

MEETING MINUTES

LCSW Education Committee October 27, 2008

Embassy Suites
150 Anza Boulevard
Burlingame, CA

By Teleconference
12 Clear Creek
Irvine, CA 92620

Committee Members Present:

Renee Lonner, LCSW Member, Chair
Joan Walmsley, LCSW Member

Staff Present:

Paul Riches, Executive Officer
Kim Madsen, Assistant Executive Officer
Christy Berger, MHSA Coordinator

Committee Members Absent:

Gordonna DiGiorgio, Public Member

Guest List:

On File

Renee Lonner, Chair, called the meeting to order at 9:45 a.m. Paul Riches called roll. A quorum was established.

I. **Introductions**

The Committee, staff and audience members introduced themselves.

II. **Purpose of the Committee**

Ms. Lonner explained that Board Chair Ian Russ appointed the LCSW Education Committee (Committee) to look at the landscape in terms of how Licensed Clinical Social Workers (LCSWs) are prepared to face today's workplace. The Committee's purpose is to look at the core competencies required in today's workplace and how MSW education and LCSW preparation fit those core competencies.

The workplaces vary and include public service, private practice, hospitals, schools, community mental health centers funded under the Mental Health Services Act (MHSA), jails, and child guidance clinics. LCSWs must be ready to practice independently in all of these settings and in different models such as the recovery model, social justice model, a hospice or private practice.

In terms of education, the Committee is focused on MSWs who want to pursue a clinical license to practice independently. As a board, this is the group it has jurisdiction over. The Committee's role is information gathering and data collecting, and the Committee hopes for a great deal of feedback from stakeholders. The Committee's work is an open-ended inquiry and expects the work to take about 18 months.

III. Review and Approval of the May 5, 2008 Meeting Minutes

Joan Walmsley moved to approve the May 5, 2008 meeting minutes. Renee Lonner seconded. The Committee voted unanimously (2-0) to pass the motion.

IV. Review and Approval of the June 23, 2008 Meeting Minutes

Joan Walmsley moved to approve the May 5, 2008 meeting minutes. Renee Lonner seconded. The Committee voted unanimously (2-0) to pass the motion.

V. Statistics Related to Outcomes in the LCSW Licensing Process

Christy Berger reported that board staff recently became able to run ad hoc statistics from two of the systems used to track applicants through the licensing process. Provided in the meeting materials were a summary report, tables, and graphs provide analysis of a large dataset of individuals from the 2002-2004 graduating classes who registered with the Board of Behavioral Sciences (BBS) after earning a qualifying degree. The data showed how graduates have moved through the licensing process and indicates where graduates have "fallen out" of the process.

Ms. Berger briefly explained the information illustrated in the tables and graphs. Of 2002-2004 graduates, 3,391 registered as Associate Clinical Social Workers (ASW). Figure 1 provided a current snapshot of where 2002-2004 graduates are in the licensing process as of August 21, 2008. Only 18% of that population is now licensed, 24% are in the exam process, 45% are registrants and have not yet applied to take the exam or obtained a license, and 13% fell out of the process. Figures 2-4 provided a breakdown by year of the same information.

Table 1 provided a breakdown by year graduated. Of the 2002 graduates, 28% received their license, and 54% made it to the exam process. Of the 2003 graduates, 17% received their license, and 41% made it to the exam process. Of the 2004 graduates, the percentage decreases.

Table 2 is a look at length of time from graduation to registration application. Staff found that 93% of those who registered within one year of graduation obtained their license. For those who registered over a year from graduation, only 7% obtained their license. Tables 2-5 showed a trend over time where people are falling out of the licensing process. The trend shows that people tend to get their licenses in years 3-4 and 4-5. Figures 5-7 showed the same data in a graph.

Table 6 showed the average exam attempts, which are generally 2-3 attempts to get licensed. The table also showed the average time from exam application to licensure, which is less than a year to a little over a year.

Janlee Wong, National Association of Social Workers (NASW), asked if there is any case where a person received a license in two years or less. Mr. Riches responded that the

statutory requirement is 104 weeks of supervision; therefore, to get licensed after two years is the shortest time frame possible. There are some who complete their hours before that point, but they cannot become eligible until they have 104 weeks of supervision.

Ms. Berger presented a chart showing a side-by-side comparison of all schools. This chart showed the actual number of graduates. It showed the numbers of those who graduated in the years of 2002-2004 that obtained registration, made it to the exam process, received their license, registered but yet to apply for the exam, and fell out of the process.

