

WORKFORCE DEVELOPMENT COMMITTEE MINUTES

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A recorded webcast of this meeting is available at:
<https://www.youtube.com/watch?v=GsxAEkvHoOI>

DATE January 19, 2024

TIME 8:30 a.m.

LOCATIONS

Primary Location Department of Consumer Affairs
1625 North Market Blvd., @S-102
Sacramento, CA 95834

Alternative Platform WebEx Video/Phone Conference

ATTENDEES

Members Present at Remote Locations

Wendy Strack, Chair, Public Member
Justin Huft, LMFT Member
Eleanor Uribe, LCSW Member (*at 8:43 a.m.*)
Dr. Annette Walker, Public Member

Staff Present at Primary Location

Steve Sodergren, Executive Officer
Rosanne Helms, Legislative Manager
Christy Berger, Regulatory Manager
Christina Kitamura, Administrative Analyst

Staff Present at Remote Location

Sabina Knight, Legal Counsel
Kristy Schieldge, Legal Counsel
Marlon McManus, Assistant Executive Officer

Other Attendees Public participation via WebEx video conference/phone conference
and in-person at Department of Consumer Affairs

1 **1. Call to Order and Establishment of Quorum**

2
3 Wendy Strack, Chair of the Workforce Development Committee (Committee)
4 called the meeting to order at 8:32 a.m. Roll was called, and a quorum was
5 established.

6
7 **2. Introductions**

8
9 Committee members introduced themselves during role call; staff and public
10 attendees introduced themselves.

11
12 **3. Consent Calendar: Discussion and Possible Approval of October 27, 2023**
13 **Licensing Committee Meeting Minutes**

14
15 Motion: Approve the October 27, 2023 Licensing Committee meeting minutes as
16 amended.

17
18 M/S: Walker/Strack

19
20 Public Comment

21 Correction noted by Dr. Ben Caldwell.

22
23 Motion carried: 3 yea, 0 nay.

Member	Vote
Justin Huft	Yes
Wendy Strack	Yes
Eleanor Uribe	Absent
Dr. Annette Walker	Yes

24
25
26 **4. Overview of the Purpose of the Committee**

27
28 During its last meeting, the Licensing Committee changed its name to the
29 Workforce Development Committee (Committee). The Committee reviewed and
30 discussed the draft consumer outreach document and implementation of a
31 voluntary demographic survey for exam candidates taking a Board-developed
32 exam. The Committee heard presentations from Office of Professional
33 examination Services (OPES) and from the California Alliance of Child and
34 Family Services.

35
36 A list of topics for future discussion was presented.
37

1 **5. Review of the Department of Health Care Access and Information (HCAI)**
2 **Research Data Center’s Race and Ethnicity of California’s Health Workforce**
3 **Data Set**
4

5 HCAI representatives created a report of the Board-specific license types filtered
6 by race and ethnicity for each geographical area of California. These reports
7 were presented in materials labeled Attachment A. Included in the materials are
8 HCAI’s key findings and background information on the data collection method.
9

10 Board staff will continue to work with HCAI to identify additional data sets,
11 reports, and studies that may assist in future committee discussions.
12

13 Discussion/Comments

14 Caldwell: Noted that when comparing the registrant population against their
15 similar age cohort, the white, non-Hispanic individuals are significantly
16 overrepresented among BBS registrants in the state population of adults 25-54
17 and are less than 32% of the state population. The population of mental health
18 professionals appears to be lagging behind the demographic shifts that are
19 occurring in communities. Progression from registrant to licensee is not
20 equitable. Research shows that success from registration to licensure are linked
21 to race and ethnicity. The HCAI data could benefit from some contextualization.
22

23 **6. Discussion of Permitting Early Eligibility to take the Clinical Examination**
24

25 The Committee discussed whether changing the timing of when applicants for
26 licensure are permitted to take the clinical examination would provide any benefit
27 in expediting the licensure process, and whether to consider permitting
28 applicants for licensure to take the required clinical examination before
29 completing all required supervised experience.
30

