Board of Behavioral Sciences

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830
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# MEMORANDUM

| | |
|---|---|
| **DATE** | November 13, 2026 |
| **TO** | Board Members |
| **FROM** | Steve Sodergren, Executive Officer |
| **SUBJECT** | Public Comment for Items not on the Agenda |

Board staff received written submissions for Public Comment.

**Attachments**

Attachment A: Aly Vrendenburgh
Attachment B: Megan McAllister
Attachment C: Robert Mason

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# ATTACHMENT A

**From:** Aly Vredenburgh
**To:** Kitamura, Christina@DCA
**Subject:** Public Comment — August 14 BBS Agenda Item 23 (LEP Experience Requirements)
**Date:** Tuesday, August 11, 2026 2:24:57 PM

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Dear Ms. Kitamura:

Please share the following comments from Webelong Institute with the Board of Behavioral Sciences for its August 14, 2026 discussion of Agenda Item 23, concerning experience requirements for Licensed Educational Psychologists.

As the Board considers changes to Licensed Educational Psychologist experience requirements, we encourage a framework that protects competency while removing unnecessary barriers to licensure.

California schools face substantial unmet behavioral health needs. Any revised rule should recognize high-quality supervised experience obtained in school and school-linked settings, provide clear and consistent documentation standards, and avoid requirements that unnecessarily delay qualified practitioners from entering the workforce.

We also encourage the Board to evaluate the proposal's effects on rural communities, multilingual students, students with disabilities, and districts that struggle to recruit licensed professionals. Please pair any change with transparent implementation guidance and a way to measure whether it improves licensure timelines without weakening supervision or consumer protection.

Thank you for your consideration.

Sincerely,

Aly Vredenburgh
Webelong Institute

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# ATTACHMENT B

**From:** Megan McAllister
**To:** Sodergren, Steve@DCA
**Subject:** Fwd: Public Comment / Formal Request for Occupational Analysis: B&P Code § 4980.43 (Associate MFT Hour Mandates)
**Date:** Thursday, October 1, 2026 4:50:59 PM

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Dear Steve,

Please accept this correspondence and public comment regarding the urgent need to address California's pre-licensed workforce crisis and modernize the statutory requirements outlined in Business and Professions Code § 4980.43.

California is facing an acute behavioral health provider shortage across all 58 counties. Yet, our current state-mandated pathway—requiring 3,000 post-degree hours for Associate Marriage and Family Therapists—operates as a rigid structural bottleneck. This legacy requirement routinely forces fresh graduates into years of uncompensated or sub-minimum wage labor under the guise of training, driving a staggering 40% to 50% licensure attrition rate and disproportionately penalizing women, parents, and working-class practitioners.

**A Growing Movement for Reform** Our grassroots advocacy initiative has officially surpassed **100 signatures** from California trainees, associates, and licensed clinicians who are experiencing or witnessing this systemic barrier firsthand. Following recent legislative guidance confirming that an official **occupational analysis** conducted by the Board (via the Department of Consumer Affairs/OPES) is the mandatory prerequisite to statutory review, we formally urge the Board to initiate this study.

Modernizing our professional standards does not mean compromising clinical rigor; rather, it aligns California with basic labor fairness, protects new practitioners from systemic exploitation, and creates a sustainable pipeline of mental health providers to serve our communities.

We respectfully request that the Board formally review this matter, incorporate these comments into the public record, and take proactive steps toward commissioning an occupational analysis of the 3,000-hour requirement.

Thank you for your dedication to the mental health profession and for your ongoing work to support safe, sustainable clinical practice in California.

Sincerely,

**Megan McAllister, AMFT #151540**

# Policy Brief: Modernizing California's MFT Licensing Mandate (BPC § 4980.43)

**ADDRESSING STRUCTURAL INEQUITY, UNPAID PRACTICUMS, WAGE EXPLOITATION, AND ATTRITION**

## 1. Executive Summary

California's current 3,000-hour post-graduate experience requirement for Marriage and Family Therapists (Business and Professions Code § 4980.43) was established over six decades ago in a vastly different healthcare and economic landscape. Today, this legacy requirement functions as a multi-year systemic bottleneck. Driven by mandatory unpaid graduate practicums, exploitative compensation splits, intensive electronic health record (EHR) compliance documentation, and fee-for-service models, associate clinicians—over 80% of whom are women—face a staggering **40% to 50% pre-licensing burnout and attrition rate**.

This policy brief outlines the critical structural flaws of the current statute—specifically the economic drain of unpaid student labor and sub-market associate splits—and urges the Board of Behavioral Sciences (BBS) and the California Legislature to support modernized, equitable pathways to licensure.

## 2. The 1960s Mandate vs. 21st-Century Clinical Reality

When the 3,000-hour framework was codified, clinical documentation consisted of minimal paper note-taking, and administrative overhead was a fraction of today's standards. In contemporary practice, the pipeline begins with systematic labor extraction and intensifies post-degree:

- **The Unpaid Practicum Baseline:** Graduate training programs routinely require hundreds of hours of direct client service and clinical placement work that remain completely uncompensated, forcing students into debt distress before they even graduate.
- **Exploitative Compensation Splits:** In group practices and community agencies, associate MFTs (AMFTs) are routinely subjected to inequitable fee-for-service revenue splits (often taking home 30% to 40% or less of collected fees), while carrying the full weight of clinical liability.
- **The Administrative Multiplier:** A weekly caseload of 20 direct client sessions generates 15 to 20 hours of mandatory non-billable work—including EHR compliance, utilization reviews, HIPAA administration, and clinical supervision—for which fee-for-service models yield zero financial return.

## 3. Gender Pay Equity, Attrition, and Economic Impact

The mental health profession is overwhelmingly female, with BBS demographics indicating that over 80% of associate and licensed MFTs are women. The combination of unpaid practicum entry points, low associate split percentages, and prolonged hour mandates creates severe systemic failures:

- **Severe Pre-Licensing Burnout:** The relentless pressure of accumulating 3,000 hours while juggling uncompensated administrative tasks and financial insecurity drives a 40% to 50% attrition rate, forcing talented clinicians out of the profession entirely.
- **Prolonged Financial Dependency:** Trapped in years of sub-market split earnings and unpaid training hours, early-career clinicians face severe economic strain, delaying major life milestones such as homeownership, family planning, and retirement savings.
- **Compounding the Gender Pay Gap:** Unlike male-dominated master's fields that offer paid residencies and immediate high-salary entry points, the MFT licensing structure institutionalizes uncompensated and under-compensated labor during peak career-building years.

## 4. Proposed Policy Recommendations

To protect California's mental health workforce, ensure gender equity, and modernize regulatory oversight, we respectfully urge the Board of Behavioral Sciences and state legislators to adopt the following reforms:

- **1. Rationalize Total Clinical Hour Requirements:** Review and reduce the total post-graduate hour mandate to align with modern clinical intensity and master's-level training standards in comparable healthcare fields, mitigating chronic burnout.
- **2. Mandate Paid Practicum Models & Fair Splits:** Establish regulatory standards that phase out uncompensated graduate practicums and mandate fair, sustainable compensation splits (minimum floors) for associate MFTs to ensure living wages.
- **3. Account for Administrative Burden & Supervision:** Formally recognize non-billable clinical administration within experience-tracking guidelines and streamline supervision ratios to reduce out-of-pocket private supervision costs.
- **4. Initiate a Comprehensive Workforce Retention Study:** Partner with economic and public health researchers to analyze post-graduate completion timelines, associate compensation disparities, and the systemic impact of burnout on mental health access across California.

