MHSA Stipend Program
2018 Retrospective Study
Highlights

E. Maxwell Davis, Ph.D., LISW
California Social Work Education Center, U.C. Berkeley School of Social Welfare
The MHSA Stipend Program

- Funded by the Workforce, Education and Training (WET) component of California’s Mental Health Services Act (MHSA)
- Trained over 2300 MSW students at 20 MSW programs between AY 2005-06 and AY 2018-19
- Provided advanced year MSW students with stipends of $9250 to $18,500 per year
- Trainees were required to complete:
  - Academic courses focused on using the recovery model and other MHSA principles in practice
  - Advanced year field training in public mental/behavioral health care service sites
  - 12 months of full time post graduation service in public mental/behavioral health care service sites
The MHSA Stipend Program

- Purpose was to address current and projected workforce shortages in California’s public mental/behavioral health care system
  - Train students who would commit to careers providing service in the public system of care
  - Place trainees and employ graduates in counties with dire shortages of MSWs
- Key goals were to recruit and train students who:
  - Reflected California’s racial/ethnic, cultural and linguistic diversity
  - Had lived experience as consumers or family members of consumers in the public mental/behavioral health care system
  - Would apply the recovery model and other MHSA principles in service delivery after graduation
The MHSA Stipend Program Retrospective Survey

- MHSA WET funding was allocated for ten years
  - Programs were initially set to sunset in 2016, then 2018; one time allocation enabled 2018-19 stipends
- Stipend program was under the Dept of Mental Health (DMH) until 2012; then Office of Statewide Health Planning & Development (OSHPD)
  - Neither entity initiated program evaluation procedures sufficient to assess target goal achievement or longer term program impact
- Retrospective survey initiated by CalSWEC and funded by OSHPD in 2018 to address this gap
  - Initial goal was to provide data and input for WET planning process, advocate for continued funding
CalSWEC used the MHSA Stipend Program recipient database and existing program data to identify and recruit survey participants.

Data was collected from August 2018 to June 2019.

Survey was distributed online using Qualtrics.

Incentive of $20 VISA gift card was provided to participants after survey completion.

Wave 1 data collection focused on the four most recent stipend cohorts.

Recruitment for Wave 2 data collection focused on earlier cohorts.
Final survey sample N = 1,090 MHSA Stipend Program graduates

Sample includes graduates from 13 cohorts (AY 2005-06 through AY 2017-18) and all 20 participating MSW programs

71.1% were full time students in two year programs, 12.7% in 3 year programs, 10.9% part time students, and 5.2% advanced standing

91% received stipends of $18,500; 8.8% received stipends of $9250

Mean age = 37.6 years (sd = 8.52)

80.6% female, 17.5% male, 1.8% nonbinary and transgender

79.0% heterosexual, 14.6% GLBQ, .6% questioning/other

12.5% visibly or invisibly disabled

2.3% former foster youth

1.6% military veterans
Key Questions

- Do MHSA graduates reflect California’s racial/ethnic, cultural, and linguistic diversity?
- Do MHSA graduates have lived experience with public mental/behavioral health care services?
- How do MHSA graduates assess the quality, value and impact of their Stipend Program training?
- What are MHSA graduates’ career trajectories?
- Do MHSA graduates remain committed to MHSA values in their social work practice over time?
- Do MHSA graduates continue working in California’s public mental/behavioral health care system after completing the service obligation?
Do MHSA graduates reflect California’s racial/ethnic, cultural, and linguistic diversity?
MHSA graduates bring increased racial/ethnic diversity to mental/behavioral health care service delivery in California:

- 37.9% are Caucasian
- 31.0% are Latinx/Hispanic
- 12.1% are Asian/Asian-American
- 7.4% are African American/Black/African
- 6.0% are Multiracial
- 1.6% are Middle Eastern/Arab
- 0.6% are Native American, American Indian or Alaska Native
- 0.4% are Pacific Islander
MHSA graduates bring significant linguistic diversity to mental/behavioral health care service delivery in California:

- 52.3% of graduates are able to provide services in at least one language other than English.

- MHSA Graduates’ most common second languages are Spanish (33.4%), Vietnamese (1.5%), Mandarin (1.4%), French (1.4%), Hmong (1.3%), Cantonese (1.0%), and Tagalog (1.0%).

* Most common: Vietnamese, Mandarin, French, Hmong, Cantonese & Tagalog
Do MHSA graduates have lived experience with public mental/behavioral health care services?
Many MHSA graduates have lived experience as consumers or family members in the public mental/behavioral health care system

- 24.0% of graduates have lived experience as consumers of public mental/behavioral health care services
- 49.3% of graduates have lived experience as family members of consumers of public mental/behavioral health care services
How do MHSA graduates assess the quality, value and impact of their MHSA training?
Most MHSA graduates assess all of the core components of their MHSA training programs as very or extremely valuable:

- 63.4% describe guest speakers/symposia/events as very or extremely valuable
- 63.5% describe specialized seminars and colloquia for MHSA trainees as very or extremely valuable
- 66.4% describe the agency visits/immersions/community projects as very or extremely valuable
- 67.3% describe specific coursework required for MHSA trainees as very or extremely valuable
- 82.6% describe specialized field training and supervision focused on public mental/behavioral health care as very or extremely valuable
Most MHSA graduates report that their training strongly emphasized core MHSA values and practices:

- 86.9% report significant or extensive focus on wellness, recovery, and resilience in service delivery
- 86.4% report significant or extensive focus on the importance of racial/ethnic/cultural competence
- 83.7% report significant or extensive focus on use of the recovery model in service delivery
- 82.9% report significant or extensive focus on the value of consumer/family member input into services
- 79.0% report significant or extensive focus on the value of consumer/family member providers
MHSA graduates report that their training prepared them well for many aspects of work in public mental/behavioral health care:

- 78.1% felt well prepared to address legal and ethical challenges
- 77.6% felt well prepared to perform clinical interventions
- 68.5% felt well prepared to perform case management duties
- 68.2% felt well prepared to fulfill documentation requirements

Fewer MHSA graduates report that their training prepared them well for other aspects of public mental/behavioral health care:

- Only 58.0% felt well prepared to manage self care needs
- Only 57.9% felt well prepared for team leadership and management responsibilities
Many MHSA graduates believe that being an MHSA Stipend recipient helped them secure employment in the public mental/behavioral health care system after graduation.

- 63.5% of MHSA graduates report that being an MHA Stipend recipient helped them secure such employment after graduation.

However, many MHSA graduates feel their MSW programs did not provide enough support to help them find employment in public mental/behavioral health care after graduation:

- Only 46.2% report that their MSW programs’ provided sufficient support for securing employment in public mental/behavioral health care settings after graduation.
What do MHSA graduates’ career trajectories look like after graduation?
The MHSA Stipend appears to be a significant motivator for MSW graduates to pursue employment in public mental/behavioral health care settings:

- 75% of MHSA graduates describe receiving the stipend as their primary motivation for pursuing such employment after graduation

- Fewer graduates would have sought employment in public mental/behavioral health care without the MHSA stipend:
  - Only 28.9% of graduates report that they would have been extremely likely to pursue such employment if they had not received the MHSA stipend and training
At survey completion, MHSA graduates report having been employed as MSWs for a mean of 5.09 years (sd = 3.5)

95.8% of MHSA graduates report fulfilling some or all of the MHSA service obligation through employment or volunteer service

- 78.3% report fulfilling the service obligation at a single agency

54.3% report having obtained clinical licensure (LCSW, LISW, LICSW)

- An additional 38.0% are currently working toward clinical licensure
- Still another 4.6% intend to pursue clinical licensure in the future
- Only 2.9% do not intend to pursue clinical licensure at all
75% of MHSA graduates report their primary professional role as providing clinical services in a public agency.

Other professional roles, in descending order of frequency, include:

- Providing clinical services in a private nonprofit agency
- Managing/directing social work programs, departments, or agencies
- Providing agency-based field instruction to social work students
- Engaging in policy and planning work
- Providing clinical supervision to pre-license MSWs
- Providing clinical services in private practice
- Teaching social work students in a university setting
Do MHSA graduates remain committed to MHSA values in their social work practice over time?
Many MHSA graduates report entering the MHSA training program with high levels of commitment to MHSA values and practices.

This commitment appears to have strengthened during training, and to have been sustained over time after graduation.

- 85.1% describe themselves as significantly or completely committed to MHSA values when they applied to the MHSA Stipend Program.
- 95.7% describe themselves as significantly or completely committed to MHSA values when they completed the MHSA Stipend Program.
- 91.9% describe themselves as significantly or completely committed to MHSA values on the day of survey completion.
Do MHSA graduates continue working in public mental/behavioral health care in CA after completing the service obligation?
For all MHSA graduates, the most frequent employment setting is a publicly funded agency focused on mental/behavioral health care:

- 74.5% have worked in public mental/behavioral health care agencies.
- 35.6% have worked in private mental/behavioral health care agencies.
- 11.0% have worked in private agencies focused on social work but not mental/behavioral health care.
- 10.8% have worked in public agencies focused on social work but not mental/behavioral health care.

Finally, up to 13 years post MSW graduation, 58.6% of MHSA Stipend Program graduates report current employment in public mental/behavioral health care settings within the state of California.
Conclusions and Next Steps

- Despite our best efforts, on January 16, 2019 OSHPD proposed a five year plan for MHSA WET spending that eliminates the statewide MSW stipend program.
- Despite this, we will continue to conduct additional analyses for this project.
- Survey participants have provided data we believe is relevant to the successful retention of workers in California’s public mental/behavioral health care system, an important issue moving forward.
- It’s critical that social work scholars collaborate with public agencies in ways that emphasize the need for concurrent program evaluation and the value of evidence based policy-making.
- We all want to ensure that future funding supports good policy, planning, and practice and models.
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  2020 West El Camino Avenue, Suite 1000
  Sacramento, CA 95833

- Melissa Martin-Mollard, Ph.D.
  Evaluation & Research Consultant
  California Social Work Education Center
  U.C. Berkeley School of Social Welfare

Have questions or want slides? Email us at: emdavis@berkeley.edu