

**CALSWEC MENTAL HEALTH  
INITIATIVE  
MENTAL HEALTH STIPEND PROGRAM**



**CURRICULUM IMPLEMENTATION  
SURVEY RESULTS  
2007-2008 and 2008-2009**

## **Introduction**

This curriculum implementation survey covers the 2007-2008 and 2008-2009 academic years, and builds upon the first survey report covering the first two years of the Mental Health Educational Stipend Program (2005-2006 and 2006-2007).

All 17 schools of social work in California that are participating in the CalSWEC Mental Health Educational Stipend program responded to the survey.

Responses and information documented on the survey forms clearly reflect the unique challenges that have impacted the program in the past two years, primarily related to funding uncertainties, significant decrease in post graduation job opportunities, and the ongoing economic downturn. California State University campuses have had to deal with required furlough days resulting in cancellation of some class sessions on furlough days. The state budget crisis has also negatively impacted the university system across all of the campuses, resulting in delays in hiring new faculty to fill vacant faculty positions, termination of contracts for part-time lecturers as well as full-time lecturers, and general downsizing of numerous departmental functions and budgetary supports.

In 2007-2008, the state budget process severely impacted the ability of the Department of Mental Health to consummate the interagency agreement with UC Berkeley to continue the Mental Health Stipend Program, including program activities, implementation activities and overall administration of the program. While the situation was eventually resolved, it was far into the academic year when resolution occurred. Many schools' foundation offices had suspended stipend payments to students, and uncertainties about the continuation of the MHESP continued even after resolution had been achieved.

Needless to say, all of these events can have a potentially negative impact on the participating schools. Some of the schools have had more difficulty in recruiting students for the MHESP, demands on faculty time have increased significantly overall, and many of the Mental Health Stipend Program Coordinators are involved in classroom teaching as well as all of the administrative and coordination duties for the MH Stipend program, impacting the time necessary to develop and sustain ongoing relationships with county and contract CBO partners in their local areas.

Despite these challenges, the MH Stipend Coordinators continue to do an excellent job in selecting students, developing and sustaining field placement sites, working with faculty to insure inclusion of the Mental Health competencies across the curriculum, and finding extra time to develop specialized seminar courses and training activities, and identify new and innovative strategies to integrate and implement the MH competency curriculum.

The CalSWEC Mental Health Initiative Committee with its' unique membership of individuals from a wide array of mental health agencies, organizations, advocacy groups, academic institutions and mental health stakeholders continues to provide support to the efforts reported in this survey, and will continue the collaborative partnership to build sustainability in support of transforming the mental health system in California.

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## **Summary of 2007-2008 and 2008-2009 Curriculum Implementation Survey Responses**

### **Schools with Mental Health Concentrations/Specializations/Focus**

Nine (9) Schools indicated a specific concentration, specialization or focus on mental health in their curriculum. This is an increase of two schools from the previous reporting period. Some additional schools do not name a specific concentration in mental health, although they have developed additional coursework focusing on mental health issues that MH Stipend or all students take.

It is interesting to note the variety of concentration areas identified by schools, including: Generalist, social justice, health Gerontology, CYF, Clinical practice policy, Forensic SW, Direct Practice/Administration, Community MH, Families, Management and Planning, etc. The variety and structural configurations of a particular schools' curriculum focus areas depends on multiple factors, including the university wide orientation, specific faculty expertise and interest areas, specialized funding support (i.e. Title IVE funding support for child welfare concentrations and DMH MHESP funding support for Mental Health), and the identified needs of the surrounding community. Future surveys regarding curriculum implementation might want to identify specific concentration areas in a forced choice list to get an accurate representation of curriculum areas.

The Council on Social Work Education the policy formulation and accrediting body for all schools of social work in the county has developed new guidelines and standards for curriculum design in its' 2008 Educational Policy and Accreditation Standards (EPAS). "The EPAS adopted by the CSWE in April 2008 represent a significantly new approach to the design of social work curricula. The EPAS no longer mandates academic content and significantly loosens expectations regarding curriculum form or structure. Instead, it introduces the notion of requisite student competencies comprised of interrelated practice behaviors as the organizing principle for curriculum design." (Educational Policy and Accreditation Standards, CSWE, 2008).

## Number of Mental Health Stipend Students

Since the inception of the DMH Interagency Agreement supporting the Mental Health Stipend Program, the number of designated slots per school has remained consistent. For the most part, schools have remained fairly consistent in the numbers of stipend students year to year. As seen in the Table above, the 2007-2008 year had 10 fewer students than the designated total, and in 2008-2009 there were 14 fewer students than the designated total enrolled in the MH Stipend Program

School	2007-2008 MH Stipend Students	2008-2009 MH Stipend Students	DMH Designated MH Stipend Slots per Academic Year
CSU Bakersfield	5	5	5
CSU Chico	8	9	9
CSU Fresno	10	10	10
CSU East Bay	15	15	15
Humboldt State	3	3	5
CSU Long Beach	20	20	20
CSU Los Angeles	7	7	7
Sacramento State	20	20	20
CSU San Bernardino	15	13	15
CSU Stanislaus	4	4	5
Loma Linda	6	4	10
San Diego State	14	15	15
San Francisco State	9	10	10
San Jose State	10	10	10
UC Berkeley	10	10	10
UCLA	10	10	10
USC	20	19	20
<b>TOTALS</b>	<b>186</b>	<b>182</b>	<b>196</b>

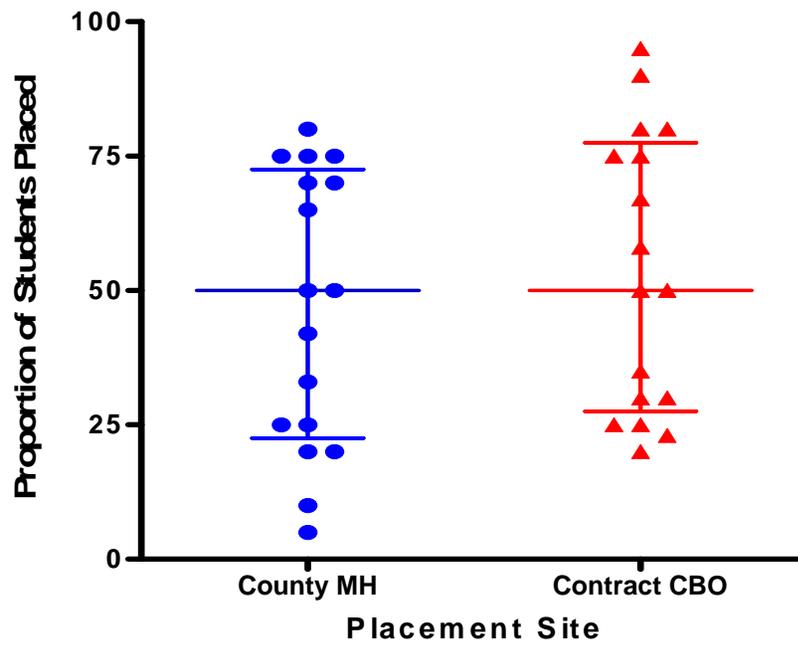
## **Placement Sites and Population groups Served by MH stipend students**

