



**DEVELOPING MSW FIELD EDUCATION PARTNERSHIPS**  
A Guide for Community Health Centers





## TABLE OF CONTENTS

<b>INTRODUCTION</b>	<b>3</b>
<b>01 SECTION ONE</b>	
Why Partner with MSW Programs?	<b>4</b>
<b>02 SECTION TWO</b>	
The MSW Training and Licensure Process	<b>7</b>
<b>03 SECTION THREE</b>	
Employment of Social Workers within a CHC	<b>10</b>
<b>04 SECTION FOUR</b>	
Exploring MSW Training Partnerships	<b>13</b>
<b>05 SECTION FIVE</b>	
How Can Community Health Centers Develop MSW Training Partnerships?	<b>16</b>
<b>06 SECTION SIX</b>	
How Can Community Health Centers Implement MSW Training Partnerships?	<b>19</b>
<b>07 SECTION SEVEN</b>	
How Is the Training and Supervision of MSW Students Structured?	<b>22</b>
<b>08 SECTION EIGHT</b>	
List of Resources	<b>27</b>
List of References	<b>28</b>



## **INTRODUCTION**

### Masters Of Social Work (MSW)

This guide can serve as a resource for directors of community health centers (CHCs) who are seeking to develop and enhance field training or internship partnerships with accredited Master of Social Work (MSW) programs in California. There is significant alignment between the professional orientation, training, and practice roles of social workers, and the mission of CHCs to provide high quality health and behavioral health services for medically underserved communities.

The benefits of offering training to MSW students within a CHC include:

- + Expanding the number of MSWs trained to practice in community settings.
- + Creating sustainable retention and workforce development pipelines for social workers within CHCs.
- + Broadening and enhancing the quality of care that CHCs are able to provide.

The California Primary Care Association (CPCA) is committed to helping CHCs “Grow and Retain their Own Workforce (GROW)” that is responsive to, and reflective of, California’s diverse communities through advocacy, training, and technical assistance. In July 2020, CPCA joined a three-year Health Professions Education and Training (HP-ET) Initiative alongside the Health Resources and Services Administration (HRSA) to enhance health centers’ abilities to recruit, develop, and retain their workforce by exposing health and behavioral health professions trainees to training programs conducted at CHCs. CPCA partnered with the California Social Work Education Center (CalSWEC) at the University of California, Berkeley to develop this guide as part of this initiative.





## WHY PARTNER WITH MSW PROGRAMS?

As the director or staff member of a CHC, you understand your own workforce development needs, and can note the unique value that CHC field placements bring to MSW training. As a result, you may want to explore a partnership with a local MSW academic program. You will need to assess local social work education needs and resources to identify potential MSW program partners. Alternatively, a local academic institution may approach you about the possibility of field placements for its MSW student interns.

Either way, you will need to know more about the professional orientation and value of social work, MSW educational preparation, and what to expect when developing and implementing field education partnerships with MSW programs. This includes the development of feasible plans that meet your center's needs and the MSW program's training and supervision requirements, including commitments to diversity, equity, and inclusion.

## Social Workers and Community Health Centers Share a Common Mission

Social workers' professional orientation is a bit different than that of many other behavioral health care providers, and coincides with the mission of most CHCs. Social work is grounded in the biopsychosocial perspective and the person-in-environment model. The biopsychosocial perspective begins from the assumption that health behaviors and health outcomes result from the unique interactive effects of biological, psychological, social, and environmental factors (Zittel, et al., 2002). The person-in-environment model directs that providers must understand how health care consumers' social relationships, networks and communities, and positions in society influence their health behaviors and health outcomes in order to plan and deliver effective care (Andrews et al., 2013).

This orientation includes an explicit focus on addressing the needs of low income and otherwise marginalized, disenfranchised, and stigmatized individuals, families, and communities (Fraser, et al., 2018). As a profession, social work has embraced proactively antiracist standards and content for training, education and practice, as highlighted by national guidelines for program accreditation, curricular content, field education, and professional ethics and practice (CSWE 2021; Merrill, 2021).

## Social Workers Are Aligned with CHC Workforce Needs

Social workers practice from the evidence-based perspective that physical and mental health are inextricably linked, and that only culturally responsive interventions can support wellness (Andrews et al., 2013). Social work embraces multi-level models of intervention (de Saxe Zerden, Lombardi, et al., 2018), including at the "micro" level by providing services to individuals, families and communities, as well as at the "mezzo" and "macro" levels to engage in community organizing, advocacy, and policy efforts (Fraser, et al., 2018).

The role of a social worker within a CHC typically involves addressing clinical issues as well as the underlying social and environmental factors (de Saxe Zerden, Lombardi, et al., 2018). Social workers are typically most involved in caring for patients with complex care needs, including physical and behavioral health comorbidities and economic and psychosocial challenges (Stanhope, et al., 2015). They are trained to provide care that extends beyond the diagnosis and treatment of mental health issues to screen for a broad range of concerns, providing psychoeducation, care coordination, resource linkages, and care management.

