

MHSA Stipend Program 2018 Retrospective Study Highlights

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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

Survey Procedures

- 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

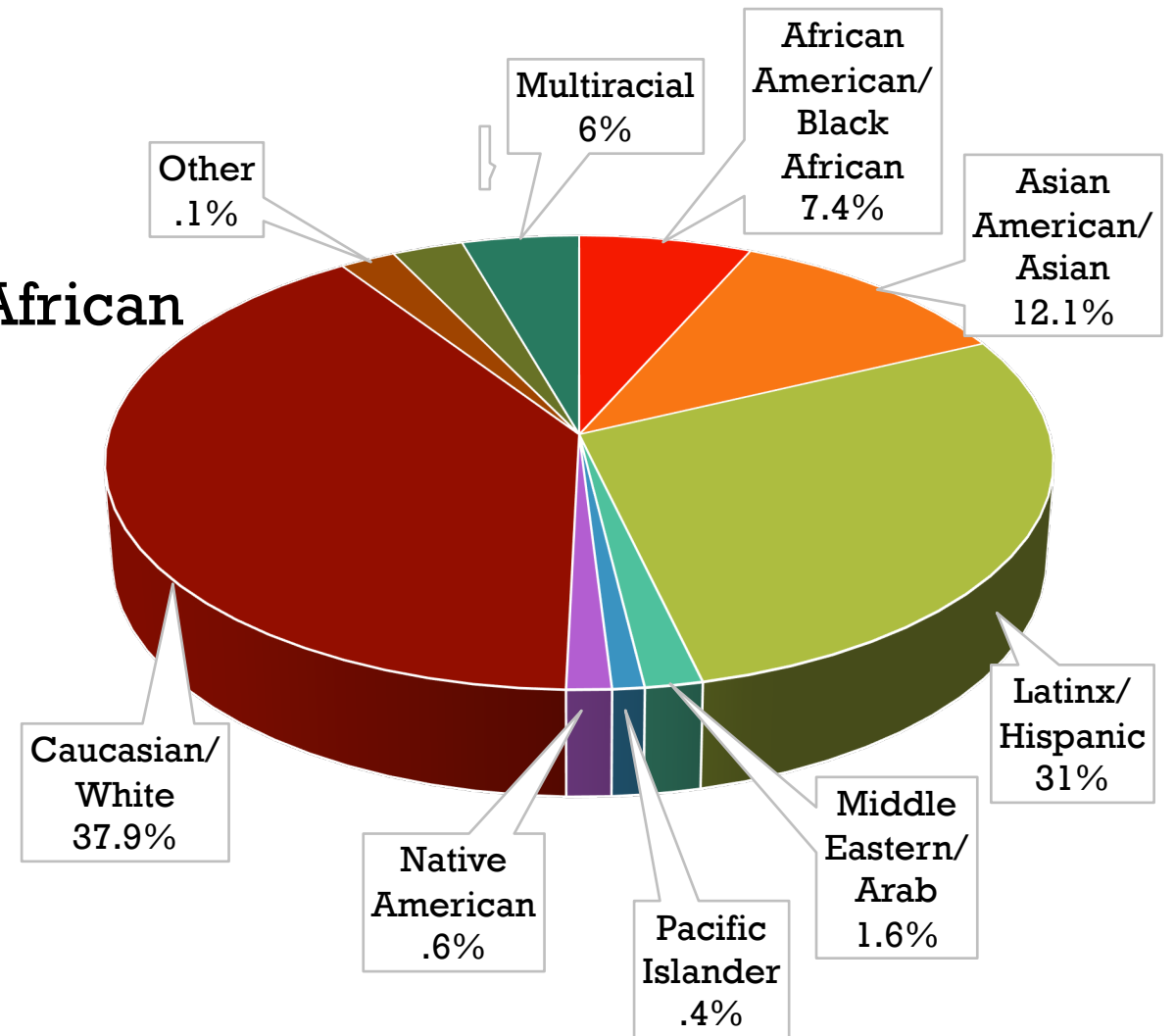
- Do MHSA graduates reflect California's racial/ethnic, cultural, and linguistic diversity?
- Do MHSA graduates have lived experience with public mental/behavioral health care services?
- How do MHSA graduates assess the quality, value and impact of their Stipend Program training?
- What are MHSA graduates' 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?