The percentage of students placed in either county operated public mental health agencies, or community based non-profit mental health agencies (CBO's) as represented in the following tables by cluster grouping, individual school bar graph and mean and range statistics

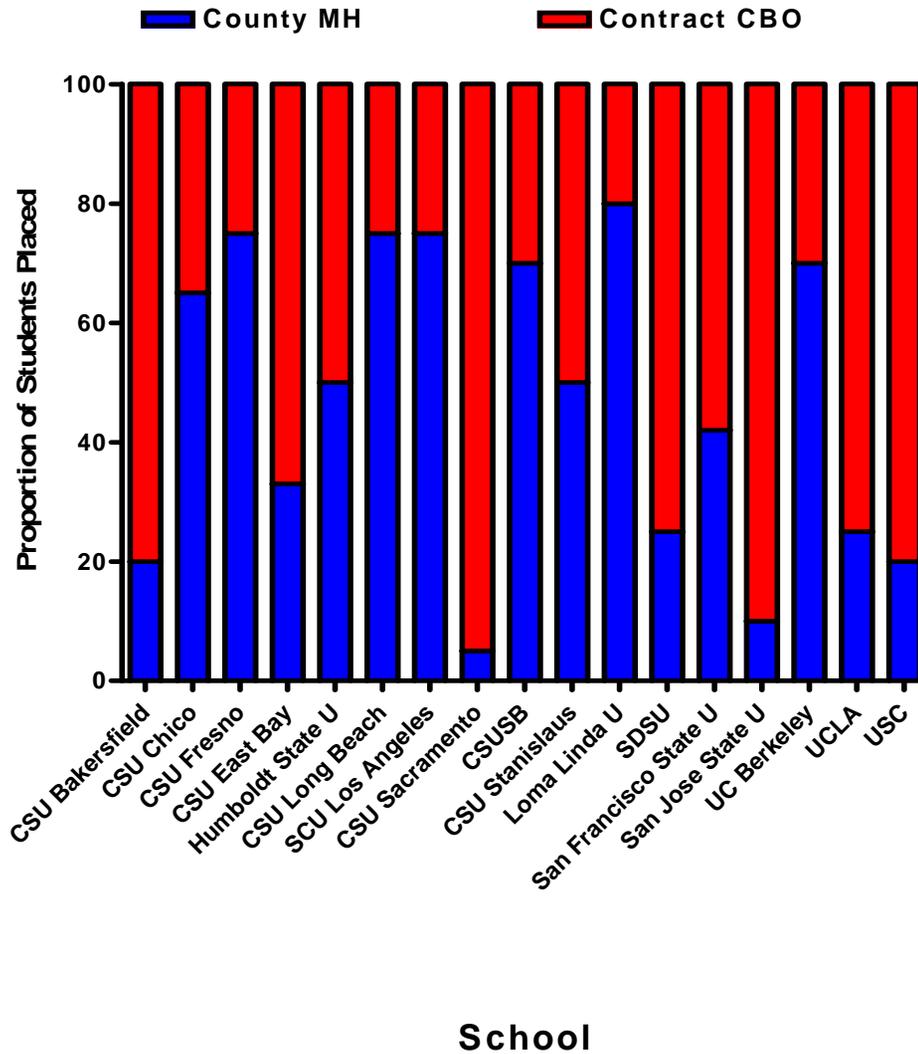
The percentage of the population groups served by MH Stipend Students in their second year field placement setting is represented in the subsequent tables by cluster grouping, individual school bar graph, and means/range statistics.

Trends in the utilization of county vs. community based non-profit mental health agencies (CBO's) are interesting to note, and frequently correspond with population groups served in the agency type.