Mr. Riches stated that staff expected to see more people getting through the process faster. When speaking to people in the community, they were not surprised by this information.

Ms. Walmsley stated that in her experience, part of the problem is not the candidate's motivation; it's more so that supervision is not always available particularly for people who work for the county.

Mr. Riches agreed, stating that is consistent with the feedback staff has received over the last few years. There are a lot of issues around supervision. The board is doing some follow up work to find out why people are not succeeding in this process. There are a lot of hypotheses on why people are not succeeding. The plan in the spring is to put surveys in the field to get some data back. Staff did the same review process for MFT licensure that had broadly the same but different results. All of the data sets will be available on the website.

Mr. Wong suggested asking the individuals in the survey if they intended to get a license when they enrolled in MSW programs. That response may be very different than if MFT students were polled.

Charlene Gonzalez, Department of Children and Family Services, agreed with Ms. Walmsley regarding the access to supervision. The problem she has experienced is that there has been a bigger need than the availability to provide supervision. She notices that typically people get their group hours then must wait so that the agency can find somebody to provide supervision for their individual hours. Her experience is that those who are committed to their professional goal of getting the license get it done despite the barriers. Ms. Gonzalez noticed recently that new hires are coming to the agency from the MSW programs already registered. New MSWs are being prompted by the educational institutions to get licensed, and that licensure is being pushed. Ms. Gonzalez stated that this is a very individual choice to make, and agrees with Mr. Wong's comment. Ms. Gonzalez stated that the board's actions to educate the populous under the strategic plan can also be considered as recruitment. The schools and the board are recruiting people who may or may not want to get licensed. Agencies are struggling to find supervision and dealing with people who are not committed. All of these factors come into the worksite, and it plays out to the detriment of getting licensed people to the table who want to partake in the process.

Christine Ford, California State University Fullerton, had a different perspective on licensure and students. Staff at Fullerton is seeing students coming into the program with the primary desire to become licensed. One thing that Ms. Ford tries to emphasize in her

field education program is that unfortunately licensure in California has become a credentialing process predicated by the agencies that hire social workers. The LCSW license is really for public protection and for the ability to bill third party payers. That is something they struggle to help students understand. Any of the jobs that social workers perform do not require a license, and it's going to take everybody involved to help educate everyone to understand the reasons to be licensed and where the license is appropriate.

Ms. Walmsley agreed with Ms. Ford. The jobs that are pushing for the license are not suited for the license because they are not practicing independently. Regarding supervision, the board formed a supervision workgroup to enhance the quality of supervision, and there was a lot of outrage when the workgroup came up with a report of its work. People were upset because they felt that the board was mandating supervisors on how to supervise, when actually this was a response to feedback regarding the quality of supervision.

Geri Esposito, California Society for Clinical Social Work (CSCSW), agreed with Ms. Ford's statement. In the public sector, you must have the highest level of licensure in order to bill insurances and get reimbursements from Medi-Cal and Medicare. It has become pathway to a lot of latitude for career choices and for leadership positions in agencies. To not introduce the idea of licensure to MSW students is to be remiss on opportunities they are going to have.

Heather Halperin, University of Southern California (USC), stated that students at USC created a LCSW caucus because they felt that the school was not promoting licensure enough to help them understand the importance of getting the license regardless of where they ended up. The students generated their own discussion.

Ms. Lonner stated that in regards to hospitals, they are using social workers for triage in the emergency rooms, to train residents, independent practice within the hospital, and this requires a license. Mr. Riches added that there is a growing trend towards integrating mental health services with primary care and secondary care.

Mr. Wong asked Ms. Gonzalez to give an estimate of the number of new MSWs coming into the county that are registered or intending to get registered. Ms. Gonzalez responded that she can speak to the academies that come out of the IUC CalSWEC programs. She stated that about 99%-100% are serious about entering the licensure process. This is not just the ASWs, but also the MFT interns. Ms. Gonzalez clarified that her comments were not intended to say do not educate people. She expressed that people want licensure without having a true understanding of what it is.

Mr. Wong stated that Ms. Gonzalez's answer leads to areas that can be explored in further research: 1) people's knowledge of licensure can be tested at the beginning to see if it can be correlated to outcomes; 2) determining whether gaining knowledge along the line can also be linked to outcomes, and when and where did they get that knowledge to be successful; and 3) determining if the workplace has some correlation to outcomes.

Mr. Riches stated that amongst the variables that have already been identified, there are life situations, time commitment to become licensed, workplace issues, and statutory requirements.

