



**California Social Work  
Education Center  
Mental Health Program**

*Demonstrating Educational Effectiveness  
through  
Continuous Quality Improvement (CQI)*

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**California Social Work Education  
Center (CalSWEC)**

- 1991 – California Social work Education Center started at UC Berkeley, School of Social Welfare to strengthen the child welfare workforce with funding from Title IV-E Federal, State DSS and matching funds from participating universities.

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## Development of the Mental Health Initiative

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- 1993 – Mental Health Directors, social work educators and practitioners started to explore how to create a program modeled on the CalSWEC Title IV-E program, to alleviate shortages of social work professionals from diverse backgrounds with skills to serve clients in county/contract behavioral health systems.
  
- 2003 – Implemented the Mental Health Initiative to support training and curriculum development for graduate students to prepare them for practice in the California public mental health system.

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## CalSWEC Today

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- CalSWEC is the nation's largest statewide coalition of social work educators and practitioners
  
- A consortium of
  - 21 schools of social work
  - county departments of social services (CWDA)
  - county mental health departments (CMHDA)
  - the California Department of Social Services
  - California Chapter of the National Association of Social Workers.

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## **Continuous Quality Improvement (CQI):** *Background*

### ○ **MHSA (2005) – Early Implementation**

- In an effort to begin building the workforce for the implementation of the MHSA the Director of the state SDMH decided to fund a CalSWEC Mental Health Program out of the Dept.'s MHSA administration allocation. With the finalization of the 5 year plan ongoing funding support for the CalSWEC stipend program was allocated from WET funds.
- Implementation of competencies began through joint meetings with schools and counties to review competencies and MHSA requirements, disseminate curriculum resources that supported competencies, MHSA values and practice principles
  - Process began prior to the emergence of regional partnerships
  - Supplemental support received to engage expertise in schools to develop and disseminate curriculum modules in select practice areas as requested by program faculty

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## **Brief Overview of CalSWEC MH Stipend Program Information**

- MHSA Funding began in Fall 2005 and is scheduled to continue through June 2014
- MHSA Funding of \$5.8 million per year through CalSWEC to Schools of Social Work throughout California for:
  - Maximum of 196 MH Stipends/Academic Year;
  - Program Operating Costs; and
  - Curriculum Development and Implementation Support

Program in effect for 7 years as of 2011-2012

- Total Student Stipends: 1,295 Students

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## Brief Profile of CalSWEC Mental Health Stipend Students

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- Concentrated effort to recruit students reflecting ethnic and language diversity, and represent multiple counties within the state
  - Average of 58% of students are from ethnic minority groups
  - Average of 59% of students speak multiple languages
  - Collectively, an average of 26 different languages are represented in the student stipend cohorts
  - Los Angeles County represents the largest number of students, followed by Bay area, Southern California Counties, Central Counties and Northern Counties

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## CQI: A Multi-phase Process

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- **Phase I:** Curriculum Implementation Activities
- **Phase II:** Assessment of Graduates' Perceptions
- **Phase III:** Assessment of Educational Effectiveness

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## **The CQI Process: Phase I** *Implementation of the MH Curriculum Competencies*

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- **Phase I: Curriculum Implementation Activities**
  - Objectives:
    - *To track activities supporting the implementation of the MH curriculum competencies by the 17 social work schools and programs*
    - *Synthesize and identify strengths and needs*
    - *Make recommendations for ways to support implementation activities*

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## Curriculum Development and Implementation Activities

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- CalSWEC Mental Health Curriculum Resources Website
  - Curriculum Modules
  - Specialized Training Documents
  - Curriculum Syllabi from 20 MSW Programs
  - Relevant website links
  - Statewide Summits and Symposiums
  - Integrated Behavioral Health Resources

[http://www.llu.edu/science-  
technology/socialwork/calswecmentalhealth.page](http://www.llu.edu/science-technology/socialwork/calswecmentalhealth.page)

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## Curriculum Modules

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- Recovery, Stigma and Discrimination
- Co-Occurring Disorders
- Specialized Interventions for Children and TAY with Serious Emotional Disability
- Specialized Interventions for Older Adults with Mental Illness
- Collaboration Between Mental Health and Child Welfare Services

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## Specialized Training Seminars

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- Focus on Recovery
- Co-Occurring Mental Health and Addiction Disorders
- Specialized Interventions with Children and TAY
- Specialized Interventions with Older Adult
- Collaboration in Mental Health and Child Welfare
- WRAP – Wellness Recovery Action Plans
- Implementing the Americans with Disabilities Act (ADA)

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## Statewide Mental Health Summits and Symposiums

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- Statewide Mental Health Summit – July 2004
  - A dialogue with leaders in Mental Health: Focus on MSW Curriculum Development
- Statewide Mental Health Summit – September 2008
  - National to Local Perspectives: Converging to Sustain Change
- Statewide Supported Education Symposium – June 2009
  - Supporting Individuals with lived experience with mental health issues to succeed in post-secondary education

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## Surveys and Research Activities

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- Curriculum Implementation Surveys
  - Surveys completed by schools reflecting activities and strategies to implement the CaISWEC Mental Health Competencies in classroom and field education learning
  - 2005-2006 Survey
  - 2006-2007 Survey
  - 2007-2009 Survey
  - Current year Survey Under Development
- Continuous Quality Improvement Survey (CQI)