# Placement of Students in 17 Schools in Mental Health Organizations



# Placement Type by Individual School

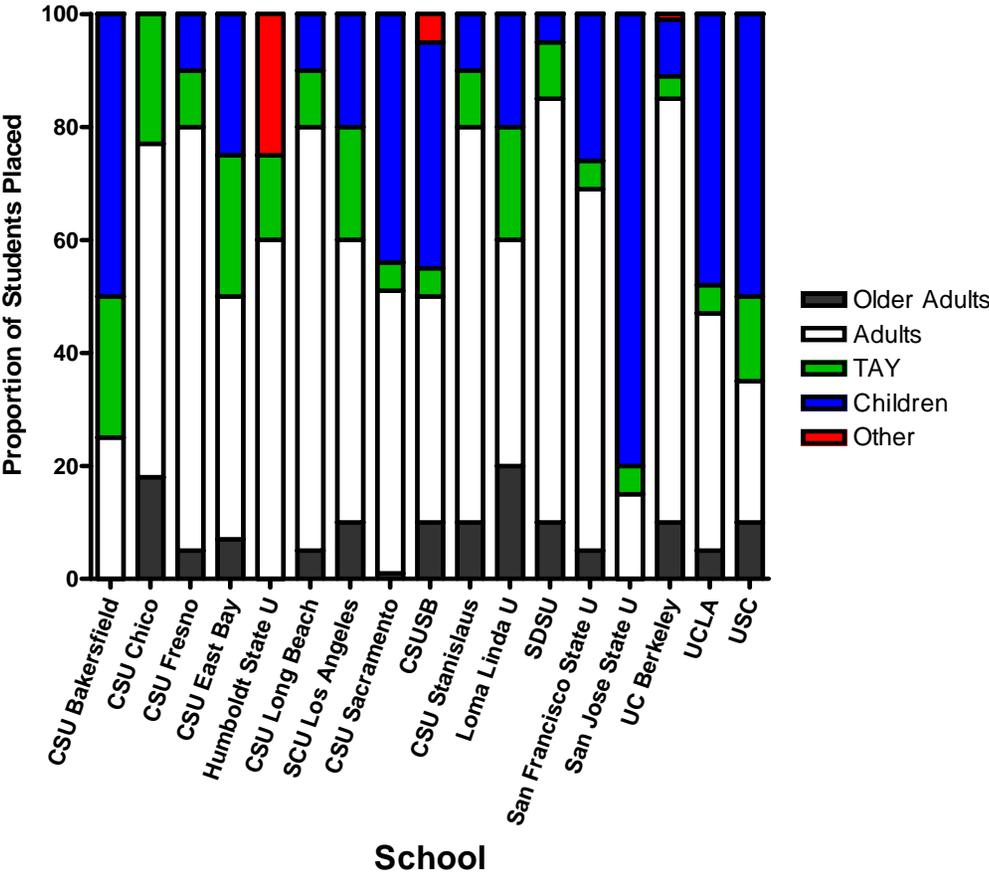


## Placement of Students in Mental Health Organizations

<b>Organization</b>	<b>Mean <math>\pm</math>SD</b>	<b>Range</b>
<b>County MH</b>	<b>45.3 <math>\pm</math> 24.8</b>	<b>5-80</b>
<b>Contract CBO</b>	<b>54.7 <math>\pm</math> 24.8</b>	<b>20-95</b>



# Student Placements by Individual School



# What Population Groups are Served by MH Stipend Students

<b>Population Group</b>	<b>Mean <math>\pm</math>SD</b>	<b>Range</b>
<b>Older Adults</b>	<b>7.4 <math>\pm</math> 5.8</b>	<b>0-20</b>
<b>Adults</b>	<b>51.9 <math>\pm</math> 19.4</b>	<b>15-75</b>
<b>TAY</b>	<b>12.5 <math>\pm</math> 7.6</b>	<b>4-25</b>
<b>Children</b>	<b>26.4 <math>\pm</math> 22.3</b>	<b>0-80</b>
<b>Other</b>	<b>1.8</b>	<b>0-25</b>

## **Implementation of the Mental Health Curriculum Competencies in Field Agency Settings**

A variety of strategies and methods are being used by the schools to monitor and evaluate the implementation of the mental health curriculum competencies in field agency settings, as represented in the following list:

1. Development and utilization of a specialized seminar format for CalSWEC MH Stipend students; some of these seminar offerings have also emphasized the larger statewide and national efforts to transform mental health service systems;
2. Site visits by faculty field liaisons with students and field instructors in the agency;
3. Inclusion of competencies on the Field Evaluation form that is completed by agency based Field Instructors by semester or quarter;
4. Inclusion of mental health competencies in the Learning Contract. Some schools require that the student and field instructor specifically identify experiences which will show utilization of the Mental Health competencies;
5. Dissemination of Mental Health Competencies to field instructors in all school orientation sessions, specialized training sessions for field instructors, and or individual faculty liaison visits with field instructors;
6. Interactions and discussion with training supervisors from county and/or contract CBO's where students are placed to assure inclusion of field learning activities related to the mental health competencies;
7. Dissemination of mental health competencies and shared discussion with students about the competencies in field seminar courses, during faculty liaison/field instructor/student visits, etc.
8. In many schools, the Mental Health Stipend Coordinator is the field faculty liaison for all of the mental health stipend students. This model provides a more consistent level of attention to the integration of the mental health competencies into the total field work experience.

## **Specialized Training Activities for Field Instructors**

Several schools have indicated that specialized field instructor training sessions are held with the agency based field instructors to assure inclusion of the mental health curriculum competencies in the field experiences. One-half of the participating schools have indicated that this is a high priority for future development. Time constraints often negatively impact the agency based field instructors' ability to attend specialized training or orientation events and special training events are not an option. This may be an area for regional activities for several schools that are located in close proximity. For example, the schools in the Los Angeles area have developed and presented several recognition events for field instructors and other relevant activities (an all school Job Fair in the spring of every year) for multiple schools. These events have been successful and allow coordination of resources and make maximum use of faculty and field agency supervisors time and energy.

Additional strategies being utilized by schools include:

1. Monthly meetings with field instructors which include discussions about the competencies and relevant learning experiences, information on MHSA, specialized information on the recovery process, and distribution of relevant journal articles to field instructors. This activity has been limited for some schools due to funding constraints;
2. A number of agency based field instructors and agency training coordinators have attended the CalSWEC Mental Health Initiative training seminars presented over the past 2 years, including Recovery, Co-Occurring Disorders, Mental Health Interventions for Children and Transition Aged Youth, Mental Health Interventions for Older Adults, WRAP (Wellness Recovery Action Plans) and Implementing the Americans with Disabilities Act. Field Instructors have voiced their appreciation for being included in

these training activities and have benefitted from the content as well as the opportunity to meet and network with other field instructors in their geographical area;

3. Most schools hold some type of Field Instructors Recognition event at the end of each academic year. Several schools indicated in their survey that they utilized this recognition event to not only thank and show appreciation for field instructors, but to provide a specialized training event around an area covered in the mental health curriculum competencies as well;
4. Several schools have held specialized training conferences for field instructors, including presentations on MHSA, Evidence based Practice, and Recovery; content on the mental health competencies and strategies for adult learners have also been included in some training events.

### **Changes in Implementation Strategies over First Survey Period**

Survey responses reported a continuation of numerous strategies identified in the initial survey and building upon these strategies for the past two years. Specific examples mentioned include:

1. Continuing to support faculty teaching in the mental health sequence/area;
2. Addition of required elective courses for Mental Health stipend students; Several programs report that all CalSWEC MH Stipend students are required to take electives focusing on Recovery
3. Faculty retreat to review infusion of the competencies in curriculum offerings;
4. Increased outreach with 1<sup>st</sup> year MSW students regarding the MH Stipend Program to publicize the program and recruit 2<sup>nd</sup> year students early in the educational process;
5. Development and dissemination of a “Frequently Asked Questions” flyer to address misconceptions and myths about mental health practice;

6. Institution of bi-weekly enrichment seminars and field trips to a variety of community based mental health agencies;
7. Provide links between elective and competencies and field practice;
8. Utilize expertise and feedback from advisory committee members in curriculum development including sharing newly developed and/or revised mental health syllabi with their Advisory committee members;
9. Increase use of speakers from the mental health community, including agency staff, individuals with lived mental health experiences and family members;
10. Develop currency with evidence based practices through electives, specialized training activities and thesis topics;
11. Distribute journal articles to field instructors;
12. Revision of all mental health course syllabi to reflect the competencies addressed and emphasized in the each course;
13. Encourage students and faculty to participate in available state and local training activities

## **Implementation of Content on Evidence Based Practices in Mental Health**

The majority of schools reported that content on EBP in mental health are being offered in various areas of the curriculum, including general coursework offerings, mental health seminars, and agency based fieldwork experiences. Some schools indicate they have infused EBP throughout all courses in the curriculum so that all students are exposed to the content.