**Submitted by:**
Megan McAllister, AMFT
Campaign Lead | California MFT Licensing Reform Initiative
meganvalriemcallister@gmail.com

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**November 11, 2026**

Wendy Strack, Chair, and Members of the Board
California Board of Behavioral Sciences
Through: Steve Sodergren, Executive Officer
1625 N. Market Blvd., Suite S-200
Sacramento, CA 95834

**Re: Request for Immediate Action to Develop an Alternative LMFT Clinical Competency Pathway**

Dear Chair Strack and Members of the Board:

My name is Robert E. Mason. I am 55 years old, a Registered Associate Marriage and Family Therapist, and a school-based behavioral health clinician. I have worked in behavioral health for 17 years, from 2009 through 2026, and have repeatedly attempted the California LMFT Clinical Examination for approximately 12 years. I am asking the Board to begin developing an additional, equally rigorous way for otherwise qualified applicants to demonstrate the clinical competencies required for licensure. I am not requesting an automatic license, a waiver of competence, or reduced standards. I am requesting another credible way to demonstrate those standards.

My desire to help others began in a family affected by trauma, loss, and difficulties communicating. We loved each other; we just had an interesting way of showing it sometimes. My own healing helped shape my interest in supporting others. In college, friends often came to me for advice and said, "You really should become a therapist. You're good at this." Their encouragement affirmed a calling I already felt. After an interruption, I returned to school in 2010 and continued pursuing that goal while my wife and I raised our three children.

**These have not simply been seventeen years of waiting to become licensed.**

My education includes a bachelor's degree in Sociology, a master's degree in Counseling Psychology, and a master's degree in Organizational Leadership. My early clinical work involved youth in juvenile justice and underserved individuals and families. At Madera County Behavioral Health Services, I conducted clinical assessments, developed diagnostic impressions and treatment plans, provided individual, family, and group psychotherapy, and responded to crises, including evaluations for possible psychiatric hospitalization. I worked with people affected by serious mental illness, substance use disorders, trauma, and difficult family circumstances.

During this broader period of professional growth, I served in the military as a member of the California State Guard, on full-time state active duty, as a Behavioral Health Officer. I provided behavioral health support, education, consultation, and connections to resources. My work with at-risk youth through Discovery ChalleNGe Academy strengthened my interest in early intervention. I later worked in correctional mental health with San Joaquin County and with Stanislaus County Behavioral Health Services, supporting individuals experiencing serious and persistent mental illness, homelessness, and repeated or lengthy psychiatric hospitalizations. That work included building relationships with hospitalized patients, supporting their return to community care, and connecting people with resources.

These experiences shaped an important career choice. When offered an adult outpatient position with Merced County or an opportunity with Madera Unified School District, I chose the schools. I wanted to help change the trajectory of young people's lives by reaching them earlier. For approximately five years, I have worked as a Behavioral Health Clinician I, conducting assessments, formulating diagnoses, planning and providing psychotherapy, monitoring progress, and addressing safety concerns, including suicide risk. My clinical decisions consider family relationships, development, trauma, culture, and environmental stressors. I coordinate with families, schools, and community providers when higher levels of care are needed. These are the kinds of clinical decisions and reasoning I am prepared to demonstrate through a structured, independent assessment.

Following budget reductions that eliminated approximately 60 percent of the behavioral health clinician positions in our department, I am now the only unlicensed clinician remaining in the department. I am grateful to continue serving students and families, while recognizing the loss of valued colleagues. These reductions have underscored how much licensure affects professional mobility and long-term security.

Yet I remain unable to pass the California LMFT Clinical Examination. My latest unsuccessful attempt was November 4, 2026. Over the years, I have pursued courses, workshops, individual and group tutoring, extensive preparation, professional evaluations, treatment, and accommodations for documented disabilities. Some professionally recommended accommodations were not previously granted, and the approved accommodations have not adequately resolved the barriers I experience. After my earlier approval expired, I contacted Pearson VUE in August 2026 to seek both renewal and consideration of additional accommodations supported by a December 23, 2025 psychological evaluation and updated medical documentation. A representative guided me through the submission process. Pearson acknowledged merging a new request but described it as involving the same accommodations and documentation; its decision repeated the prior approval. Whether the additional recommendations received individualized review remains unresolved. I am seeking clarification through a separate, confidential process.

I began taking this examination when I was about 44 years old. I am now approaching 56. If another year passes just to develop a recommendation, followed by years of legislation and implementation, I could be 58 or 59 before I can even attempt a different assessment. That is not an abstract delay to me. It affects the professional future I have worked toward for much of my adult life. I recognize that a new pathway needs legal authorization, careful design, and validation. I am asking that those requirements become immediate work, not another reason to postpone starting.

**I have tried everything I know to do. What else can I do?**

I am not asking the Board to measure my competence simply by the number of years I have worked. I am asking whether there can be another rigorous way to evaluate the competence I have spent those years developing. I would willingly demonstrate it through direct clinical observation, structured oral case presentations, standardized simulated-client encounters, independently scored case analyses, additional supervised clinical work, or an appropriately designed combination of these methods. An applicant could be required to demonstrate assessment, diagnostic reasoning, treatment planning, crisis and suicide-risk response, ethical decision-making, and sound clinical judgment. Standardized scenarios, trained independent evaluators, published scoring rubrics, documented failing thresholds, and appeals would be essential protections. Research on structured oral examinations in other health professions identifies both potential and risks that rigorous development must address. [8] Professional evaluations of directly observed work could supply additional evidence, but not substitute for an independent competency standard.

My concern extends beyond people with disabilities. A 2025 peer-reviewed study examining respondents who had taken either the California or national MFT licensing examination identified significant disparities. In that voluntary survey, 87 percent of White respondents reported passing, compared with 48 percent of Black respondents and 66 percent of Latino/a respondents. Those passing on their first attempt were younger on average than those who had not passed (41.9 versus 46.3 years). Respondents reporting inadequate disability accommodations had approximately 4.9 times the odds of not passing in the adjusted analysis. These are study findings, not statewide pass rates, but they are meaningful disparities that warrant action. [1]

The Board's proposed transition from the California examination to the national MFT examination may address other policy objectives. But both are standardized multiple-choice examinations. Changing the examination does not create a genuinely different way for an otherwise qualified candidate to demonstrate clinical competence. I am not asking the Board to halt its national-examination work; I am asking it to pursue an alternative pathway at the same time. Administrative consistency and efficiency matter, but they should not end the inquiry into whether other reliable assessments can establish the same minimum standard. [1, 11]

This issue is not new. In November 2022, Board members discussed examination disparities, declined adoption of the national MFT examination at that time, and directed further attention to those concerns. In 2023, the California Alliance brought forward recommendations concerning licensing barriers and alternative assessments. Utah enacted an alternative LMFT pathway in 2024. The Board's 2025 Sunset Review, Issue #13, identified the question of standardized examinations and possible alternatives. [3–5, 10–12] Meanwhile, California has advanced a defined process for national-exam adoption. Where is the comparable public action plan for an alternative competency pathway, and when will the Board move from considering that possibility to making a decision?

Utah provides a directly relevant statutory precedent. Its 2024 law authorized an additional route for otherwise qualified MFT applicants following at least one unsuccessful examination attempt: 500 additional direct client-care hours, including 25 hours of clinical supervision and five hours of direct observation, plus two professional recommendations. [7, 10] California need not adopt Utah's exact model. But another state has demonstrated that an examination-based route and a distinct, accountable competency pathway can coexist. That deserves serious California-specific evaluation, including independent scoring, access, cost, validity, and public safety.

**I respectfully request a formal, accelerated Board decision—not another open-ended commitment to explore the issue.** Please place alternative LMFT clinical competency assessment on the next appropriate, publicly noticed Policy and Advocacy Committee agenda, with input from the Workforce Development Committee, and direct staff to begin the work. Within 30 days of that direction, identify an accountable lead and publish the scope. Within 60 days, present a preliminary comparison of feasible assessment models, safeguards, costs, and legal requirements. Within 90 days, publish draft legislative options and an implementation plan. Within six months, bring a substantive recommendation to the full Board and engage legislative offices on potential 2027 authorization. I ask the Board to set a public goal of making an appropriately authorized and validated pathway operational as soon as practicable, aiming for meaningful implementation within twelve months rather than taking twelve months merely to recommend further study. If that target is not achievable, provide the specific barriers, interim milestones, and earliest defensible launch date. If the Board declines to begin, explain its decision publicly in writing.