31 Discussion/Comments

32 Huft: In favor of exploring this discussion.
33

34 Strack: It seems that taking the exam immediately after completion of
35 coursework would impact the likelihood of passing. Asked why it is required to
36 take the exam after supervised clinical hours.
37

38 Helms: (Responding to Strack’s question) Some would argue that the exams are
39 designed for having some supervised clinical experience.
40

41 Caldwell: 1) This bill is not pro or anti-exam. This is a workforce bill designed to
42 reduce delays to licensure. 2) Exam developers might argue that their exams
43 are intended to assess people gaining some experience. The data available is
44 limited, but it suggests that pass rates are higher when exams are taken closer to
45 when a student completes their graduate degree. There is some benefit in
46 moving the exam up in the process.

1 GV Ayers, California Association for Licensed Professional Clinical Counselors
2 (CALPCC): CALPCC is interested in legislation to enable applicants to take the
3 exam earlier and get into the workforce without delays. Taking the exam after
4 getting their hours creates a barrier to passing the exam and to licensure.

5
6 Lisa Wenninger: Shared her experience – she took the NCMHCE through NBCC
7 while she was in her master’s program to become a national certified counselor.
8 When she completed her hours and applied for California licensure, the Board
9 would not accept the passing exam score even though it was only 2 years old.
10 She had to retake the exam which created delays in licensure and a financial
11 hardship.

12
13 Lisa Cigelske, BBS licensing manager: Supports permitting early eligibility to
14 take the exam.

15
16 Selena Liu Raphael, California Alliance and Child and Family Services:
17 Expressed support for permitting early eligibility to take the exam.

18
19 Cathy Atkins, California Association of Marriage and Family Therapists (CAMFT):
20 CAMFT is in favor for moving forward on this discussion.

21
22 Staff will have discussions with ASWB and NBCC and report back to the
23 Committee.

24 25 **7. Discussion of Potential Exam Alternatives**

26
27 The Board and stakeholders have expressed interest in exploring alternatives to
28 a state clinical licensure exam. Other states are also exploring alternatives.

29
30 The state of Illinois recently passed a bill that established an exam alternative for
31 clinical social worker applicants, as follows:

- 32
33 • An applicant must attempt the Clinical Association of Social Work Boards
34 (ASWB) exam at least once (or have attempted the exam in the past 5
35 years).
- 36
37 • In lieu of passing the exam, after one exam attempt, the applicant may
38 instead choose to gain at least 3,000 hours of supervised professional
39 experience within the past 10 calendar years. This is in addition to the
40 3,000 experience hours required for a license.

41 The Committee discussed the Illinois legislation.

42 43 Discussion/Comments

44 Caldwell: 1) Clinical exams in mental health care have been used for over 60
45 years, and there is no evidence showing that exam results correlate with future

1 behavior. Exam results correlate with race and ethnicity. 2) The Illinois bill is a
2 step in the right direction but it's imperfect. ASWB removed its opposition to the
3 bill after it was amended to require that applicants fail the exam at least once
4 before the alternative pathway is available to them. In addition, requiring an
5 additional 3,000 hours of supervised experience, 2 years of fulltime work or the
6 equivalent is a large penalty for not passing the exam. 3) The best solution is to
7 remove the clinical exam requirement.

8
9 Atkins, CAMFT: CAMFT advocates to move forward with assessment and
10 research on how deep this is rooted and ways to improve it. CAMFT does not
11 agree with all the testimony or implications about examination. CAMFT supports
12 researching this and not tabling it and hopes the Board will find ways to improve
13 the exam process.

14
15 Wenninger: The exams are designed to trick the test taker. The test taker must
16 think like a test designer, not like a clinician.

17
18 Tiffannie Montaque-Jenkins: The test does not speak to her competency. There
19 are other gatekeeping ways, but an additional 3,000 hours is absurd.