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## The CQI Process: Phase II

### Assessment of Graduates' Perceptions

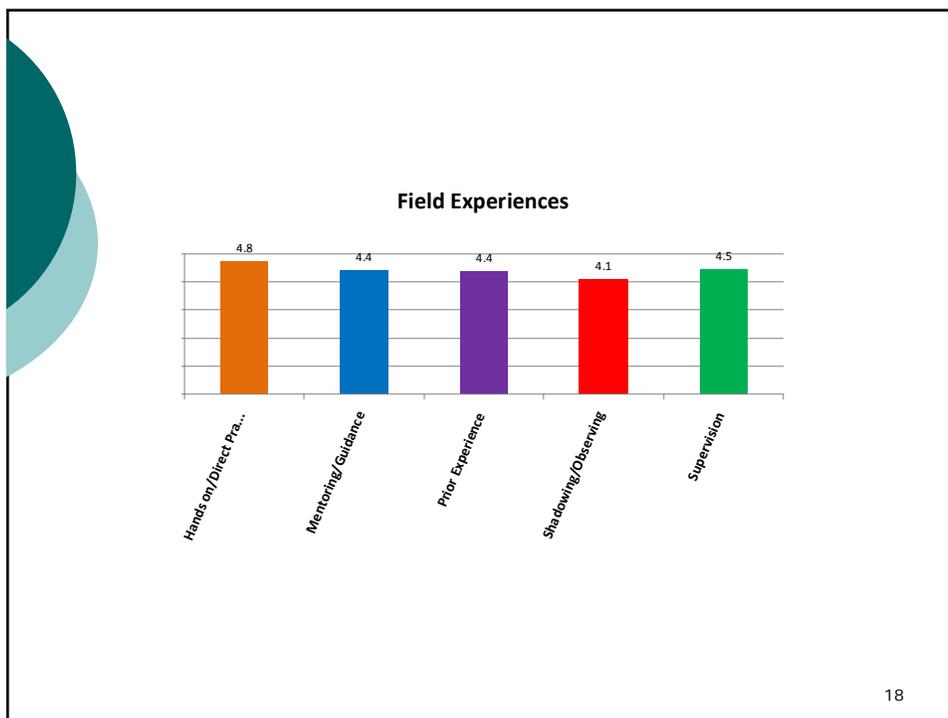
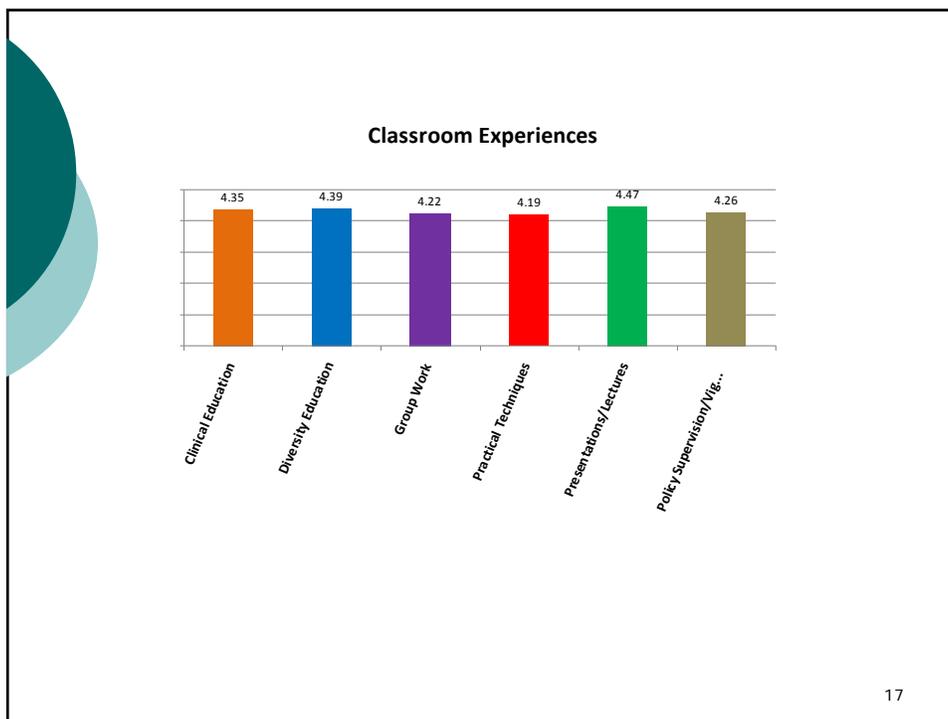
- **Phase II: Assessment of Graduates' Perceptions**
  - **Objective:**
    - To assess graduates perceptions of MH curriculum as preparing them for employment
  - **Study Methods**
    - CQI Instrument--Survey on Knowledge Skills and Abilities (KSAs, i.e., key concepts from competencies and MHSA validated through focus groups (N=6) across the state (included county and contract agencies)
    - Samples—2006-2009 Graduates (N=163)
    - Survey Monkey—used for data collection
    - Data Analysis—Factor Analysis, ANOVA
  - **Data Strengths and Limitations:**
    - Graduate data-strong sample size
    - Stable results within group
  - **Statistical Tests:**
    - Conducted with scales/measures that were directly comparable
    - Scale anchors same among groups on importance factors; clarification needed on some provision factors;