Opportunities for MSW students in California's community health centers will better equip CHCs' care teams to comprehensively address patients' complex care needs by enhancing the quality of care provided. It will help address statewide shortages of MSWs trained to provide behavioral health care in integrated care settings by establishing professional development pipelines for MSW students, ASWs, and LCSWs in such settings. Finally, it will proactively address the even greater demand for MSWs trained to provide integrated behavioral health care projected for coming years and decades as both Medi-Cal expansion and the integrated behavioral health care model take root.



## THE MSW TRAINING AND LICENSURE PROCESS

In order to work fruitfully with a MSW Program, you will need to be familiar with the structure and sequence of social work education and licensure, which are somewhat different than other master's level behavioral health professions in that student internships are completed to earn the MSW degree, after which mentored employment must be completed to secure licensure.

## From MSW Intern to MSW: Requirements for the Masters of Social Work Degree

The required degree for professional practice as a social worker is the Master of Social Work (MSW). Full-time MSW programs typically involve two years (four semesters or six quarters) of study, while part-time MSW programs typically involve study over a period of three years. Programs at other levels may have different requirements. Regardless of program format, MSW students must complete academic coursework focused on generalist training as well as specific fields of practice, and must complete clinical or “field” training at field education sites, such as a CHC. Once placed at a field education site, the MSW student is known as an **MSW intern** until degree completion, then as an **MSW** after graduation.

## From MSW to ASW: Requirements for Associate Clinical Social Worker Registration

After graduation, a new MSW focused on behavioral health as a field of practice will be encouraged to pursue clinical licensure. In the state of California, the first step in that process is application for registration as an Associate Clinical Social Worker (ASW) with the California Board of Behavioral Sciences (BBS), the entity that oversees social work licensure. Once approved, the applicant is assigned an ASW number. A copy of the Application for ASW Registration can be found in the list of resources at the end of this guide.



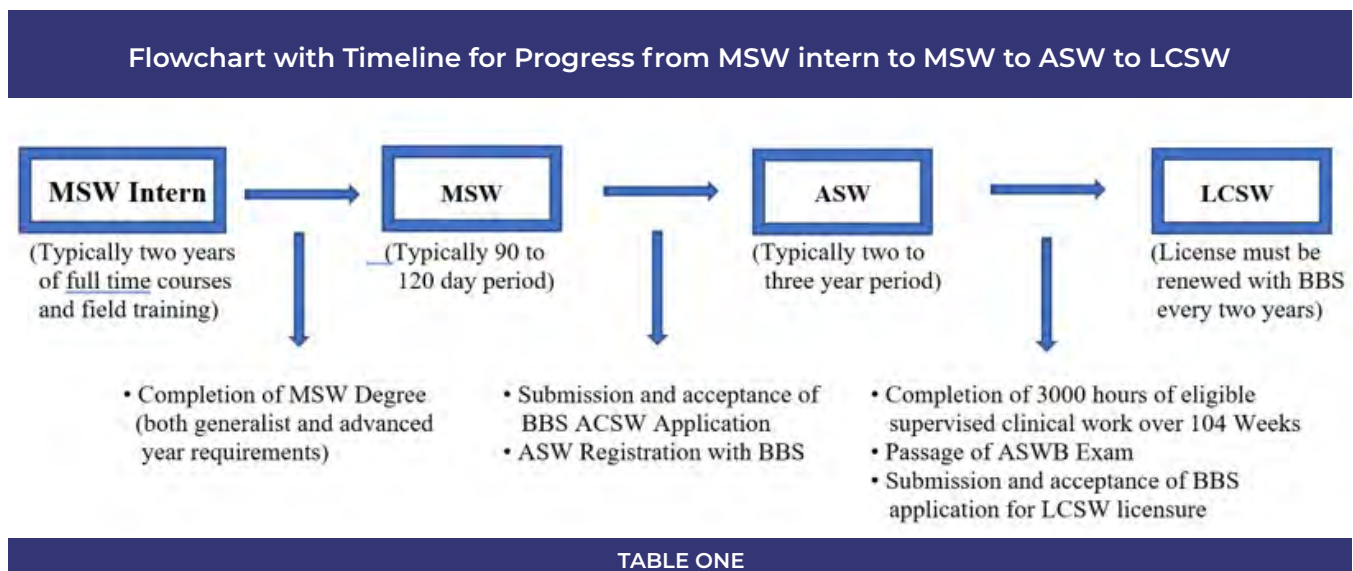


## From ASW to LCSW: Requirements for Clinical Social Work Licensure

Completing ASW registration enables the individual to provide clinical social work services in a supervised pre-licensure status. In order to engage in independent clinical practice in California, however, an ASW must become a Licensed Clinical Social Worker (LCSW) by:

- + Accruing and documenting 3,000 hours of qualifying supervised clinical work.
- + Passing the Association of Social Work Boards (ASWB) Clinical Exam.

MSWs typically secure LCSW licensure roughly 30 to 36 months after graduation. A summary of the requirements for LCSW licensure can be found in the list of resources at the end of this guide.





## EMPLOYMENT OF SOCIAL WORKERS WITHIN A CHC

MSWs are the largest group of master's level behavioral health providers in the United States and, according to some measures, the largest subset of all behavioral health care providers (National Center for Health Workforce Analysis, 2017). Because of social work's professional emphasis on public service, however, social workers are less likely to seek private sector employment than other graduate level behavioral health professionals, and thus are typically easier to recruit into publicly funded systems of care (Davis & Chen, 2022).