Additional comments regarding EBP include:

1. All courses have goals and assignments regarding EBP, specifically CBT, MI, ACT Teams, Psychosocial Rehab, Recovery and Social Skills Training;
2. The MH Stipend Coordinator is involved with all of the sequence committees, consults with thesis topic meetings, and has meetings with the practice faculty, all of which have increased the integration of EBP and concepts of recovery, resilience and wellness;
3. Development of a capstone course in integration of the recovery model with ESP which will be implemented in Fall 2010;
4. Several schools identified specific texts which are being utilized in courses to present EBP interventions and philosophies;
5. Evaluation tools for fieldwork include EBP topic areas to be provided to students during their field work experiences;

### **Have Faculty Members Embraced the Recovery Framework and Express Confidence and Comfort Teaching it**

Schools report varying degrees of faculty knowledge and comfort with Recovery. Some schools reported that the majority of faculty teaching in the mental health area appear to have embraced both the mental health curriculum competencies and Recovery and are making efforts to incorporate these principles in their teaching. Other schools report the incorporation of the competencies and new approaches to mental health services that focus on consumer driven service systems and the recovery process is uneven, and varies by professor. Some comments were made regarding long-time faculty who were training in a psychodynamic perspective appears to cause barriers in moving to the recovery framework and some of the MHSA principles. Newer faculty who may have had exposure to more current intervention approaches appear to be more involved with implementing both EBP and the recovery

perspective in their teaching. Some faculty have attended immersion trainings (i.e. MHLA Village in Long Beach has provided 3 day workshops for faculty members) but others have not taken advantage of the opportunity. Faculty who are involved in field liaison activities are seen as much more likely to be knowledgeable and have embraced recovery and acknowledge their comfort in teaching these principles.

### **What Strategies Might Help Faculty to Embrace Recovery Principles?**

Responses to this question reflected uncertainty about what might help faculty become more involved in learning about and embracing current mental health principles about recovery, resilience, consumer and family driven services, etc.

Presentations and specialized immersion training activities have been made available, but many faculty find it difficult to devote time to daylong or in the case of immersion training at the Village, 2- 4 days. The Mental Health Stipend Coordinators indicate their increased involvement in curriculum and other sequence meetings within their departments or schools has provided additional opportunities to talk about recovery oriented principles and teaching resources, and as indicated above, there is increased utilization of consumers, family members and mental health advocacy group participation in classroom presentations.

The current financial turmoil and uncertainties of the continuation of the MH Stipend program, new accreditation standards, and an increase in complex circumstances of students requiring increased faculty energy have drawn heavily on faculty energy and resources. Additionally, many of the schools are preparing for reaccreditation from CSWE in the next few years, and faculty members are expending much energy in the incorporation of new CSWE guidelines and accreditation standards into current course content. This does leave less energy to invest in curriculum change and learning new content such as MHSA and Recovery principles but efforts are continuing at all of the schools.

Mental Health Stipend Program Coordinators and some faculty and field instructors were active participants in the training events and specialized statewide Mental Health Summits and Symposium events presented under the auspices of the CalSWEC MH Initiative and utilizing supplemental funding provided by the Zellerbach Family Foundation Implementation Grants for the 2007-2008 and 2008-2009 years:

Statewide Mental Health Summit	September 2007
Recovery Training	February 2008
Co-Occurring Disorders Training	May 2008
Statewide Supported Education Symposium	June 2008
Interventions with Children/TAY Training	November 2008/February 2009
Interventions with Older Adults Training	November 2008/February 2009

A number of survey respondents commented on the relevance and excellence of these activities, and were most appreciative of the curriculum materials that are being developed through these events. Several recommendations regarding continued focus on supported education and the development of strategies to support enrolled MSW students with lived mental health experiences were shared. These recommendations helped frame the subsequent proposal to the Zellerbach Family Foundation for supplemental funding in the 2010 academic year which has provided several workshops and specialized training events related to Supported Education models, WRAP – Wellness Recovery Action Plan and Implementing the Americans with Disabilities Act.

## **Next Steps for Curriculum Development and Delivery**

Survey respondents identified a number of specific steps and activities that they plan to develop during the 2009-2010 and future years:

1. Work closely with county partners to develop field education opportunities, identify prospective job opportunities for MH Stipend graduates, provide additional stipend and training support and look into developing regional activities to work with multiple schools and counties in close geographic proximity;
2. Revise Learning Contract document to include specific information on the MH competencies, and develop additional support to students and field instructors in developing their learning contracts;
3. Continued development of supported education resources and supports for student with lived mental health experience. One school hopes to incorporate school wide training and activities around this area;
4. A number of schools plan to revamp and revise curriculum syllabi during the next two years to include mental health competency content;
5. All schools indicated plans to continue active involvement of the MH Stipend Coordinator with curriculum, sequence and other departmental/school committees to keep the mental health curriculum at the forefront of planning and development;
7. Continue to focus on implementation of the mental health curriculum competencies in courses, utilizing both a specialized course approach (i.e. required field seminars or electives) and infusing the competencies across the entire curriculum offerings;
8. Development of new courses including DSM and behavioral medicine;
9. Continue development of innovative projects such as the Evidence Based Practice Multidisciplinary Field Unit at USC;
10. Work with agency based field instructors to build their awareness of and teaching expertise around the Mental Health competencies; and
11. Several schools hope to develop evaluation tools that will look at the students exposure to and

knowledge gain in the mental health competencies. This approach will also assist in the integration and implementation of the competencies in courses across the curriculum.