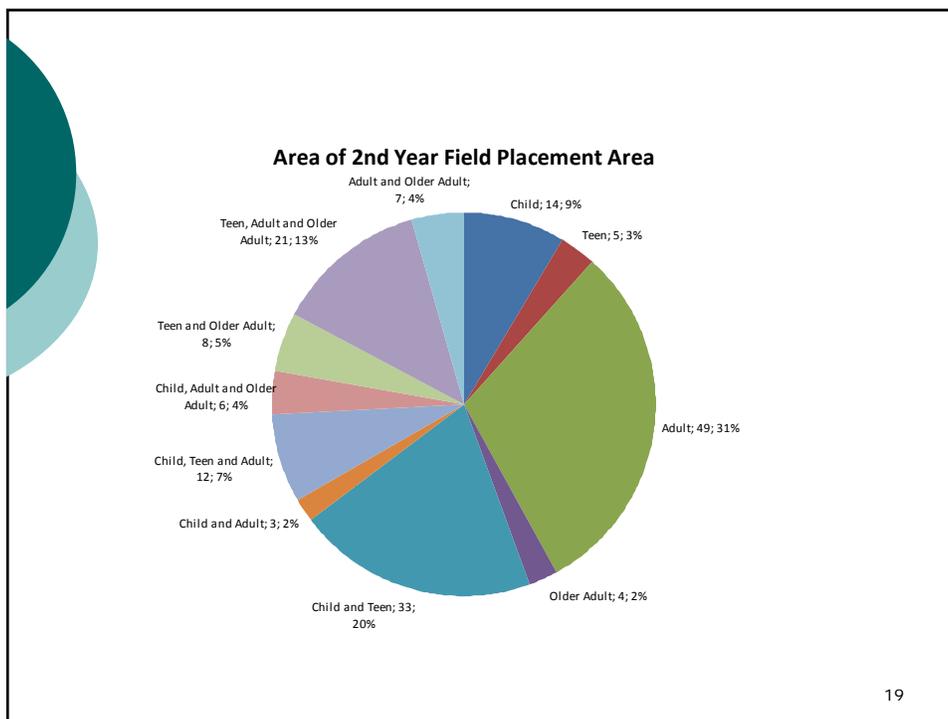
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## Phase II: Demographics

Study Demographics: Graduates (N = 163)			
Number (%) of Grads		Number (%) of Grads	
<b>Graduation Cohorts</b>		<b>Race</b>	
2006	33 (20)	African American	8 (4.9)
2007	48 (29.4)	Asian - Pacific Islander	25 (15.3)
2008	42 (26)	Hispanic/Latino	36 (22.1)
2009	40 (24.5)	Native American	1 (.6)
		White	83 (50.9)
		Other	10 (6.1)
<b>Gender</b>		<b>Age Groups</b>	
Male	31 (19)	18-24	1 (.6)
Female	132 (81)	25-34	110 (67.5)
		35-44	32 (19.6)
		45-64	20 (12.3)
		≥65	0 (0)
		<i>Mean Age [years] 34 (SD = 8.17)</i>	

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### Graduates: KSA--Knowledge Content Factors

**Pattern Matrix<sup>a</sup>**

	Factor		
	1	2	3
Imp_Recovery_Process	.826	-.175	-.076
Imp_Cooccurring_Disorders	.612	.126	-.151
Imp_Affect_Lifestyle_Mood	.598	-.029	.231
Imp_Psychiatric_Meds	.490	.321	-.208
Imp_Tx_Interventions	.485	.213	-.148
Imp_Trauma_Impact	.481	.018	.039
Imp_Major_Theories	.404	.327	.121
Imp_Therapeutic_Use_Self	.364	.086	.274
Imp_EBPs	.361	.349	.069
Imp_Agency_Systems_Resources	.273	.011	.043
Imp_DSM_IV	-.163	.937	-.009
Imp_Evaluation_Process	.079	.785	.056
Imp_Client_Assessment_Processes	.178	.335	.152
Imp_Client_Confidentiality	-.159	.039	.887
Imp_Ethical_Legal_Issues_Tx	-.105	.105	.825
Imp_Impact_Racial_Ethnic	.431	-.219	.529

**Professional Practice**

**Evaluation & Assessment**

**Ethics & Ethnic/Gender Issues**

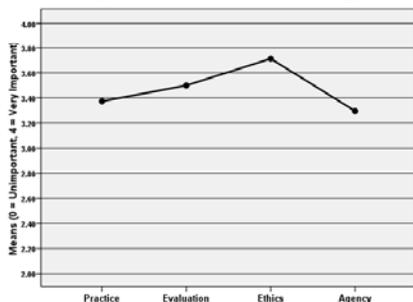
**Agency Resources**

Extraction Method: Principal Axis Factoring.  
 Rotation Method: Promax with Kaiser Normalization.  
 a. Rotation converged in 6 iterations.

