Program Description

Welcome to the Social Worker Education Capacity Expansion (SWECE) Grant Program. The purpose of the SWECE Grant Program is to fund institutions and organizations to increase the number of Social Workers serving in California, especially those serving children and youth. This program offers funding for: expanding capacity for an existing Master of Social Work (MSW) program, establishing a new Master of Social Work (MSW) program, and establishing a new Bachelor of Arts in Social Work (BASW) program

This is the Application for: **Expanding capacity for an existing Master of Social Work (MSW) program**

Click here to apply for: Establishing a new Master of Social Work (MSW) program

Click here to apply for: Establishing a new Bachelor of Arts in Social Work (BASW) program

Before you begin the application, please review the PDF version of the application, to ensure you have all materials ready and available. We recommend that you complete the application in one session.

Please provide the program name:

Please provide the address for the program:

Street Address Line 1

Street Address Line 2

City

State

Zip Code

Are you the dean or director for this program?

○ Yes

○ No

Please provide the contact information for the dean or program director.

First Name

Last Name:

Title:

Phone Number (xxx-xxx-xxxx)

Email Address

Please provide your contact information.

First Name

Last Name:

Title:

Phone Number (xxx-xxx-xxxx)

Email Address

Please describe the education and training offerings for students seeking an MSW, including an estimate of the percent of students likely to be interested in securing licensure after receiving their MSW. Please describe the geographic areas in California and demographics of communities in which your field placements are located. (maximum 1,000 words)

Word count: 0

Misc

Do you have a BASW Program?

○ Yes

○ No

Do you offer advanced standing to BSW/BASW students?

○ Yes

○ No

Will you establish/re-establish an advanced standing program with HCAI grant funding?

○ Yes

○ No

In what year will you enroll your first cohort of MSW students in Advanced Standing?

[dropdown ▼]

MSW

How many MSW students did you enroll in the program in each of the following academic years?

2016-17	[ ]
2017-18	[ ]
2018-19	[ ]
2019-20	[ ]
2020-21	[ ]

What percent of graduates do you estimate secured clinical licensure between 2015 and 2018?

[   ]

Recruitment Strategies 1

Please select the strategies you currently use to recruit and support students from underrepresented communities. (select all that apply):

☐ Program uses data to identify underrepresented groups

☐ Program uses pipeline/recruitment programs

☐ Students assist junior high/high schools focused around behavioral health career opportunities in underserved communities

☐ Program requires students to regularly participate in mentoring activities

☐ None of the above

Do you offer resources to promote student success, such as (select all that apply):

☐ Tutoring services with peers and/or campus-based resources

☐ Mentoring with peers and/or behavioral health professionals from diverse backgrounds

☐ Comprehensive support services

☐ Other, please describe

☐ None of the above

You indicated that you offer Comprehensive support services to promote student success. Please describe.

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You indicated that you offer Other resources to promote student success. Please describe.

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│                                                                       │
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Please select the program strategies you will use to encourage your graduates to provide clinical services in areas of unmet need. (select all that apply):

☐ Students will be selected based on strong interest to provide clinical services in areas of unmet need

☐ The program will prioritize students coming from underserved communities

☐ The program plans to set up marketing and outreach programs to recruit students who have interest in providing clinical services in underserved communities

☐ The program requires graduates to commit to clinical practice in a community with unmet needs

☐ The program will offer incentives to students who commit to providing clinical services in underserved communities.

☐ Other

☐ None of the above

You indicated that you will use Other strategies to encourage your students to practice in areas of unmet need.
 Please describe.

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[                                                                                    ]
[                                                                                    ]
[                                                                                    ]
[                                                                                    ]
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Select the strategies you will incorporate to implement culturally responsive care training into the program's curriculum (select all that apply):

☐ Hire faculty and lecturers who come from similar cultural backgrounds as the communities served

☐ Hire bilingual faculty, lecturers and staff who speak the geographical areas key languages

☐ Provide students annual training in cultural competency education

☐ Teach professionalism that incorporates multi-cultural social etiquette and norms of behavior

☐ Offer non-curricular activities that incorporate various culturally diverse celebratory traditions

☐ Other

☐ None of the above

You indicated that you will use Other strategies to implement culturally responsive care training into the program's curriculum.
 Please describe.

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[                                                                                    ]
[                                                                                    ]
[                                                                                    ]
[                                                                                    ]
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Students Data

We are collecting information about your student demographics from the past three years.
Please enter the languages spoken at a level of professional proficiency by your students, by graduating years, for the past three years.

This question will be scored.

	2018-19	2019-20	2020-21
Arabic	0 %	0 %	0 %
Armenian	0 %	0 %	0 %
Cambodian	0 %	0 %	0 %
Cantonese	0 %	0 %	0 %
Farsi	0 %	0 %	0 %
Hmong	0 %	0 %	0 %
Korean	0 %	0 %	0 %
Mandarin	0 %	0 %	0 %
Other Chinese	0 %	0 %	0 %
Russian	0 %	0 %	0 %
Spanish	0 %	0 %	0 %
Vietnamese	0 %	0 %	0 %
Tagalog	0 %	0 %	0 %
#Conjoint, Total#	0 %	0 %	0 %

Please enter the ethnicity of your students, by graduating years, for the past three years.