Peter Manoleas, UC Berkeley, asked what the average time frame is for the process from beginning to end. Mr. Riches responded that it's around four years for most people. That data for both professions will be presented at the November board meeting.

Mr. Manoleas was interested in the average time versus the legal limit. Mr. Riches stated that most tend to become registered within the first 6 months from graduation.

Ms. Halperin inquired about the increasing numbers of graduates that were registered but have not taken the exam each year from 2002-2004. More people are registering but not taking exams. Mr. Riches responded that most people take 4-5 years, and 2002 it's the oldest cohort staff looked at, so it is expected that the highest numbers of folks haven't made it through the process in that cohort. The folks 2003-2004 have had 1-2 years fewer to satisfy the requirements. Big effects will be seen especially around the 4-5 year post-grad period, which is right where 2003 folks were at when staff looked at this.

Mr. Wong stated that telling new social workers that it takes about two years to get their license is wrong. They should be told that it's an average four years or whatever the results of the statistics show. Mr. Wong asked if the six-year limit is an arbitrary number or is there data supporting the six year requirement. Mr. Riches did not know how the six-year requirement was determined.

Ms. Esposito responded that she believes at the time the six-year requirement was created, the length of time actually took folks six years from graduation to complete the requirements.

Mr. Wong asked that if life circumstances or personal freedom dictates when a graduate begins the licensure process, is the current situation a setup for failure. If it is a setup for failure, is there some educational component that would be helpful to those who delay?

Mr. Riches stated that student and aspiring students need to know these realities. This data will continue to be updated so that this information is available.

Mr. Manoleas stated that UC Berkeley's program is about training people to work with the most disadvantaged, primarily public sector. They have folks who to go into private practice and desire to do so from the beginning. Mr. Manoleas suspects that those folks with the most determination who register and get through the process quickly are those who see the most linearity between what they're doing at what's at the end, and that's probably the private sector. For the others, what explains the variance is the change in the job market; folks start something then the job market changes, and the way in which it has changed requires changes in which folks prepared themselves.

Ms. Esposito suggested capturing data in subsequent surveys on how many were able to quickly access jobs and how many were stipend students, and how many suffer with loan repayment and financial pressures. Stipend programs are impacted as counties are cutting back, and they are moving more experienced people into the positions that are usually filled by stipend students.

Mr. Manoleas stated that with those folks coming out of school facing all of those things, this impinges on the supervision as well. He suspects that a lot of the new jobs created are in CBOs, the most thinly funded agencies, least likely to have that supervision; and folks have to buy their supervision.

VI. Minnesota Report on Baseline Competencies for Mental Health Professionals

Ms. Berger introduced a report titled “Baseline of Competency: Common Licensing Standards for Mental Health Professionals” which was ordered by the 2006 Minnesota legislature to evaluate the qualifications of licensed mental health professionals as related to requirements for reimbursement from Medical Assistance, the largest of Minnesota’s three publicly funded health care programs. The study included the occupations of psychiatric nursing, clinical social work, psychology, psychiatry, and marriage and family therapy. The study was conducted by a task force comprising a variety of mental health stakeholders.

This report is a resource that may be helpful to the Committee in its review as it contains recommendations related to educational requirements for mental health licensure. Ms. Berger emphasized that this report is only intended informational use.

Page 16 has specific educational requirements for licensure. The first recommendation is a Masters or doctoral degree that includes field experience. The second recommendation is 360 clock hours or 24 semester units in specified clinical knowledge areas distributed amongst a variety of areas. These requirements can be satisfied through an accredited Masters-level coursework, post-graduate coursework, and continuing education units or a combination of all three.

Mr. Wong asked if the Minnesota report discussed or described their mental health system and the characteristics of their mental health system. Many professionals think that California is unique and very different than the rest of the country when it comes to clinical social work; and therefore, any other state experience is not transferrable to California. That is the basis for the argument for keeping the California exam.

Mr. Riches responded that staff has not looked at Minnesota’s demographics. Staff discovered this report and thought it was an interesting perspective of basic mental health competencies and similar levels of practice. In looking at this, the percentages are a little different, but largely mapped out to what the BBS’s content outline looks like in examinations in terms of the top level areas that BBS evaluates. It was consistent of practice at that level.

Ms. Esposito stated that the clinical knowledge areas are uniform elements for any mental health concentration area. She didn’t notice any difference between Minnesota’s requirements or what California ought to be requiring or what California tests for.