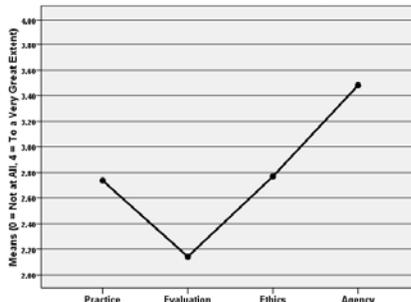
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### Graduates: Perception of Importance vs. Provision of KSA Knowledge Content

#### Importance of Knowledge



#### Provision of Knowledge

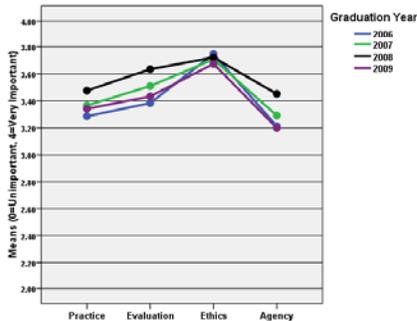


- Within subjects Importance factor
  - $F(3,486) = 21.21, p < .001, \eta^2 = .12$ 
    - Ethics > Evaluation, Practice, & Agency
    - Evaluation > Practice & Agency
    - Practice > Agency

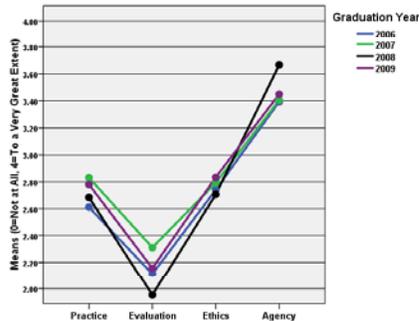
- Within subjects Provision factor
  - $F(3,486) = 147.12, p < .001, \eta^2 = .48$ 
    - Only non-significant difference between Practice & Ethics

### Graduates: Perception of KSA Knowledge Content by Cohorts

#### Importance of Knowledge



#### Provision of Knowledge



- Within subjects Importance factor
  - $F(3,477) = 21.29, p < .001, \eta^2 = .12$

- Within subjects Provision factor
  - $F(3,477) = 147.62, p < .001, \eta^2 = .48$

### Graduates: Factoring of Select KSA Practice-Knowledge Construct

Pattern Matrix<sup>a</sup>

	Factor			
	1	2	3	4
Imp_Trauma_Impact	.772	.016	-.033	-.074
Imp_Affect_Lifestyle_Mood	.564	-.079	.070	.242
Imp_Tx_Interventions	.457	.332	-.004	-.063
Imp_Recovery_Process	.433	-.035	.202	.137
Imp_EBPs	.168	.779	-.074	-.049
Imp_Major_Theories	-.180	.686	.145	.173
Imp_Cooccurring_Disorders	-.009	-.017	.884	-.038
Imp_Psychiatric_Meds	.149	.148	.475	-.057
Imp_Therapeutic_Use_Self	.020	.061	-.062	.839

Treatment

Theory

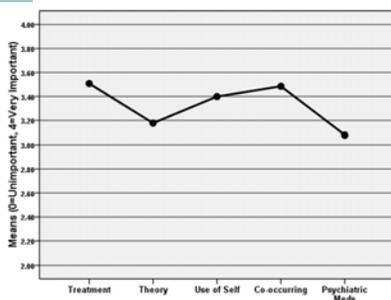
Use of Self

Extraction Method: Principal Axis Factoring.  
 Rotation Method: Promax with Kaiser Normalization.  
 a. Rotation converged in 7 iterations.

\*Decision made to analyze Co-occurring Disorders and Psychiatric Meds as separate variables.

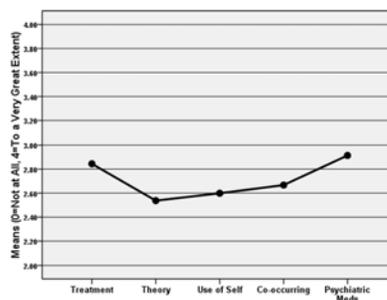
### Graduates: Perception of Importance vs. Provision of Select KSA Practice-Knowledge Content

Importance of Select Practice-Knowledge



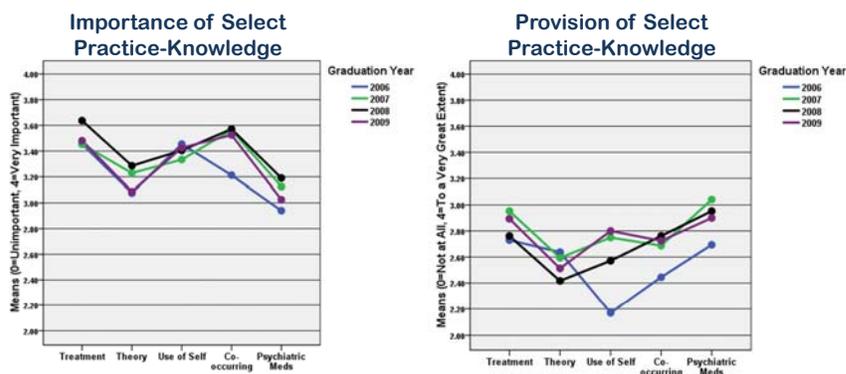
- Within subjects Importance factor
  - F (4,648) = 20.30, p < .001, eta<sup>2</sup> = .11
  - Treatment, Use of Self, & Co-occurring Disorders > Theory & Psychiatric Meds

Provision of Select Practice-Knowledge



- Within subjects Importance factor
  - F (4,648) = 9.80, p < .001, eta<sup>2</sup> = .06
  - Treatment > Theory & Use of Self
  - Psychiatric Meds > Theory, Use of Self, & Co-Occurring Disorders

