

Workgroup for Social Work Licensure Requirements

Date: April 30, 2024 **Time:** 9:00 am - 11:00 am

Video call link: <https://meet.google.com/wqt-wntt-qvv>

Or dial: (US) +1 872-903-4020 PIN: 170 547 960#

Agenda

- I. Administrative Updates**
 - A. Roll Call
 - B. Vote on Meeting Minutes
 - C. Update on Meeting Cadence-Summer Schedule to be discussed during 5/28/24 Workgroup Meeting

- II. Discussion**
 - A. Roberts Rules of Order
 - B. SB 871 (2023) Final Report Requirements and Subgroups Refocus to Align with Requirements

- III. Presentation:** Joel Rubin, MSW, LSW, ACSW, CAE, Executive Director, NASW-Illinois Chapter: Briefing on best practice and lessons learned from implementation of licensing without the ASWB exam and alternate pathway to licensing.

- IV. Interim Report DRAFT Review and Completion**

- V. Presentation:** Serena Mlawsky, MPH Candidate: “How Restrictive Social Work Licensure Requirements Exacerbate Maryland’s Mental Health Crisis.”

- VI. Public Comment**

- VII. Closing and Next Steps**
 - A. Upcoming meeting
 - **5/28/24 Workgroup Meeting:** TBD

Workgroup webpage link: [Workgroup on SW Requirements for Licensure](#)

Point of contact for any questions: Kathy Guggino: kathy.guggino@maryland.gov

CHEAT SHEET

WAIT! WAIT! WHAT SHOULD I SAY?

If you are the chair, say...

If you are a member speaking about another member, say...

If you are a member speaking about the chair, say...

BIG MISTAKES

speaking twice in a row	Members are reminded that no one may speak a second time until everyone who wishes to do so has spoken once.	Point of order...The member has spoken twice while others are waiting to speak.	Point of order...The chair does not have the right to dominate the discussion, but must speak in turn.
not seeking recognition	Members will kindly seek recognition before speaking.	Point of order...Members must seek recognition before speaking.	[not applicable]
speaking directly to another member	Members will kindly address all remarks to the chair.	Point of order...Members are supposed to speak to the chair.	[not applicable]
interrupting another person	Members will kindly refrain from interrupting one another.	Point of order...Interrupting is not allowed.	Point of order...The chair does not have the right to interrupt a member.

INAPPROPRIATE REMARKS

personal remarks	Members will refrain from making personal remarks.	Point of order...Personal remarks are not allowed.	Point of order...Personal remarks are not allowed.
insulting language, vulgarity, attacks	Insulting or vulgar language is not allowed at our meetings.	Point of order...The language used by the member is insulting/vulgar.	Point of order...The chair is using insulting/vulgar language.
inflammatory language	Inflammatory language is not allowed.	Point of order...That remark is inflammatory.	Point of order...That remark is inflammatory.
criticizing past actions	Members may not criticize a past action of the group during a meeting, with two exceptions.*	Point of order...Members may not criticize a past action of the group during a meeting, with two exceptions.*	Point of order...The chair may not criticize a past action of the group during a meeting, with two exceptions.*
remarks that are not germane (relevant)	Members will keep all remarks strictly to the topic under discussion.	Point of order...In my view that topic is not germane to our discussion.	Point of order...In my view that topic is not germane to our discussion.

* Exceptions: if group as a whole is discussing past action, or if member intends to introduce motion to amend or rescind it at end of speech.



Inappropriate Remarks on Local Government Councils



If you serve as an elected official on a local government council or board, you should know the types of remarks that are inappropriate during discussion at a meeting. Robert's Rules of Order and the common parliamentary law it is based on require that:

- Members of a council or board must be courteous to one another.
- They must speak to the issues, and not to personalities.
- They must stay on topic, and keep their remarks relevant to the item at issue.

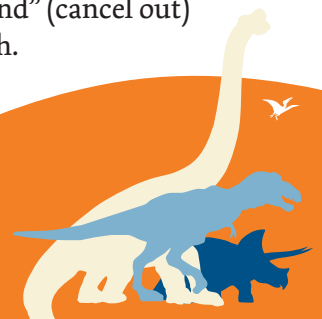
▶ Why are these remarks inappropriate?