I understand that current California law requires passing the clinical examination and that the Board cannot simply waive it for me. [9] A different qualifying route would generally require legislation and an appropriately validated assessment. I am asking the Board to begin that work now, in parallel with the Legislature, without sacrificing public protection. The objective is the same minimum clinical competency—demonstrated through more than one rigorous method.

After 17 years in behavioral health, I still believe in the calling that brought me here. I remain committed to the students and families I serve and to the standards of this profession. I just didn't want another year to pass without making my voice heard.

Thank you for your time, public service, and consideration.

Respectfully,

**Robert E. Mason**
AMFT Registration No. 144122
Registered Associate Marriage and Family Therapist
Behavioral Health Clinician I
Supervised by Judith Silva, LMFT #108279

*Attachment: Selected research and legal references (numbered source list follows). A separate detailed accountability chronology is also provided.*

## SELECTED RESEARCH AND LEGAL REFERENCES

Companion to the November 11, 2026 personal advocacy letter | [1]–[12] are letter-specific source numbers.

**[1] Lyness et al. (2025), MFT licensing examination pass-rate disparities.**
Contemporary Family Therapy 47, 401–415. Voluntary survey of California and national MFT examinees; not statewide pass-rate data.
Source: https://link.springer.com/article/10.1007/s10591-024-09729-5

**[2] ASWB (2022), Examination Pass-Rate Analysis [contextual only].**
Social-work examination data, not California MFT examination data.
Source: https://www.aswb.org/wp-content/uploads/2022/07/2022-ASWB-Exam-Pass-Rate-Analysis.pdf

**[3] BBS, November 3–4, 2022 Board meeting minutes.**
Printed pp. 7–9, Item XVI: examination disparity concerns and motion declining the national exam at that time.
Source: https://www.bbs.ca.gov/pdf/board_minutes/2022/20221103.pdf

**[4] BBS, October 27, 2023 Licensing Committee minutes.**
Printed pp. 4–5: California Alliance presentation, reproduced as Item 3 for the January 19, 2024 Workforce Development Committee.
Source: https://www.bbs.ca.gov/pdf/agen_notice/2024/20240119_wd_item_3.pdf

**[5] BBS (2025), Sunset Review Report, Issue #13.**
Vol. 1, printed pp. 114–115: use of standardized examinations and exploration of alternative assessment.
Source: https://www.bbs.ca.gov/pdf/publications/bbs_2025_sunset_report.pdf

**[6] Utah Office of Professional Licensure Review, 2023 Periodic Review: Behavioral Health (published Jan. 2024).**
Section 2a, printed pp. 77–83: clinical examination alternatives, rationale, evidence, and limitations.
Source: https://commerce.utah.gov/wp-content/uploads/2024/01/OPLR-2023-Periodic-Review-Behavioral-Health-1.pdf

**[7] Utah Code §58-60-305(1)(g), effective May 1, 2024.**
Exact statutory requirements for the alternative MFT licensing route.
Source: https://le.utah.gov/xcode/Title58/Chapter60/C58-60-S305_2024050120240501.pdf

**[8] Torab-Miandoab et al. (2026), systematic review of structured oral examinations.**
PLOS ONE 21(8), e0355461. Health-professions education evidence; not validation of a California LMFT alternative.
Source: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0355461

**[9] California Business & Professions Code §4980.397 (effective Jan. 1, 2026).**
Requires passing law-and-ethics and clinical examinations; section-specific published statutory text.
Source: https://law.justia.com/codes/california/code-bpc/division-2/chapter-13/article-1/section-4980-397/

**[10] Utah SB 26 (2024), official legislative history.**
Governor signed March 19, 2024; enacted the examination-alternative framework.
Source: https://le.utah.gov/~2024/bills/static/SB0026.html

**[11] BBS, Fall 2024 Newsletter, page 5.**
Describes the May 17, 2024 Board vote to pursue national-exam transition with conditions.
Source: https://www.bbs.ca.gov/pdf/newsletters/Fall2024.pdf

**[12] California Alliance of Child and Family Services (2023), testing disparities report.**
Original organizational report with recommendations concerning examination barriers and alternatives.
Source: https://www.cacfs.org/sites/default/files/content-files/Testing%20Document%20v5.pdf

*Source limitations: Study [1] is a voluntary survey; [2] concerns social-work exams; [8] reviews oral exams in other health professions. Utah's law is an enacted precedent, not proof of equal long-term outcomes. This source list is distinct from those in the policy memorandum and accountability chronology.*

POLICY MEMORANDUM

# Alternative Clinical Competency Pathway for California LMFT Licensure

Evidence, cross-state precedents, public protection, accelerated decisions, and legislative accountability | November 11, 2026

Prepared by Robert E. Mason | Registered Associate Marriage & Family Therapist | AMFT Registration No. 144122

## Decision requested

The California Board of Behavioral Sciences (BBS) should initiate a formal, time-sensitive process to develop and evaluate an additional, independently defensible means for otherwise-qualified LMFT applicants to demonstrate the clinical competencies required for safe practice. This is a request for an alternative assessment pathway - not automatic licensure, a waiver of minimum competence, or credit for years worked alone. Existing educational, supervised-experience, law-and-ethics, background, and professional-conduct standards would remain intact. [4,10,14,23]

Immediate procedural request: place this question on the next appropriate publicly noticed Board or committee agenda, assign a responsible lead, authorize a bounded feasibility-and-validation work plan, and coordinate legislative options in parallel. At the November 19-20, 2026 meeting, a request made under general public comment may lead to future agenda placement, not substantive action on an unlisted item. [8]

| Proposed milestone | Requested public work product |
|---|---|
| Within 30 days of formal direction | Named lead, scope, published work plan, and legislative staff contact. |
| Within 60 days | Preliminary comparison of feasible models, safeguards, costs, and statutory constraints. |
| Within 90 days | Initial statutory options, implementation plan, resources, and validation roadmap. |
| Within six months | Substantive public Board recommendation: proceed, modify, pilot, or decline with reasons. |
| Within twelve months | Target substantial implementation readiness, with the earliest legally and technically defensible operational date identified and expedited. |

These are requested accountability targets measured from the Board's formal initiation of the project, not promises that legislation, validation, or operational licensing can be completed by a fixed date. Any revised schedule should specify barriers, corrective steps, and the earliest defensible launch date.

## 1 Why a formal development decision is warranted

Since November 2022, the Board has discussed unequal examination outcomes and questions about what licensing exams measure. In 2023, the California Alliance and NASW-California submitted recommendations addressing testing barriers or alternatives. The BBS 2025 Sunset Review included Issue #13, explicitly asking whether standardized clinical examinations should remain the exclusive approach or whether alternative licensure methods should be considered. [1-4]

The Board has advanced a separate national-examination transition through identifiable policy, legal, regulatory, and stakeholder work. The November 20, 2026 agenda includes national-examination matters. An examination transition may advance portability, but it does not itself create a different way of demonstrating competence: both the California and AMFTRB clinical exams use standardized multiple-choice questions. This proposal does not ask the Board to abandon national-exam work; it asks that a distinct clinical-competency pathway be evaluated concurrently. [7-8,17]

The February 2026 BBS strategic-planning worksheet expressly included the management-proposed objective to conduct ongoing examination reviews and “consider alternative pathways.” That phrase is not an expressly listed examination objective in the May 2026 draft strategic plan, which instead lists national-examination discussion.

The May memorandum cautions that some planning items may become tasks within broader objectives; the public materials therefore do not establish that the alternative objective was rejected or that no internal work exists. They do justify asking which objective or task now carries this work, who owns it, and what decision timetable applies. [21-22]

Acknowledging a problem and establishing a concrete plan to address it are not the same thing. Nearly four years after the 2022 discussion, another open-ended commitment to explore alternatives would leave applicants and the public without an identifiable result.