Mr. Wong stated that the educational requirements in MSW schools in Minnesota are the same in California. Ms. Ford stated that it’s all the same; all schools of social work have prescribed by the Council of Social Work Education. Ms. Halperin stated that there are schools give minimalist experience versus a more expanse experience. The education does differ. Ms. Lonner stated that it probably does not differ in a systematic way state-by-state in terms of the general area of independent mental health practice.

Mr. Wong asked the educators if their programs require 24 units education in specified clinical knowledge areas distributed in the manner outlined. Ms. Ford responded that

there's more than that in her program. There are pieces not mentioned such as research and policy that are included in her program, and all 60 units are involved in this core area.

Ms. Esposito stated that her only problem is that it is not quantifiable on paper because as with a number of other components of social work education it's filtered through a number of different courses.

Ms. McAllister, CSU San Bernardino, stated that CSU is having to quantify a lot of this so people who are applying for reaccreditation are finding that they have to do a lot of quantifying of particular educational outcome and how it reflects particular competencies.

Ms. Halperin stated that USC is up for accreditation, and it would be a good time to get documentation and data to utilize.

Mr. Manoleas stated that one of the reasons why what is available in the curriculum is because it is not stated that way. There's a reason for that because it speaks to the core of what social work is; when social workers do all of these things in context. Their DSM course is called "Psychopathology and Psychosocial Problems."

Ms. Gonzalez stated that with the Mental Health Services Act (MHSA) and the revamping of mental health services in California to the recovery model, this is a good time for the social work profession to connect their theory and language to the recovery model.

Ms. Ford stated that in regards to curriculum, other professions are concerned with the pathology, and social workers are concerned with how the pathology affects the social environment and vice versa.

Ms. Esposito stated that social work is the only profession where people feel free to call themselves social workers. There are no other professions where anyone would use that profession's label. That is an implication of the difficulty of interpreting who social workers are and what they do as a profession.

Mr. Manoleas stated that in terms of self-definition, a lot of other professions have succeeded because they did so by exclusion. What is unique for social workers?

Mr. Wong stated that is how social workers get excluded. Certain professions say that they perform certain duties that nobody else can do. Legislatures are uncomfortable when there is conflict among professionals. Then they turn to the profession and ask the profession to prove that they have the education, training, and experience to perform those duties. That's where the educational course title dilemma comes in; social work cannot readily produce a list of courses that have those words that other professions are trying to exclude social workers from. Social workers are defined by others in the Legislature and particularly the opponents.

Mr. Manoleas asked what do social workers do that those who are not qualified social workers cannot and may not do. Mr. Wong responded that is professional social work, but everybody thinks they can do social work.

Ms. Esposito responded that goes back to the integration issue. What social workers think is the best part of their profession is to other people a mélange.

Ms. Gonzalez stated she works in public child welfare, and that has been on the table. She works in an arena where MSWs are calling themselves social workers. They define it by talking at somebody and trying to control them versus establishing the client-worker relationship – it is dynamic work. Ms. Gonzalez stated that she is not aware of any other fields that work in that manner. People are claiming the title and have no idea what it means, but nobody is making that distinction. Social workers look at things differently, they interact with casework differently, and they use different language. Social workers bring something unique to the table.

Mr. Riches asked what that uniqueness is. Policy makers are not abstract thinkers; there needs to be concreteness to that discussion - it is difficult.

Ms. Esposito stated that as good as the recovery model is, it is trying to mesh with this pathology taxonomy out of the DSM, and that is a culture clash. Students should be expected to know both the recovery model and to walk into other cultures that are still functioning. These students need to know how to speak the language and thrive while the new culture is trying to catch up with what is going to be mandated of them. When looking at the recommended MFT curriculum changes that would allow the MFTs to work in the public arena, the curriculum would make the MFT a good MSW, and that is the difference.

Mr. Wong stated that it seemed that the MFT Education Committee had a purpose, which was to fix their law that dictates their curriculum so they could get jobs in the public sector. He stated that he wasn't sure if that is the purpose of the LCSW Education Committee, and is not sure of the real purpose of this Committee.

Mr. Riches responded that both committees started in a similar place. The board had not taken a look at the MFT educational requirements were in over 20 years, and the world has changed a lot over those 20 years. That committee came to strong conclusions, which are embodied in legislation. This Committee is starting in the same place – it's been a long time since the board has looked at this and exercised its due diligence requirement. It's an inquiry at the beginning, and what comes out at the end depends on what happens in the inquiry. It's still early in trying to understand what the Committee is looking at and coming to terms of what the current educational requirements look like.

