Addressing the Disparities in Clinical Exam Rates for Behavioral Health

California Alliance
Empowering lives. Enriching futures.

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ACKNOWLEDGMENTS

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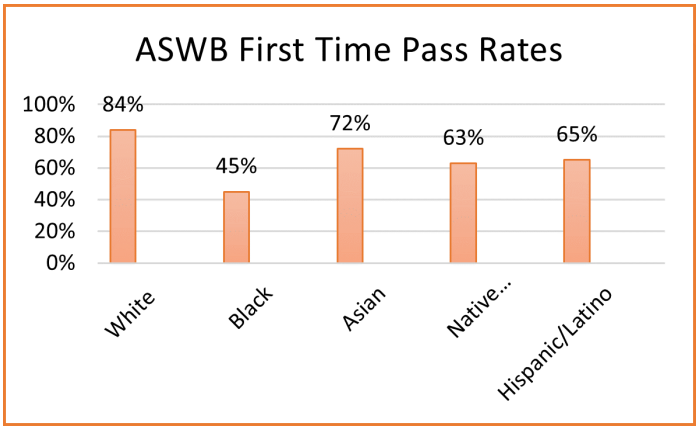
Solutions to Create an Equitable Workforce

As the need for behavioral health and social services skyrockets in California, it is more important than ever to support the current and future professionals who provide these imperative services. The Governor's Master Plan for Kids' Mental Health found that suicide rates for children and youth ages 10-18 increased 20% between 2019-2020, with significant disparities among demographic groups.[1] Disturbingly, the California Department of Public Health reports that, "Youth [ages 10-24] who are Black experienced the largest increase in suicide rates of 28%" between 2019-2020."[2] At present, California falls short of fulfilling a mere 23.57% of the mental health requirements throughout the state.[3] Roughly 17% of the state's population grapples with mental health needs, while 1 out of every 20 individuals experiences severe mental illness.[4] Regrettably, approximately 66% of Californian adults with a mental illness and 64.5% of teenagers who encounter major depressive episodes do not receive any treatment.[5] Despite having over 80,000 licensed behavioral health experts in 2016, California managed to meet only 30% of its overall need for a professionally skilled workforce in this field.[6]

The 2020 Pandemic exposed the long-standing detrimental effects of health inequalities in BIPOC due to systemic, racial, and structural oppression. Unfortunately, like other health professions in the United States, the behavioral health workforce faces a disconcerting lack of racial and ethnic diversity. As per the 2018 Behavioral Health Workforce report by UCSF, African Americans, and Latinx/o/as are significantly underrepresented among psychiatrists, psychologists, counselors, and social workers compared to California's population.[7] This issue is compounded by limited educational, training, and financial opportunities, which further restrict the pipeline of skilled professionals, including social workers who comprise approximately 17% of the behavioral health workforce.[8]

Alarmingly, despite BIPOC projected to make up more than 65% of California's population by 2030, representation in the health workforce and educational pipeline is expected to continue declining if there are no bold and innovative approaches to educating, training, licensing, hiring, and retaining a behavioral health workforce that reflects the communities served.[9] One of the primary challenges to developing and sustaining a robust workforce is the demanding educational and training requirements that present unnecessary obstacles. A lack of streamlined career pathways and training opportunities only aggravate this issue. Social workers and counselors must fulfill stringent state requirements, including a master's degree, 3000 hours of supervised practice, and passing multiple examinations (including but not limited national board examinations, state board exams, state laws and ethics exam, etc.) to obtain a clinical license. The high costs of education, ongoing training, low wages, and inflated living costs in California all pose significant impediments to the recruitment and retention of professionals in the field, particularly for community based non-profit organizations.