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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:**

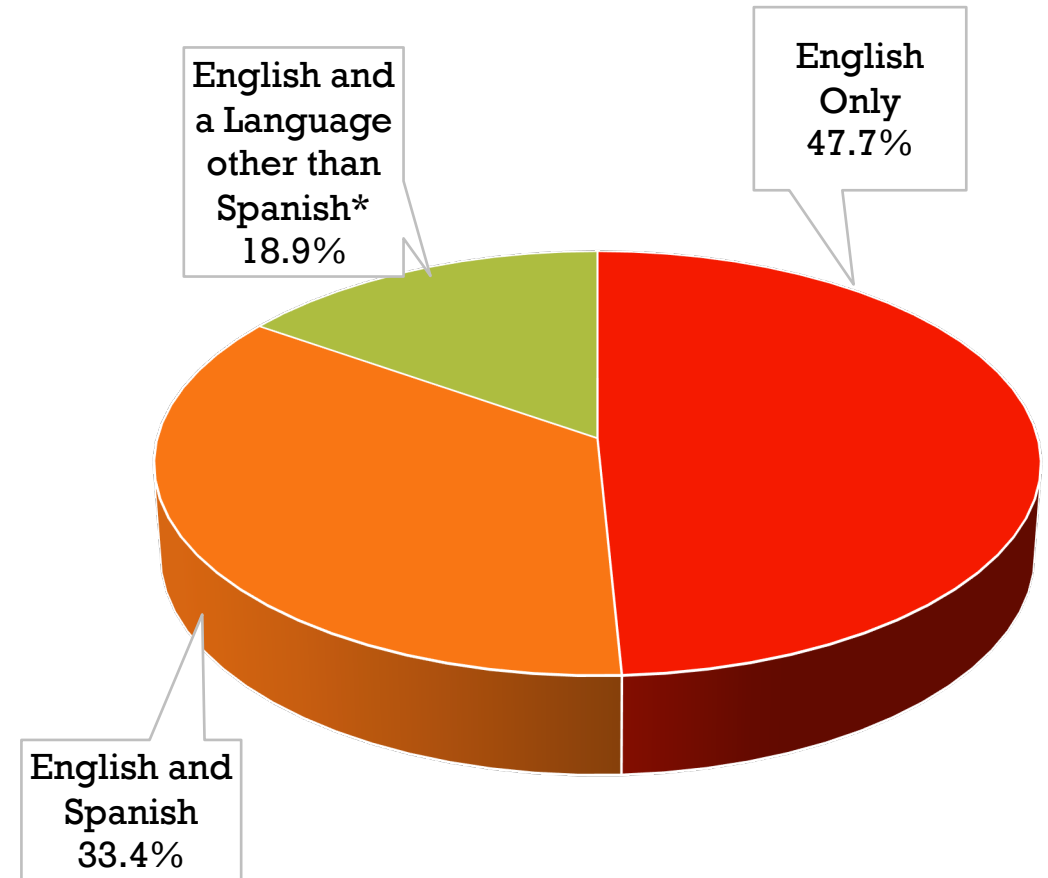
- **37.9% are Caucasian**
- **31.0% are Latinx/Hispanic**
- **12.1% are Asian/Asian-American**
- **7.4% are African American/Black/African**
- **6.0% are Multiracial**
- **1.6% are Middle Eastern/Arab**
- **0.6% are Native American, American Indian or Alaska Native**
- **0.4% are Pacific Islander**



