X	X
<b>Therapeutic Behavioral Services</b>						
H2019	Therapeutic Behavioral Services	X	X	X	X	X
<b>Certified Peer Support Services</b>						
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	No Privilege	No Privilege	No Privilege	No Privilege	X
H0038	Self-help/peer services	No Privilege	No Privilege	No Privilege	No Privilege	X
<b>Medication Support</b>						
H0033	Oral Medication Administration, Direct Observation	X	X	X	X	X
<b>Collateral Services</b>						
H2017	Psychosocial Rehabilitation	X	X	X	X	X
H0032	Mental Health Service Plan Developed by Non-Physician	X	X	X	X	X
T1017	Targeted Case Management	X	X	X	X	X
<b>Pathways to Well-Being (Katie A Services)</b>						
H2017	Psychosocial Rehabilitation	X	X	X	X	X
H0032	Mental Health Service Plan Developed by Non-Physician	X	X	X	X	X

**NOTE: The following credentialing classifications require a co-signature from a Licensed Mental Health Professional (LMHP): Trainee, Designated Mental Health Worker (DMHW), Therapeutic Foster Care (TFC) Parent, and Certified Peer Support Specialist. LMHPs are Licensed Psychologists, Licensed Clinical Social Workers, Licensed Marriage & Family Therapists, and Licensed Professional Clinical Counselors.**

**\*\*Co-signature has been waived for Mental Health Rehabilitation Specialist (MHRS). Programs will be responsible to maintain appropriate level of supervision for each credentialing category.**