A list of inappropriate remarks is given below. They are inappropriate because they are considered to be “not germane” (irrelevant) to discussion. We are offering parliamentary information here, and nothing in this paper constitutes legal advice. It is a fact, however, that courts have affirmed the right of councils and boards to define the frame of reference for their discussions, and to require elected members of the council or board to keep their remarks “germane” (relevant).

▶ List of inappropriate remarks that are not germane under Robert's Rules of Order

1. Personal remarks – remarks that pertain to an individual's appearance, background, ethnicity or other personal aspects, rather than their views on issues.
2. Insults, obscenity, vulgarity and personal attacks.
3. Inflammatory language – remarks that incite high emotions rather than addressing the issues.
4. Criticizing past actions of the group, with two exceptions:
 - a. If the group itself is discussing a past action, it is fine to criticize it.
 - b. If the council member intends to propose to “amend” (change) or to “rescind” (cancel out) the action at the end of his speech, they may criticize it during their speech.
5. Remarks that are not “germane” (relevant) to the discussion.

➡ over



► **Can members of the public make these inappropriate remarks?**

These restrictions apply to discussion by the members of the council or board themselves, and not to the public. When citizens or residents offer public comment, they have greater freedom than the elected officials. The council may set time limits for public comment, or require that public comment be limited to a subject under discussion by the council or board. However, any such restrictions must be “viewpoint neutral.” Under the First Amendment to the U.S. Constitution, councils may not discriminate in favor of one point of view over another.

► **Who decides that a remark is inappropriate?**

The chair of the meeting has the duty of enforcing the rules and should speak up and stop a council member who makes one of these remarks. If the chair neglects to do this, any council member can raise a Point of Order. When that happens, the chair makes a ruling as to whether the remark can be allowed in discussion.

Any two council members can challenge the chair’s ruling by appealing it. In that case, the council or board will decide, by majority vote, whether the remark can be made. There are no “parliamentary police”—the council itself interprets its own rules, based on its chosen parliamentary authority, and decides what remarks can be allowed in discussion, and what not. The council is the final authority—subject of course to any legal advice you receive from your attorney.

Note that Appeals pertaining to language and decorum may not be debated. It is just a straight up/down vote. Learn more about Point of Order and Appeal [in this blog post](#).

► **Where can I find the inappropriate remarks in Robert’s Rules of Order?**

You can find the rules about these remarks in *Robert’s Rules of Order Newly Revised, 11th edition*, the only current authorized version of Robert’s Rules, on pages xxxiv, 43, and 392-393.

Thank you for your interest in running effective meetings using Robert’s Rules of Order. Visit our website, www.jurassicparliament.com, for much more information on how to do this. Or contact us at info@jurassicparliament.com or 206-542-8422. We look forward to hearing from you!

inappropriate Remarks on Local Government Councils

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Joel L. Rubin, MSW, LSW, ACSW, CAE

Joel L. Rubin, MSW, LSW, ACSW, CAE has served as the Executive Director of the 5,000 member Illinois Chapter of the National Association of Social Workers (NASW) since October of 1999. He has over 30 years of non-for-profit management and fundraising experience, including extensive work with boards of directors, committees and volunteers, and advocacy around a wide variety of social work, human service and international political issues, as advocating on behalf of social work workforce and licensure issues. In addition to his responsibilities in Illinois, Mr. Rubin, served as Acting Deputy Director of Chapter Operations for the NASW from March 2019 to July 2020.

He received his MSW from Jane Addams College of Social Work at the University of Illinois of Chicago in 1983 and a B.A in Comparative Politics from the University of Illinois at Urbana-Champaign in 1981. He is a member of the Academy of Certified Social Workers (ACSW), a Licensed Social Worker (LSW) in the state of Illinois and is also a Certified Association Executive (CAE).

Mr. Rubin is a graduate of the Wexner Heritage Fellowship Leadership Program and a current adjunct professor at Loyola University Chicago School of Social Work.

He currently serves on the State of Illinois' Behavioral Healthcare Workforce Advisory Committee, the board of the Illinois Children's Mental Health Partnership and is a member of the City of Chicago's Council on Mental Health Equity.