Social workers play a critical role in the integration of primary and behavioral health care that is central to the goals of the 2010 Affordable Care Act (ACA) to increase access to and parity of care in medically underserved communities (Stanhope, et al, 2015). The social worker's role involves promoting communication and cooperation among team members and connecting them to external providers and resources, which is essential to the provision of effective interprofessional team-based care in community health settings (Stanhope, et al., 2015; Andrews, et al., 2013). This presents a unique fit with the mission of CHCs to provide comprehensive, quality health care services for low income, uninsured and underinsured Californians who might otherwise lack access to care (CPCA, 2017).

As a group, MSWs are also more racially, ethnically, culturally, and linguistically diverse than other behavioral health care professionals in California (Coffman, 2018) and many have lived experience with behavioral health issues in their families (Davis & Chen, 2022). Building the MSW workforce within CHCs can thus enhance the alignment between the CHC workforce and the racial, ethnic, cultural, and linguistic communities it serves and support CHCs' efforts to proactively address the stigma surrounding mental health needs and care provision in many of those communities.

## Training Opportunities for MSW Students

MSW students interested in interventional behavioral health (IBH) seek field training/internships at which they can observe and learn to implement interprofessional team-based approaches to providing integrated care. As a result, MSW academic programs often seek new field training partnerships that address faculty and student interest, as well as workforce needs. However, MSW programs have been slow to incorporate interprofessional training opportunities or requirements, or a focus on integrated care into their curricula.

Your CHC can offer an especially clinically rich learning environment in which MSW students have sustained exposure to interprofessional, team-based care and the integration of primary and behavioral health care. As such, you could expect strong levels of interest from competitive and committed potential MSW student interns.

## MSW Training Partnerships Create Sustainable Workforce Development Pipelines

Due to increased Medi-Cal enrollments, many CHCs struggle to recruit and retain LCSWs and are challenged to meet the behavioral health care needs of those who seek care. As such, there is a clear need to create a more sustainable path for the recruitment and retention of LCSWs related to California's Medicaid expansion under the ACA. Establishing and enhancing field training/internship opportunities for MSW students in CHCs provides the basis for a social work workforce development pipeline within CHCs that can do exactly that.

First, the development of MSW internship programs gives CHCs with the opportunity to identify what specific training features are needed to ensure that MSWs graduate well prepared for work in CHCs, and to implement that training on site. The development of MSW training partnerships also provides a direct path for hiring and retaining former MSW interns who have completed that specialized training. Recruiting these graduates as they enter the profession, in turn, makes it far more likely that they will focus on and develop professional identities around working in CHCs over the course of their MSW careers (Salsberg, et al., 2019).

Finally, establishing a training structure presents an excellent opportunity to create a realistic path to LCSW licensure for MSW staff recruited and hired completing internships on site, which is essential to retaining them in the long term. As CHCs are able to hire more graduating MSW interns, they will be developing the MSW staffing levels needed to supervise future interns and ultimately the LCSW staffing levels needed to supervise future graduates as they pursue licensure. The fiscal benefits

associated with developing this pipeline can be increased by efforts to align with a state Alternative Payment Methodology (APM) and future advocacy around eligibility of social work staff for receiving reimbursement.

The establishment of strong field training opportunities for MSW students in California's community health centers will better equip your CHC care teams to comprehensively address patients' complex care needs by enhancing the quality of care provided. It will help address statewide shortages of MSWs trained to provide behavioral health care in integrated care settings by establishing professional development pipelines for MSW students, ASWs, and LCSWs in such settings. Finally, it will proactively address the even greater demand for MSWs trained to provide integrated behavioral health care projected for coming years and decades as both Medi-Cal expansion and the integrated behavioral health care model take root throughout the state.



## EXPLORING MSW TRAINING PARTNERSHIPS

There are 25 accredited MSW programs in California as of February 2022. Of these, 18 are part of California State University system, two are part of University of California system, two are private but non-sectarian, and three are private and faith-based. All of these programs seek to establish partnerships with training sites that can provide high quality field education to their students. MSW students most likely to stay on with field sites after graduation as ASWs and LCSWs, and to mentor and supervise other MSW students and ASWs, are those who reside and will become licensed in California.

## Assessing Local MSW Program Resources and Needs

As a starting point, you may need to assess local MSW programs. Most MSW programs look for field education partners with sites close to campus and/or to where their students tend to reside. As such, CHCs are likely to find that MSW programs close to potential training sites are most interested in partnership. Since MSW students are typically balancing graduate coursework with field training and family and employment obligations, most are hesitant to train at sites far from school. Thus, schools know that finding students willing to travel significant distances for in-person field training can be challenging, even when the placements in question are high quality.

In addition, some MSW programs offer cohort-based virtual instruction far from their physical campuses, thus serving students who reside in those geographic areas. As such, you may need to explore the existence of local cohort-based remote programs as well.

Alternately, you may be approached by out of state, for profit, and sometimes unaccredited MSW programs that operate largely on a virtual basis. You should be aware that students trained through unaccredited MSW programs are not licensable in California, and thus will not support the LCSW workforce development pipeline.