For Black, Indigenous, People of Color (BIPOC), these issues are of even greater concern: in August 2022, the Association of Social Work Boards (ASWB) published the 2022 Exam Pass Rate Analysis report[1] , which included data on the population and performance of test-takers taking the various exams administered by ASWB. The data provided specifically to those seeking licensure in social work speaks to disparate outcomes for test takers based on race, age, and primary language. Smaller disparities were also noted based on gender identity. While troubling, this information is not surprising, given the biases in standardized testing in general, and the systemic racism in the social work field that communities of color have long experienced and advocated against.



Source: 2022 Exam Pass Rate Analysis

Numerous factors exist that limit professionals' ability to achieve licensure across behavioral health disciplines. To create equitable pathways into these professions, we must understand the barriers highly qualified and experienced individuals face when seeking licensure. Below we have identified several barriers and recommendations collected from multiple member-wide focus groups conducted in February 2023.

HISTORY

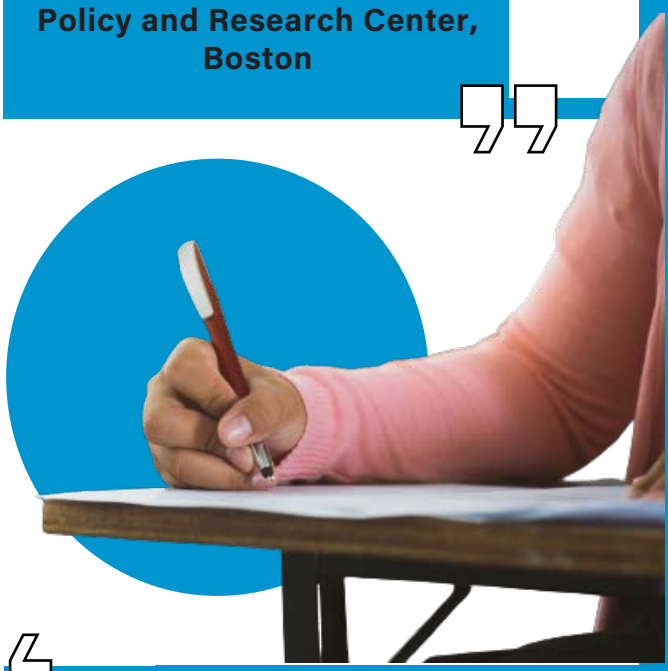
History of Standardized Testing and the Achievemen Gap

Time and again, both anecdotal and research evidence has illustrated the inefficiency of standardized testing in predicting and testing for skill and ability across disciplines. Historically, in fact, standardized testing has continued to reinforce structural and systemic racism within education and employment spaces.[11] Standardized measures were first created by a psychologist Carl Brigham, to demonstrate the "superiority of the Nordic race group" against "African Americans who were on the low end of the racial, ethnic, and/or cultural spectrum." This was to exclusively cater to a specific group and address the concerns regarding "infiltration of non-whites into the nation's public schools." He argued that the nation's declining education system would exacerbate if "racial intermingling" was to continue.[12] Brigham had great influence in the development of intelligence tests to recruit for the army and popular achievement and aptitude tests still used presently and widely (such as the Scholastic Aptitude Test, SAT), paving the way for structural racism to ensue and flourish. From historically troubling segregation policies that explicitly retained better academic institutions and resources for the white individuals to failing to provide for adequate resources for the minority students in the present, the achievement and inequity gap has continued to exist as a gaping wound.

What began as a historically inadequate system continues to hamper students and professionals from diverse backgrounds throughout their lifetime. It is important to note that it is not an individual's ability, but the systemic dysfunction that has impacted professionals from acquiring equitable education and embarking on successful career paths especially when compared to their white counterparts. As described above, the noted disparities in the ASWB licensing exam also illustrate the said achievement gaps in professional license testing leading to systemic disparities in professional development. Consequentially, discouraging and keeping clinicians of color out of the field. Several professional groups representing social workers across New Jersey, Minnesota, Michigan, California, Illinois, and others have raised concerns and asked the national licensing body for demographic information on exam passage rates. However, ASWB historically had not released exam outcomes based on demographics.