- **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%)**

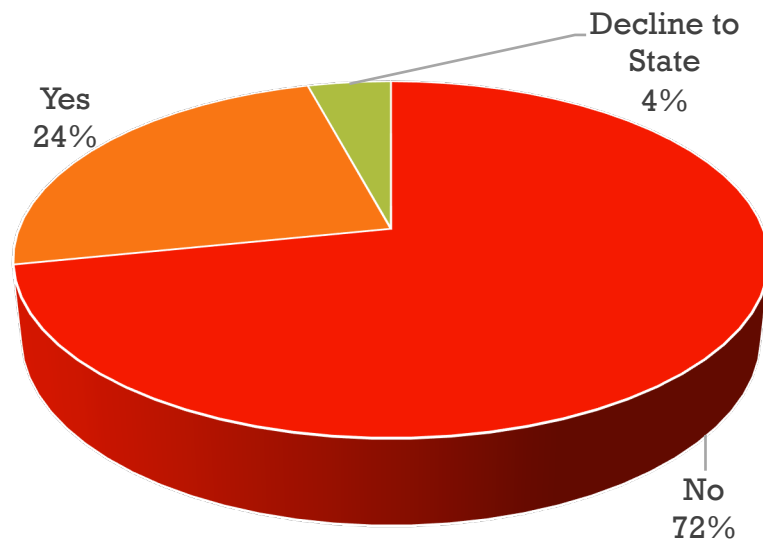


* Most common: Vietnamese, Mandarin, French, Hmong, Cantonese & Tagalog

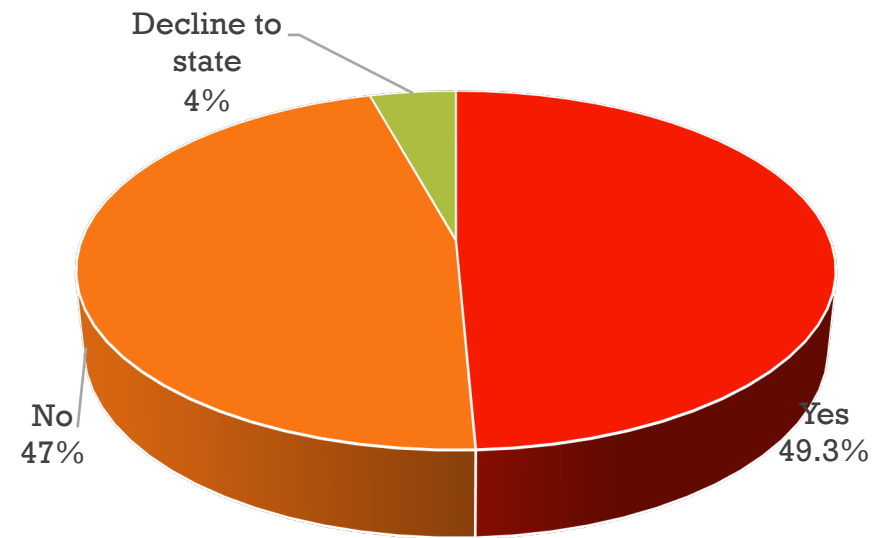
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**Do MHSA graduates
have lived experience
with public mental/
behavioral
health care services?**