## 2 What the evidence establishes - and what it does not

The BBS 2025 environmental scan gathered approximately 1,300 responses. Among external-stakeholder comments about examination weaknesses, 53 were coded as “Does Not Measure Competency” and 47 as “Biased/Unfair Exams.” These codes describe stakeholder concerns, not adjudicated findings or a representative estimate of examination invalidity. They nevertheless place the need for further analysis in the Board's public planning record. [5]

In a 2025 peer-reviewed voluntary survey of people who had taken California or national MFT examinations, Lyness and colleagues reported passing among 87% of White, 48% of Black, 66% of Latino/a, and 75% of Asian respondents, and reported associations involving age and perceived inadequacy of disability accommodations. These are self-reported findings from survey respondents, not California population pass rates. They do not establish causation, unlawful discrimination, or invalidity of the current examination. They support collecting better evidence, evaluating accessibility, and investigating whether alternative assessment modalities could reliably measure the same competencies. [6]

Under current California law, the applicant must pass the California law-and-ethics examination and a clinical examination; the BBS cannot simply waive the latter requirement. A distinct substitute pathway ordinarily requires statutory authorization. The Board can nonetheless research, convene stakeholders, formulate legislative options, and seek validation resources before a statute becomes effective. [14,23]

## 3 Existing statutory approaches worth comparing

| Jurisdiction | Relevant precedent and limitations |
|---|---|
| Utah - marriage and family therapy | After at least one unsuccessful exam attempt, a statutory alternative permits 500 additional direct-care hours, including at least 25 clinical-supervision and five direct-observation hours, plus two distinct professional recommendations. Other requirements remain; the regulator imposes implementing conditions. [9-10] |
| Illinois - independent clinical social work | An examination alternative requires 3,000 additional supervised professional hours beyond ordinary licensure experience; its burden is materially different from an observed-performance model. [11] |
| Minnesota - provisional LICSW | An examination-free provisional route involves extensive clinical practice and supervision before conversion to a standard license; it is not an ordinary full-license exam substitution. [12] |
| Rhode Island - clinical social work | The ASWB exam is temporarily not required for the LCSW/CSW level until at least August 15, 2030. This is not an exam waiver for independently practicing LICSWs. [13,19] |

These laws establish that alternate regulatory designs are legally possible, not that California can adopt them without legislation or that equivalent long-term client-safety outcomes have been proven. Utah is the closest MFT precedent; its hours-based approach should be compared, not presumed to be California's answer. [9-13,20]

## 4 Evaluate competence directly, not merely time served

California should compare at least two distinct designs: (A) a structured performance assessment involving standardized clinical cases, oral case analysis, simulations, and/or observed practice with independent scoring; and (B) a Utah-style additional-practice route with meaningful observation, external evaluation, and independently reviewable evidence. A blended model may be preferable. Additional hours alone must not become an automatic proxy for competency.

Any approved pathway should assess the same essential domains expected for safe independent practice: clinical assessment, diagnostic reasoning, treatment planning, ethics, crisis and suicide-risk response, client safety, culturally responsive decision-making, consultation and referral, and recognition of professional limits. Eligibility and scoring must be disclosed in advance, with accessible formats, structured behaviorally anchored rubrics, trained and calibrated assessors, conflict-of-interest restrictions, multiple-rater review for borderline cases, defensible failing thresholds, an appeal process, and ongoing outcome monitoring.

The proposal does not presume that clinical observation or oral assessment is inherently fairer than a written examination. It asks that candidate designs be tested for reliability, validity, accessibility, inter-rater consistency, differential outcomes, administrative feasibility, and protection of clients before licensure decisions rely on them.

## 5 Principal objections and the response they require

**Public protection and validity.** An alternative must meet the same minimum competence and safety expectations. A pilot should be independently evaluated before implementation; unsuccessful models should not be approved. Lack of existing California validation is a reason to commission validation, not to dismiss the question without analysis.

**Subjectivity and discrimination.** Human assessors can introduce bias. Calibration, standardized cases, explicit scoring rubrics, multiple-rater review, accessible administration, conflict controls, and regular differential-outcome audits are required safeguards, not optional aspirations.

**Cost and staffing.** Require realistic development, pilot, per-candidate administration, appeals, and sustained program cost estimates. Compare phased contracting or limited pilots with permanent internal administration. The BBS's fee-reserve record warrants a fiscal analysis, but does not establish that funds are appropriated or unrestricted. [15,18]

**Law and portability.** Statutory authorization is a workstream, not a current exemption. Applicants should receive accurate interstate portability disclosures. National examination adoption and evaluation of a California alternative can proceed on parallel tracks. [7-8,14]

**Accommodations.** Accessible examination administration is essential; it is not synonymous with a different competency assessment. This initiative must not substitute for timely, individualized accommodations review.

**Stakeholder disagreement.** Disclose which proposal, safeguards, and costs stakeholders oppose; invite clinicians, consumers, disability-rights advocates, psychometric experts, and licensing administrators to respond to a defined set of options. Opposition to a 3,000-hour model does not dispose of all performance-based designs. [2-3,11]

## 6 A focused accountability mechanism - without another bureaucracy

The Board should remain the responsible developer and public-protection authority. To ensure the initiative results in a decision, I recommend three existing-process safeguards rather than a new commission, approval body, or precondition of an external audit:

1. **A named lead and public milestones.** Within 30 days of Board direction, identify the responsible committee or staff lead, scope, resources, and dates for the 60-day, 90-day, six-month, and twelve-month work products.
2. **Quarterly public status reporting.** Publish a concise report listing completed work, next decisions, material barriers, and projected dates. If a milestone is missed, state the reason, corrective action, and revised deadline. Share the reports with interested legislative oversight staff.
3. **Existing legislative scrutiny.** Request that the Senate Business, Professions and Economic Development Committee monitor progress through its existing legislative oversight role and seek explanations as appropriate. The committee has not committed to this arrangement; any mandatory reporting or independent technical-review requirement should be considered in legislation, not represented as current law.

Within six months, the Board should publicly consider a reasoned recommendation to advance a model, authorize further defined development or pilot work, or decline with evidence-based reasons. The recommendation need not pre-approve a particular route. It should identify the evidence required, legislative choices, fiscal needs, responsible parties, and earliest credible operational date. An explanation for delaying or declining should be part of the record, not an accusation against Board members or staff.

The purpose of oversight is collaboration with accountability: rigorous assessment, transparent choices, and timely work. It is not a challenge to the Board's professional authority or an attempt to predetermine a safety-sensitive policy decision. Existing legislative oversight should support development, not hold it up.

## Conclusion | Move from discussion to a public decision

The record does not show that any individual Board member intends discrimination, that the current clinical exam is legally invalid, or that a particular alternate model is proven equivalent. It does show that this question has been raised repeatedly, documented in the Board's own planning materials, and answered differently in other jurisdictions. The public record reviewed does not identify a comparable, time-bound California LMFT alternative-pathway development project. [1-6,9-13,21-22]

I respectfully ask the BBS to place this matter on a dedicated public agenda, authorize a defined feasibility and validation initiative, publish accountable milestones and quarterly progress reports, and bring a substantive recommendation to the full Board within six months of project initiation. I also ask the Legislature to engage in parallel, using existing committee oversight and statutory authority as appropriate. Public protection and access to licensure are not competing afterthoughts: both deserve a rigorous, timely decision.

## References and primary-source links

Source numbers are specific to this policy memorandum; source numbering differs from the separate personal letter and accountability chronology. Links open the original materials. References describe the cited year and jurisdiction; they should not be read as current California LMFT rules unless expressly stated.