Standardized tests have become the most effective racist weapon ever devised to objectively degrade Black and Brown minds and legally exclude their bodies from prestigious schools.

– Ibram X. Kendi, Antiracist Policy and Research Center, Boston



In the name of 'objectivity' we have learned to overshadow, undermine, and exacerbate inequity. We must be able to discern the difference between 'objective' and equitable.

– CA Alliance Member Focus Group

Validity and Utility of Licensure Exams

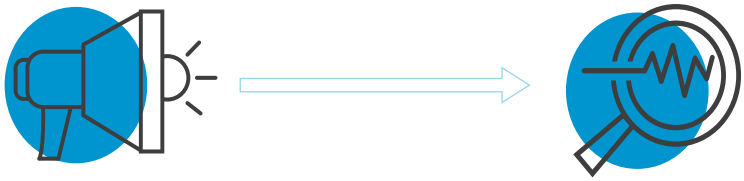
> **Competency and practice behavior is reduced to content knowledge. Is the gap because of the access to content knowledge and variation in educational curriculums?**
>
> **– CA Alliance Member Focus Group**

> **People usually go through the licensure process when they are making the lowest salary they'll ever make because it's the beginning of their careers—even more difficult to pay exorbitant testing and retesting fees.**
>
> **– CA Alliance Member Focus Group**

For many years, professionals have contended that clinical exams lack purpose, validity, and fail to address issues related to inequities in test construction and performance[13] [14]. They have also argued that clinical exams may pose to be redundant in mental health care since clinicians are required to undergo extensive education and supervised experience that ensures safety and competence in practice. It is unclear how clinical exams add value to the licensing process, given the rigorous licensure pathway already in place. The effectiveness of exams, such as the EPPP, has been heavily criticized for their ability to accurately predict success or test relevant content[15]. Critics of master's-level profession exams have similarly questioned their validity and usefulness in distinguishing between competent and safe professionals from those who may fail to adequately demonstrate professional competence. Since the exams involve responding to written items, rather than interacting with people as clinicians do in practice, written English language comprehension is almost certainly a key factor in posing a barrier for many. Test-taking skill also plays a key role in multiple choice exams across disciplines, explaining the popularity and perceived necessity of exam prep programs. One study suggests that test-taking anxiety may also impact test performance. Although reasonable accommodations, including extended time, may be allowed for students with specific learning disabilities, the standard exam format may not always be an equitable tool or the most accurate predictor of their knowledge and expertise. Ultimately, there is sparse to no evidence to suggest that current clinical exams in mental health care measure anything useful beyond performance and recall of content on the test itself versus promoting competent, safe, and impactful practice[16].

Barriers to Licensure

According to a report by Children Now[17], the inadequate training and education of the existing mental health workforce is a growing concern. Furthermore, the use of non-evidence-based protocols and the failure to incorporate trauma-informed and culturally responsive training for both clinical and non-clinical staff present significant issues. Unfortunately, most educational and practicum training programs are primarily located in major metropolitan areas, failing to cater to the needs of professionals based in rural or Health Professional Shortage Areas. The high costs of commuting or relocation, along with prohibitive educational and training expenses and the exorbitant cost of living in California, have further increased the obstacles to education for professionals, disproportionately affecting students of color. Despite the rising demand for social workers, educational opportunities have significantly decreased since 2017, with programs citing the high costs of running these programs as a major concern.



1. Prohibitive Testing and Re-Testing Costs

Many clinicians who participated in focus group conversations highlighted the exorbitant costs associated with licensure as a deterrent for many professionals. For example, to become a Licensed Clinical Social Worker, California requires two exams: the Law and Ethics Examination and the Clinical Examination. For Associates who have never taken the Law and Ethics Exam, the fee for this test is $150. For first time clinical exam test takers, the fee is $260. This $410 does not include any test preparation materials or re-testing fees should the applicant need to do so. Given that 89.9% of White test takers in California passed the clinical exam on their first time while 54.4% of Black test takers in California passed on their first time during the same period (2018-2021), these exclusionary testing fees disproportionately impact historically underrepresented groups. Rising, debt-inducing educational and continuing education costs, low wages, and the inflated cost of living in California continue to hinder the recruitment and retention of professionals in the field.

