Sunset Review: Evaluation of the State Board of Professional Counselors and Therapists



Department of Legislative Services December 2017

Sunset Review: Evaluation of the State Board of Professional Counselors and Therapists

Department of Legislative Services
Office of Policy Analysis
Annapolis, Maryland

December 2017

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Department of Legislative Services
Office of the Executive Director
Maryland General Assembly

Warren G. Deschenaux
Executive Director

December 1, 2017

The Honorable Thomas V. Mike Miller, Jr.
The Honorable Michael E. Busch
Honorable Members of the General Assembly

Ladies and Gentlemen:

The Department of Legislative Services (DLS) has completed its evaluation of the State Board of Professional Counselors and Therapists as required by the Maryland Program Evaluation Act. This evaluation process is more commonly known as "sunset review" because the agencies subject to evaluation are usually subject to termination; typically, legislative action must be taken to reauthorize them. This report was prepared to assist the committees designated to review the board – the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee – in making their recommendations to the full General Assembly. The board is scheduled to terminate on July 1, 2019.

As part of this evaluation, DLS collected and analyzed data from a wide array of sources. This work included interviewing board members, board staff, professional association representatives, and employers of counselors and therapists, as well as conducting a survey of individuals regulated by the board. Survey feedback informed the analysis, conclusions, and recommendations in this evaluation.

During the course of this evaluation (and concurrent with her tenure), the board's current interim executive director has initiated efforts to resolve longstanding issues. However, DLS finds that additional support is needed to address the significant deficiencies related to the board's disciplinary, licensure/certification, and other regulatory processes, many of which have troubling implications for the board's ability to fulfill its primary purpose of protecting the public's health and welfare.

DLS finds that the board issues a large number of credentials across multiple areas of specialization, keeps inconsistent licensing data, uses an antiquated paper licensing system, and has struggled to meet its licensing performance goals, in part due to issues with application tracking, complex licensing requirements, and poor communication of such requirements to applicants. In light of the current opioid epidemic, licensure and certification delays for alcohol and drug counselors are particularly problematic and have hamstrung providers' ability to replace or add counselors to treat patients based on caseload limitations.

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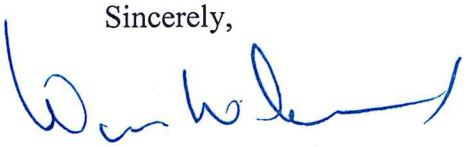
DLS finds that, since the last sunset evaluation in 2007, the board continues to exhibit inadequate recordkeeping and struggles with a substantial complaint backlog, which poses both serious public safety concerns and due process issues for individuals regulated by the board.

Based on these findings, DLS makes a total of 32 recommendations. As the problems identified with the board are of sufficient urgency, the primary recommendation is that emergency legislation be introduced to extend the termination date of the board by no more than two years at this time. During this period, the board, in consultation with the Maryland Department of Health (MDH) and the Department of Budget and Management, should submit progress reports to DLS every six months beginning October 1, 2018. By December 1, 2019, DLS should provide a report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee on the board's progress to date and any recommendations on whether and how long to extend the termination date of the board.

We would like to acknowledge the cooperation and assistance provided by the board and MDH throughout the review process. The board and MDH were provided a draft copy of the report for factual review and comment prior to its publication; written comments from the board are enclosed as Appendix 7 to this report.

Sincerely,



Warren G. Deschenaux
Executive Director

WGD/JBC/km

Enclosure

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Executive Summary

Pursuant to the Maryland Program Evaluation Act, the Department of Legislative Services (DLS) has evaluated the State Board of Professional Counselors and Therapists that is scheduled to terminate July 1, 2019. DLS finds that while the board's current interim executive director has initiated efforts to resolve longstanding issues, additional support is needed to address significant deficiencies related to the board's disciplinary, licensure/certification, and other regulatory processes, many of which have troubling implications for the board's ability to fulfill its primary purpose of protecting the public's health and welfare.

As part of this evaluation, DLS conducted numerous interviews; reviewed statutes, regulations, and legislative history; analyzed licensing, complaint and fiscal data; attended three board meetings; and reviewed board meeting minutes. DLS also conducted a survey of individuals regulated by the board to provide context and perspective on the board and the counseling and therapy professions in the State. Survey feedback is incorporated throughout the evaluation.