### **Vision for the CalSWEC MH Initiative Committee Over the Next 2 Years**

1. Sustainability of the MH stipend program in terms of stipends and from a broader perspective, social work education and mental health.
2. Development of more employment opportunities for MH Stipend graduates;
3. Work closely with counties to integrate county training programs with CalSWEC,
4. Expand vision for CalSWEC stipend to primary care areas;
5. Continue regional trainings
6. Support the development of a data base which identified specific counties hiring throughout the state; perhaps look at regional lists as a viable tool
7. Support the development of a data base which identifies county contract agencies throughout the state focusing on employment opportunities, as well as serving as a field placement site list perhaps look at regional lists as a viable tool
8. Continue with discussion and implementation of alternative payback requirements and options;
9. Identify struggles and challenges of the increased workload of coordinators with current climate of economic recession affecting job search activities, financial struggles and contract extensions for students, etc.
10. Need coordinator agenda/time during meetings – chance to discuss those issues specific to the MH Stipend program and coordinator activities;
11. Engage in more regional committees, activities
12. Continue to build on the sound foundation – look for innovative and creative strategies to work with state budget woes, downsizing, etc.
13. Support the development of activities and resources to support consumers in MSW programs

14. Expand the stipend program to 2 years – may need to reduce number of stipends
15. Need a part-time option for the stipend program

### **Activities for CalSWEC to Undertake to Make the Vision a Reality**

1. Identify strategies to work with MH educational systems; support and curriculum competencies at BA level – Need to consolidate MH competencies so implementation of them is practical; Where are the foundation year competencies offered?
2. Develop working committees for the MH Initiative to deal with identified issues
3. Utilize technology to present trainings – i.e. webinars
4. Continue sharing MH resources and information with partners – county, contract agencies, community advocacy groups, etc.
5. Continue advocacy with state DMH; be politically persistent
6. Offer 2 year stipends
7. Include locked facilities in placement and payback approved list
8. Continue to provide training opportunities – coordinate trainings with CalSWEC meeting dates
9. Support the utilization of MH Initiative Committee meetings for discussions and networking among the broad participant group

## **APPENDIX A - Curriculum Implementation Survey 2007-2008/2008-2009**

### **Strategies and Specific Activities Utilized During 2007-2008 and 2008-2009 to Integrate Mental Health Curriculum Competencies into classroom and field work curriculum.**

<b>Implementation Strategy</b>	<b>Activities in the Classroom (Please identify specific activities)</b>	<b>Activities in Field Work (Please identify specific activities)</b>
<p><b>A. Specialized elective (Please include a copy of the Syllabi for posting on the Curriculum Resources website)</b></p>	<p><b>113 Discussion questions posted online for students to answer;</b></p> <p><b>Recovery oriented treatment course under development which all MHESP students will take;</b></p> <p><b>Use of current DVD's, specialized teaching materials and consumer/family member speakers;</b></p> <p><b>All CalSWEC students take elective in Psychosocial Rehabilitation;</b></p>	<p><b>Process recordings implementing evidence-based strategies (Solution Focused Interviewing, Motivational Interviewing and Cognitive Behavioral Interventions;</b></p> <p><b>Students working in Wellness and Recovery centers, developing town-hall meetings about recovery, partnering with consumers as employees;</b></p>

	<p><b>No electives but a required course in MH for advanced year;</b></p> <p><b>Field trips to Recovery Oriented programs, use of current media which highlight MH issues;</b></p> <p><b>Consumer/family member participate in panel presentations;</b></p> <p><b>Agency immersion experience as a final exam;</b></p> <p><b>MH Stipend students take 2 specialized electives;</b></p> <p><b>SW Practice in Psychiatric Rehabilitation course already on the CalSWEC website;</b></p> <p><b>Guest speakers, power point presentations to address specific topics related to curriculum case presentations;</b></p> <p><b>Case presentations and applications of EBP;</b></p>	<p><b>Field Liaison work in addition to classroom faculty and MH Coordination;</b></p> <p><b>All CalSWEC students participate in weekly field seminar including review of MH Competencies and relationship to field experiences;</b></p> <p><b>Case presentations from field work brought to classes; MHSA materials presented at Field Lab prior to beginning of semester; group supervision and specialized training in field placement settings;</b></p> <p><b>Inclusion of recover language and principles as learning objectives;</b></p> <p><b>Students attend special trainings, individual and group supervision to specifically address issues related to the MH Competencies;</b></p>
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	<p><b>Courses in Health/Mental Health Policies and Services, Interventions for Persons with SMI, Co-occurring Diagnosis and a Family Therapy and Chemical Abuse course;</b></p> <p><b>Three electives (MH Policy, Psychopathology-DSM, Chronically Mentally Ill/Psychosocial Rehab;</b></p> <p><b>Specialized course in Psychosocial Rehabilitation offered one winter quarter but costs prohibitive; Current curriculum leaves little flexibility for electives or specialized content courses;</b></p> <p><b>Utilize consumer presenters for various classes; no funds or space in program currently for electives;</b></p> <p><b>Social Policy and Community Mental Health, Psychopathology and social Problems, child and Adolescent Psychopathology,</b></p>	<p><b>Applications of EBP</b></p> <p><b>Assignment of filmed vignette demonstrating social skills training; visit and assess Corner Club House, utilize field experiences as examples in DSM class;</b></p> <p><b>Project Coordinator has attempted to have a specialized mental health seminar for MH stipend students; working with school administration on this plan;</b></p> <p><b>All MH stipend students are monitored for suitability for MH Stipends. field work consultants meet with students weekly and agency visits are made at least 2 times per year;</b></p>
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	<p><b>Practice in Mental Health settings;</b></p> <p><b>Mental Health Practice course;</b></p> <p><b>Course materials include consumer panels, hearing voices experiential exercise, strength based assessment tools, lecture on recovery, guest lecturers who focus on 4 target populations. Electives include substance abuse work with adults and older adults with mental illness, work with SED children, Work with TAY and a diagnosis course on line;</b></p>	<p><b>Evidence based interventions field Unit at Pacific Clinics focused on recovery based interventions; Seminar included CalSWEC MH students placed at this agency; Meets every week for 2 hours and facilitated by three trainers;</b></p>
<p><b>B. Specialized Seminar/Training Sessions</b></p>	<p><b>Under development;</b></p> <p><b>Meet with students on monthly process –focus on recovery principles/recovery oriented treatment; Boundaries, conflict between NASW Code of Ethics and recovery approaches;</b></p>	<p><b>Processing incongruence in field seminar</b></p> <p><b>Utilization of field agencies which provide intern training in recovery and evidence-based practices;</b></p>