**[01]** BBS Board meeting minutes, November 3-4, 2022. Examination disparities and exam-measurement concerns. Open source

**[02]** California Alliance of Child and Family Services, Addressing the Disparities in Clinical Exam Rates (2023). Open source

**[03]** NASW-California letter within BBS August 2023 examination report. Open source

**[04]** BBS, 2025 Sunset Review Report, Issue #13 (alternative clinical examinations). Open source

**[05]** BBS 2025 Environmental Scan, presented as February 2026 Board Item 6. Open source

**[06]** Lyness et al. (2025), Contemporary Family Therapy, respondent survey on MFT licensing exam outcomes. Open source

**[07]** CAMFT, National Exam FAQs (status and stakeholder priorities, accessed November 2026). Open source

**[08]** BBS Board meeting notice and agenda, November 19-20, 2026. Open source

**[09]** Utah SB 26 (2024), enacted examination-alternative framework. Open source

**[10]** Utah Code §58-60-305(1)(g), MFT clinical-exam alternative (2025 text). Open source

**[11]** Illinois Clinical Social Work and Social Work Practice Act, 225 ILCS 20/8.2. Open source

**[12]** Minnesota Board of Social Work, Provisional LICSW, no-examination pathway. Open source

**[13]** Rhode Island General Laws §5-39.1-8 (clinical social work examination provisions). Open source

**[14]** California Business and Professions Code §4980.397, examinations. Open source

**[15]** BBS, Fee Reduction Final Statement of Reasons, January 2026. Open source

**[16]** CAMFT February 2024 BBS correspondence on national examination policy. Open source

**[17]** BBS August 2025 Board meeting minutes (examination-transition work). Open source

**[18]** BBS May 2026 budget materials, Item 18. Open source

**[19]** Rhode Island Department of Health, social-work licensing guidance (2025 statutory changes). Open source

**[20]** Utah Office of Professional Licensure Review, 2023 Periodic Review: Behavioral Health (published 2024). Open source

**[21]** BBS February 2026 Strategic Planning Session, Item 6: management-proposed objectives worksheet. Open source

**[22]** BBS May 2026 Strategic Planning, Item 11: draft plan and note on broader tasks. Open source

**[23]** California Business and Professions Code §4980.40, LMFT licensure qualifications. Open source

## Evidence boundaries

Research surveys and environmental-scan comments are not official findings of examination invalidity or population-level pass rates. Cross-state statutes show that different licensing designs exist; they do not establish interchangeable clinical standards or comparable outcomes. The public documents reviewed do not prove the Board has conducted no internal alternative review. The accountability schedule, legislative monitoring request, and proposed pathway are policy recommendations, not existing BBS obligations.

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DOCUMENT 04 | PUBLIC EVIDENCE AND ACCOUNTABILITY

# Four years of documented concerns. Where is the alternative pathway plan?

California LMFT examinations, access, and clinical competency assessment | Public record, 2022–2026

**Documented pattern.** Concerns and proposals for alternative assessment repeatedly entered the public record. The national-examination transition progressed through identifiable Board actions. A comparable public LMFT alternative-assessment development project was not located in the records reviewed.

| YEAR | ALTERNATIVE COMPETENCY PATHWAY | NATIONAL EXAMINATION TRANSITION |
|---|---|---|
| **2022** | Board discusses disparities and other competency measures; no distinct LMFT alternative project identified. [1] | Board declines the national exam at that time and directs further examination-related review. [1] |
| **2023** | California Alliance proposes oral, performance-based, and additional licensure routes; presentation reaches BBS committee. [3] | Examination-validity and demographic-evidence concerns remain part of the BBS record. [2] |
| **2024** | BBS holds an alternatives discussion; Utah enacts a separate MFT licensure route. [4–7] | BBS supports a national-exam transition and directs legislative development. [8] |
| **2025** | BBS Sunset Review Issue #13 and workforce recommendations again raise alternative assessment. [9–12] | BBS Policy and Advocacy Committee advances national-exam regulatory language in concept. [22] |
| **2026** | February worksheet proposes “consider alternative pathways”; May draft does not list a separate objective. [14–15] | November 19–20 agenda schedules consideration of national MFT exam rulemaking. [16] |

**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Who owns the alternative-pathway development decision, what analysis has been assigned, and when will the Board publicly report a substantive outcome?**

**REQUESTED NEXT STEPS** Future agenda placement Named BBS lead Public work plan Quarterly reporting 30/60/90-day deliverables Substantive Board recommendation within six months of formal direction.

As of November 11, 2026 | Advocacy evidence summary, not an official government audit | Numbered citations are linked in the source index.

EXECUTIVE OVERVIEW | READING GUIDE

# What the evidence establishes

This brief documents 18 historical events and distinguishes actions, recorded outcomes, stakeholder roles, and unresolved questions. It does not presume wrongdoing or replace an independent governmental review.

**01** **Documented examination concerns**
The BBS discussed disparities, demographic evidence, and what written licensing examinations measure in 2022. The record includes distinct MFT and social-work-related directives. [1–2]

**02** **Concrete reform proposals**
The California Alliance submitted oral, performance-based, and additional-route proposals in 2023. In January 2024, the BBS held a dedicated discussion of potential examination alternatives. [3–5]

**03** **A verified MFT legislative precedent**
Utah authorized an additional MFT route in 2024. It demonstrates a legally distinct model, not proof of equivalent long-term client-safety results or a ready-made California solution. [6–7,20]

**04** **Uneven visibility of implementation work**
National-exam changes progressed through identifiable Board decisions and regulatory planning. In contrast, the reviewed public records do not identify an equally concrete, accountable alternative-assessment project. Internal work could exist. [8,14–16,22]

# What this record does not establish

The documents do not prove unlawful discrimination, coordinated opposition, exam invalidity, or that the Board performed no internal alternative-pathway review. The report asks for written clarification of what was studied, assigned, completed, or declined.

# How to use the following pages

Historical sequence Entries show what was documented at the time, followed by a bolded question raised in this November 2026 review. “Unanswered” means no answer was located in the public sources reviewed; it does not mean that no internal follow-up took place.

**Stakeholder roles and outcomes** Who has decision authority, who proposed options, who can advise, and what remains open.

**Action schedule and records questions** Requested 30/60/90-day work products, a six-month decision point, and specific records to identify.

# Acronym key

| | | | |
|---|---|---|---|
| **BBS** | Board of Behavioral Sciences | **OPES** | Office of Professional Examination Services |
| **DCA** | Department of Consumer Affairs | **CAMFT** | California Association of Marriage and Family Therapists |
| **NASW-CA** | National Association of Social Workers—California | **AMFTRB** | Association of Marital and Family Therapy Regulatory Boards |
| **AAMFT** | American Association for Marriage and Family Therapy | **ASWB** | Association of Social Work Boards |
| **DHCS** | Department of Health Care Services | **HCAI** | Department of Health Care Access and Information |
| **SOLID** | Strategic Organizational Leadership and Individual Development | **OPLR** | Utah Office of Professional Licensure Review |

HISTORICAL TIMELINE | 2022

# Board recognition and research directions

Two distinct Board discussions and directives should not be merged: one concerned the national MFT examination, while another focused on ASWB and social-work-examination disparities.

| | |
|---|---|
| **NOV 3-4, 2022** | **PARTICIPANTS** BBS Board / OPES / CAMFT / NASW-CA / Ben Caldwell / public<br><br>**DOCUMENTED ACTION** The Board considered OPES review of the AMFTRB national MFT exam and discussed disparate impacts, demographic-information gaps, and whether a written exam is an adequate proxy for practice. CAMFT advocated the national exam while urging equity review; NASW-CA raised disparity concerns; Ben Caldwell described preliminary survey findings; a public commenter suggested other competency measures. The Board voted to decline the AMFTRB exam at that time and directed staff to continue addressing concerns with OPES. [1]<br><br>**RECORDED OUTCOME** A documented motion on national-exam acceptance and exam concerns; no separately established LMFT alternative-development project is identified in these minutes.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **What specific OPES follow-up and decision records resulted from that motion?** |

| | |
|---|---|
| **NOV 4, 2022** | **PARTICIPANTS** BBS Board / ASWB / NASW-CA / Ben Caldwell<br><br>**DOCUMENTED ACTION** In a separate item on ASWB pass-rate data for social work examinations, members discussed demographic disparities and alternatives to standardized exams. The Board directed staff to research disparate impacts on California ASWB applicants and permissible ways to collect demographic information. [1]<br><br>**RECORDED OUTCOME** A second and distinct research directive—focused on social-work examination data, not an authorization of an alternative LMFT route.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Where are the findings, status updates, or closure records for the directed study?** |