Since the 2007 sunset evaluation, there have been a number of legislative changes impacting the board. However, the board has not always promulgated regulations quickly in response to such changes, and corresponding changes in its administrative practices have at times been delayed, creating confusion for professional associations and regulated professionals. Pursuant to Chapters 628 and 629 of 2012, the board began issuing licenses for professional art therapists in fiscal 2013, but five years later, the board has yet to promulgate the associated regulations. Many professionals look to regulations to determine whether they qualify for a license and the requirements for how to apply.

Recommendation 1: The board should expeditiously adopt regulations for the licensure of clinical professional art therapists and graduate professional art therapists.

The board, while responsive to requests for information, had difficulty providing complete and consistent licensing data for both the 2016 preliminary sunset evaluation and this report. The board has noted that some data inconsistencies can be explained by the existence of three distinct data sources that all contain varying amounts of board data. Although these systems contain some similar data, the numbers from each may differ due to the timing of entries, changes to fees, *etc.* The board suspects that at least some of the discrepancies between the data provided may be the result of using data from different sources.

Recommendation 2: The board should use one consistent source for reporting board data in annual reports, Managing for Results (MFR) submissions, and to the General Assembly and DLS.

In response to a 2007 sunset recommendation from DLS that the board implement a standardized system for collecting and reporting licensing and certification data, the board procured a new licensing system; however, the board indicates that the system is already antiquated. The current licensing process

uses an inefficient paper application process and cannot keep accurate records of the numbers of applicants, licensees, and certificate holders regulated by the board or adequately track applications through the licensing or certification process.

Recommendation 3: The board should investigate implementing an online licensing and certification system that (1) allows applicants to submit applications electronically; (2) assists the board in keeping accurate records of the number of applicants, licensees, and certificate holders; and (3) tracks applications through the licensing and certification processes. Until the board implements a new online system, the board should establish a process for verifying that data entry is accurate.

Survey responses from several licensees and certificate holders indicate that it can take more than six months to receive an initial license or certificate and that, unless an applicant submits a complete initial application with no errors, long delays are a frequent occurrence. Although the lack of an application tracking system precluded DLS from determining at what point in the process the delays occur, DLS found several contributing factors, including confusing education requirements, interpretation, and timing problems concerning criminal history records checks (CHRC); lack of clear reciprocal licensing requirements; and inconsistent responses from board staff.

DLS learned, through professional associations and the survey, that applicants for licensure and certification believe that education requirements are confusing and inconsistent. DLS concurs with this concern and found that the requirements are unnecessarily complex, and that regulations, online forms, and checklists are inconsistent. Statutes establishing education requirements for the board are significantly more complex than the requirements for other health occupations in the State.

Recommendation 4: Statute should be amended to repeal specific education requirements for licenses and certificates issued by the board. Instead, board regulations should be amended to clearly state education requirements. Board applications and checklists should be updated to be consistent with amended regulations.

For purposes of this report, DLS explored how counselors and therapists are regulated in other jurisdictions by reviewing the education, experience, and examination requirements for licensure and certification in neighboring jurisdictions (Delaware, the District of Columbia, Pennsylvania, Virginia, and West Virginia) and comparing them to Maryland's requirements. The requirements in Maryland appear to be more complex than in other jurisdictions. Unlike Maryland, several jurisdictions use professional accrediting organizations and national certification organizations to approve education programs and otherwise to establish minimum qualifications. The professional accrediting organizations and national certification organizations have the expertise and resources to evaluate numerous programs throughout the country and provide some consistency in approved programs across jurisdictions.

Recommendation 5: The board should consider extending the use of education programs accredited by the respective professional accrediting organizations for

education requirements for licensed clinical professional counselors, clinical alcohol and drug counselors, clinical marriage and family therapists, certified associate counselors – alcohol and drug (CAC-AD), and certified supervised counselors – alcohol and drug (CSC-AD).

In accordance with Chapter 348 of 2013, the board has implemented a process to review CHRCs before issuing a license or certificate; however, board staff and board members have experienced problems interpreting positive results (in which a criminal history has been identified) and determining the consequences, if any, of such results. Through the professional associations, DLS learned that these problems have caused delays and inconsistent consequences for applicants, particularly applicants for alcohol and drug counselors and trainees. DLS also learned of concerns about the timing of board requests for a CHRC and associated delays in the licensure and certification process because the board is awaiting CHRC results.

Recommendation 6: The Office of the Attorney General (OAG) should train board members and staff on reading CHRC results and assist board members and staff in creating a matrix of results that do not count as consideration for denial of licensure or certification and those results that require further consideration by the board.

Recommendation 7: The board should notify applicants at the beginning of the application process that a CHRC is required and provide details on the timing of the request and the period of time that the board is required to retain results.