2. Access to Test Examinations Resources

For many potential licensees, the process to prepare for the required examinations in their discipline is lengthy, time-intensive, and expensive. In the current landscape, applicants have varied levels of access to test prep resources such as time off to study, study groups, sample questions, and online and in person test prep courses. While organizations that employ and supervise applicants do their best to provide support to test takers, organizational size, capacity, funding, and structure can determine the amount of support these parties are able to provide.

3. Lack of Alternate Pathways to Meet Coursework Requirements

Some potential licensees may have to pay exorbitant supervision fees to clinical supervisors who support them as they prepare for licensure. Supervision can be a formative and valuable experience for supervisees, however, supervision fees range across professional settings and are a barrier for those who cannot afford these fees in addition to the other financial requirements of the licensure process. This process often becomes increasingly burdensome when trainees must go through unpaid practicum, internships, and other training opportunities which significantly and disproportionately impact the BIPOC communities.

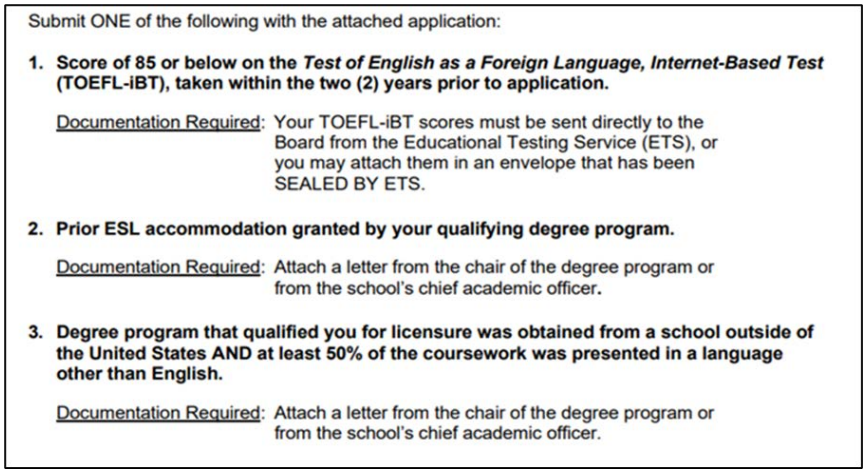
Barriers to Licensure

4. Differences in Licensing Requirements Between States

If an applicant moves during the licensure process, they may experience significant setbacks in their progress towards licensure. Applicants who began their licensing process in another state must complete several additional California-specific courses before they are eligible for licensure. These additional hurdles require time, effort, and money to overcome. Since the licensure process requires applicants to accumulate 3,000 hours of supervised experience to become an LCSW or LMFT, it is not unlikely that professionals would move for a variety of circumstances during this time. This is especially likely for those with familial obligations, such as serving as the primary caretaker for an elderly parent who lives out of state. By streamlining the process for moving between states, California could more easily attract candidates who have been educated or trained in other states, thus alleviating the current workforce strain, and creating more equitable pathways into the field.

5. Burdensome and Expensive Process to Request Language Accommodations

For test takers who require language accommodation on a Board of Behavioral Sciences exam, applicants must request accommodation and allow up to 90 days for their accommodation request to be processed before scheduling a testing date. The BBS provides the three options for test takers to qualify:



Submit ONE of the following with the attached application:

1. **Score of 85 or below on the *Test of English as a Foreign Language, Internet-Based Test* (TOEFL-iBT), taken within the two (2) years prior to application.**

   Documentation Required: Your TOEFL-iBT scores must be sent directly to the Board from the Educational Testing Service (ETS), or you may attach them in an envelope that has been SEALED BY ETS.