## Graduates: Perception of Select KSA Knowledge-Practice Content by Cohorts



- Within subjects Importance factor
  - F (4,636) = 20.33, p < .001, eta<sup>2</sup> = .11
    - Treatment > Theory & Psychiatric Meds
    - Use of Self & Co-occurring Disorders > Theory & Psychiatric Meds
- Within subjects Importance factor
  - F (4,636) = 9.48, p < .001, eta<sup>2</sup> = .06
    - Treatment > Theory & Use of Self
    - Psychiatric Meds > Theory, Use of Self, & Co-occurring

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## Graduates: KSA Skills Content Factors

Pattern Matrix<sup>a</sup>

	Factor		
	1	2	3
Imp_Assessment_Indv_Fam	.902	-.010	.045
Imp_Communication	.604	-.010	-.023
Imp_Devl_Tx_Int_Dis_Plans	.527	.070	-.228
Imp_Technical	-.134	.732	-.107
Imp_Writing	.101	.594	.070
Imp_Case_Management	-.022	-.067	-.866
Imp_Documentation_MediCa	.009	.059	-.568
Imp_Revising_Tx_Plans	.245	.086	-.541

Treatment Planning

Writing & Tech

Treatment Planning

Extraction Method: Principal Axis Factoring.  
Rotation Method: Oblimin with Kaiser Normalization

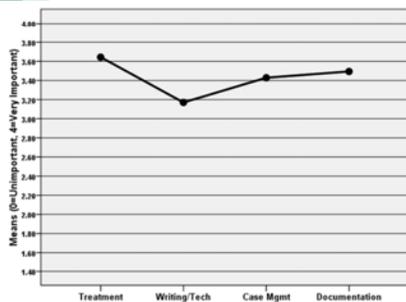
a. Rotation converged in 7 iterations.

\*Decision made to add Revision of Treatment Plans to Treatment Planning factor, and to analyze Case Management & Documentation as separate variables.

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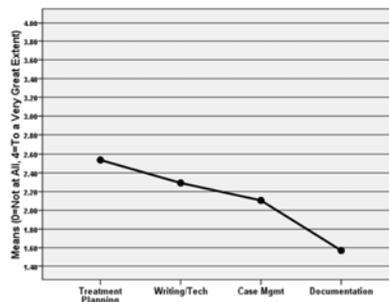
## Graduates: Perception of Importance vs. Provision of KSA Skills Content

Importance of Skills Content



- Within subjects Importance factor
  - $F(3,486) = 25.69, p < .001, \eta^2 = .14$ 
    - Treatment Planning > Writing/Tech, Case Mgmt, & Documentation
    - Case Mgmt, & Documentation > Writing/Tech

Provision of Skills Content



- Within subjects Importance factor
  - $F(3,486) = 39.67, p < .001, \eta^2 = .20$ 
    - Treatment Planning > Writing/Tech, Case Mgmt, & Documentation
    - Writing/Tech & Case Mgmt > Documentation

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## KSA Abilities Content Factors

Pattern Matrix<sup>a</sup>

	Factor			
	1	2	3	4
Imp_Utilization_Supervision	.784	-.012	-.084	-.022
Imp_Strategies_Learning	.672	.208	.022	.014
Imp_Time_Mgmt	.604	.142	-.016	.045
Imp_Stress_Mgmt	.588	-.194	-.256	.122
Imp_Maintaining_App_Bound	.447	.261	.115	.072
Imp_Advocacy	-.049	.761	-.054	-.040
Imp_Cultural_Compentency	.089	.552	.006	.225
Imp_Assertiveness	.145	.535	-.015	.055
Imp_Mult_Int_Teamwork	.305	.142	-.672	.062
Imp_Collaboration	.182	.352	-.385	.135
Imp_Conflict_Resolution	-.136	.128	-.219	.728
Imp_Devt_Therapeutic_Rel	.004	.075	.142	.588
Imp_Engaging_Client	.139	-.075	.093	.583
Imp_Crisis_Intervention	-.041	.008	-.219	.578
Imp_Facilitating_Self_Help	.122	.268	-.013	.457
Imp_Handling_NonCompliance	.323	-.124	.017	.440
Imp_Integrating_Theory_Practice	.264	.150	.244	.403

Professional Behaviors

Advocacy

Teamwork

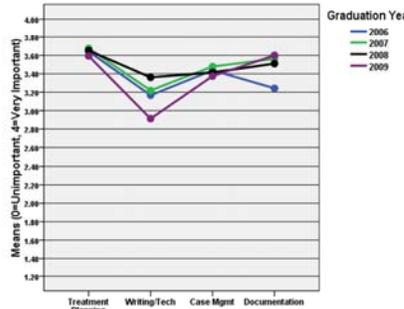
Interpersonal Interactions

Cultural Competence

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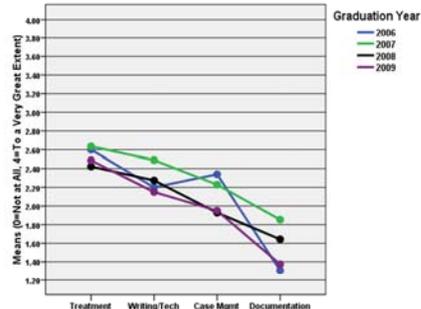
## Graduates: Perception of KSA Skills Content by Cohorts