Through interviews with professional associations, provider groups, and survey results, DLS learned that receiving a license or certificate in Maryland through reciprocity or endorsement is difficult and time consuming. Other jurisdictions provide several paths to licensure and certification through reciprocity or endorsement. Some states will issue a license or certificate to an individual who is licensed or certified in another state and either has passed a national examination, holds a national certification, or has practiced in the other state for a specified number of years (or some combination thereof).

Several national licensed counselor associations established a Portability Task Force, which recommended a process for endorsement through which a counselor licensed in one state could obtain a license to practice in another state. The board is scheduled to discuss the proposed process at an upcoming board meeting.

Recommendation 8: The board should consider both the proposed portability plan for professional counselors and offering reciprocity or endorsement to other levels of licensees or certificate holders in another state who have practiced for a specified number of years, passed a state law exam, and either passed a specified national examination or hold a specified national certification from a respective national credentialing organization.

Through DLS interviews with professional associations and provider organizations as well as survey results, individuals reported that the board frequently provides inconsistent information. Additionally, DLS received multiple

accounts of unprofessional interactions with board staff. The accounts suggested an obstructionist attitude that causes repeated delays.

Recommendation 9: Board staff should continue to be trained in current requirements for direct licensure or certification responsibilities and be cross-trained for additional licensure and certification responsibilities in case of staff absences or vacancies to promote consistent responses to licensure and certification questions. Whenever possible, board staff should refer applicants to established board guidelines. The interim executive director should continue to foster a helpful and positive attitude among board staff.

Aside from licensing, one of the board's critical functions is to investigate complaints and take disciplinary action against individuals in order to enforce professional standards for the practice of counseling and therapy. DLS found that, since the 2007 sunset evaluation, the board continues to exhibit inadequate recordkeeping and also struggles with a substantial complaint backlog, which may pose both public safety concerns and due process issues for individuals regulated by the board. Although responsive to requests for information, the board was unable to provide consistent and complete complaint data. The board could not provide data on the types of complaints received or the number of complaints received by type of credential.

An April 2017 Office of Legislative Audits (OLA) fiscal and compliance audit of the Health Regulatory Services found that the board had not been properly tracking complaints against licensees, that investigated cases were not being referred to OAG in a timely manner, even after a board vote, and that some complaints were not being investigated at all. In the Maryland Department of Health (MDH) October 13, 2017 response letter to the Joint Audit Committee, the department updated the committee on the status of implementing the OLA recommendations. MDH wrote that the executive director created a complaint tracking log for all complaints received from 2012 to the present and implemented a standardized process for complaint intake and updating of the log.

The tracking log provided to DLS regarding the status of complaints dating back to 2012 appears to have occasional gaps or unassigned case numbers for some years, where it is unclear if a given file could not be located, or if a sequential number was skipped. In the absence of guidelines regarding the duration of investigations, the board has several cases that have been held open for years, sometimes partially or wholly without investigation. The interim executive director indicated that there may be open cases dating back further than 2012. DLS conducted a review of board complaint files, and found investigative files to largely be disorganized, with several files missing documents and containing illegible notes. Of the 34 files selected, 8 were missing and unable to be located. Several files reviewed, dating back to at least 2014, appeared to have either partially or wholly never been investigated.

Problems with documentation, recordkeeping, and the complaint process as a whole are well-documented and longstanding. While the current interim executive director has taken an active and responsive role in working to correct the aforementioned deficiencies, the findings of

the OLA audit and the more recent DLS file review are troubling. The serious and criminal nature of complaints that have been open without resolution for, in many cases, years presents a public safety issue. Individuals who may have committed serious crimes or violations of disciplinary grounds have continued to practice, oftentimes without even having received a letter of education or admonishment that could have been quickly and easily provided to the practitioner.

Recommendation 10: The board should work with MDH to obtain additional personnel resources to allow the board to conduct an evaluation and triage of the current complaint backlog. The board should prioritize complaints based on its potential public safety risks (such as allegations of sexual misconduct and cases involving child custody determinations) followed by recent complaints. The board should develop a plan to systematically address the backlog and implement strategies to prevent future backlogs moving forward. The board should include its plan and proposed strategies, including timetables, in the progress report due to DLS by October 1, 2018.

Recommendation 11: The board counsel, with the assistance of OAG, should immediately examine open complaints and assist the board in determining which cases are likely to have merit and need further investigation and which cases could be administratively or summarily closed.

Recommendation 12: The board investigators should establish a practice of thorough, complete, and legible investigative logs, by moving to an electronic system to ensure that proper documentation is maintained for all complaint investigations.