2. **Prior ESL accommodation granted by your qualifying degree program.**

   Documentation Required: Attach a letter from the chair of the degree program or from the school's chief academic officer.

3. **Degree program that qualified you for licensure was obtained from a school outside of the United States AND at least 50% of the coursework was presented in a language other than English.**

   Documentation Required: Attach a letter from the chair of the degree program or from the school's chief academic officer.

Source: California DCA BBS 37A-612 (Revised 10/2022)

The TOEFL-iBT currently has a $255 testing fee for those in the United States is $255, with fees such as $60 for rescheduling, $80 for Speaking or Writing Section score review, and $20 per institution for additional score reports. The other options may not be available to a test taker depending on their qualifying degree program. The time-intensive and expensive process required to document and apply for language accommodation creates significant barriers for test takers who need this accommodation.

6. Prohibitive Supervision Fees and Unpaid Internships

Some potential licensees may have to pay exorbitant supervision fees to clinical supervisors who support them as they prepare for licensure. Supervision can be a formative and valuable experience for supervisees, however, supervision fees range across professional settings and are a barrier for those who cannot afford these fees in addition to the other financial requirements of the licensure process. This process often becomes increasingly burdensome when trainees must go through unpaid practicum, internships, and other training opportunities which significantly and disproportionately impact the BIPOC communities.

Answering the Call

1. Exam Format and Other Competency Assessments

A) Explore alternate exam formats and metrics for licensure such as oral exams with case studies/ vignettes and client-centered competency measures. Ensuring the test is equitable for all test takers will require varied ways to demonstrate competency. Alternative exam formats will make the exam more accessible and encourage a diverse set of applicants to take the exam.

B) Explore removing the exam altogether. Given the lack of evidence predicting success, and the exam being a potential barrier towards licensure, we recommend investing in other evidence-based formats of evaluation and exploring the removal of the current exam requirement.

C) Explore secondary pathways to licensure. For example, Texas has offered a provisional license to those passing the exam with marginal scores for up to 2 years, where the candidate may then demonstrate their skills through practice to the board and the supervisor.[1]

D) Explore alternatives to testing for competency. For example, a plethora of research supports outcomes- and performance-based measures and methodology to evaluate competence and skill in healthcare professionals[19] . Performance based measures are more reflective of skill and competence as measured by direct client and supervisor feedback and evaluated through client-reported outcomes.[2] Since research also demonstrates that client-practitioner relationship is the most salient predictors of client success and improved prognosis and client outcomes in care, patient-reported outcomes and feedback may be more reflective of clinician skill and competence.[21 22]

2. Licensure Affordability

A) Address high preparation, testing and re-testing costs that disproportionally impact marginalized groups.

B) Waive-retesting fees for all applicants.

C) Develop scholarship and financial aid programs toprovide financial support to applicants.

3. Exam Preparation

Increase access to free, high-quality test preparation materials including books, training, and tutoring/ office hours to mitigate disparities between test takers. It is important to note that within the 2022 ASWB (Association of Social Work Boards) Exam Pass Rate Analysis, there are some schools in which graduates perform the same across groups and there are no disparities present. To fully understand this trend, we must assess resources available at different schools and work to increase access to preparation materials to ensure all test takers have the support they need.

Answering the Call

4. Interstate Alignment

Currently, individuals without a license who are moving from out of state must complete additional coursework before being registered with the BBS. However, this requirement only serves to delay mental health professionals from entering the field and discourages potential applicants from coming to California. To address this issue, we recommend exploring legislative measures to reduce regulatory barriers, such as participating in interjurisdictional acts like PSYPACT, Interstate Licensure Compact, and Counseling Compact. These compacts would allow professionals to work across state borders without needing additional training, multiple licenses, or educational requirements. By collaborating and developing standardized laws, states can increase practice beyond state borders, reduce access barriers while regulating practice, and improve continuity of care. However, states must first enact compact legislation within their state to become a member. Therefore, we suggest exploring and introducing compact legislation within California to attract and retain new and unlicensed professionals from out of state.