## Explore MSW Program Capacity and Curricula

In assessing local MSW programs, you may encounter significant variance in terms of their capacity around training and education for practice in health care settings. You may wish to research potential MSW program partners by exploring their websites and address issues of “fit” early in discussions with program representatives. CHCs will want to assess levels of curricular and resource commitment to health-focused practice and integrated care in the form of:

- + Required and elective courses
- + Available options and concentrations
- + Specialized field seminars
- + Student research and service projects
- + Stipend opportunities
- + Faculty scholarship and service

You should ask potential training partners about curricular plans and priorities and how they are established; some MSW programs may not yet be deeply invested in health care as a field of

practice, but may have plans in place to pursue increasing that focus, or may have faculty interested in connecting for that purpose. You may wish to explore perceived levels of student interest in placement at your CHC, since MSW programs are likely to have varying numbers of students interested in health care placements and integrated behavioral health practice.

## Communicate the Value of Community Health Centers as MSW Training Sites

In exploratory discussions, you should communicate the high value of a CHC as multi-faceted training sites that can offer rich learning experiences for MSW students. You may be asked to share annual reports, fact sheets, and other information that describes the organizational structure, program units, services offered, populations served, and any existing training programs. Also, you may want to highlight any available grants or initiatives related to social work practice or training, and to identify the specific programs and services in which MSW interns may be involved.

In these exploratory conversations, you may want to inquire about interest in and opportunities for capacity building, including joint grant seeking, if feasible. Many MSW programs with historically small footprints in health care practice are now seeking to expand that capacity because of national trends in MSW employment and funding for health care-focused training (Delavega, et al., 2019; de Saxe Zerden, Kanfer, et al., 2018; de Saxe Zerden, Lombardi, et al., 2018). Partnership with a CHC can help them develop capacity for training students in a wide range of health care roles.



## HOW CAN COMMUNITY HEALTH CENTERS DEVELOP MSW TRAINING PARTNERSHIPS?

### Approach MSW Training Partners with Clear Communication and Plans

Once a CHC has decided to pursue a new MSW training partnership, it should identify a single point person who will take the lead on brokering and developing new field education partnerships with interested MSW programs. This will help MSW programs know whom to communicate with about program needs and issues. This point person should take responsibility for reaching out to MSW programs, following up on messages and questions, and identifying key contacts at programs of interest. The CHC should also plan to create a centrally accessible database to stay abreast of dates and deadlines associated with establishing partnerships with specific MSW programs in specific academic years and tracking progress related to recruiting, interviewing, and “matching” with students from each MSW program for each academic year.

CHC staff members may have colleagues who teach part time and/or other connections to local MSW programs. When reaching out to initiate discussions about establishing new training partnerships, however, CHCs should make every effort to connect with the Director of Field Education. Once in contact, CHCs should clearly identify the CHC point person for establishing any proposed agreement, as well as all signatories required to enter into such an agreement, to the MSW program Field Director, as they are often known. The Field Director will be able to provide detailed



information about the site review process involved in establishing a field education agreement, program expectations for field partners, program supports for onsite field supervisors, and the logistics associated with their MSW program's field education curriculum.

## **Plan Ahead to Develop the Best Training Partnerships**

CHCs will want to ensure that they begin the process of establishing field education agreements with new MSW program partners by the middle of the academic year before the year in which students will begin field training on site. First year MSW students typically begin to explore their options for second year field placements at the midpoint (January) of their first year of study, and MSW programs match incoming MSW students with their first year field placements between admitting them in the spring and when classes begin in the fall. Connecting with potential MSW program partners early will help ensure that the CHC is aware of all requirements, procedures and deadlines for establishing student placements for the following year.

This timing will also ensure that the CHC is identified as a potential field placement site in all materials provided to first year students as they begin to seek placements for the following year. This will give CHCs the chance to provide online materials for information packets sent to students and to participate in virtual and face to face field fairs through which MSW students explore field training options. Finally, this timing will enable CHCs to review applications from and conduct interviews with potential trainees in the spring, in sufficient time to “match” with the most competitive and committed students for their second year placements.

## **Identify All Potential Impacts of MSW Training Activities on CHC Site and Staff**

Before a CHC commits to providing onsite field training to MSW students, CHC leadership should carefully consider the cost/benefit ratio involved in doing so and clearly communicate all CHC requirements and limits related to resources and capacity to the MSW program. The CHC should determine and communicate how many trainees it can effectively serve with from each intended MSW Program partner, as well as a feasible timeline for beginning training. The CHC and the MSW program should develop a mutually agreeable timeline and schedule for ongoing contact around training issues, including regular check-ins between the designated contact persons at each end (de Saxe Zerden, Kanfer, et al., 2018).

In order to solidify feasible plans and implement a strong MSW student training partnership, the CHC will want to approach the project with a fully informed and invested staff. The CHC should review all identified MSW program training requirements with CHC staff and administration and proceed based on thorough discussion with all relevant CHC staff and administrators about the MSW program's expectations, schedules, and supports for field education sites. The CHC should look for ways to involve staff from as many CHC programs as possible in the planning process, as well as in student orientation and training.