Recommendation 13: The board should develop and implement an electronic tracking system that integrates complaints and investigations.

Recommendation 14: The board should establish concrete timelines for the duration of investigations, where after a certain period of time, a case should be dismissed or advanced except in the most serious circumstances.

Chapter 534 of 2010, among other things, established standardized guidelines for all health occupations boards regarding the disciplinary process and sanctioning of licensees. Since the enactment of that legislation, the board has adopted sanctioning guidelines that list a wide range of permissible sanctions for categories of offenses. In examining the disciplinary logs, the board appears to largely adhere to the guidelines and ascribe the minimum permissible sanction approximately 40% of the time. Based on the broad nature of the guidelines and the relatively large portion of cases for which the board ascribes the minimum permissible sanction, DLS determined that the guidelines do not provide a sufficient level of direction to board members.

Recommendation 15: The board should develop sanctioning guidelines that provide more specific guidance. The executive director or compliance officer of the board should consult with other health occupations boards as well as the board counsel in order to develop clearer guidelines. The board should document its

reasons for departing from the sanctioning guidelines in cases where it chooses to impose a sanction outside of the sanctioning guidelines.

DLS found numerous inefficiencies in the licensure and certification of alcohol and drug counselors and trainees by the board. At the same time, the rate of opioid-related deaths continues to rise, and the need for licensed and certified substance use professionals has grown substantially. Provider organizations advise that delays in licensure and certification have reduced the number of potential counselors entering the workforce and have resulted in significant barriers to treatment access.

DLS has identified several areas where changes could be made in order to facilitate the credentialing of alcohol and drug counselors: (1) narrow interpretation of statute and regulations results in only one or two courses offered in the State that fulfill ethics requirements, despite the fact that most ethics in counseling courses include an alcohol and drug component; (2) a 2015 statutory change requiring an internship for certain certified alcohol and drug counselors has created a barrier for counselors who had a degree and were already working in the field to fulfill the clinically supervised experience but who had not completed an internship; (3) the number of credentials and the qualifications for each credential have changed several times over the past decade, resulting in some individuals being unable to qualify for higher credentials even if they have more advanced degrees and years of experience; (4) unlike several neighboring states, Maryland does not provide additional pathways to licensure and certification by endorsement, which if implemented, would help provider organizations find appropriately credentialed employees; and (5) the required State law test is given a limited number of times each year and at a limited number of locations.

Recommendation 16: Statute and regulations should be amended to alter the ethics course requirements for alcohol and drug counselors and trainees to require a more general ethics course.

Recommendation 17: Statute and regulations should be amended to authorize an applicant for the CAC-AD or the CSC-AD to substitute supervised work experience as specified in regulation in lieu of satisfying the required internship in alcohol and drug counseling.

Recommendation 18: Statute and regulations should be amended to authorize licensure and certification by endorsement for individuals who have practiced alcohol and drug counseling in another state for five years, passed a national certification exam approved by the board, and passed the State law exam.

Recommendation 19: Statute and regulations should be amended to authorize the board to waive education and experience requirements for applicants who have obtained adequate education and experience under unusual circumstances on a case-by-case basis.

Recommendation 20: The board should offer the State law exam for alcohol and drug counselors and trainees at least once a month and at alternate locations throughout the State, or, if possible, the board should offer the exam online and make it available continuously.

Board data, interviews, and other information collected during the course of this evaluation generally indicate that the board spends a disproportionately large amount of time discussing issues related to alcohol and drug counselors compared to the other professions regulated by the board. Additionally, DLS recommendations made in this report to regulate alcohol and drug counselors and trainees in a more efficient manner may, at least initially, increase the board's workload. An Alcohol and Drug Subcommittee could assist the board in drafting regulations, establishing a more flexible endorsement policy, and assessing applicants who have obtained adequate education and experience in an untraditional manner. Membership of the subcommittee should reflect the expertise needed to implement these recommendations.

Recommendation 21: Statute should be amended to establish an Alcohol and Drug Subcommittee for one to two years to make licensure and disciplinary recommendations related to alcohol and drug counselors. Members of the subcommittee should be selected by the board and should include at least two of the three alcohol and drug board members, two other licensed or certified alcohol and drug counselors, and one consumer member of the board.

Continued expansion of the professional counselor and therapy professions regulated by the board over the past decade has not been fully reflected in the composition of board membership. Although the board's membership has more than doubled in the last decade, proportionally, the growth is largely attributable to professional counselors as well as the addition of professional art therapists and behavior analysts. Professional counselors are currently underrepresented with four board seats, while marriage and family therapists are significantly overrepresented with three positions. Behavior analysts, though they make up a larger portion of practitioners credentialed by the board than professional art therapists and marriage and family therapists, do not hold a seat on the board and instead have a separate advisory committee.