Mr. Rubin lives in Skokie, IL with his wife Tamara. They have three children and two grandchildren.

Breaking Down Barriers to Social Work Licensure in Illinois:

Joel L. Rubin, MSW, ACSW, LSW, CAE
Executive Director
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Today's presentation

- Two levels of Licensure in Illinois
- Social work workforce research informing licensure changes in the state of Illinois
- Eliminating the ASWB exam for the Licensed Social Work (LSW) in Illinois effective 1/1/22
- Passing the Licensed Clinical Social Work (LCSW) Alternative Path legislation effective 1/1/24

Study of Social Work workforce in Illinois

- NASW IL Chapter received funding from the Telligen Community Initiative to conduct two workforce studies
 1. *An Evaluation of the Illinois Social Work workforce: Challenges and Opportunities – 2021*
 2. *Strategies to Strengthen the Social Work Workforce Diversity Pipeline in Illinois – 2023*

Both studies informed our legislative work regarding breaking down licensing barriers

<https://www.naswil.org/post/nasw-il-publishes-report-on-strengthening-the-social-workforce-diversity-pipeline>

Two Levels of Licensure in Illinois

Licensed Social Worker (LSW)

LSWs are authorized to practice social work which includes social services to, groups or communities in any one or more of the following fields: casework, social group work, community organization for social welfare, social work research, social welfare administration or social work education. LSWs may engage in clinical social work practice, as long as it is not conducted in an independent practice as defined by law.

Licensed Clinical Social Worker (LCSW)

LCSWs are authorized to independently practice clinical social work in Illinois under the auspices of an employer or in private practice.

Social work has been a licensed profession in Illinois since 1989

<https://www.naswil.org/licensure-steps>

Qualifications for Licensure - LSW

Effective Date: January 1, 2022
Testing Requirement for LSWs is removed

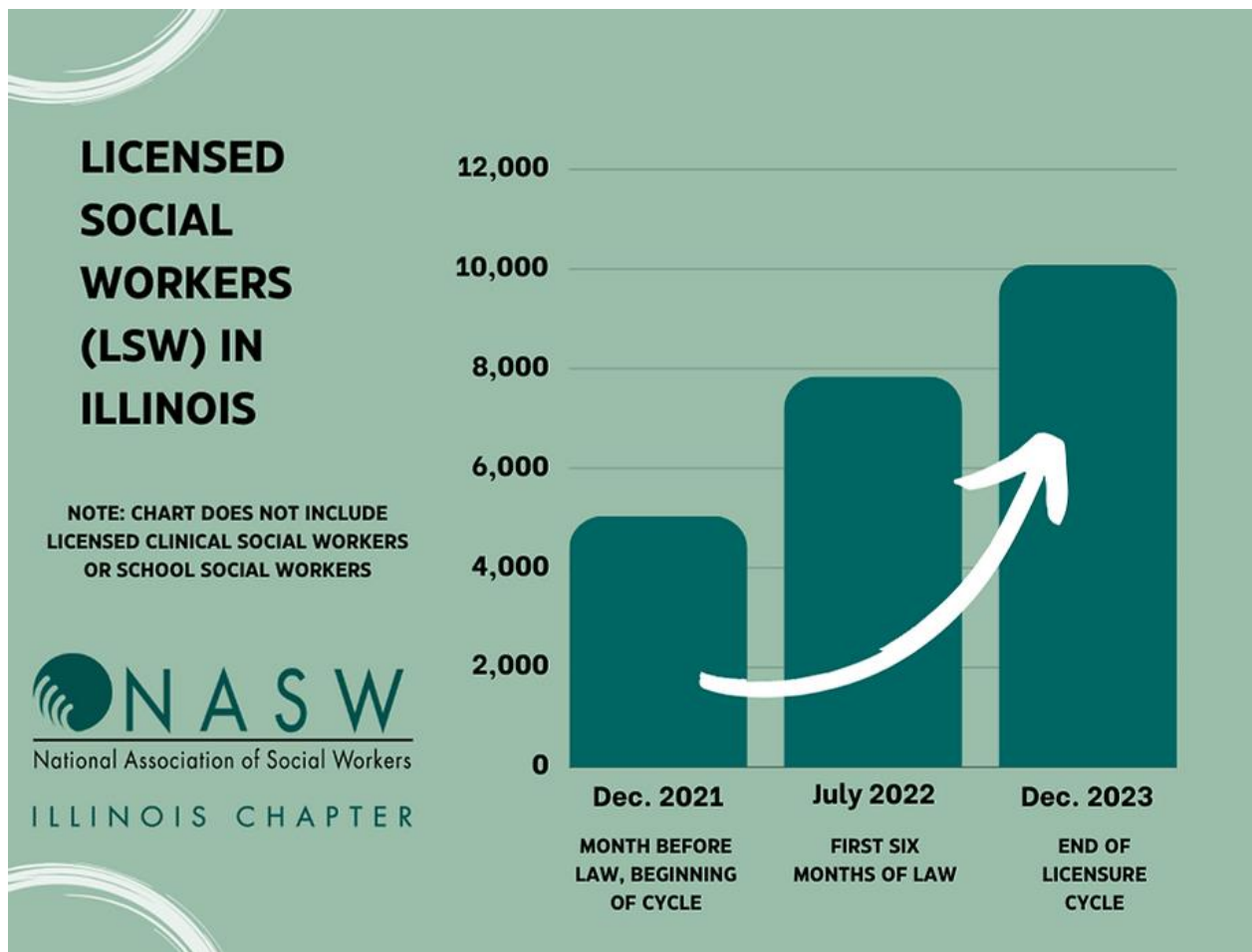
- Degree from a graduate program of social work approved by IDFPR
- OR a degree in social work from an undergraduate program approved by the IDFPR and have completed at least 3 years of supervised professional experience
- Apply for licensure to IDFPR in writing on the prescribed form
- Be of good moral character
- **No** ASWB exam requirement for the LSW.
- FAQs about the new LSW Illinois testing law