The impact of trainees' presence on the budget, space demands, and other staff members must also be considered and planned around strategically in order to create a supportive environment for student training and success (de Saxe Zerden, Kanfer, et al., 2018). It is critical to identify issues around which administrative support and resources, especially in the form of staff time, will be required for success. CHCs will also need to assess the availability and sufficiency of space and concrete resources for training MSW interns. CHCs that are not set up to provide private spaces for MSW interns to meet with patients complete training assignments, and receive MSW supervision may need adjust space assignments and usage for this purpose.

Most centrally, the CHC will need to assess the availability and sufficiency of qualified MSW field supervisors and the projected impact of the demands of supervising MSW interns on MSW staff members' ability to fulfill their current roles. CHCs should assume that MSW field supervisors will need to dedicate an average of eight to ten hours per week to student instruction and supervision, as well as administrative tasks associated with student training. They should also be aware that this time commitment will not be equally distributed throughout the calendar year. Although not ideal, if staff availability is not sufficient, CHCs may need to assess the relative cost of contracting with outside providers, ideally those are familiar with the CHCs staff, services, and functioning, for the supervision of MSW interns.



## HOW CAN COMMUNITY HEALTH CENTERS IMPLEMENT MSW TRAINING PARTNERSHIPS?

### Establishing and Formalizing Plans for MSW Student Training

Once the CHC has identified an appropriate potential MSW program partner and decided to proceed with the establishment of training plans, it will quickly become important to discuss mutual needs and capacities related to the proposed number of trainees to be placed on site per year, as well as the schedule, structure of training and key components for its implementation. CHCs should understand that most MSW programs will approach the establishment of new field training partnerships with well established guidelines and expectations in place. These guidelines expectations, and procedures will be outlined in a series of documents that the MSW Program should provide to the CHC before as discussions and planning begin. Appendix D provides a sample FAQ document of the type MSW programs may share with potential field training sites.

### MSW Program Field Education Manuals

First, CHCs should expect MSW programs to share detailed field education manuals that outline all programmatic and logistical aspects of field education and clearly identify each party's responsibilities in relation to a range of issues and scenarios. MSW programs typically publish field education manuals annually and use them to outline their field training requirements, plans and schedules, as well as specific procedures and documents for identifying and approving field training sites, orienting site-based field supervisors, and matching students with specific training sites (CSWE, 2021). Appendix E provides a sample MSW program field education manual.

CHCs will should that MSW Programs' field education manuals clearly outline the MSW program's requirements and expectations around MSW intern training hours, supervision procedures, and workspace needs. They should outline both the calendar for and the details of trainee screening and selection procedures, all required trainings for site-based field supervisors, and all associated CHC responsibilities. CHCs should be careful to review yearly calendar cycles for recruiting, interviewing and ranking trainees and typical academic year training schedules (including weeks per term, days per week, and hours per day) to avoid potential miscommunications or conflicts.

## MSW Program Field Education Agreements

CHCs should expect that each MSW program will have its own template for the written agreement used to establish field education contracts with training sites. The field education agreement typically outlines training and supervision requirements as well as liability, legal, and documentation requirements for both the CHC and the MSW Program. CHCs should expect to be asked to use these agreement templates, and to have their legal and administrative teams review them carefully prior to entering into training agreements. The field education contract should be signed by the designated persons at each organization before any student training begins on site at the CHC (CSWE, 2021). Appendix F provides a sample MSW program field education agreement template.

The field education agreement between the MSW program and the CHC provides a contractual basis for all logistical aspects of the field training arrangement and is based on the MSW program's standards for field education but modified to work within parameters required by the site. It should address all expectations each party may reasonably hold of the other in relation to training needs and issues, as well as liability, documentation and unforeseen problems. It should include space for an overview of the mission, funding, policies, service model and organizational structure of the CHC, and for the CHC to highlight the ways in which meaningful commitments to diversity, equity and inclusion are enacted on site (CSWE, 2021).

CHCs should be aware that the field education agreement will guide the implementation of MSW field training at the CHC. It will outline specific procedures and provide forms to be used to ensure the safety of students, monitor and support them during training, and facilitate ongoing contact between the CHC and the MSW program. It will provide the schedule for quarterly or semester site visits by university field faculty and highlight the training in which the CHC's identified site field supervisors will be expected to participate (CSWE, 2021). A sample field instructor training manual is provided in Appendix G.

## MSW Program Student Learning Agreements for Field Education

Finally, CHCs should expect MSW programs to share model agreements or templates for the establishment of student learning agreements that will be used to plan and outline each student's individual training plan for the academic year. The student learning agreement is typically developed and signed by the CHC training supervisor and the MSW student during training orientation, and then approved by the student's MSW program field advisor. CHCs will want to ensure that student learning agreements are fully executed in the earliest weeks of field training, to avoid any potential miscommunications about scheduling or training expectations. A sample MSW Program student learning agreement is provided in Appendix H.

The student learning agreement should outline the student's learning plan and the roles and responsibilities of both the field supervisor and the MSW intern in executing that plan. This should include the trainee's intended scope of practice, the roles and tasks to be undertaken, and the levels of responsibility to be assumed over time. It should provide a roadmap for the teaching and learning methods to be used in the course of field training, including the observation agreements and assessment plans to be employed throughout the training year. It should highlight the ways in which meaningful commitments to diversity, equity and inclusion will be enacted through the student's training. Finally, CHCs will want to ensure that the learning agreement clearly connects the work of the MSW student to the CHC's mission, service model and organizational structure (CSWE, 2021).