The rate of growth in regulated individuals has significantly increased the workload of the board in the essential areas of credentialing and discipline. Routine realignment of board composition to approximately reflect credentialed practitioners enhances the board's ability to fulfill its responsibilities and allows the board to better adapt to changes as its regulatory authority has grown.

Recommendation 22: Statute should be amended to alter board composition to add one additional clinical professional counselor (a total of five), reduce the number of licensed clinical marriage and family therapists from three to one, and add one licensed behavior analyst to more proportionately reflect the individuals regulated by the board.

Instead of adding a licensed behavior analyst member to the board in 2014 when the board began regulation of licensed behavior analysts, the board's statutory structure was modified to include the Behavior Analyst Advisory Committee (BAAC), an advisory committee modeled after the allied health professional advisory committees. Interviews and discussion at a BAAC meeting indicated minimal coordination between BAAC and the board. Although the interim executive director has made efforts to better integrate BAAC into

board operations, BAAC members and survey respondents indicated a desire to have direct representation on the board. Within the full board structure, the advisory committee does not appear to adequately represent behavior analysts. Moreover, the statutory duties of BAAC have been completed; thus, the advisory committee is no longer necessary.

Recommendation 23: Statute should be amended to repeal BAAC and establish a licensed behavior analyst board position.

The board's current structure of licensing and certifying 14 credentials places a burden on applicants and staff alike because there are different qualifications for each credential. The process results in applicants calling the board to determine the appropriate license or certificate to apply for and board staff having to estimate an applicant's qualifications to provide the proper information. The board appears overextended in its ability to issue the current number of licenses and certificates. In recent years, advocates for other types of counselors and therapists have expressed interest in having the board issue additional types of licenses. Although the board may want to consider a creative counseling license at some point in the future to encompass all of the types of creative counseling, it should not do so until its current licensure and certification issues have been resolved.

Recommendation 24: The board should consider whether the number of types of licenses and certificates currently issued are necessary to protect the public or if a reduced number would adequately protect the public and provide better access to services. The board should not be authorized to issue additional types of licenses and/or certificates until such time that current licensure and certification issues have been addressed.

Maryland's Open Meetings Act (OMA) sets requirements that State and local public bodies hold their meetings in public, give adequate public notice of those meetings, and allow the public to inspect meeting minutes. DLS found – through attendance at board meetings, interviews with board members and staff, and examination of board minutes – that the board is not in compliance with several provisions of the OMA, including failure to open and close meetings properly, and inappropriately discussing topics in closed meetings.

Recommendation 25: To enhance compliance with the OMA, the board or a disciplinary panel of the board should state a statutory exception for closing a meeting in a written statement when nondisciplinary items are on the agenda. The board counsel should ensure that an open session precedes a closed session, in accordance with the Act. Furthermore, if the board or a disciplinary panel begins to discuss a matter in closed session that violates the Act, the board counsel should advise the board or disciplinary panel that it is violating the Act, and the board or disciplinary panel should cease discussion.

The board is required to submit to the Governor and the Secretary of Health an annual report that typically includes information about finances, complaints, legislative changes, regulatory changes, and some statistics about applications and renewals. The board historically has struggled to produce and submit annual reports on a timely basis. When DLS began this evaluation in May 2017, the most recent

report available on the board's website was for 2012. Although more recent reports have since been posted to the board's website, the board still has yet to produce a 2016 annual report.

Recommendation 26: To increase the legislature's oversight of the board's compliance with statutory reporting requirements, statute should be amended to require that the board submit annual reports to the General Assembly, in addition to the Governor and the Secretary of Health, in accordance with § 2-1246 of the State Government Article. The report should be submitted by December 31 annually. In order to increase transparency, the board should ensure that annual reports are made available publicly on its website.

The board is self-supporting through special fund fee revenues collected from those regulated by the board. In order to address the expansion of board responsibilities, the board raised fees, effective in fiscal 2016, for the first time in 14 years. At that time, the board adopted into regulation maximum allowable fee amounts; however, the fees that the board currently charges for services are lower than the maximum fee amounts published in the board's regulations. Although the practice of adopting maximum fee amounts in regulation is not unique to this board, it hinders transparency in fee adjustments. Currently, a comprehensive list of fees only exists in regulations (and this reflects the maximum rather than the actual current charges); otherwise, fees are published piecemeal in board applications and materials.