Ms. Esposito stated she was under the impression that looking at the MFT stemmed from transition in their own profession from which was a solely private practice orientation to an influx into public agencies. With the onset of MHSA where there were presumably going to be more jobs available, to take a look at the education and determine if they could function with the needs of the public sector. She felt that this became the main driver of the amended curriculum.

Mr. Riches stated that the MFT Education Committee became aware that there was a dramatic shift in the nature of where MFTs work and what they were doing. He is not aware that there has been a similar movement where LCSWs are concerned and believes it may have been far more stable.

Ms. Halperin stated that there has not been a shift, but noticed that there is a difference in the students today than the students 20 years ago, and what their desires were when they came into the program. Twenty years ago, students said that they were in the program to get their license and go into private practice. Students today are not focused on private practice.

Ms. Esposito is concerned in regard to public practice is that the MHSA is geared almost solely toward working with serious mental illness, and that is very different than the entire DSM that's in private practice. Serious mental illness has a biological component, medical and pharmacological components. How does the curriculum accommodate that? How much of this will folks get and should get as a foundation if folks are going into mental health, and how much will they get in the workplace?

Mr. Wong responded that social work has prepared social workers to work with people with severe mental illnesses but in a different modality. When looking at the mental health institutions, there were always large components of social workers, and there is still residual in those facilities today. But the whole modality has shifted. The same population that used to be put in the institutions is on the streets and in the communities. Social workers have to deal with those people in the community, with the same diagnoses that they had when they were in the institutions but without the supports of the institutions.

Mr. Manoleas feels that with the context of the MHSA it will get more complicated with pressure for curriculum. The CSS component is rolled out and focus on serious mental health is clear. In social work education, in mental health courses the focus is on those disorders. Now the Prevention and Early Intervention (PEI) component is rolling out. Social work can be in the forefront but what comes out of the PEI initiative, they are talking about the most serious environments as well as serious psycho diagnostics.

Ms Esposito stated that they're talking about a population that is mostly medicated. How many students are graduating knowing that it is critical to take a psychosocial history, a psychosocial biological history? These are major issues they are going to encounter, which would ease their way if this was connected for them before they enter the cultures they're going into.

Ms. Halperin stated that USC has a recovery sub-concentration, so the focus is specifically stipending a number of students who will work in the community and spend their second year in concentration focused on that. Some students do not want to work with most mentally ill. They may end up working with the recovery model and the most mentally ill because there are no other jobs. That is a niche that social work is carving for itself – they are moving from the inpatient to the outpatient.

Ms. Esposito stated in social work, folks are working with a population that is overmedicated. Anywhere a student chooses to be placed that has a mental health component is going to have this implication of psychopharmacology.

Mr. Riches stated that in any profession, there are a variety of practice settings for people to take their license and work. The board's due diligence is that it's an independent license to practice, and that is recognized as a general credential to do anything an LCSW can do in any setting where they work. That consumes an enormous breadth. The challenge is determining the core that the LCSW is going to take to each workplace.

Mr. Manoleas stated that those cores change slightly with where the workforce is, and that the weighting of the exam might change accordingly. Mr. Riches agreed, stating that the breadth of things will be tapped, but how it's utilized may be different and that will change as service mix changes. Service mix is a function of funding stream, not a function of community need. What's actually being given is a function of what money is coming down

and where it's coming from. MHSA is going to change the service mix; it's going to change what practitioners do in those environments. It's probably going to become disproportionately influential because it's going to have a more steady revenue stream as it moves forward. There are a core set of skills that a clinician is going to use in any environment; they may use them in different proportion, they may employ them in slightly different ways. The board's job is to make sure that core set is present and can be called upon by the practitioner when needed.

Ms. Lonner stated that the Board visited an MHSA funded program in Tulare County. The clinical skills required to work in that setting such as diagnosis and assessment have to be sharp, and the focus must be on intervention. Not only is knowledge of the recovery model important, but there is a need for sharp diagnostic skills and critical thinking.

Ms. Gonzalez stated that there are licensed people, both MFTs and LCSWs, who define their skill set by where they're working. For example, public child welfare is not identified as a mental health setting, and it is not identified as a setting typically where one is expected to use their skills. Ms. Gonzalez encounters people who do not use the skill sets that their license mandates. It's almost as if they're job title defines their skill set.

Mr. Riches stated that there is a transition going on in mental health. There is a broader recognition that mental health issues present in all kinds of settings and people; it's not compartmentalized. The compartmentalization at the problematic level that is going to be seen for awhile is breaking down in practice because we are seeing integration in primary health care, in workforce management, and in a lot of places that do not look like mental health. There is a value to that skill set that is being applied to new places but the systems do not recognize that very well.