- 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



Lived Experience as a Consumer



Lived Experience as a Family Member

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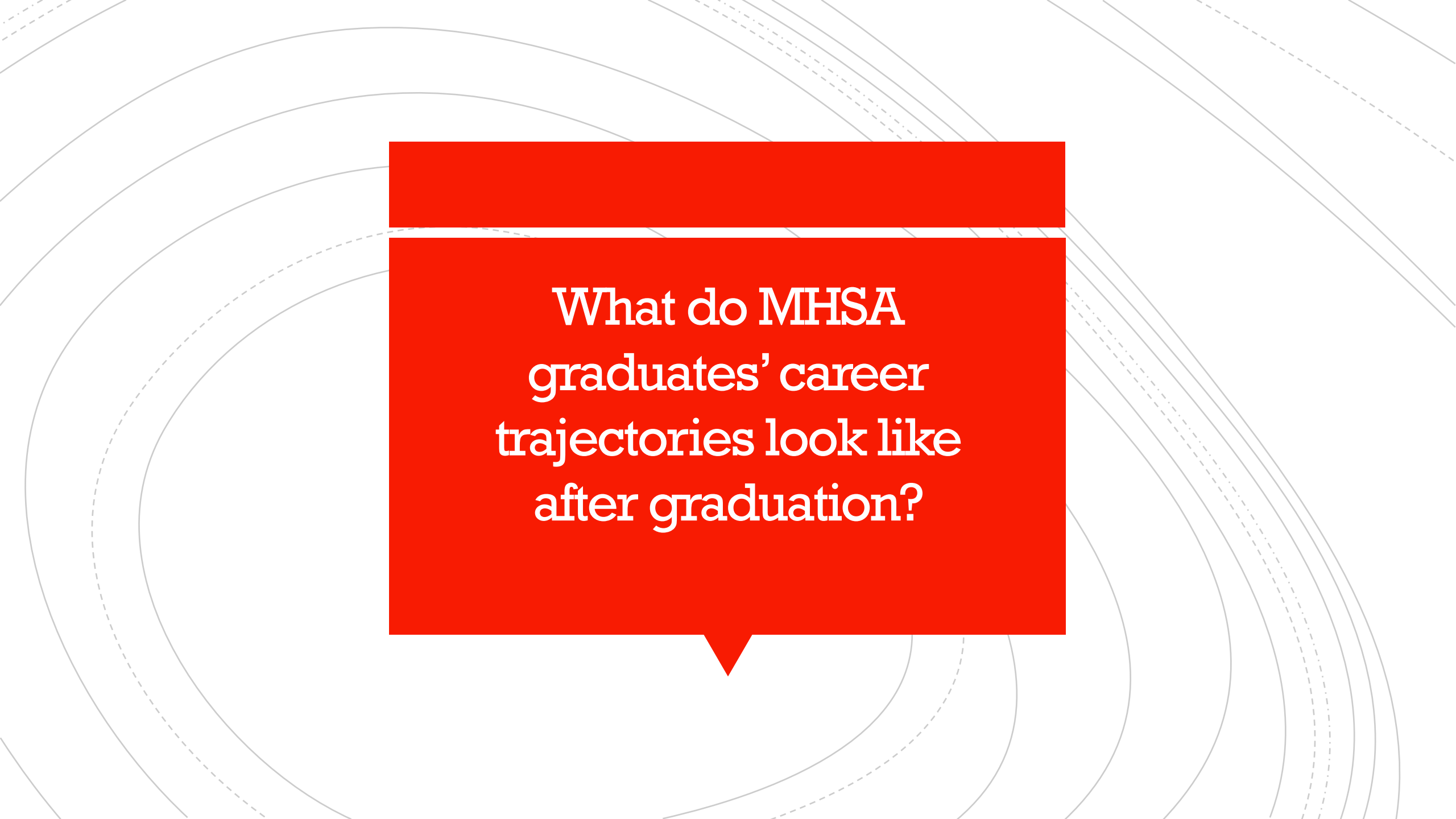
**How do MHSA graduates
assess the quality,
value and impact
of their MHSA training?**

- **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 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 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


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**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**