Recommendation 27: The board should publish a comprehensive schedule of actual fees charged on its website.

Although the board's regulatory responsibilities and the number of individuals regulated by the board have increased sharply in recent years, staff resources have not kept pace. Over the past five years, the board has begun to issue three new licenses within two new areas of specialization, the number of active credentials reported by the board has more than doubled, and the board has reported a tripling of applications received for initial credentialing. The board's staff allowance has fluctuated slightly from year-to-year since fiscal 2012, but overall, has grown minimally. The staff has been unable to effectively manage the increasing licensing and complaint workloads associated with the board's growing regulatory responsibilities, resulting in significant delays and errors for license processing and complaint resolution.

The board's current financial state will allow it to support additional personnel. Since the board increased its fees in fiscal 2016, the board's fund balance has grown significantly. Board fee revenues have more than doubled over the past three years, with expenditures also increasing but at a slower pace. Since at least fiscal 2012, the board's fund balance has consistently exceeded the fund balance benchmark established by MDH for boards of this size. The board's financial officer indicated that, at the time that the board voted to increase fees, it was projected that the additional revenue would support 3 new board staff positions. Therefore, the board can grow its staff size some, while staying within existing financial resources.

Recommendation 28: The board should hire a short-term contractual administrative officer to allow the board to provide sufficient administrative support to the Alcohol and Drug Subcommittee. The board should follow through with its plan to request a permanent position for a compliance manager from the Department of Budget and Management (DBM).

Annually, in concert with the Governor's budget submission, DBM publishes MFR strategic plans outlining each agency's mission, vision, goals, objectives, and performance metrics. The board has three MFR goals related to licensure and complaint resolution and has reported exceeding each goal for fiscal 2013 through 2016. When asked, the board was unable to substantiate performance reported for any years, for any goals. Information collected during the process of this evaluation directly contradicts the performance data reported in MFRs for the issuance of initial licenses and the investigation of complaints.

Recommendation 29: The board should implement systems to track progress toward licensure and complaint resolution goals, and it should accurately report progress to DBM.

Prompted by a 2011 sunset evaluation and a report by an independent consultant, the State Board of Physicians has been working toward development of a new integrated information technology (IT) system for medical licensure and investigation. Development of the project has stalled numerous times over the years and was most recently held back by the Department of Information Technology (DoIT) so that the scope of the project could be realigned with DoIT's new goal of creating enterprise projects. DoIT and MDH have begun outreach to the various other health occupations boards in order to solicit interest and determine need before moving forward with the project. Involvement in this enterprise IT system could potentially resolve IT issues related to data reliability and licensure and complaint tracking, and generally modernize the board's licensure and complaint resolution processes. Participation in this enterprise system project also likely would be more cost-efficient for the board than procuring its own IT systems, although cost estimates are not available at this time.

Recommendation 30: MDH should continue to consult with DoIT and the board to determine whether this project would be appropriate to resolve the board's data reliability and licensure and complaint tracking issues.

Although the board maintains a website, the website's organization makes it difficult to navigate and locate information and forms. For example, forms and materials for behavior analysts can only be found by clicking through to the behavior analyst page, not the main forms page. Additionally, the home page does not mention licensed clinical professional counselors, the credential with the most individuals licensed by the board. The website also only contains information about the renewal process during the open renewal period each year.

Recommendation 31: The board should reorganize its website to make it more user friendly and easier to find information, with relevant information and forms posted in consistent and logical locations.

Based on the above findings, DLS makes the following recommendations regarding the continuation of the board:

Recommendation 32: Emergency legislation should be enacted to reflect the statutory recommendations in this report and to extend the termination date of the board to July 1, 2021. Further, uncodified language should be adopted to require that the board, in consultation with MDH and DBM, submit reports to DLS every six months, with the first report due October 1, 2018, on the progress made implementing the statutory and nonstatutory recommendations contained in this report. By December 1, 2019, DLS should report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee on the board's progress to date and recommend whether and for how long the board's termination date should be extended.