Mr. Wong stated that according to estimates provided by Mary Riemersma from the California Association of Marriage and Family Therapists (CAMFT), 16%+ of LCSWs work in public or agency settings. He asked if that means that 60% of the complaints that the board processes comes from clients in public agency settings. Mr. Riches responded that staff has never analyzed settings within complaints. Anecdotally, that would not be the case; probably 70%-80% are private practice or something that looks like private practice environment.

Mr. Wong asked if those consumers are unprotected by the board. Mr. Riches responded that the board does not tend to get complaints from those populations, whether it's because they have other remedies available that they exercise in those settings. Generally speaking, people who have been harmed are not in the position to advocate for themselves, file a complaint, and get through a difficult process. A lot of the complaints received are from people upset about an outcome of a custody battle, people who have gone into subsequent therapy and after several years with the assistance from their current therapist have gotten into a place where they are ready to complain about their prior therapist, or people who are in or contemplating a civil action against their therapist.

Ms. Ford stated that public agencies do not report any discipline for unethical behaviors to the board. That may be a law that should be changed. Mr. Riches stated that there are current laws that require certain entities to report to the regulatory body when they take a disciplinary action against a licensed person. It depends on the entity, and the law is complicated. A lot of people who are mandated reporters don't know they are mandated

reporters. A lot of those who know still don't report because there is no sanction for not reporting something nobody knew about.

Ms. Esposito stated that when a consumer files a complaint against a person working in an agency, it is generally with the director of the agency. It is generally kept in house. The consumer is most likely not told that if they are not satisfied with the outcome, they can file a complaint with the BBS. It is not in the agency's best interest to have this complaint go outside, and that brings up a wider issue. For years, the licensing board has focused on private practice for consumer protection. Presumption of oversight in the agencies prevailed to make it a lesser notorious setting for looking at complaints. However, back in 1970, a couple of unions put in a law stating that no one could work in a state agency and not have a license. That is still true in public health - people in public service are held to a lesser standard.

Mr. Wong asked if the core skill set is the same for independent/private practice and public/agency practice; and if they are the same, how do they fit in with the LCSW education requirements. If they are different, then are there different requirements for public/agency practice? Or should the requirements only call for the skill sets of independent practice and assume that because the license is an independent license, it doesn't matter if the licensee works in a public agency or private non-profit agency.

Mr. Riches responded that independent practice is not the same as private practice. Independent practice means not supervised; there is nobody overseeing the practitioner. The interaction with the patient is completely independent.

Mr. Manoleas commented on the implication of the MHSA and how it has very specific implications for licensure. The recovery model brings a pronounced roll for consumers as providers who have already shown that they can be impactful in terms of instilling hope, reducing stigma, and helping to motivate others. The primary tool they use to do that is personal narrative, which impinges on boundary and disclosure issues if one were to become licensed. This has profound implications for the disciplinary guidelines for how the board looks at these kinds of cases.

Mr. Riches responded that it's an issue on the table for the board. The board is going to look at how to interpret the existing ethical codes in light of what is a very different ethic of practice from MHSA. It's only a matter of time when the board receives a complaint about conduct in a recovery oriented setting, with some type of boundary violation that may be appropriate in the recovery setting, but would not be considered appropriate in another setting.

Ms. Esposito doesn't see a difference in skills sets between the work in the public sector and the work in private practice because they still need to know taxonomy, how to do a treatment plan, know what evidence based practice is and methodologies.

Mr. Wong stated that social work uses a nationally accreditation system. That system requires a fresh look as social work education periodically - every school must go through that. The idea that there is a need to review LCSW education does not operate in the context that there is no review of social work education at all. Faculty has said that they can instantly make some changes in their courses to accommodate skill sets used in the workplace. Social work education is dynamic.

Ms. Walmsley stated that social work education is educating an international profession. It would be a challenge to modify the education of the profession. However, as a board, it may be able to modify or examine the possibility of modifying the licensing and regulations.

The Committee adjourned for lunch at 11:50 a.m. and reconvened at 1:10 p.m.

VII. Discussion of Desired Skills in Public Mental Health Agencies

Ms. Berger reported that the board asked The California Council of Community Mental Health Agencies (CCCMHA) to survey their members about how ASWs are meeting or not meeting the expectations of their supervisors and employers in community mental health agencies. The survey asked employers to indicate where certain competencies were best learned – in the educational program, on the job or via continuing education.