	<p><b>Monthly symposia series for specialized training with variety of topics; Monthly meeting with MHESP students fro specialized training topics;</b></p> <p><b>Weekly seminar attendance required; all CalSWEC students are offered financial assistance to attend 1 conference/year related to the mental health competencies;</b></p> <p><b>Students attend national conference on forensic SW and regional conference on infant/child MH;</b></p> <p><b>Required MH seminars for stipend recipients; staff and faculty development trainings, academic faculty participation in immersion trainings;</b></p> <p><b>MH Students take a MH Integrative seminar which focuses on MH Competencies;</b></p>	<p><b>Field faculty participation in immersion training; Field instructor participation in immersion training;</b></p> <p><b>Hours in bi-weekly field seminar are deducted from field work hours;</b></p> <p><b>Interventions learned in seminar and classes utilized with identified clients in field and then discussed in seminar and/or supervision;</b></p> <p><b>Field seminar and specific agency seminars;</b>  <b>In 2<sup>nd</sup> year field placements, 80% of students in county MH agency with rich exposure to MHSA competencies and EBP;</b></p> <p><b>Many MH placement sites have onsite trainings that students participate in, including diagnostic and treatment issues,</b></p>
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	<p><b>Bi-weekly Field Seminar;</b></p> <p><b>Child, Older Adult, SPMI and DSM in field seminar;</b></p> <p><b>Advanced Professional Seminar/Practicum;</b></p> <p><b>Regularly scheduled enrichment seminars for all MH Stipend students;</b></p> <p><b>Psychosocial Rehabilitation Recovery orientation, Strength Based Supervision, Motivational Interviewing, Consumer Direction/issues; hearing Voices Curriculum, Outreach to homeless clients, Psychoactive Medications in Recovery;</b></p> <p><b>NAMI Parent Perspectives/PCIT for children/families; WRAP and Recovery intro; Trauma Based CBT;</b></p>	<p><b>pharmacology and documentation;</b></p> <p><b>This area needs development and internet based CEU modules would be best for distance learning. Students primarily in youth and family settings and not in adult settings;</b></p>
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	<p><b>Stress and coping, crisis Intervention, Social Work with Latinos, Social Work and Disabilities, Understanding Intercultural Group Dynamics;</b></p> <p><b>Quarterly trainings on various topics, e.g. the Recovery process;</b></p> <p><b>CalSWEC Field Seminar meets every other week for 2 hours;</b></p>	
<p><b>C. Infusion of Mental Health competencies into total curriculum offerings</b></p>	<p><b>All students take courses in DSM assessment/diagnosis, CBT, MI and Solution Focused Interviews;</b></p> <p><b>MH Competencies incorporated into MSW curriculum. Policy and Advanced Practice courses under revision;</b></p> <p><b>Work in progress</b></p> <p><b>MH Competencies integrated into all 3 community mental health practice/policy courses taken by all MSW students;</b></p>	<p><b>Incorporated into student learning contracts, discuss in seminar;</b></p> <p><b>Project Coordinators liaison between practice faculty and agency field instructors;</b></p> <p><b>All students participate in MH Field Seminar which infuses the MH Competencies; seminars may include non-stipend students so they are also exposed to the MH Competencies;</b></p>

	<p><b>Working on this, particularly with new faculty;</b></p> <p><b>Project Coordinators attend all sequence and curriculum meetings where course syllabi and content are discussed;</b></p> <p><b>Courses in both Foundation and Advanced year infuse the MH Competencies into the courses;</b></p> <p><b>Integrated per instruction in 1<sup>st</sup> and 2<sup>nd</sup> year coursework;</b></p> <p><b>Addresses in seminar class. More proactive role to be taken this year in an online addendum to seminar for future;</b></p> <p><b>Across the curriculum;</b></p> <p><b>Competencies covered in the 3 electives and MHTP seminars;</b></p>	<p><b>Integrated into menu of learning objectives;</b></p> <p><b>Suggested conferences for students to attend that will enhance what they are learning in classroom and can be applied in field;</b></p> <p><b>In mental health agencies and contract settings;</b></p> <p><b>FW Instructors provide input via the yearly training seminars offered yearly and during the 2x/year visit by the field work consultant/Coordinator;</b></p> <p><b>MH Module for all 1<sup>st</sup> year students where they visit county and contract agencies;</b></p> <p><b>New field Instructor course and FI Seminars are a means for infusion of competencies focused</b></p>
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	<p><b>Have completed a survey of all classes and competencies covered resulting in a comprehensive overview;</b></p> <p><b>Empowerment/Strengths/Resiliency Based evidence-based, transcultural practices are very well established; Recovery model and rehab are in mental health courses. Perhaps could intro better recovery, peer to peer in first year methods and HBSE courses;</b></p> <p><b>Stipend Coordinator participates in curriculum committee discussions and offers input and recommendations, disseminates material on the Recovery model;</b></p> <p><b>In addition to practice, we have mental health research and policy courses;</b></p>	<p><b>on recovery and strength based assessments;</b></p>
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	<p><b>MH Competencies also included in HBSE and practice syllabi. In Foundation year, integrative seminar shows infusion;</b></p>	
<p><b>D. Meeting with MH stipend Students to support the MH Competency curriculum</b></p>	<p><b>Quarterly on-line discussions</b></p> <p><b>Meet on monthly basis to discuss competencies and provide to fill gaps that may exist in curriculum offerings;</b></p> <p><b>Monthly meetings for training in addition to 3 hour course on public mental health for all stipend students;</b></p> <p><b>Group meetings outside of classes with Project Coordinator to discuss topics related to the MH Competencies such as advocacy, decreasing stigma and navigating job search process; All stipend students attend an orientation session after acceptance into the program;</b></p>	<p><b>Students required to bring case study issues and concerns from field experience to field seminar, practice classes and mental health elective course; feedback shared back with agency field instructor;</b></p> <p><b>Stipend coordinator has regular site visits and ongoing communication with students and field instructors in support of the curriculum;</b></p> <p><b>Field visits with Field Instructors and students;</b></p> <p><b>2x yearly visits to agencies to review agency caseload and integration of classroom and field activities;</b></p>