Chapter 1. State Board of Professional Counselors and Therapists

Primary Recommendation:	**As the problems identified with the State Board of Professional Counselors and Therapists are of sufficient urgency, the termination date of the board should be extended by no more than two years at this time. During this period, the board, in consultation with the Maryland Department of Health and the Department of Budget and Management, should submit reports to the Department of Legislative Services every six months, beginning October 1, 2018, on the progress made implementing the recommendations contained in this report.** **The Department of Legislative Services should provide a report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee by December 1, 2019, on the board's progress to date and any recommendation on whether and how long to extend the termination date of the board.**
Date Established:	1985
Most Recent Prior Evaluation:	Full evaluation, 2007 Primary recommendation: extend termination date by 10 years to July 1, 2019 (enacted by Chapter 505 of 2008); required follow-up report by October 1, 2010 (submitted)
Composition:	13 members, including 11 practitioners (4 professional counselors, 3 marriage and family therapists, 3 alcohol and drug counselors, and 1 professional art therapist) and 2 consumers
Staff:	Six full-time (executive director, licensing administrator, licensure coordinator, office secretary, alcohol and drug trainee coordinator, and board investigator); one programmer shared with the Board of Examiners of Psychologists; two full-time contractual (administrative specialist and board investigator); one part-time contractual administrator; other shared personnel support the board

	(assistant Attorney General, regulations coordinator, fiscal, and information technology personnel)
Regulated Professions:	7,921 active credentials in fiscal 2017, including professional counselors (4,725), alcohol and drug counselors (2,399), marriage and family therapists (309), professional art therapists (163), and behavior analysts (325)
Authorizing Statute:	Title 17, Health Occupations Article

The Sunset Review Process

This evaluation was undertaken under the auspices of the Maryland Program Evaluation Act (§ 8-401 *et seq.* of the State Government Article), which establishes a process better known as "sunset review" because most agencies subject to review are also subject to termination.

The State Board of Professional Counselors and Therapists (the board) last underwent full evaluation as part of sunset review in 2007. At that time, the Department of Legislative Services (DLS) offered a total of 14 recommendations related to licensing, complaint resolution, board resources, and other issues. DLS recommended that the board's termination date be extended for 10 years. Chapter 505 of 2008 extended the termination date of the board to July 1, 2019.

In December 2016, DLS completed a preliminary sunset evaluation of the board. During that evaluation, DLS found inconsistencies in licensing and complaint data, a backlog of complaints, and several administrative issues. The evaluation noted that the board was struggling to keep pace with significant growth in the number of individuals regulated, as well as with the greater complexity in the types of credentials issued and renewed. DLS recommended a full evaluation of the board.

This full evaluation was undertaken to provide the General Assembly with information to use in making the determination about whether to reauthorize the board and for what period of time. In addition to assessing the board's progress in implementing the recommendations from the 2007 sunset evaluation, this report focuses on issues identified in the 2016 preliminary sunset evaluation, including data inconsistencies and systems, the complaint backlog, the credentialing process, the number of credentials and specializations regulated by the board, and the board's fiscal status and fund balance.

Research Activities

To complete this evaluation, DLS staff collected and analyzed information from a wide array of sources. DLS research for this evaluation included:

- reviewing statutes and regulations governing counseling and therapy professions in Maryland and in other states;

- reviewing the legislative and regulatory history of the board and proposed legislation relating to the board;

- interviewing current board members and staff;

- interviewing representatives of professional associations, provider organizations, and employers of individuals regulated by the board;

- attending three board meetings and several subcommittee meetings, as well as reviewing minutes of past board meetings;

- assessing the licensing, complaint, and financial data of the board; and

- conducting a survey of individuals regulated by the board.

The survey conducted by DLS was intended to provide context and perspective on the board and the counseling and therapy professions in the State. A personalized link to the survey was sent by email to every individual regulated by the board who had an email address on file. Thus, although the board regulated an estimated 7,921 active credentials in fiscal 2017, the survey was sent to 6,917 recipients, as some individuals hold multiple credentials or do not have an email address on file with the board. DLS received responses from 1,650 individuals (a response rate of 24%), including 1,035 individuals who self-identified as professional counselors (approximately 22% of all professional counselors credentialed by the board), 448 who self-identified as alcohol and drug counselors (approximately 19% of all alcohol and drug counselors credentialed by the board), 90 who self-identified as marriage and family therapists (approximately 29% of all marriage and family therapists licensed by the board), 55 who self-identified as behavior analysts (approximately 17% of all behavior analysts licensed by the board), and 50 who self-identified as professional art therapists (approximately 31% of all professional art therapists licensed by the board). Survey results are incorporated throughout this evaluation report. A summary of the results of the full survey can be found in **Appendix 1**.