Mr. Riches added that the information was received just prior to the meeting. Staff has not had the opportunity to map the responses to mental health competencies identified by CSWE or take any further steps with the information prior to this meeting.

Mr. Wong asked the educators if they teach any of the highlighted competencies that belong in the education programs that scored at 74% and above. Ms. Ford responded that the Fullerton program teaches all of those items.

Mr. Manoleas stated that these discussions take place within the curricular committees because they have the goal of integrating classroom and internship.

Mr. Wong stated that some are close in the split. He referred to #6 - Develop with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans, and #33 - Provide services that are culturally competent and relevant. Mr. Riches responded that it reinforces what has been heard, that there are needs in these areas for existing licensees. In the third column of #33, continuing education (CE) need for current staff, there is an issue about how to move the practitioners to practice in this way. It's difficult for the board to reach this because the board works at the front end of the licensing process.

Ms. Esposito reiterated her point mentioned earlier regarding the culture change. The students, especially the stipend students, are coming out far more prepared to deal with the recovery model than the internal employees of these agencies. Staff development is needed in the current workforce.

Mr. Riches stated that there is a greater interest in staff development in those areas on the CE side where the splits exist. They are the areas of cultural competence, strengths-based orientation, and understanding different communities. Where the splits are located, there is a high need in the current workforce. There is an educational component, a supervision development component, and a perceived need with the existing licensees to strengthen that response. That tended to travel together in those areas which are all areas that focus on the MHSA.

Mr. Manoleas stated that he is hearing of people who want to create law and ethics courses with more specificity, more relevant to what the practitioners are doing, such as a law and ethics course for LCSWs specifically.

Mr. Manoleas commented on evidence-based practice. Evidence-based practice is a requirement for what is in the counties' proposals. However, when looking at the underserved communities, the evidence is not there. The Department of Mental Health (DMH) is fostering an initiative to look at disparity reduction strategies. They will be issuing a request for proposal in the amount of about \$1.5 million for a disparity reduction strategic plan, which basically looks at the community practices and bringing them into the evidence.

Mr. Wong referred to B. of the open-ended questions, stating that almost the same amount of people were not able to agree with this question or comment on it. That is a serious survey result even though the sample size was small. Mr. Wong referred to C. of the open-ended comments, stating that the results indicated that on one hand people do not feel they are receiving adequate preparation to work in public mental health. On the other hand they are stating that they would rather provide on the job training. This is a contradiction in that message. This may be an area for further survey work.

Mr. Riches stated that agencies want to see it built in the underlying curriculum and that there is a desire for some change there.

Mr. Wong stated that some employers feel that MSW schools should be akin to vocational schools. The MSW program as it is currently structured cannot be so specific and vocational that it trains to every type of social worker in the field. It's problematic for employers because they would like to see MSW graduates well versed in the agency setting with specific skills that fit their agency specific setting.

Mr. Manoleas stated that UC Berkely is working on its first specialty certificate. It will not be a mental health specialty; it will be a Latino cultural proficiency certificate that will include practice skills, language, two internships – one in a Latino agency and a summer in Mexico. The content is not going to just be mental health; it will also focus on child welfare and gerontology.

Mr. Wong commented that military treatment will soon be a specialty. Ms. Esposito added that this is needed, as well as a perspective to de-stigmatize PTSD. Domestic violence as a result of multiple deployments is also a big problem.

Mr. Riches reported that staff is attempting to bring in folks from Camp Pendleton and the Navy operations in San Diego to the upcoming meeting. UC San Diego recently received a research grant from the Department of Veteran Affairs to begin work on PTSD. This is a generational issue that the current generation in the military is going to be dealing with for quite some time.

VIII. Review of Foundation Year Curricula, Concentrations and Specializations in Master's Level Social Work Programs

Ms. Berger reported that she looked into CSWE's curricular requirements through its Educational Policy and Accreditation Standards (EPAS). The EPAS was last updated in 2008; however, all California social work programs were accredited or reaffirmed under the 2001 EPAS. The information provided was based on the 2001 EPAS. It appears that the 2008 EPAS is switching more to a competency-based model.

The educational policy sets a basic curriculum in the foundation year as knowledge, skills and abilities fundamental to practice in any setting and which will prepare the student for specialized learning. The content is relevant to the mission, goals and the objectives of the social work program and the purposes, values, and ethics of the social work profession. All social work programs provide foundation content in values and ethics, diversity, at-risk populations and social and economic justice, human behavior and the social environment, social welfare policy and services, social work practice, research, and field education.