<https://www.naswil.org/post/getting-your-lsw-license-in-illinois>

Why the change in the LSW law?

- Allow Illinois BSWs a continued path to licensure and employment in the profession.
- Removes a burden to access that disproportionately affects BIPOC communities and social workers without resources to pursue an MSW.
- Removes another financial strain on recent MSW graduates and BSWs (who have already completed three years of post-graduate supervision) by waiving the exam and exam prep costs associated with licensure.
- Create a logical path for MSWs to becoming LSWs while collecting the required supervision hours for becoming a licensed clinical social worker (LCSW). This would allow these individuals to legally be called social workers while giving IDFPR better oversight of these currently unregulated professionals.
- Creates a much needed path for macro-level social workers to legally be called a social worker and become licensed as a social worker in Illinois, a title they have earned and are entitled to carry.
- <https://socialworkpodcast.blogspot.com/2023/02/NASWIL.html>
- <https://www.naswil.org/post/illinois-breaks-barriers-in-mental-health-workforce-achieving-remarkable-growth-in-licensed-social>

LSWs in Illinois – impact of law change



Qualifications for Licensure - LCSW

Persons wishing to obtain a license as an LCSW must have/do the following:

- Complete 3,000 hours of satisfactory supervised clinical professional experience after receiving a master's degree in social work from a IDFPR approved program
- OR complete 2,000 hours of satisfactory supervised clinical professional experience after receiving a doctor's degree in social work from a IDFPR approved program
- apply for licensure to IDFPR in writing on the prescribed form
- Take the ***clinical*** examination for the practice of social work at least once and pass, if not seek new alternative path effective 1/1/24.
- be of good moral character

HB2365 SA1 –LCSW alternative path

- Signed by Governor J.B. Pritzker into law on 8/4/23
<https://www.naswil.org/post/nasw-il-advocacy-at-work-gov-signs-hb-2365-providing-alternative-to-aswb-exam>
- Aims only to provide an alternative to the clinical exam requirement for clinical licensure in Illinois;
- Does not remove any of the other current requirements.
- For those for whom taking an exam is not a barrier, there still remains that method of earning your LCSW.
- However, for those who are affected by a costly and biased exam, the bill provides an alternative.