Finally, the student learning agreement typically addresses MSW program requirements and expectations related to the integration students' field-based learning in the MSW curriculum. As an example, MSW programs are required to connect students' classroom learning to their mentored practice experiences during field training, and to give students opportunities to reflect on those connections during field seminars as well as field supervision. As such, CHCs should expect that MSW Program field faculty will want to visit CHC sites periodically and engage in ongoing dialogue with the CHC field supervisor about the student learning plan (CSWE, 2021).



## HOW IS THE TRAINING AND SUPERVISION OF MSW STUDENTS STRUCTURED?

### The Council on Social Work Education's Educational Policy and Accreditation Standards

CHCs should be aware that MSW field education is structured around guidelines issued by the Council on Social Work Education (CSWE), the body that accredits social work education programs. CSWE publishes a set of competency-based guidelines called the Educational Policy and Accreditation Standards (EPAS) around which all accredited social work programs design their curricula, content delivery approaches, and student and program assessment procedures. A copy of CSWE's 2022 EPAS is provided in Appendix I.

Based on the EPAS, MSW program design begins by identifying desired learning outcomes to be demonstrated through specific competencies, designing instructional plans around helping students develop those competencies, and assessing students and programs based on successful

student demonstration of the identified competencies. The 2022 EPAS guidelines identify nine competencies for generalist and specialized practice that students should demonstrate by the time of MSW graduation. These include competencies to:

- + Demonstrate Ethical and Professional Behavior
- + Advance Human Rights and Social, Racial, Economic, and Environmental Justice
- + Engage Antiracism, Diversity, Equity and Inclusion in Practice
- + Engage in Practice-Informed Research and Research-Informed Practice
- + Engage in Policy Practice
- + Engage with Individuals, Families, Groups, Organization, and Communities
- + Assess Individuals, Families, Groups, Organization, and Communities
- + Intervene with Individuals, Families, Groups, Organization, and Communities
- + Evaluate Practice with Individuals, Families, Groups, Organization, and Communities

CHCs should be aware that MSW programs develop field training curricula with an explicit focus on ensuring that field training will enable students to master and demonstrate mastery of these practice competencies. Being familiar with the EPAS will help CHCs understand MSW programs' approach to and requirements for field partnerships.

## **CSWE Requirements for MSW Student Field Training Hours**

CHCs should also know that MSW students must complete a minimum of 900 field training hours to earn the MSW degree, but MSW programs may design their field training requirements using a variety of schedules and plans. Many MSW programs require students to complete fewer field training hours during the first year of study than during the second. As such, MSW students are often placed at field training sites only two days per week for their first year placement, but three days per week for their second year or advanced placement. In addition, MSW programs may require students to complete more than 900 hours of field training to graduate, and many do. CHCs should be aware that for both of these reasons, MSW students often need to complete more than 450 field hours of field training during their advanced year of study.

## **CSWE Requirements for the Field Supervision of MSW Students**

Finally, it's critical for CHCs to understand that CSWE requires any MSW student engaged in field training to be supervised by a clinician with an MSW from a CSWE-accredited program and

two years of post-MSW social work practice experience. If a CHC can't provide a field supervisor who fulfills these criteria, the partnering MSW program is required to assume responsibility for "reinforcing a social work perspective" in all aspects of field training (CSWE, 2021, p. 16). Because this added responsibility is logistically and practically challenging for most MSW programs, both MSW programs and students typically prefer field sites at which field supervisors meet CSWE criteria. As such, CHCs should be aware that being able to offer qualified supervision to MSW students will likely enable them to partner more easily with desired MSW programs and "match" more readily with the most promising students.

## Best Practices for Guiding MSW Field Training

CHCs should know that best practices for MSW field education suggest that site-based field instructors play the triple role of supporter, teacher and administrator in relation to MSW students' field-based learning. These training guidelines suggest that a successful MSW field internship begins with a thoughtfully planned three to four week orientation that includes staff from all components of the CHC. In addition, CHCs should expect that each intern's ongoing training will need to be grounded in a weekly individual instructional meeting with their field supervisor, held at a regular day and time and using an ongoing agenda that is clearly linked to the student's learning plan (Merrill, 2021).

CHCs should also be aware that best practice guidelines for MSW field education include helping MSW interns develop required competencies through five stages of direct instruction and observation. These include providing students with an overview of practice at the site, having them observe the skilled performance of target practice tasks and reflect on those observations, working with students to plan and rehearse their initial attempts to complete target tasks, and ultimately observing and providing feedback on students' performance of those tasks (Merrill, 2021). Best practices guidelines also emphasize that beyond developing MSW students' clinical skills, field training must also reinforce the mezzo and macro contexts of practice at the field site and support the development of interns' mezzo and macro practice skills (Coleman, 2021).