	<p><b>Bi-weekly seminar for 2 hours. Competencies reviewed in Fall and Spring in seminar;</b></p> <p><b>Required MH elective provides comprehensive overview regarding integration of mental health competencies into practice;</b></p> <p><b>Field Liaison meets with stipend students biweekly in integrative seminar; MH Coordinators et with students monthly to discuss academic curriculum and application to mental health field;</b></p> <p><b>In bi-weekly seminars and cohort meetings;</b></p> <p><b>Monthly seminars; discussion via email on a regular basis;</b></p> <p><b>All MH stipend students are in same field seminar;</b></p>	
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	<p><b>During MHSA contract signing sessions, frequent classroom discussion during seminar class on MHSA principles, guest speakers from county agencies;</b></p> <p><b>Bi-weekly seminars;</b></p> <p><b>Meet 3-5 times per year for special training sessions and always include discussion of MH competencies;</b></p> <p><b>Several meetings annually to supplement seminars, focus on key MHSA elements, employment searches resume development and interviewing skills;</b></p> <p><b>MH students meet weekly in integration seminars facilitated by faculty member well versed in principles of recovery;</b></p> <p><b>Quarterly seminars and orientation and closing year meetings;</b></p>	
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	<p><b>Project Coordinator is academic advisor to all CalSWEC students and meets with them each semester. PC also facilitates the Field Seminar for CalSWEC Mental Health students;</b></p>	
<p><b>E. Meeting with MH Field Instructors regarding implementation of the MH Competency Curriculum</b></p>	<p><b>Quarterly mtgs. with Field Liaison/Field Instructors;</b></p> <p><b>Review competencies with Field Instructors at Orientation;</b></p> <p><b>Monthly meetings; budgetary constraints have made it difficult in 2008-2009;</b></p> <p><b>Faculty Liaison teaches field course and meets with Field Instructors;</b></p> <p><b>Project Coordinators meet with field instructors in Spring Quarter;</b></p> <p><b>Regularly scheduled meetings with MHSA Coordinators;</b></p>	<p><b>Discussed at Field Liaison visit and followed throughout year</b></p> <p><b>Project Coordinator meets with field instructors to discuss student progress with an emphasis on implementation of the MH Competencies;</b></p> <p><b>Incorporated into field instructor training seminars; field instructors participate in classroom activities; advanced field instructor training offered; Joint Symposium of local schools provides training and collaboration opportunities;</b></p>

	<p><b>During field visits;</b></p> <p><b>Not regularly scheduled, but Project coordinator meets with supervisors in role as field liaison to stipend students, and progress and exposure to competencies are discussed in these meetings;</b></p> <p><b>Not in place yet – hope to arrange for Spring 2010;</b></p> <p><b>Project Coordinator attends field orientations and field fairs, provide MH competency booklets and discuss the students’ training and the competencies;</b></p> <p><b>Implementing an email series for Field Instructors and Faculty Field Liaisons for this area this academic year;</b></p> <p><b>FW instructors provide input via the yearly training seminars and during twice yearly visit by field</b></p>	<p><b>Field Liaison meets with field instructors twice each year in field site visits;</b></p> <p><b>Through regular site visits, emails and phone conversations;</b></p> <p><b>During field visits;</b></p> <p><b>During visits to agencies to review agency caseload and review integration of classroom and field activities;</b></p>
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	<p><b>work consultant/Coordinator;</b></p> <p><b>As needed;</b></p> <p><b>Project Coordinator meets with CalSWEC MH field instructors each semester, and offers specialized seminars focused on recovery and EBI's;</b></p>	
<p><b>F. Specialized Training Sessions With field Insructors</b></p>	<p><b>Meet on Quarterly Basis;</b></p> <p><b>None yet;</b></p> <p><b>None yet; some field instructors attended specialized training and have asked for more;</b></p> <p><b>Field Instructors are invited to community forums which are full day forums with students and faculty;</b></p> <p><b>None yet;</b></p> <p><b>Field Instructors participate in General Field Instructors Training;</b></p>	<p><b>Incorporated into field instructor training seminars; field instructors participate in classroom activities; advanced field instructor training offered; Joint Symposium of local schools provides training and collaboration opportunities;</b></p> <p><b>Support of an annual Field Instructor Training as a collaborative efforts between Schools and Counties in our geographical area;</b></p> <p><b>At field agencies;</b></p>

	<p><b>specialized trainings are planned for next year;</b></p> <p><b>None yet;</b></p> <p><b>Annual Conference with local county mental health partners and Nearby schools of social work;</b></p> <p><b>None to date;</b></p> <p><b>None to date;</b></p> <p><b>Not done;</b></p> <p><b>All field work instructors are required to attend and participate in trainings offered by the school and relevant to their concentration</b></p> <p><b>All field instructors were presented with the Recovery Process training;</b></p> <p><b>Offers specialized seminars focused on recovery and EBI's;</b></p>	
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<p><b>G. Meetings with Mental Health Agency directors regarding the MH Stipend program and the MH curriculum</b></p>	<p><b>Meet semi-annually</b></p> <p><b>Meetings with MH and CBO Directors, WET and MHSA staff; Active advisory board made up of family members, consumers and MH/CBO Administrators</b></p> <p><b>Regular meetings with three local county MH Directors</b></p> <p><b>Regularly scheduled meetings with active focus on curriculum content, training for students and understanding of SW, Psych/MFT differences and similarities;</b></p> <p><b>MH Advisory Committee meets quarterly; Project coordinators attend agency meetings;</b></p> <p><b>Public MH agencies met with all schools in the local area twice in previous years;</b></p>	<p><b>Field Instructors members of Advisory Committee; Meet twice yearly for feedback and updates on relevance of curriculum</b></p> <p><b>Meetings with Directors and WET Coordinators regarding field placement opportunities and integration of competencies. PC attends local MH and Educational Workforce Collaborative;</b></p> <p><b>Field faculty meet with agency field instructors; Project Coordinators work with field faculty to develop new internship sites that provide appropriate MH experiences;</b></p> <p><b>This will be explored for future planning;</b></p> <p><b>Quarterly and as needed; frequent phone contacts;</b></p>
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	<p><b>Quarterly and as needed; frequent phone contacts;</b></p> <p><b>Yes;</b></p> <p><b>Department Chair involved in executive board meetings at statewide level; Project Coordinator has informal contact on as-needed basis;</b></p> <p><b>Advisory board consists of directors of county/county contract agencies; representatives speak in classes, meet yearly with large group and as-necessary with individuals;</b></p> <p><b>Meet regularly with agency directors, and within the MH Directors meetings in local area;</b></p> <p><b>Not done at this time</b></p> <p><b>To be scheduled in Fall 2010; Topics will include field placements, curriculum, impact of fiscal crisis</b></p>	<p><b>Regular attendance in meetings regarding MH stipend program and MH curriculum;</b></p> <p><b>Yes;</b></p>
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	<p><b>on jobs for MH stipend graduates;</b></p> <p><b>Regional meetings have been held with MH staff and university representatives;</b></p> <p><b>Regularly schedule meetings during first two years of the MH Stipend program, as needed now;</b></p>	
<p><b>H. Meetings with MHSA and/or WET coordinators regarding Student training and preparation issues</b></p>	<p><b>Quarterly; In 2008-2009 met bi-weekly to address field placement, competencies and challenges due to budget cutbacks;</b></p> <p><b>Monthly basis through Regional Partnerships; MHSA/WET Coordinators participation on Advisory Board;</b></p> <p><b>Hope to start this in the future;</b></p> <p><b>Plan to attend Spring meetings;</b></p> <p><b>Not yet</b></p>	<p><b>Meetings with Directors and WET Coordinators regarding field placement opportunities and integration of competencies;</b></p> <p><b>Quarterly meetings and as needed; frequent phone contact;</b></p> <p><b>Students participate in trainings developed through WET coordination that are supported by specific counties where they are placed/working;</b></p> <p><b>Yes;</b></p>