20
21 Rachel Doyle: "You cannot boil a person down to a 150-question, multiple choice
22 exam." To be equitable and provide services that people need, the exam
23 requirement needs to be removed.

24
25 Staff will continue to monitor legislation, as well as legislation in other states, and
26 continue to have these discussions as new information emerges.

27
28 **8. Discussion and Possible Recommendation Regarding Proposed**
29 **Amendments to the Board's Additional Examination Time: English as a**
30 **Second Language Regulations: California Code of Regulations (CCR) Title**
31 **16, Section 1805.2**

32
33 The Board established its English as a Second Language (ESL) additional
34 examination time allowance via regulation in 2017. Section 1805.2 of Title 16 of
35 the California Code of Regulations (16 CCR), supersede any allowances offered
36 by the Board's test vendors. The regulation allows the Board to grant additional
37 exam time (time-and-a-half) to an ESL applicant if one of the following criteria is
38 met:

- 39
40 1. A score of 85 or below on the Test of English as a Foreign Language,
41 Internet Based Test (TOEFL-iBT), taken in the past 2 years.
42
43 2. Documentation from the qualifying master's degree program that the
44 program had granted the applicant additional exam time or another
45 allowance.
46

- 1 3. Documentation that the qualifying master’s degree was obtained from a
2 school outside the U.S., and that at least half the coursework was
3 presented in a language other than English.
4

5 The Committee discussed whether to consider any changes to regulations in 16
6 CCR §1805.2.
7

8 Discussion/Comments

9 Walker: This warrants further discussion and exploration. Asked if the additional
10 exam time up to two hours and the use of a dictionary is enough, and asked if
11 that has been surveyed. Would like the Board to consider granting a greater time
12 allowance, above 2 hours. This matter is urgent and time sensitive.
13

14 Huft: Would like the Board to adopt a policy that would supersede the exemption
15 policies of these different organizations; adopt a policy that would only require
16 the test taker to attest to their first or primary language.
17

18 Kristy Schieldge: Advised to retain the existing options because some applicants
19 are uncomfortable with signing a declaration under penalty of perjury that may
20 subject them to criminal prosecution. If the Board wants to go with the
21 declaration, allow people as many options as possible by adding it to a number of
22 pathways for meeting the requirement. This allows other options if they are
23 uncomfortable with signing a declaration.
24

25 Uribe: Stated that adding an additional 2 hours to an already lengthy test is
26 grueling.
27

28 Caldwell: 1) A process that can expand eligibility, creates faster processing,
29 maintains consistency between the professions is sensible. 2) In response to
30 Walker’s question: For testing standards, the American Educational Research
31 Association (AERA) demands that there be an analysis for testing
32 accommodations to determine whether they are successful in leveling the playing
33 field. An analysis has not been done, which is another reason why the current
34 exam process is not in alignment with industry standards.
35

36 Atkins, CAMFT: CAMFT supports any movement to increase the pathway for
37 providers whose primary language is not English and to minimize hurdles to allow
38 for better access to care for patients.
39

40 Motion: Direct staff to draft language amending section 1805.2 to include
41 another option for qualifying for the additional examination time that would
42 include the application certification under penalty of perjury that their primary or
43 1st language is one other than English and explore revising the examination time
44 to two hours.
45

1 Helms: 1) Staff will research other DCA boards and their ESL accommodations
2 and bringing it back to the Committee. 2) Staff will look at the length of each of
3 the exams and determining how much time it is with time-and-a-half compared to
4 the amount of time the Committee wants to consider. Staff will bring this
5 information back to the Committee.
6

7 M/S: Walker/Huft
8

9 Public Comment: None
10

11 Motion carried: 4 yea, 0 nay.
12

Member	Vote
Justin Huft	Yes
Wendy Strack	Yes
Eleanor Uribe	Yes
Dr. Annette Walker	Yes

13
14 **9. Discussion and Possible Recommendation Regarding Licensure Pathway**
15 **Survey**
16