HISTORICAL TIMELINE | 2023

# Stakeholder proposals enter the BBS record

These entries distinguish outside proposals, formal committee presentations, and the Board's recorded responses. Receipt is not adoption.

| | |
|---|---|
| **AUG 2023** | **PARTICIPANTS** BBS examinations staff / OPES / NASW-CA / Ben Caldwell<br><br>**DOCUMENTED ACTION** The Board examination report reported concerns about clinical licensing exams, included letters from Caldwell and NASW-CA, described OPES's written discussion of examination validity, and outlined work on a voluntary demographic survey. The report also described ASWB's separate exam-improvement and alternative-assessment work. [2]<br><br>**RECORDED OUTCOME** Concerns and proposed data-collection steps entered the official record; the materials do not establish adoption of an LMFT performance assessment.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Was the voluntary survey implemented, and what data or reports resulted?** |
| **AUG 15, 2023** | **PARTICIPANTS** California Alliance of Child and Family Services<br><br>**DOCUMENTED ACTION** The Alliance published a report on disparate clinical examination outcomes and licensing barriers. Its menu of recommendations included oral case/vignette examinations, performance and client-centered metrics, secondary routes, and consideration of eliminating exam requirements in favor of other evidence-based measures. [3]<br><br>**RECORDED OUTCOME** A specific, externally authored reform proposal existed before the Board's 2024 alternatives discussion.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Which recommendations were assessed, accepted for study, or declined, with reasons?** |
| **OCT 27, 2023** | **PARTICIPANTS** BBS Licensing Committee / California Alliance<br><br>**DOCUMENTED ACTION** BBS staff placed the Alliance report and presentation on the Licensing Committee agenda; Adrienne Shilton and Paige Clark were identified as presenters. The committee later became the Workforce Development Committee. [3,4]<br><br>**RECORDED OUTCOME** Proposals reached an official committee agenda. Presentation did not, by itself, constitute adoption.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Was staff directed to prepare an options analysis or written response?** |

HISTORICAL TIMELINE | 2024 / PART 1

# Direct discussion and a real MFT legislative precedent

California discussed potential examination alternatives, while Utah enacted an additional MFT licensing model. The Utah statute is a precedent, not proof of equivalent long-term outcomes.

| | |
|---|---|
| **JAN 19, 2024** | **PARTICIPANTS** BBS Workforce Development Committee / Ben Caldwell / CAMFT / public<br><br>**DOCUMENTED ACTION** Item 7 was titled "Discussion of Potential Exam Alternatives." Staff described the newly effective Illinois LCSW alternative requiring an unsuccessful attempt and 3,000 additional supervised hours. Caldwell described the model as a step while criticizing its burden. CAMFT advocated continued research and improvement of the exam process. Public participants questioned whether a multiple-choice result demonstrates competence. Minutes conclude staff would monitor legislation and continue discussions as information emerged. [4,5]<br><br>**RECORDED OUTCOME** A dedicated alternative-exam agenda item occurred; the recorded disposition was continued monitoring and discussion, rather than a dated LMFT design assignment.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **What monitoring reports, cross-state analyses or later committee recommendations followed?** |
| **MAR 19-MAY 1, 2024** | **PARTICIPANTS** Utah Legislature / Utah licensing regulator<br><br>**DOCUMENTED ACTION** Utah SB 26 was signed March 19 and its LMFT alternative took effect May 1, 2024. After at least one nonpassing attempt, applicants may meet an alternate statutory requirement involving 500 additional direct-client-care hours, at least 25 clinical-supervision hours, five observation hours, and two distinct recommendation letters; other license requirements continue to apply. [6,7]<br><br>**RECORDED OUTCOME** The first highly relevant MFT-specific statute in this record: a viable legal design exists, not proof that its outcomes equal those of exam-based licensure.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Did California BBS staff analyze Utah's law and implementation before or after the 2025 sunset review?** |
| **MAY 17, 2024** | **PARTICIPANTS** BBS Board / CAMFT / AMFTRB / OPES<br><br>**DOCUMENTED ACTION** BBS later described a Board policy decision to pursue transition toward the AMFTRB national MFT examination, with conditions and subsequent statutory/regulatory work. This reversed the 2022 decision not to accept the national exam at that time. [8]<br><br>**RECORDED OUTCOME** Identifiable national-exam planning progressed; the change did not add a different clinical assessment modality.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Which national-exam workstreams have designated owners, funding and deadlines—and could the alternative project use a parallel structure?** |

HISTORICAL TIMELINE | 2024 / PART 2

# National-exam workstream gains specific assignments

Board and agency actions on the national-examination project are distinguished from advisory workforce recommendations about alternative licensure.

| | |
|---|---|
| **SEP 19-20, 2024** | **PARTICIPANTS** BBS Board / BBS legal counsel / AMFTRB / OPES / CAMFT<br><br>**DOCUMENTED ACTION** BBS minutes describe staff work with AMFTRB on examination content and candidate accessibility, coordination with DCA information systems, and preparation of statutory and regulatory options. On the national-exam agenda item, the Board directed staff to pursue legislation and recorded a 10–0 vote. [8]<br><br>**RECORDED OUTCOME** A concrete legislative development direction and explicit cross-agency tasks for national-examination reform—not a performance-based alternative assessment.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Why has an equivalently defined work plan not been publicly identified for an additional LMFT competency-assessment modality?** |
| **SEP 2024** | **PARTICIPANTS** DHCS / HCAI / behavioral-health workforce stakeholders<br><br>**DOCUMENTED ACTION** California convened a multi-stakeholder behavioral-health workforce forum involving education, employers, state agencies and advocates. Its later report called for exploring work-experience and competency-based licensing routes, piloting alternatives, and validating oral/performance-based exams. [9]<br><br>**RECORDED OUTCOME** A second institutional policy stream supported studying alternative licensure designs; the forum's recommendations were advisory.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Which agency owns follow-through on licensing alternatives and pilot recommendations?** |
| **NOV 2024-JAN 2025** | **PARTICIPANTS** BBS Board / legislative oversight committees<br><br>**DOCUMENTED ACTION** BBS discussed its sunset report in November 2024; staff submitted it to legislative committees January 5, 2025. The BBS-authored report's Issue #13 explicitly asked whether standardized clinical examinations should remain the sole approach or whether alternatives should be considered. [10,11]<br><br>**RECORDED OUTCOME** The Board publicly named alternative assessment as a policy question.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **What formal response, action assignment, or measurable outcome resulted from BBS Issue #13?** |

HISTORICAL TIMELINE | 2025

# Sunset review and institutional proposals

The BBS-authored Sunset Review Issue #13 addresses examinations and alternatives. The Legislature's separate Issue #13 addresses broader workforce matters; the two are not interchangeable.

| | |
|---|---|
| **JAN 24, 2025** | **PARTICIPANTS** BBS Policy and Advocacy Committee / BBS legal staff / CAMFT / Ben Caldwell<br><br>**DOCUMENTED ACTION** The committee discussed proposed national-exam regulations, acknowledging that statutory amendments must come first. It recommended proposed regulatory text in concept and directed preparation of rulemaking documents, with final action contingent on implementation criteria. CAMFT representatives Shanti Ezrine and Cathy Atkins, and Ben Caldwell, expressed support for the national-exam amendments. [22]<br><br>**RECORDED OUTCOME** Formal committee recommendation and sequenced implementation steps for the national-exam track. Support for this project does not establish a position on an independent alternative pathway.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Could a parallel committee item commission the technical, fiscal and statutory options for other validated assessment methods?** |
| **MAR 24-MAY 2025** | **PARTICIPANTS** Senate and Assembly oversight committees / BBS<br><br>**DOCUMENTED ACTION** Legislative committees held a joint sunset hearing March 24, 2025 and supplied a background paper with 16 oversight issues. The legislative paper's Issue #13 was a broader behavioral-health workforce question—not the same as the BBS-authored sunset report's exam-specific Issue #13. BBS supplied draft responses for committee review in May. [11,12]<br><br>**RECORDED OUTCOME** Existing legislative oversight mechanism documented. Similar issue numbers refer to different documents.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Can committee staff seek a focused status response on the BBS's exam-specific concern as part of continuing oversight?** |
| **JUL 31, 2025** | **PARTICIPANTS** BBS Workforce Development Committee / DHCS / HCAI<br><br>**DOCUMENTED ACTION** BBS staff presented the 2024 workforce-forum report. The report recommended exploring alternative licensure pathways, pilot programs, and oral or performance-based testing. Staff described continued involvement in statewide workforce discussions and data-sharing. [9]<br><br>**RECORDED OUTCOME** Formal receipt of the proposals at a BBS committee; the record reviewed does not show a funded LMFT pilot flowing from that item.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Was any action list or agency-to-agency follow-up opened after presentation?** |