This question is **not required** and will **not** be scored.

	2018-19	2019-20	2020-21
Hispanic or Latino	0 %	0 %	0 %
Non Hispanic or Latino	0 %	0 %	0 %
Unknown	0 %	0 %	0 %
#Conjoint, Total#	0 %	0 %	0 %

Please enter the race of your students, by graduating years, for the past three years.

This question is **not required** and will **not** be scored.

	2018-19	2019-20	2020-21
American Indian or Alaska Native	0 %	0 %	0 %
Asian	0 %	0 %	0 %
Black or African American	0 %	0 %	0 %
Native Hawaiian or Other Pacific Islander	0 %	0 %	0 %
White	0 %	0 %	0 %
Multiracial	0 %	0 %	0 %
Other Race	0 %	0 %	0 %
Unknown	0 %	0 %	0 %
#Conjoint, Total#	0 %	0 %	0 %

Additional Students

You may apply for funding for up to 25 additional students per year

How many additional **full-time** first year students will you enroll in each of the following years:

023-24	0
2024-25	0
2025-26	0

How many additional **part-time** first year students will you enroll in each of the following years:

2023-24	0
2024-25	0

You may apply for funding for up to 25 additional students per year. You can click the back arrows to adjust your entries.

WARNING: If your total additional students exceed 25 in any year and you click the forward arrow, you will need to start the application over.

Total additional students 2023-24: 0

Total additional students 2024-25: 0

Total additional students 2025-26:

Cancel - Students

You exceeded the maximum additional students in 2023-24.

You exceeded the maximum additional students in 2024-25.

You exceeded the maximum additional students in 2025-26.

Please click the forward arrow to re-take this application.

Budget Block

Please be sure that your budget totals do not exceed $120,000 per student ($60,000 per year full-time or $40,000 per year part-time).

Total Full-Time Students: 0
Total Part-Time Students: 0
Total Additional Students: 0

Total Allowed Funding = $0

Proposed Budget

Please complete the proposed budget table below, assuming you receive SWECE funding. Please be certain that the columns' total matches the grant amount you are requesting.

	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
Program Personnel	$ 0	$ 0	$ 0	$ 0	$ 0
Faculty	$ 0	$ 0	$ 0	$ 0	$ 0
Program Incentives: Subsidized Faculty Housing	$ 0	$ 0	$ 0	$ 0	$ 0
Program Incentives: Faculty Bonus	$ 0	$ 0	$ 0	$ 0	$ 0
Program Incentives: Other*	$ 0	$ 0	$ 0	$ 0	$ 0
Student Support	$ 0	$ 0	$ 0	$ 0	$ 0
Recruit/Retain Field Placements	$ 0	$ 0	$ 0	$ 0	$ 0
Other Costs*	$ 0	$ 0	$ 0	$ 0	$ 0
Establish/Re-establish Advanced Standing	$ 0	$ 0	$ 0	$ 0	$ 0
#Conjoint, Total#	$ 0	$ 0	$ 0	$ 0	$ 0

Please be sure that your Total Funding Request does not exceed your Total Allowed Funding. You can click the back arrow to adjust your entries.

WARNING: If your Total Funding Request exceeds your Total Allowed Funding and you click the forward arrow, you will need to start your application over.

Total Allowed Funding:

$0

Total Funding Request:

$0

Cancel - Budget

You have exceeded the maximum budget request. Please click the forward arrow to re-take this application.

Budget Follow Up

You indicated that you are requesting funding for:
Program Incentives: Other*

Please describe these costs.

Please describe these costs.

You indicated that you are requesting funding for:
Other Costs

Please describe these costs.

Facilities L&M 1

We are collecting information about your active second year behavioral health field placement sites for application scoring purposes.

How many **active second year behavioral health field placement sites** does your program use in your MSW program? (Max 200)

Facilities L&M 2

Active Second Year Behavioral Health Field Placement Site: ${lm://CurrentLoopNumber} of ${lm://TotalLoops}

Please enter contact information for Field Placement Site: ${lm://CurrentLoopNumber}

Site Name	
Street Address	
Street Address 2	
Suite/Dept	

City

State

Zip Code

How many students are placed at this site each year (on average)?

Please select the Program Type of the Field Placement Site

Please Provide Payer mix information for the past 12 months (June-June)

	Medicare/Medi-Cal (dually eligible)	Medi-Cal	Uninsured	Other	#Conjoint, Total#
Site: ${lm://CurrentLoopNumber}	0 %	0 %	0 %	0 %	0 %

Signature Block

I, the applicant, certify that the information provided in this application is true and accurate to the best of my knowledge.

Please type your first and last name in the box below. By clicking the "Next" button, you are submitting your application

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