**Importance of Skills Content**



- Within subjects Importance factor
  - $F(3,477) = 25.98, p < .001, \eta^2 = .14$ 
    - Treatment Planning > Writing/Tech, Case Mgmt, & Documentation
    - Increase in Documentation from 2006 to later years
    - Drop in Writing/Tech in 2009 compared to previous years

**Provision of Skills Content**

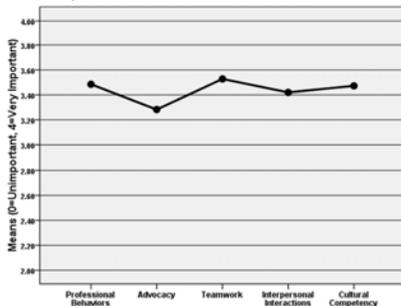


- Within subjects Importance factor
  - $F(3,477) = 41.03, p < .001, \eta^2 = .21$ 
    - Treatment Planning > Writing/Tech, Case Mgmt, & Documentation
    - Writing/Tech & Case Mgmt > Documentation

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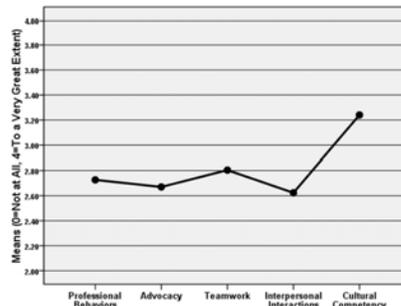
## Graduates: Importance vs. Provision of KSA Abilities Content

**Importance of Abilities Content**



- Within subjects Importance factor
  - $F(4,648) = 7.67, p < .001, \eta^2 = .05$ 
    - Professional Behaviors, Teamwork, & Cultural Competency > Advocacy

**Provision of Abilities Content**

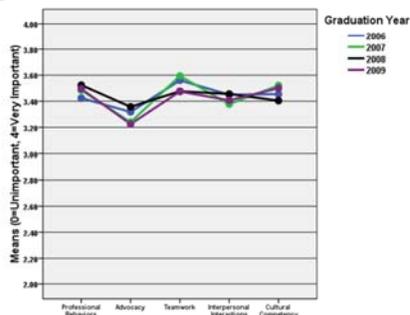


- Within subjects Importance factor
  - $F(4,844) = 34.00, p < .001, \eta^2 = .14$ 
    - Cultural Competency > Professional Behaviors, Advocacy, Teamwork, & Interpersonal Interactions
    - Teamwork > Interpersonal Interactions

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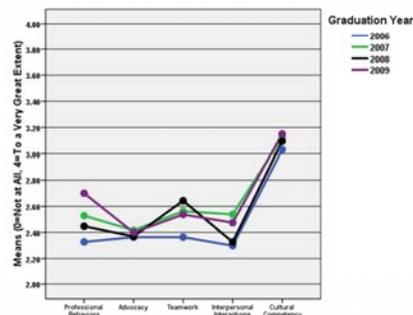
## Graduates: Perception of KSA Abilities Content by Cohorts

### Importance of Abilities Content



- Within subjects Importance factor
  - $F(4,636) = 7.15, p < .001, \eta^2 = .04$ 
    - Professional Behaviors, Teamwork, & Cultural Competency > Advocacy

### Provision of Abilities Content



- Within subjects Importance factor
  - $F(4,636) = 37.53, p < .001, \eta^2 = .19$ 
    - Cultural Competency > Professional Behaviors, Advocacy, Teamwork, & Interpersonal Interactions

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## The CQI Process: Phase III Assessment of Educational Effectiveness

- **Phase III: Assessment of Educational Effectiveness**
  - Objective:
    - To establish a methodology to assess the educational effectiveness of the CalSWEC MH Program
      - Use of multiple measures to support data triangulation methodology
        - Data triangulation methodology supports the conditions for determining *Conclusion Validity* - the degree to which conclusions reached about relationships in data are reasonable.
        - These conditions include: a) the exact or conceptually the same content; b) reliability; c) independent samples; d) consistent/standardized implementation of methodology; and e) large sample size.
      - Develop initial indicators of educational effectiveness
      - Recommend next steps in the development of CQI process that would support statement of strong conclusion validity regarding educational effectiveness

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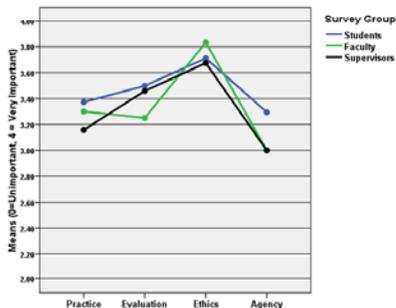
## The CQI Process: Phase III Assessment of Educational Effectiveness

- **Phase III: Assessment of Educational Effectiveness**
  - **Study Methods**
    - CQI Instrument--Survey on Knowledge Skills and Abilities
    - Supervisors (N=44), Program Coordinators (N=12)
    - SurveyMonkey used for data collection
    - Data Analysis—Factor Analysis, ANOVA
    - Content Analysis of MH Syllabi from all schools
  - **Data Strengths and Limitations:**
    - Supervisor data-moderate sample size; Adequate for statistical analysis;
    - Program Coordinators data-minimal sample size; Statistically adequate, however larger sample would improve confidence of conclusions
    - Program Coordinators may not be the appropriate group to sample, i.e., they may be teaching courses and may not have a deep understanding of full program curriculum and academic assessment procedures
  - **Statistical Tests:**
    - Conducted with scales/measures that were directly comparable
    - Scale anchors same among groups on importance factors; clarification needed on some provision factors