A comparison chart outlining each MSW program's foundation year course requirements was provided.

Ms. Berger also looked at concentrations and specializations. MSW programs prepare graduates for advanced professional practice in an area of concentration, consisting of advanced training in a specific practice method. Frameworks and perspectives for concentration include fields of practice, problem areas, intervention methods, and practice contexts and perspectives. MSW programs are required to identify one or more concentrations for their program, and where there is more than one concentration offered, students must select just one. For schools which only offer one concentration, it is typically for advanced generalist practice, defined a little differently for each school, but always includes training in both micro and macro practice. For those schools this overall focus is integrated throughout the program.

A specialization is an emphasis or focus area within the curriculum and generally requires one or more courses and for some, a field placement. Specializations are optional, and students often specialize within their concentrations.

A comparison chart outlining each MSW program's available concentrations and specializations or sub-concentrations.

Mr. Wong suggested a survey on the second year because some of the electives offered in the second year are more specialized and focused. Mr. Riches agreed, stating that staff will look into that after looking at the first year.

Ms. Berger stated that the earlier discussion about defining terms was interesting because staff sees classes that are social work practice. What does that mean? The next step is to look deeper. Mr. Wong suggested looking at the text books for those classes. Ms. Esposito suggested looking at syllabi on the websites.

Ms. Gonzalez asked the educators if the student with advanced standing could do less time in their MSW. Ms. Ford responded that if they have a Bachelor in social work, some programs allow the student to do an abbreviated MSW program. Those schools with advanced standings waive the first year of classes. However, CSWE requires that they still need the minimum number of field hours (900 hours) to get their degree.

Mr. Manoleas stated that supervision is part of the curriculum. For the Masters Degree, it's field instruction because such people are actually an extension of the faculty. He has concerns regarding supervision among field agencies - there's never enough qualified field instructors. CSWE in the EPAS standards stated that field work is the center of all the learning. He urged working on and strengthening those processes.

Ms. Walmsley stated that the board is committed to strengthening the quality of supervision. There was an attempt to do this, and there was some resistance to that plan. Mr. Manoleas responded that he is not separating out the supervision issues that the board is dealing with from the supervision issues in education – it's all the same. There is a shortage of people in quality supervision. The board has certain regulatory things that it can do. But there also needs to be some incentives to grow the workforce of competent supervisors.

Mr. Riches stated that the report of the supervision workgroup will be on the agenda in November for the board to accept. In addition to the ongoing issues of quality supervision, this is also identifying another set of supervision issues. That workgroup will be reforming again.

Ms. Esposito stated that there are no standards for the supervision of the post graduate MSW. Ms. Gonzalez stated that there is a requirement of training for the field instructor.

Ms. Esposito asked if all the schools have training for the MSW supervisors. Mr. Manoleas responded that every school has some; there will be variation from school to school. There will be variation in faculty resources devoted to field.

Ms. Ford stated that CSWE required that all schools of social work have a basic field instruction training program and they have to produce their own evidence-based curriculum. A field instructor from an agency can attend any of the schools and they will accept that training. Field directors meet regularly and publish the training dates; they look at the curriculum to make sure all of the same elements are covered. They are currently trying to make this more comprehensive and more accessible to the agency field instructors.

Mr. Riches asked how the supervision workgroup can get a copy of that curriculum as it could be a valuable resource to the workgroup. Ms. Ford responded that it's a book for purchase from CSWE titled *From Mission to Evaluation*.

Mr. Manoleas stated that there is cooperation to a point - there's cooperation on the content of supervisor training, but there is such a shortage of quality placements in field instructors that there is also competition between schools.

Mr. Wong suggested including a field instructor or field director on the supervision workgroup. He also stated that there is an attempt by many schools to integrate classroom and field. One way is to have students attend a separate seminar focused on field work experience. In recent years, that has been shifted to the practice class so that the practice instructor is also the field liaison. Field issues are discussed in the practice class, and there's an attempt to bring theory and practice closer together and bring it back to the classroom.

IX. Future Meeting Dates

Mr. Riches stated that there is a draft calendar that will be reviewed by the Committee. Once it is confirmed, the dates will be posted on the website. This Committee and the Examination Program Review Committee will meet on December 8, 2008 in San Diego.

X. Suggestions for Future Agenda Items

No suggestions were made for future agenda items.

XI. Public Comment for Items Not on the Agenda

No public comments were made for items not on the agenda.

The meeting was adjourned at 2:00 p.m.