HISTORICAL TIMELINE | 2025–2026

# Research and strategic planning

A voluntary MFT examinee survey and BBS environmental scan identified concerns, while proposed strategic objectives raised—and then left unclear—the alternative-pathways workstream.

| | |
|---|---|
| **2025-EARLY 2026** | **PARTICIPANTS** Researchers / BBS / stakeholders<br><br>**DOCUMENTED ACTION** Lyness and colleagues published a voluntary survey concerning reported outcomes among California and national MFT examinees, including differences by race/ethnicity, age and perceived adequacy of disability accommodations. The BBS 2025 environmental scan, reported in February 2026, recorded 53 external stakeholder comments coded “Does Not Measure Competency” and 47 coded “Biased/Unfair Exams,” among other themes. [13,14]<br><br>**RECORDED OUTCOME** Evidence of stakeholder concerns and respondent associations, not a statewide pass-rate study, causation finding, or legal conclusion that the exam is invalid.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **What data would BBS require to test other assessment formats fairly and independently?** |
| **FEB 19-20, 2026** | **PARTICIPANTS** BBS / DCA SOLID planning team<br><br>**DOCUMENTED ACTION** February strategic-planning materials included a management-proposed examination objective to conduct ongoing examination reviews and “consider alternative pathways.” The scan had generated approximately 1,300 responses across its stakeholder process. [14]<br><br>**RECORDED OUTCOME** Alternative pathways appeared explicitly on a draft management worksheet; the objective’s final status was not yet fixed.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Was “consider alternative pathways” incorporated as a task, assigned to staff, or separately deferred?** |
| **MAY 7, 2026** | **PARTICIPANTS** BBS Board / DCA SOLID<br><br>**DOCUMENTED ACTION** A later strategic-plan draft did not expressly repeat an alternative-pathways objective in its examination section, while national-exam work appeared. The accompanying memorandum warned that some discussed items might become subsidiary tasks inside broader objectives. [15]<br><br>**RECORDED OUTCOME** It would be inaccurate to say the Board formally rejected alternatives; it is accurate to request disclosure of the objective’s disposition.<br><br>**UNANSWERED QUESTION — AS OF NOVEMBER 2026** **Which adopted task, if any, now covers alternative LMFT assessment?** |

HISTORICAL TIMELINE | NOVEMBER 2026

## The next scheduled Board opportunity

As of this document's date, the November 19–20 meeting is in the future. A request under general public comment can seek future agenda placement, not assume a decision on an unlisted item.

| | |
|---|---|
| **NOV 19-20, 2026 (SCHEDULED)** | **PARTICIPANTS** BBS Board / public commenters<br><br>**DOCUMENTED ACTION** The published Board agenda lists Item 30 addressing national MFT examination rulemaking. It also provides future-agenda suggestion and general public-comment opportunities. As of November 11, the published agenda does not separately list development or implementation of an LMFT alternative-assessment pathway. [16]<br><br>**RECORDED OUTCOME** This is a future meeting, not a completed decision. Public comment on an unlisted topic ordinarily cannot compel substantive action during that meeting.<br><br>**FOLLOW-UP NEEDED — NOVEMBER 2026** **Request future agenda placement, an accountable staff contact, and a written process for follow-up.** |

## Current position as of November 11, 2026

| TRACK | WHAT THE PUBLIC RECORD SHOWS |
|---|---|
| **National-exam transition** | Board decisions and regulatory/legislative work are documented; November 2026 rulemaking is scheduled for consideration. |
| **Alternative competency pathway** | Stakeholder proposals, committee discussions and planning references are documented; no equivalent public project timetable was located in the sources reviewed. |
| **Immediate next step** | Request a future substantive agenda item, identified BBS lead, records of earlier follow-up, and a written development decision. |

STAKEHOLDER ACCOUNTABILITY | 1 OF 2

# Who participated, and what should be answered?

Recorded roles are not institutional endorsements. Questions identify opportunities for clarification; they are not findings of misconduct or failure to meet an established obligation.

### 01 BBS Board and executive staff

**DOCUMENTED ROLE** 2022 formal votes and directives; 2024 committee alternatives discussion; 2025 sunset question; 2026 strategic planning; national-exam implementation track.

**FOLLOW-UP NEEDED** **Identify alternative-assessment lead, existing studies, task owner, public milestones, and decision point.**

### 02 DCA Office of Professional Examination Services (OPES)

**DOCUMENTED ROLE** Reviewed national exam and addressed validity and demographic-data constraints; works on exam design, fairness and technical quality.

**FOLLOW-UP NEEDED** **Clarify what technical framework, studies and resources would be needed to evaluate a performance assessment.**

### 03 California Alliance of Child and Family Services

**DOCUMENTED ROLE** Produced concrete 2023 proposal with oral, performance-based and secondary routes; presented through BBS process.

**FOLLOW-UP NEEDED** **Seek updated organizational position and disclosure of whether BBS assessed the proposed options.**

### 04 NASW–California

**DOCUMENTED ROLE** Raised disparity concerns and advocated considering alternatives for clinical social work, not a documented endorsement of a specific LMFT route.

**FOLLOW-UP NEEDED** **Seek formal position, objections, and lessons from the social-work effort.**

### 05 CAMFT

**DOCUMENTED ROLE** Advocated the national MFT exam and attention to disparity concerns; in Jan. 2024 favored continued research, and in Jan. 2025 supported national-exam regulatory language in concept.

**FOLLOW-UP NEEDED** **Ask whether it supports evaluating an alternative clinical competency pathway in parallel; do not infer opposition.**

STAKEHOLDER ACCOUNTABILITY | 2 OF 2

# Responsibilities and potential contributors

Decision-making bodies are distinguished from organizations that may supply research, professional perspectives, or accessibility expertise.

### 06 AAMFT / AMFTRB

**DOCUMENTED ROLE** AMFTRB develops the national MFT exam under consideration. The record reviewed does not establish support or opposition to a California observed-competency alternative.

**FOLLOW-UP NEEDED** **Seek relevant accessibility, test-quality, and interstate portability information; distinguish professional association from exam developer.**

### 07 DHCS / HCAI / workforce forum

**DOCUMENTED ROLE** Convened a 2024 workforce forum recommending exploration and piloting of alternative licensing assessment; BBS received its report in July 2025.

**FOLLOW-UP NEEDED** **Identify any follow-up assignments, funded studies, or pilot-development work.**

### 08 Legislature and oversight committees

**DOCUMENTED ROLE** Conducted March 2025 joint sunset oversight; may request information, consider new laws, and evaluate reporting requirements.

**FOLLOW-UP NEEDED** **Ask existing staff to seek status updates, without adding a new administrative approval body.**

### 09 Disability-rights organizations

**DOCUMENTED ROLE** No verified role in the BBS alternative-assessment decisions reviewed; relevant independent accessibility and policy advocates.

**FOLLOW-UP NEEDED** **Invite technical and civil-rights input; do not list as endorsers or regulators.**

### 10 Applicants, clinicians and consumers

**DOCUMENTED ROLE** Public comments and survey findings described access, workforce and safety concerns; these are not findings of systemic unlawful discrimination.