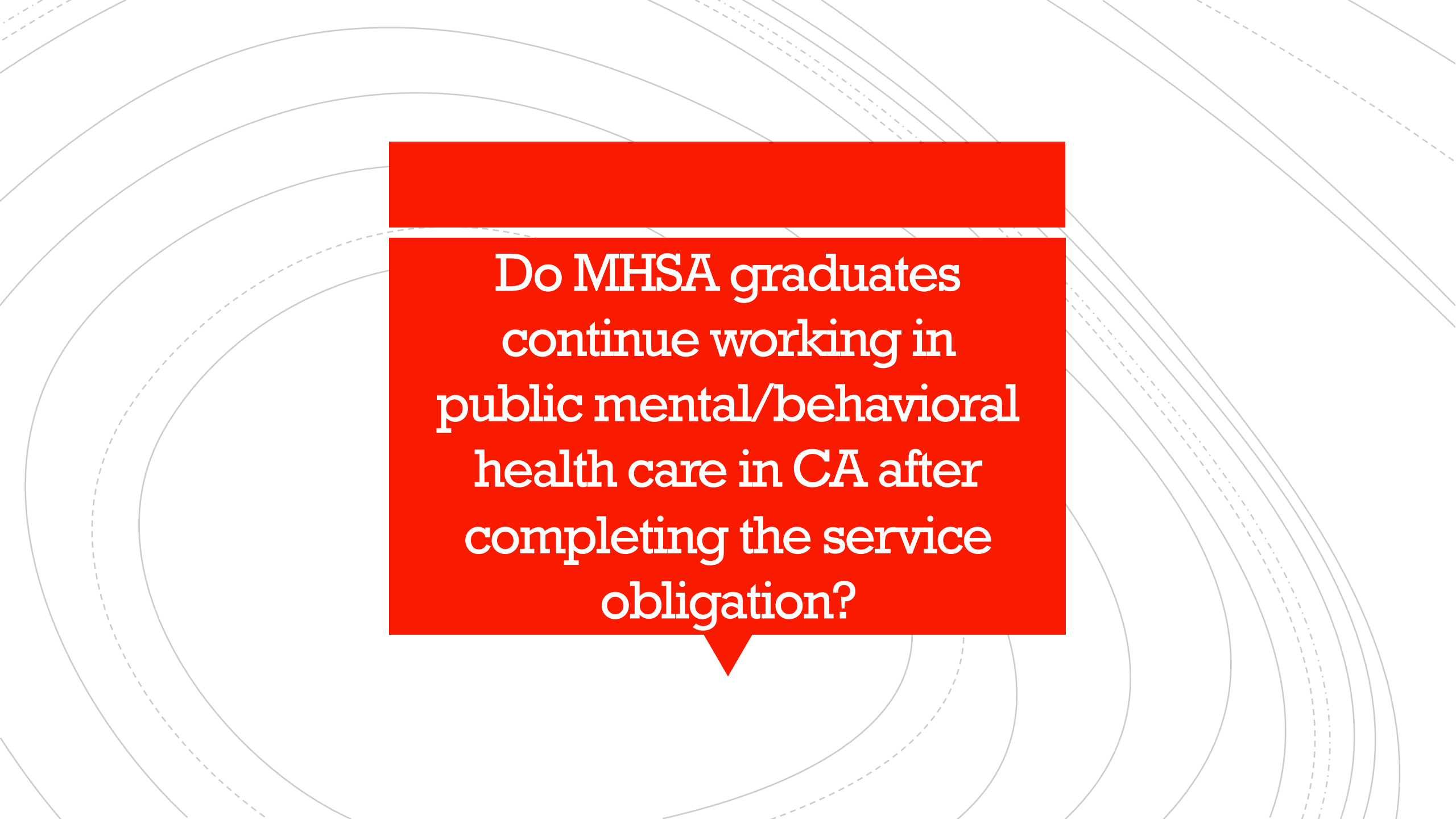
- At survey completion, MHSA graduates report having been employed as MSWs for a mean of 5.09 years (sd = 3.5)
- 95.8% of MHSA graduates report fulfilling some or all of the MHSA service obligation through employment or volunteer service
 - 78.3% report fulfilling the service obligation at a single agency
- 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**

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**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

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**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

Thanks To...

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