17 Staff compiled a list of potential survey questions regarding licensure pathways
18 and presented the draft survey to the Committee. Committee members and
19 stakeholders reviewed the questions and provided feedback and suggestions for
20 additional questions.
21

22 Staff will revise the draft survey based on feedback and bring it to the full board
23 for review.
24

25 **10. Update on the Implementation of Voluntary Demographic Survey for**
26 **Candidates Taking Board-Developed Exams**
27

28 Board staff met with DCA's BreEZe team to determine if the voluntary
29 demographic survey could be added to the BreEze system as a transaction that
30 an examination candidate could complete online. It was determined that the best
31 approach would be to replicate the California Department of Health Care Access
32 and Information (HCAI) renewal survey process. Currently, when a Board
33 registrant or licensee is completing an online renewal, they are redirected to the
34 HCAI survey. The survey response data is relayed to and utilized by HCAI.
35

36 Board staff will meet with DCA's Office of Information Services to explore this
37 option further.
38

39 Discussion/Comments

40 Caldwell: Requests that the Board direct OPES to engage in both forms of
41 analysis (differential item functioning (DIF) and differential test functioning),

1 consistent to industry standards as both are important and they can capture
2 different things.

3
4 **11. Review and Discussion of the Development of a Board-Developed Law and**
5 **Ethics Continuing Education Course**

6
7 To renew a registration, and AMFT, ASW, and APCC must:

- 8
9
 - 10 • Take a minimum of 3 hours of continuing education (CE) coursework in
 - 11 California law and ethics during each renewal period,
 - 12 • Participate in the California Law & Ethics Examination once per renewal
 - 13 period until passed, and
 - 14 • Pay a renewal fee of \$150.

15 The cost of a CE course can range from \$30 to \$100. To ease the financial
16 burden, staff are recommending the creation of a Board-developed, online, 3-
17 hour California Law and Ethics CE course that will be offered free of charge to
18 associates. This course would be webinar-based and would be able to record an
19 associate's participation. Staff would develop and update the coursework on an
20 annual basis to ensure new law changes are addressed. The development of
21 this course may require the Board to contract with a third-party to assist in the
22 design and administration.

23
24 Discussion

25 All Committee members expressed that they would like to Board to pursue this.

26
27 Caldwell: 1) The notion that the course costs between \$30-\$100 is not entirely
28 accurate. For many associates, the course is provided at no charge from various
29 providers. 2) A regulatory change would be necessary for the Board to provide
30 CE courses. 3) Expressed concern on ability of a presenter/instructor to engage
31 in an interpretation or opinion as part of a BBS-issued course. Anything that
32 comes out from the Board will appear to registrants as "policy of the Board."
33

34 **12. Suggestions for Future Agenda Items**

35
36 Atkins, CAMFT: Suggested a conversation regarding the California LMFT exam
37 versus the national exam.

38
39 **13. Public Comment for Items not on the Agenda**

40
41 Caldwell: Dr. Caldwell sent a letter to BBS for OPES response. The letter
42 pointed out that "neither OPES or the BBS has ever clarified for examinees which
43 code of ethics (AAMFT or CAMFT) is the correct one for the purposes of the law
44 and ethics exam" and for the LMFT clinical exam. Also noted that there are
45 "more than 20 substantive differences between the codes." After more than one

1 year, there is nothing in writing from BBS or OPES about what set of knowledge
2 the examinees should study. Asked what steps to take to get this resolved.

3
4 Atkins, CAMFT and Kristin De Flores: Supported Dr. Caldwell's request
5 regarding ethical guidelines.

6
7 Montaque-Jenkins: Removing barriers could put people in place to serve in the
8 field during the current mental health crisis.

9
10 Strack: Requested a future agenda item to bring OPES in to address Caldwell's
11 letter.

12
13 **14. Adjournment**

14
15 The Committee adjourned at 11:02 a.m.