**FOLLOW-UP NEEDED** **Include applicants, clinicians and consumer-protection perspectives in assessment design and validation.**

OUTCOME LEDGER | AS OF NOVEMBER 11, 2026

# Documented progress, outstanding work

The recorded result and the unresolved question appear together. A public record not located is not proof that no internal work exists.

### Examination equity and evidence

**DOCUMENTED** Board minutes, organizational submissions, research and planning documents acknowledge examination-related concerns.

**UNRESOLVED ISSUE — AS OF NOVEMBER 2026** **What follow-up resulted from the 2022 directives, and what evidence would determine whether another modality merits a pilot?**

**FOLLOW-UP NEEDED — CONTACT** **BBS staff and OPES**

### Existing cross-state approaches

**DOCUMENTED** Illinois established a social-work exam alternative; Utah enacted an alternative MFT pathway.

**UNRESOLVED ISSUE — AS OF NOVEMBER 2026** **What California-specific comparative feasibility, validity, fiscal, and accessibility analysis has been completed?**

**FOLLOW-UP NEEDED — CONTACT** **BBS staff and legislative analysts**

### National MFT exam transition

**DOCUMENTED** The public record identifies Board decisions, proposed legislative changes and a rulemaking track.

**UNRESOLVED ISSUE — AS OF NOVEMBER 2026** **Changing from one multiple-choice exam to another does not itself test an alternative assessment modality.**

**FOLLOW-UP NEEDED — CONTACT** **BBS Board and exam-policy staff**

### Additional California LMFT pathway

**DOCUMENTED** Stakeholders proposed oral/performance-based and additional-practice options; alternatives appeared in the BBS sunset and proposed planning materials.

**UNRESOLVED ISSUE — AS OF NOVEMBER 2026** **No separately identified public LMFT prototype, validation plan, statutory proposal, assigned lead, or implementation timetable was found in the sources reviewed.**

**FOLLOW-UP NEEDED — CONTACT** **BBS Board and assigned committee**

### External accountability

**DOCUMENTED** Existing legislative sunset oversight is documented.

**UNRESOLVED ISSUE — AS OF NOVEMBER 2026** **No verified legislative commitment to monitor this proposed project, nor an enacted reporting requirement specific to it.**

**FOLLOW-UP NEEDED — CONTACT** **Legislative committee staff**

ACCOUNTABILITY REQUEST | PROPOSED MILESTONES

# Turn the history into a decision

These are proposed work products from the approved policy memorandum, measured from formal BBS direction. They are not existing legal deadlines or a guarantee of operational licensure.

| WHEN | PUBLICLY VISIBLE DELIVERABLE |
|---|---|
| **Immediately** | Schedule the next appropriate publicly noticed Board or committee consideration of the alternative clinical competency question; identify a staff contact. |
| **Within 30 days of direction** | Name the responsible lead; publish scope, resource assumptions, and project milestones. |
| **Within 60 days** | Present preliminary comparisons of feasible models, costs, accessibility, validation and statutory constraints. |
| **Within 90 days** | Publish initial statutory options, resources, an implementation plan and a validation roadmap. |
| **Within six months** | Bring a substantive public Board recommendation: proceed, modify, pilot or decline with evidence-based reasons. |
| **Within twelve months** | Target substantial implementation readiness; identify the earliest legally and technically defensible operational date. |

# Follow-up needed: existing oversight and reporting

The BBS remains the development and public-protection authority. Quarterly public updates should identify completed work, upcoming decisions, obstacles, corrected milestones, and responsible parties. Existing Senate legislative oversight staff may be asked to receive updates; no additional approval agency or pre-development audit is proposed.

UNANSWERED QUESTION — AS OF NOVEMBER 2026 **After repeated public discussion of examination concerns and alternatives, who will own the next documented decision—and what work product will demonstrate that it occurred?**

INFORMATION REQUESTS | PROPOSED FOLLOW-UP

# Nine follow-up questions for an accountable response

These requests are intended to locate decisions, documents, and responsible offices—not to presume misconduct or that internal work did not occur.

| | |
|---|---|
| 01 | Identify staff analyses and reports resulting from the November 2022 OPES-related directive and separate ASWB-disparity research directive. |
| 02 | Identify follow-up reports, staff memoranda, or other work from the January 19, 2024 discussion of potential examination alternatives. |
| 03 | State whether Utah SB 26 or Utah Code §58-60-305 was analyzed for California LMFT licensure, and identify any findings. |
| 04 | Explain the review following the California Alliance's 2023 proposals and the workforce-forum recommendations presented in July 2025. |
| 05 | Identify whether the February 2026 proposed objective "consider alternative pathways" became an adopted strategic-plan task, and identify its owner. |
| 06 | Identify any existing LMFT alternative-assessment studies, fiscal analyses, pilot designs, validation plans, or confirm whether there is no dedicated project. |
| 07 | Specify the technical evidence and public-protection safeguards necessary to evaluate structured oral or observed-competency assessment. |
| 08 | Identify the next appropriate publicly noticed committee agenda and a BBS staff contact for a substantive feasibility decision. |
| 09 | Clarify whether an existing legislative oversight committee would be willing to request brief periodic progress reports. |

# Evidence boundaries

Personal disability records, confidential Pearson VUE correspondence, private email addresses, and the internal outreach log are excluded. Organizational contact is not an endorsement. The BBS-authored 2025 Sunset Review Issue #13 and the Legislature's separate Issue #13 are different records. The November 19–20, 2026 meeting was still scheduled as of this document's date.

SOURCE INDEX | 1 OF 2

# Documents behind the chronology

Each reference links to the identified public document, statute, or research source. Citations are specific to the historical period, profession, and jurisdiction stated.

[1] BBS Board minutes, Nov. 3–4, 2022. Two exam-related motions and public comments.

[2] BBS Aug. 17–18, 2023, Examination Report, Item 15D; NASW-CA/Caldwell/OPES attachments.

[3] BBS Oct. 27, 2023, Licensing Committee Item 9; California Alliance 2023 report and slides.

[4] BBS Workforce Development Committee minutes, Jan. 19, 2024.

[5] BBS Jan. 2024 committee memorandum, Item VII, Discussion of Potential Exam Alternatives.

[6] Utah SB 26 (2024) legislative record.

[7] Utah Code §58-60-305 (2025 text), MFT alternative after unsuccessful exam attempt.

[8] BBS Board minutes, Sept. 19–20, 2024; national-exam legislative vote and implementation work.

[9] BBS Workforce Development Item 6, July 31, 2025; DHCS/HCAI workforce forum report.

[10] BBS 2025 Sunset Review Report, BBS-authored Issue #13, printed pp. 114–115.

[11] BBS May 2025 Item 21, Board response to legislative sunset paper.

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# Additional original sources and limitations

Each reference links to the identified public document, statute, or research source. Citations are specific to the historical period, profession, and jurisdiction stated.

[12] 2025 Senate/Assembly joint sunset background paper for BBS.

[13] Lyness et al., Contemporary Family Therapy (2025), voluntary MFT examinee survey.

[14] BBS Feb. 2026 Item 6, 2025 environmental scan and management objectives worksheet.

[15] BBS May 2026 Item 11, draft strategic plan and accompanying implementation note.

[16] BBS Nov. 19–20, 2026 meeting notice and agenda.

[17] CAMFT National Exam FAQs, organizational position as of Nov. 2026.

[18] California Business and Professions Code §4980.397, examination requirements.

[19] Illinois clinical social work alternative, 225 ILCS 20/8.2 (cross-profession comparator).

[20] Utah OPLR 2023 Periodic Review: Behavioral Health, published Jan. 2024.

[21] BBS Board meeting calendar and archived materials.

[22] BBS Policy and Advocacy Committee minutes, Jan. 24, 2025; national-exam rulemaking work.

# Evidence boundaries and professional attribution

This document is a public-record advocacy brief, not a legal finding or official audit. The cited materials do not prove unlawful discrimination or that a particular alternative is validated. The public records reviewed may omit internal agency work; specific records requests may clarify the findings.

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