HB2365 SA1 –LCSW alternative path requirements

- Maintains the current requirements that all LCSW applicants obtain a master's degree in social work, 3,000 hours of clinical supervision by an LCSW, and take the ASWB clinical exam for licensure.
- If the applicant does not receive a passing score on the exam, they can choose to retake the exam or opt for the test alternative.
- The alternative would require an applicant to obtain an additional 3,000 hours of supervised work experience by an LCSW in lieu of taking an exam; if an LCSW is not available to provide the supervised work experience, they could receive supervision from a licensed clinical professional as per rules (to be defined at a later date).
- <https://www.naswil.org/post/ask-nasw-il-how-can-i-utilize-the-alternative-to-the-aswb-exam-to-get-my-lcsw>

Implications of the release of ASWB test data release

- Association of Social Work Boards (ASWB) releases first-time pass results in August 2022.
- Data presented shows the disparity in pass rates, with clear evidence of racial & age bias in the exam.

<https://www.naswil.org/post/aswb-first-time-pass-results-released-this-is-not-ok>

<https://www.naswil.org/post/nasw-il-full-statement-on-aswb-test-analysis>

Implications of the release of ASWB test data release (con't)

ASWB FIRST TIME PASS RATES: ILLINOIS

Masters Exam

- White Test Takers: 87.7%
- Black Test Takers: 50.0%
- Hispanic/Latino: 66.4%
- Asian: 75.6%
- Age 50 and older: 71.1%
- Non-English Speaker: 6.6%

Data from ASWB exam pass rates by state - Illinois

Implications of the release of ASWB test data release (con't)

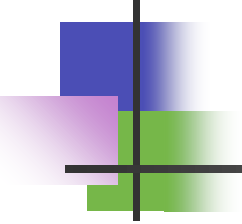
ASWB FIRST TIME PASS RATES: ILLINOIS

Clinical Exam:

- White Test Takers: 82.5%
- Black Test Takers: 42.4%
- Hispanic/Latino: 59.6%
- Asian: 70%
- Age 50 and older: 63.1%
- Non-English Speaker: 54.4%

Data from ASWB exam pass rates by state - Illinois

Questions?



How Restrictive Social Work Licensure Requirements Exacerbate Maryland's Mental Health Crisis

Serena Mlawsky, MPH Candidate



Maryland's Mental Health Crisis^{1,2,3}:

- In 2021:
 - Over 780,000 adult Marylanders were living with a mental illness
 - 1 in 4 homeless people in the state struggled with mental illness
 - 252,000 adults in Maryland who needed mental health care did not receive it
- In 2023:
 - Maryland had a higher rate than the national average of adults reporting symptoms of anxiety or depression and their needs not being met
 - Maryland was in the top five states for opioid overdoses



Barriers to Accessing Patient Care in 2023^{4,5}

- The wait times for mental health care in Maryland emergency rooms were long, with an average wait time of three hours and 48 minutes
- 1,082,305 Marylanders resided in a community that does not have enough mental health professionals.
- Maryland had roughly one fifth of the mental health providers it needs to adequately serve the state



Mental Health

Shortage Areas in 2023^{5,6}

- Two thirds of Maryland's counties were designated as mental health shortage areas by the Federal Government
- Out of 23 counties and Baltimore City, only two counties (Montgomery and Howard) were designated as having sufficient mental health coverage
- Population in mental health professional shortage areas: 10.14% (624,847 people)
- Median patient-to-mental health professional ratio in shortage areas: 1 provider for every 54,008 patients



Mental Health Workforce Shortage in Maryland in Numbers (2023)⁵

Location	Total Mental Health Care HPSA Designations	Population of Designated HPSAs	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
Maryland	64	1,850,861	22.5%	105



Comparing to Other States and the National Average^{6,7}

- In 2023:
 - Maryland ranked 23rd in mental health professional shortages but DC and Delaware (not on shortage list) were well staffed in HHS Region 3
 - Maryland ranked third worst in mental health professional shortages in HHS Region 3, while DC and Delaware both had shortage rates of under 10%
- According to the Bureau of Labor Statistics Quarterly Census of Employment and Wages, 2013-2022, Maryland's healthcare workforce grew at a rate of 4.6%. This represents a full percentage point lower than all other mid-Atlantic states combined (excluding Maryland) which grew at 5.8%