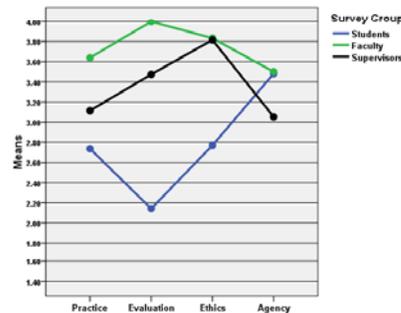
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## Importance of KSA Knowledge Content by Groups (Graduates, Faculty, Supervisors)

Importance of Knowledge Content



Provision of Knowledge Content

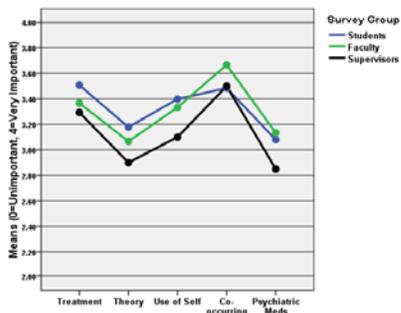


- Within subjects Importance factor
  - $F(3,648) = 29.68, p < .001, \eta^2 = .12$
  - Ethics > Practice, Evaluation, & Agency
  - Practice & Evaluation > Agency

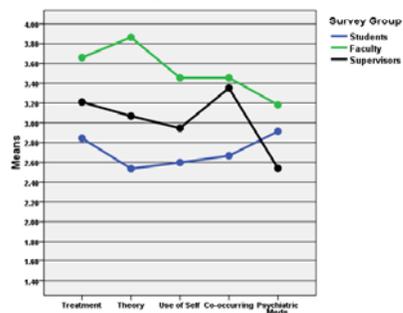
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### Perception of Select KSA Practice-Knowledge Content by Groups (Graduates, Faculty, Supervisors)

Importance of Knowledge-Practice Content



Provision of Knowledge-Practice Content

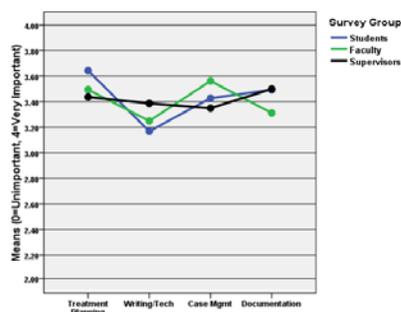


- Within subjects Importance factor
  - $F(4,860) = 16.09, p < .001, \eta^2 = .07$ 
    - Treatment > Theory & Psychiatric Meds
    - Co-occurring Disorders > Theory, Use of Self, & Psychiatric Meds

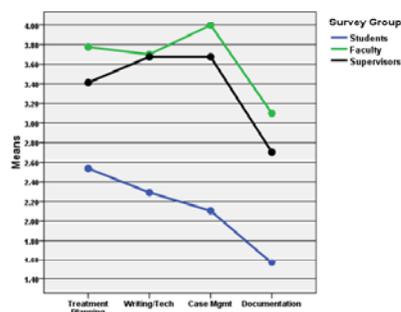
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### Perception of KSA Skills Content by Groups (Graduates, Faculty, Supervisors)

Importance of Skills Content



Provision of Skills Content

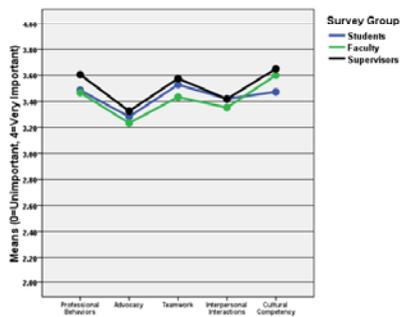


- Within subjects Importance factor
  - $F(3,648) = 4.23, p = .006, \eta^2 = .02$ 
    - Treatment Planning > Writing/Tech

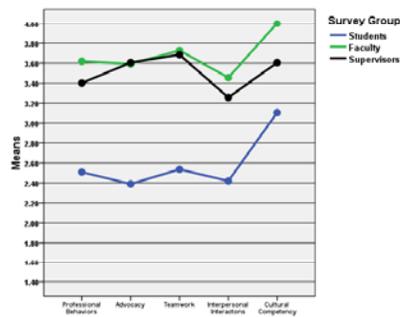
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## Perception of KSA Abilities Content by Groups (Graduates, Faculty, Supervisors)

### Importance of Abilities Content



### Provision of Abilities Content



- Within subjects Importance factor
  - $F(4,860) = 7.32, p < .001, \eta^2 = .03$ 
    - Professional Behaviors, Teamwork, & Cultural Competency > Advocacy

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## Syllabi Content Analysis: Overview