	<p><b>Planning meetings with MHSAs/WET Coordinators were held initially; would like to reinstitute regular meetings;</b></p> <p><b>Quarterly and as needed; frequent phone contact;</b></p> <p><b>Discussion of what is happening at each site regarding these programs;</b></p> <p><b>Department Chair and Project Coordinator have regularly attended county WET meetings;</b></p> <p><b>Meetings with WET Coordinators regarding future plans for stipend programs and overall WET planning;</b></p> <p><b>Have met with MHSAs/WET committees/Coordinators in several surrounding counties;</b></p>	
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	<p><b>Coordinator participates several times for many years;</b></p> <p><b>Will resume meetings with these individuals in fall semester. Wish to explore clinical training in languages other than English for stipend students;</b></p> <p><b>Regular meetings with county MH agency staff;</b></p> <p><b>PC has attended some county WET meetings, but has not regularly met to discuss student training and preparation issues;</b></p>	
<p><b>I. Regional meetings with surrounding schools and agencies to coordinate implementation of the MH competencies</b></p>	<p><b>Annual participation;</b></p> <p><b>Active collaboration with local school as well as local community colleges – looking at articulation and educational pathways;</b></p> <p><b>None yet; State/regional coordination of these kinds of meetings would be most helpful;</b></p>	<p><b>Field faculty from the local schools meet regularly to discuss competencies and plan trainings and symposiums;</b></p> <p><b>Planned joint school meeting for 2010;</b></p>

	<p><b>None yet;</b></p> <p><b>Not being held at this time;</b></p> <p><b>Regularly scheduled meetings;</b></p> <p><b>MH Coordinator shares in the classroom what information they learn from regional meetings;</b></p> <p><b>Yes;</b></p> <p><b>On-going contact with PC from neighboring school of social work, and frequent contact with placement coordinators at local county mental health agencies;</b></p> <p><b>No regional meetings regarding MH competencies;</b></p> <p><b>No regional activities/meetings in place at this time;</b></p>	<p><b>Students are encouraged in their field placements to attend regional meetings that take place in the local area;</b></p> <p><b>Yes;</b></p>
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	<p><b>Connect with regional SSW partners;</b></p> <p><b>In planning stages;</b></p> <p><b>Yes, meetings with surrounding schools;</b></p> <p><b>Yes regular meetings with surrounding schools, and one meeting of all surrounding schools with county mental health;</b></p>	
<p><b>J. Meetings with school/dept. Curriculum Committee to discuss implementation of the MH Competencies</b></p>	<p><b>Faculty Retreat – December 2008;</b></p> <p><b>MH Coordinator is member of practice, policy and field curriculum committees;</b></p> <p><b>New public mental health course which integrates the competencies now a newly designated course;</b></p> <p><b>Project Coordinator is co-chair of the Mental Health Sequence and participates in the Curriculum Committee.</b></p>	<p><b>Field placement activities also support the MH Competencies;</b></p> <p><b>Yes;</b></p>

	<p><b>Involvement with Curriculum Committee;</b></p> <p><b>Project Coordinators serve on all department sequence and curriculum committees;</b></p> <p><b>Project Coordinators meet with sequence chairs to determine curriculum strengths and integration of MH competency content;</b></p> <p><b>Communication with other groups of information from Curriculum Committee participation;</b></p> <p><b>Yes;</b></p> <p><b>Yes, when receptive;</b></p> <p><b>Project Coordinator serves on the Curriculum Committee which meets monthly;</b></p>	
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	<p><b>Project coordinator has met with curriculum committee to discuss integration of MH competencies in courses other than specialized electives; diversity and cultural competency well integrated throughout the curriculum;</b></p> <p><b>Regularly attend meetings, but minimal time for discussion of MH Competencies; preparation for re-accreditation has been the focus during this report period;</b></p> <p><b>Regular interactions and briefings;</b></p> <p><b>Ongoing meetings every semester;</b></p> <p><b>Yes;</b></p> <p><b>PC meets with both the Curriculum Committee and other faculty in developing and coordinating the MHSA required curriculum. Also a member of the Mental Health Concentration Faculty;</b></p>	
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<p><b>K. Inclusion of consumers and Family members in Development and implementation of the MH Curriculum</b></p>	<p><b>Not Yet addressed</b></p> <p><b>Consumers and Family members active on Advisory Board; provide feedback while reviewing syllabi, course objectives, etc.</b></p> <p><b>MHSA Project Committee includes consumers, administrators, field instructors and clinicians. They review curriculum, participate in teaching, and assist in application review and identification of stipend recipients;</b></p> <p><b>None yet;</b></p> <p><b>Consumer panel presentations in classroom in student organization meetings and are members of the advisory committee.</b></p> <p><b>Preliminary meetings held with consumer representatives, college administration and Project</b></p>	<p><b>Mental Health Advisory Board includes consumer/family member representatives; tasks include input to revised syllabi;</b></p> <p><b>Consumers participate as preceptors in field agencies;</b></p> <p><b>Students encouraged to focus on this in field placement activities;</b></p> <p><b>In progress;</b></p>
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	<p><b>Coordinators to discuss collaboration and integration of academic endeavors with consumer needs;</b></p> <p><b>Utilize consumers and family members on a regular basis;</b></p> <p><b>Event to include consumers and family members this year has been planned;</b></p> <p><b>In progress;</b></p> <p><b>Advisory Committee includes a consumer; Plans to rededicate twice yearly meetings refocusing on implementation of the MHSA competencies within the curriculum;</b></p> <p><b>Consumers, family members, NAMI representatives have participated in presentations to classes;</b></p>	
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	<p><b>Advisory committee is rich with involved consumers, family members and providers; Project Coordinator meets and works with small groups who have assisted with training and student selection over the past two years;</b></p> <p><b>Active involvement of consumers and family members in planning and implementation of curriculum;</b></p> <p><b>Work in progress; student/consumer invited to attend meetings but chose not to participate;</b></p> <p><b>Work in progress on this activity;</b></p> <p><b>Meet with consumers and family members in first and second year, and have included them in delivering curriculum in the field seminar;</b></p>	
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