## Best Practices for Evaluating MSW Interns

CHCs should also expect that MSW programs will communicate evaluation standards to field supervisors and students, and ask CHCs to use specific procedures and forms for monitoring and evaluating student learning and the effectiveness of field training. CHCs should expect that evaluation will focus on the integration of field and classroom-based learning and observations of



student practice in the field setting that demonstrates mastery of competencies for generalist and specialized practice (CSWE, 2021).

CHCs should expect ongoing evaluation of MSW intern learning and development to take place through weekly field instruction, during which interns should be encouraged to reflectively examine their own self-awareness, assumptions, reasoning and skill development in relation to practice experiences. CHC field instructors should plan to evaluate each weekly meeting, plan ways to improve future meetings, and vary the focus and content of discussions during weekly meetings as students become more capable (Merrill, 2021).

CHCs should know that given the focus of social work education on competency development, the evaluation of MSW students' field-based learning must be competency-based. As such, field supervisors at CHCs will need to know how to implement competency-based student evaluation. One of the best tools for developing this skill is field instruction training offered as continuing education for LCSWs through NASW online. These trainings typically focus on:

- + Understanding principles of fairness as they relate to evaluating student competencies
- + Integrating attention to implicit and unconscious bias into evaluation approaches
- + Using evidence-based evaluation strategies and tools such as structured observation, structured assessment tools, and data to assess student progress
- + Conducting interactive, collaborative, developmentally informed and honest student evaluations that yield both written and verbal feedback focused on student development

## Developing MSW Students' Integrated Behavioral Health Care Competencies

Due to the fast pace and complexity of care provision in CHCs, advanced year MSW students will be better prepared for internships at CHCs than first year MSW students, who are typically still developing general practice skills. When training advanced year students, CHCs will be asked to provide them with opportunities to engage in specialized practice behaviors relevant to their identified fields of practice or MSW program options, such as integrated behavioral health, health and mental health, and behavioral health. CHCs should expect that these students' training plans will need to include components focus on the mastery and demonstration of mastery of advanced practice competencies specific to their field of practice (CSWE, 2021).

MSW programs are most likely to approach CHCs as advanced year field placements for students interested in integrated care and/or in integrated behavioral health (IBH) training programs.

Demand for IBH placements has increased significantly: HRSA funded one IBH training program for MSW students in California in 2014 and two in 2017. As of September 2021, HRSA is funding 14 IBH training programs in California for MSW students as well as students in other behavioral health fields. HRSA requires the experiential training offered through these programs to use the IBH model, defined as a team-based model of care wherein medical and behavioral health care providers partner to facilitate detection, treatment, and follow-up for psychiatric disorders in the primary care setting (HRSA, 2020).

Because of this, CHCs should be aware that in IBH field training for MSW students should focus on preventing and intervening in behavioral health issues typically encountered in primary care settings, using an interprofessional team-based model for care (HRSA, 2020). Interns' mentored practice should be guided by the functional integration of behavioral health and other types of health care, a focus on the needs of medically underserved communities, and the use evidence-based practices (Delavega, et al., 2019; de Saxe Zerden, Kanfer, et al., 2018). IBH training should also include both interprofessional education (IPE) and interprofessional practice (IPP), meaning that MSW interns should participate in training and in mentored practice with trainees and professionals from other health care disciplines.

CHCs should design and implement IBH-focused training with the goal of preparing interns to conduct routine screenings, consult with patients and medical providers, collaborate in team-based care for hypertension, diabetes, heart disease, asthma, and other common chronic conditions, and deliver brief evidence-based interventions for behavioral health issues like depression, anxiety, insomnia, and substance abuse (Delavega, et al., 2019; de Saxe Zerden, Kanfer, et al., 2018). CHCs should help interns develop competencies specific to social work practice in IBH settings by including them in team meetings, case conferences, care coordination, and warm hand-offs. Finally, CHCs should recognize that through these contributions to MSW field training, they will help ensure that more MSWs graduate well prepared to serve as behavioral health consultants who can effectively address complex care needs in primary care settings.

## APPENDIX A

[California Board of Behavioral Sciences  
Application for Associate Clinical Social  
Worker Registration](#)

## APPENDIX B

[California Board of Behavioral Sciences  
Breakdown of Required Experience for  
Licensure in Clinical Social Work](#)

## APPENDIX C

[Map of Accredited Public MSW Programs in  
California](#)

## APPENDIX D

[Sample FAQs for Potential Field Partners:  
FAQs for Becoming an Internship Site for  
MSW Students, CSU Northridge College of  
Social & Behavioral Sciences, Department of  
Social Work](#)

## APPENDIX E

[Sample Field Education Manual: MSW Field  
Manual, CSU San Bernardino School of Social  
Work 2019-20](#)

## APPENDIX F

[Sample MSW Program/Training Site Field  
Education Agreement: San Diego State  
University Department of Social Work and  
Gerontology Program Service Learning  
Agreement](#)

## APPENDIX G

[Sample Field Instructor Training Manual:  
Berkeley Social Welfare Field Instructor  
Training Manual 2020-21](#)

## APPENDIX H

[Sample Student Learning Plan: MSW Student  
Learning Contract, CSU Chico School of Social  
Work Field Education Program](#)

## APPENDIX I

[2022 Educational Policy and Accreditation  
Standards for Baccalaureate and Master's  
Social Work Programs from the Council on  
Social Work Education \(Draft #2 – Fall 2021\)](#)

## APPENDIX J

[Additional Resources on National Social Work  
Education Accreditation and Field  
Education Guidelines](#)

## APPENDIX K

[Additional Resources on California Social Work  
Education and Licensure](#)

Andrews, C.M., Darnell, J.S., McBride, T.D. & Gehlert, S. (2013). Social work and implementation of the Affordable Care Act. *Health & Social Work, 38*(2), 67-71.