### ○ Syllabi Content Analysis

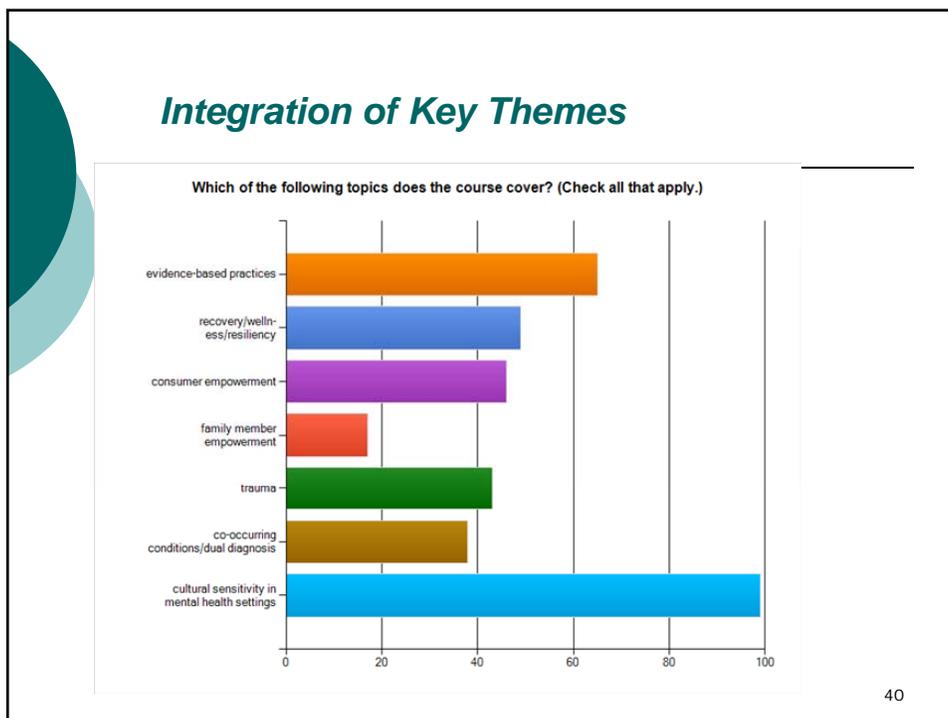
- Purpose
  - Review of how CalSWEC schools are integrating KSAs (Key concepts from competencies)
- Methods
  - Letter requesting syllabi sent late September 2010
  - 100% response rate (20 schools; ~115 syllabi)
  - Research team: 3 MSW Graduates + Sarah
  - SurveyMonkey for data collection ([www.surveymonkey.com](http://www.surveymonkey.com))
  - DiscoverText for word cloud and counts ([www.discovertext.com](http://www.discovertext.com))
- Study strengths and limitations
  - Syllabi are a contract between Graduates and faculty
  - Study team included MSW Graduates, the consumers of MSW education
  - Syllabi are an incomplete portrait of what happens in the classroom
  - Schools interpreted call for syllabi differently

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### Integration of Knowledge, Skills, and Abilities (KSA) Areas

advocacy	42
social justice	50
agency	55
assessment	101
boundaries	25
case management	38
collaboration	44
communication	54
empathy	15
listening	13
conflict resolution	3
crisis	47
diverse	74
documentation	28
dsm	56
co-occurring	28
dual diagnosis	19
engagement	33
ethics	79
evidence-based practice	31
intervention	86
medication	32
mental illness	64
self-help	14
peer support	8
professional development	14
relationship building	9
rapport	6
recovery	56
motivation	20
motivational	28
resistance	13
self-care	10
software	7
supervision	23
theory into practice	41
trauma	51
treatment plan	23
use of self	91

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## Findings

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### ○ **Perceived Importance:**

- Strong and consistent data relationships identified by the triangulation of the three data sets
- Strong construct validity enabling us to make statement of strong conclusion validity regarding agreement of the importance of KSAs in providing educational framework for training

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## Findings

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### ○ **Perceived Provision:**

- Overall data from graduates shows very high level of satisfaction on the curricular content in classroom and field experiences.
- Detailed data from Graduates, Supervisors and Program Coordinators demonstrate variability in perceptions regarding the provision of select KSAs.
- Content analysis of program syllabi as compared to graduates' overall view of classroom content suggests that what occurs in the classroom may not be thoroughly represented in course syllabi.
- Triangulation of data supports the need to review the content of select curricular areas, including: theory; practice evaluation; co-occurring disorders; ethics; professional behaviors; advocacy (empowerment); teamwork; interpersonal interactions.
- Triangulation of data support the need to examine rival explanations for data variability (e.g., data variations may be the result of the difference between practicum vs. job experiences; job expectations vs. job realities; changes in the job environment/roles due to funding changes; etc.)

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## ***Recommendations***

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- ***Recommendations:***
  - Rival explanations for data variability should be examined (e.g., data variations may be the result of the difference between practicum vs. job experiences; job expectations vs. job realities; changes in the job environment/roles due to funding changes; etc.)
  - Additional attention should be given to studying the variations in the perceptions of the provision of select KSAs by Graduates, Supervisors, and Program Coordinators, including modifying the methodology so that comparisons include faculty teaching MH courses.
  - Increased attention should be given to closer adherence to the language of KSAs in program syllabi.

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## ***CQI: Next Steps in Demonstrating Educational Effectiveness***

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- *Methodological Issues*
  - Sample size of all groups
  - Sample of faculty teaching MH courses
  - Instrument consistency
- *Consistency between competencies and measures*
  - Competencies should reflect KSAs
- *Development of performance criteria for KSAs*
- *Development of assessment rubric*
- *Explore applying assessment tools before and after graduation*

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