5. Increase Opportunities for Accessible Quality Training, Professional Collaboration, and Shared Experience

A) To create better retention and recruitment strategies addressing professional development, we must acknowledge the gaps in standardized and accessible quality training programs, especially in rural areas that lack proper infrastructure. Creating consistent best practices by encouraging local and regional partnerships amongst CBOs, clinical programs, and academic institutions, and applied practice will aid in catalyzing access to services and training opportunities. Create Regional Centers of Excellence and/or Training Institutes such as Pacific Clinics. San Diego County proposes to establish Regional Centers of Excellence and Training with multisite collaboration to develop training and supervision competencies[23]. The training hubs will provide technical assistance and necessary support for CBOs to develop and expand their own training and applied practice models. The regional centers can provide training for all levels of direct care staff and leverage academic partnerships to research effective strategies that reduce gaps between education, practice and training, supervision, use of clinical best practices, and evaluating successful client outcomes.

B) Create spaces for consultation, professional development, and support for new supervisors and newly licensed staff. Allocating funds towards programs that support professional development, consultation, and support for newly licensed clinicians, those pursuing licenses, and new supervisors. These programs aim to create spaces for professionals to share ideas and resources, as well as provide professional support, supervision, and consultation to assist in training new clinical supervisors, newly licensed clinical staff, and other unlicensed clinical staff. These services could help mitigate burnout, aid retention, and expand supervision and training opportunities, which are currently affected by the shortage of professional supervisors in the field.

C) Explore and implement paid internships to incentivize and ensure equitable participation of trainees in the process.

Answering the Call

6. Alternate Pathways to Satisfy Coursework Requirements

The use of standardized tests to assess competency goes against the fundamental principles of the profession, which prioritizes an individual's unique circumstances, needs, and experiences.

A) Create equivalency processes for candidates who are missing content or units to avoid creating unnecessary barriers for professionals pursuing registration.

B) Offer flexibilities for varying activities that can qualify for continuing education units, such as time used for social activism such as voting, or reciprocity for lived and field experiences.

7. Research and Data Advocacy

A) Publish disaggregated exam data by race, gender, and age annually for all exams.

B) Improve transparency related to licensure process through the development of materials that outline the licensure processes for all disciplines, including coursework, supervised experience, exams, and all costs associated with the processes. Clinicians have reported the current materials are unclear and overwhelming to potential licensees.

C) Ensure all exams provide test takers with clear feedback on areas for improvement if they do not pass the exam.

D) Encourage and utilize data collection on current barriers, access to resources, and recommendations at agencies training future clinicians to incorporate voices of lived experience facilitating any process improvements.

E) Conduct adequate research evaluating predictive and content validity of the exam.

F) Invest in research and program opportunities that explore and test new methods to assess clinical competencies.

In 2021, Illinois passed Senate Bill 1632 authorizing the removal of testing requirements for bachelors and master's level social workers[24]. NASW-Illinois's advocacy combined with the authorization of this unprecedented, yet significant bill resulted in 3000 newly licensed social workers in the following 6 months compared to 421 licensed professionals in the past year. [25] This continues to reflect on the significance of how removal of barriers explored in this paper may yield more positive and quicker outcomes for the workforce development efforts.

Considering the current shortage of skilled workers, urgent action is needed to ensure that the state can cater to the growing demand, offer quality services, and maintain access to a comprehensive range of care. The key to overcoming the rising demand is to increase efforts and allocate more resources towards developing and retaining a diverse, qualified, and passionate workforce that serves within community-based organizations (CBOs). If left unaddressed, these obstacles will continue to impede California's ability to address both current and future needs. To create a sustainable and equitable workforce pipeline, this report recommends a range of strategies that offer promising opportunities for short- and long-term progress.

END

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