California Future Health Workforce Commission. (2019). *Meeting the demand for health: Fact sheet on California's looming workforce crisis*. [Report to the Governor]. California Future Health Workforce Commission. <https://futurehealthworkforce.org/2019/02/04/ca-looming-workforce-crisis/>

California Primary Care Association. (2017). *Leveraging Federally Qualified Health Centers in California's behavioral health care continuum*. <https://hcpsocal.org/wp-content/uploads/2018/05/Leveraging-FQHCs-in-CA-BH-Care-Continuum.pdf>

Coffman, J, Bates, T., Geyn, I & Spetz, J. (2018). *California's current and future behavioral health workforce*. [Research Report]. Healthforce Center at UCSF: <https://healthforce.ucsf.edu/publications/california-s-current-and-future-behavioral-health-workforce>

Coleman, S. (2021). National Field Instructor Training Repository: Boston College. <https://drive.google.com/drive/folders/1ARR0vUK-dbMFvjiAohOEJFJLzUw7OZi>

Council on Social Work Education Commission on Accreditation. (2021). *2022 Educational policy and accreditation standards for baccalaureate and master's social work programs - draft #2 – Fall 2021*. Council on Social Work Education, Commission on Educational Policy.

Davis, E.M. & Chen, X. (2022). *The Mental Health Services Act Stipend Program for MSW Students: A retrospective study of program outcomes and impact*. California Social Work Education Center, School of Social Welfare, UC Berkeley.

de Saxe Zerden, L., Lombardi, B.M. & Jones, A. (2019). Social workers in integrated health care: Improving care throughout the life course, *Social Work in Health Care, 58*(1), 142-149.

de Saxe Zerden, L., Kanfer, M, Palmer, M.T., Jones, A. & Brigham, R.B. (2018). Recruiting, maintaining, and sustaining integrated behavioral health sites for field education. *Field Scholar, 8*(2), 1-23.

de Saxe Zerden, L., Lombardi, B.M., Fraser, M.W. & Jones, A. (2018). Social work: Integral to interprofessional education and integrated practice. *Journal of Interprofessional Education & Practice, 10*, 67-75.

Delavega, E., Neely-Barnes, S.L., Elswick, S.E., Taylor, L.C., Pettet, F.L. & Landry, M.A.

(2019). Preparing social work students for interprofessional team practice in health-care settings. *Research on Social Work Practice*, 29(5), 555-561.

Department of Health Care Access and Information. (2020). *Primary care shortage areas report*. <https://hcai.ca.gov/wp-content/uploads/2020/10/PCSA-Report-1.pdf>

Fraser, M.W., Lombardi, B.M., Wu, S., de Saxe Zerden, L., Richman, E.L. & Fraher, E.P. (2018). Integrated primary care and social work: A systematic review. *Journal of the Society for Social Work and Research*, 9(2), 2334-2315.

Health Resources and Services Administration. (2020). Behavioral Health Workforce Education and Training Program for Professionals: Announcement Number HRSA-21-089. <https://www.hrsa.gov/grants/find-funding/hrsa-21-089>

Health Resources and Services Administration. (2021). The Health Professional Shortage Area Find Tool. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Merrill, G. (2021). National Field Instructor Training Repository: University of California, Berkeley. <https://drive.google.com/drive/folders/1ARR0vUK-dbMFvjIAohOEJFJLzUw7Ozi>

National Center for Health Workforce Analysis. (2017). *Behavioral health workforce projections, 2017-2030*. Health Resources and Services Administration. <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/behavioral-health>

National Center for Health Workforce Analysis. (2017). *Sex, race and ethnic diversity of U.S. health occupations (2011-2015)*. Health Resources and Services Administration. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/diversity-us-health-occupations.pdf>

Salsberg, E., Quigley, L., Richwine, C., Sliwa, S., Acquaviva, K. & Wyche, K. (2019). *From social work education to social work practice: Results of the survey of 2018 social work graduates*. Report to the Council on Social Work Education and the National Workforce Steering Committee]. The George Washington University Health Workforce Institute.

Stanhope, V., Videka, L., Thoring, H. & McKay, M. (2015.) Moving toward integrated health: An opportunity for social work. *Social Work in Health Care*, 54, 383-407.

Zittel, K.M., Lawrence, S. & Wodarski, J.S. (2002.) Biopsychosocial Model of Health and Healing, *Journal of Human Behavior in the Social Environment*, 5(1), 19-33.

# DEVELOPING MSW FIELD EDUCATION PARTNERSHIPS

## A Guide for Community Health Centers

### CONTACT INFO

(916) 440-8170

1231 I St STE 400  
Sacramento, CA 95814

[CPCA.org](http://CPCA.org)

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$4,398,941 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov).