Comparing to Other States and the National Average in 2023^{6,7}

- Maryland's healthcare workforce grew at a significantly slower rate than the national average (4.6% . compared to 11.5%)
- Maryland tied with Pennsylvania as having the second-worst post-pandemic recovery rate at 4.3%



Analyzing the Workforce Shortage^{7,8}

- In August 2022, Maryland's government had a vacancy of 124 Social Worker positions
- To remove the 2023 HPSA designation, Maryland needs to hire at least 105 mental health practitioners
- In a survey done by Maryland Department of Health and University of Maryland Medical System (2019), 36% of mental health organizations felt that they did not have enough Social Workers to provide quality care

How Many Failed the ASWB Exam in 2022?⁹

Bachelors: 41

Masters: 647

Clinical: 314

Advanced Generalist: 12

Total: 1,014



Barriers to Licensure for Social Workers Discussed Among Workgroup¹⁰

- Discrepancy of passage rates among different races/ethnicities of test takers for ASWB exam
- Expensive schooling, testing and supervision requirements
- Difficulty in accessing accommodations for test takers

Implications



- It is not that Maryland does not have enough people with the desire to enter the mental health workforce, but rather barriers like the ASWB exam, with its high failure rates, prevent them from doing so
- Workforce growth has been limited in areas of mental health
- Though Maryland has some of the best healthcare overall in the country, mental health workforce shortages are prevalent
- The two most affluent areas in the state are the only ones without a mental health shortage designation



Recommendations¹⁰

- Remove ASWB exam requirement as it is outdated and biased
- Instead of endorsement for license in another state, which has an exam requirement component, implement reciprocity
- Assure Social Workers have access to subsidized or free supervision



References

- ¹“Mental Health and Substance Use State Fact Sheets.” *KFF*, 20 Mar. 2023, www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/maryland.
- ²*Mental Health in Maryland*, www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf.
- ³“Fighting the Opioid Epidemic.” *University of Maryland Medical Center*, www.umms.org/ummc/health-services/addiction/fighting-the-opioid-epidemic.
- ⁴Quinn, Steph. “Mental Health Center Takes Aim at Patients’ Long Wait for Crisis Care.” *CNS Maryland*, CNS Maryland, 10 Nov. 2023, cnsmaryland.org/2023/11/09/mental-health-patients-long-wait-crisis-care/#:~:text=Patients%20wait%20an%20average%20of,CEO%20of%20Holy%20Cross%20Health.
- ⁵“Mental Health Care Health Professional Shortage Areas (Hpsas).” *KFF*, 6 Nov. 2023, www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&selectedRows=%7B%22states%22%3A%7B%22maryland%22%3A%7B%7D%7D%7D&sortModel=%7B%22colId%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D.
- ⁶“How States Compare by the Shortage of Mental Health Professionals and How Much They Fall Short.” *Charlie Health*, 14 June 2023, www.charliehealth.com/research/how-states-compare-by-the-shortage-of-mental-health-professionals-and-how-much-they-fall-short.
- ⁷Commission to Study the Healthcare Workforce Crisis Annual Report 2022-2023. Maryland Department of Health. [https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20\(2022\)%20-%202023%20Final%20Report%20-%20Commission%20to%20Study%20the%20Heal.pdf](https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20(2022)%20-%202023%20Final%20Report%20-%20Commission%20to%20Study%20the%20Heal.pdf)
- ⁸*Maryland Behavioral Health Workforce Survey*, [health.maryland.gov/bha/Documents/Workforce Survey Summary distribution9.4.20 \(2\) \(2\).pdf](http://health.maryland.gov/bha/Documents/Workforce%20Survey%20Summary%20distribution9.4.20%20(2)%20(2).pdf).
- ⁹“2022 Exam Pass Rates.” *Association of Social Work Boards*, 15 Nov. 2023, www.aswb.org/exam/exam-scoring/exam-pass-rates/.
- ¹⁰*2022 ASWB Exam Pass Rate Analysis*, www.aswb.org/wp-content/uploads/2022/07/2022-ASWB-Exam-Pass-Rate-Analysis.pdf



Questions?
