Community Mental Health Association of Michigan

Testimony in support of HB 5184 and 5185

November 2, 2023

Good morning, Chairwoman Brabec and Committee members.

I am Bob Sheehan, the Chief Executive Officer of the Community Mental Health Association of Michigan. Our association represents the state's public mental health system. Our membership is made up of the state's Community Mental Health centers (CMHs), the public behavioral health plans formed by the state's CMHs (known as Prepaid Inpatient Health Plans or PIHPs), and the providers in the networks of the CMHs and the PIHPs. These members represent some of the state's largest employers of social workers.

I come to you today to speak in favor of House Bills 5184 and 5185.

These bills will link Michigan's social work licensure to the variables most directly tied to the quality of social work practice: meeting rigorous national higher education standards and the completion of thousands of hours of supervised practice. This approach builds a path to Michigan social work licensure, as an alternative to the current test-based process - a test not linked to clinical competence.

This practice-driven approach improves the ability of the state's behavioral health care systems to recruit and retain critical social work talent while also bringing, into the field, a great number of Michiganders with strong higher education backgrounds, proven social work practice competence, and a diversity of backgrounds.

For years, even before its exacerbation as a result of the pandemic, Michigan was experiencing a shortage of licensed Masters (MSW) educated social workers. As you know, this shortage is severely limiting access to and harming the quality and efficacy of the behavioral health services and other health and human services provided by Michigan's social workers.

The Community Mental Health Association of Michigan found that the state's CMHs and the providers in their networks are experiencing (and have been experiencing for over two years) an average vacancy rate in social work positions of 30%, with some of these organizations experiencing vacancy rates as high as 80% within clinical teams and with vacancies lasting over 700 days before being filled.

This shortage is due to many factors, chief among them is the barrier to social work practice represented by the Social Worker exam. Research has shown (I cite that research in my written testimony) that there is no link between the test and clinical competency. A number of studies Time to Move Beyond the ASWB Licensing Exam; and Construct-Irrelevant Variance on the ASWB Clinical Social Work Licensing Exam have underscored questions regarding the validity of the test in assessing the social work acumen of test takers.

Ironically, those least likely to pass the test are those social workers with the **greatest level of experience in practice** and **social workers of color.**

The Association for Social Work Boards (ASWB). the test's sponsor, in its recent 2022 ASWB Exam Pass Rate Analysis , reported that 90.7% of white test takers eventually passed the test, while only 57% of black test takers eventually passed. That same ASWB report found that the disparity for experienced social workers was nearly as large, with 91.9% test takers in the 18 to 29 years of age range eventually passed the test, while only 64.8% of experienced social worker test takers (age 50 and over) eventually passed the test.

Since Michigan passed the social work licensing law in 2005, there have been no substantial reviews of changes to the law, while other states (notably, Illinois, Rhode Island, California, Massachusetts, and Utah) have revised their social worker licensing rules to address the artificial barrier that the ABSW test poses.

As an example of the impact of such a change, subsequent to the licensing changes made in Illinois, nearly 3,000 new licensed social workers joined the Illinois workforce in the first six months of 2022 - a substantial increase over the 421 licensed social workers licensed in that same time period in 2021.

These two bills would tie Michigan's social work licensure to the variables most directly tied to the quality of social work practice. Those competence ensuring variables are:
- Graduation from a graduate school of social work that has met the rigorous national standards of the Council on Social Work Education
- The completion of two years of supervised practice while completing their practicum as part of their graduate school training
- The completion of 4,000 hours of supervised post-masters degree clinical experience under the supervision of a licensed clinical social worker

This practice-based path to social work licensure would center around and strengthen the high academic standards and substantial number of hours of supervised clinical/direct service currently required of MSWs in Michigan as requirements of licensure.

In summary, these bills would:
- Tie Michigan's social work licensure to the variables most directly tied to the quality of social work practice: meeting rigorous national higher education standards and the completion of thousands of hours of hands-on supervised practice,
- Increase the number of experienced licensed social workers in Michigan, helping to close Michigan's deep and prolonged behavioral health workforce gap by improving the ability of the state's behavioral health care systems to recruit and retain critical talent,
- Bring, into the field, a great number of Michiganders with strong higher education backgrounds, proven social work practice competence, and a diversity of backgrounds,
- Bring Michigan's social worker licensure requirements in line with other states with whom Michigan competes for social work talent.

 For all of these reasons, I urge you to vote in favor of House Bills 5144 and 5145.

Thank you for this opportunity to speak to you today.
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