Throughout the evaluation process, board members, the board's administrative staff, and staff at the Maryland Department of Health and the Office of the Attorney General were helpful and responsive to DLS' requests for information. However, though responsive, the board could not provide complete and consistent data on licensing or complaints. Data provided by the board contained discrepancies. Licensing data also contradicted annual Managing for Results data submitted to the Department of Budget and Management, data from the board's annual reports, and data previously submitted to DLS. As a result of concerns regarding data reliability, this report contains a limited amount of board licensing and complaint data, and DLS advises that inconsistencies remain in the data that is presented. Licensing and complaint data are discussed further in Chapters 2 and 3, respectively.

Report Objective and Structure

The objective of this report is to provide an overview of the functions and conduct of the board and to offer recommendations to improve the way the board operates. This report consists of seven chapters. Chapter 1 offers an overview of the sunset process, provides background information on the board, and summarizes major legislative and regulatory changes since the last sunset evaluation. Chapters 2 and 3 review the board's licensing and complaint resolution functions, respectively. Chapter 4 discusses the impact of licensing and certification on the State's response to the opioid epidemic. Chapter 5 presents issues related to board composition, structure, and operations. Chapter 6 presents board finances and administrative issues. Chapter 7 presents DLS' conclusion and primary recommendation.

As supplements to the report, seven appendices are included. Appendix 1 contains a summary of the results from the DLS survey of individuals regulated by the board. **Appendix 2** contains a list of board members and their terms. **Appendix 3** includes descriptions of credentials regulated by the board. **Appendix 4** lists the outcome of recommendations from the 2007 sunset evaluation. **Appendix 5** shows a comparison of professional and national accreditations used to approve education programs and establish minimum qualifications in other states. **Appendix 6** includes draft legislation to implement the statutory recommendations contained in this report. The board reviewed a draft of this report and provided the written comments included as **Appendix 7**. Appropriate factual corrections and clarifications have been made throughout the document; therefore, references in those comments may not reflect this published version of the report.

Board Mission, Functions, and Structure

The board is charged with licensing and regulating the practice of counseling and therapy in Maryland. The primary purpose of the board is the protection of the public's health and welfare through proper credentialing, examination, licensure, and discipline of counselors and therapists in Maryland.

The board comprises 13 members, of whom 4 are professional counselors, 3 are marriage and family therapists, 3 are alcohol and drug counselors, 1 is a professional art therapist, and 2 are consumer members. Members are appointed by the Governor, with the advice of the Secretary of Health, to staggered four-year terms and may not serve more than two consecutive terms. At the end of a term, a member continues to serve until a successor is appointed and qualifies.

During the course of this evaluation, the board underwent a major change in membership and also elected new board leadership. Several previous board members, including the previous chairperson and vice chairperson, were either term limited or were not appointed to a second term, resulting in the appointment of seven new members to the board in July 2017. Appendix 2 contains a list of board members and terms. The new appointments include three alcohol and drug counselors, two marriage and family therapists, one professional counselor, and one consumer. At its September 2017 board meeting, the board held elections for a chairperson, a vice chairperson,

and a secretary. The board elected a marriage and family therapist who was initially appointed in November 2015 to serve as the chairperson; a professional counselor who was initially appointed in July 2016 to serve as the vice chairperson; and re-elected a professional counselor who was initially appointed in July 2015 to serve as secretary.

Board Regulates Multiple Professions

Statutory provisions place several types of counseling and therapy modalities under the jurisdiction of the board and establish one advisory committee that assists the board in its oversight role. The regulated modalities are (1) professional counselors; (2) alcohol and drug counselors; (3) marriage and family therapists; (4) professional art therapists; and (5) behavior analysts. Within many of the professions, the board regulates multiple levels of licensure and/or certification. Appendix 3 contains descriptions of all credentials that the board currently regulates.

The Behavior Analyst Advisory Committee, established by Chapter 328 of 2014, is composed of four representatives of the regulated profession and one consumer. Advisory committee members are appointed by the board to staggered four-year terms and may not serve more than two consecutive terms. At the end of a term, a member continues to serve until a successor is appointed and qualifies. The advisory committee is charged with developing and making recommendations to the board concerning regulations, a code of ethics, requirements for licensure, continuing education requirements for license renewal, and the practice of behavior analysis. Additional discussion of the advisory committee can be found in Chapter 5.

Previous Sunset Recommendations Implemented by the Board

As discussed earlier, DLS' 2007 sunset review of the board made significant recommendations, the majority of which were enacted by Chapter 505 of 2008. For example, Chapter 505 repealed certification of professional counselors and marriage and family therapists. The Act also expanded board membership from 9 to 13 members, adding 2 clinical marriage and family therapists and 2 clinical alcohol and drug counselors. In addition to the statutory changes made through Chapter 505, other changes were made administratively or by regulation. The outcome of each recommendation is shown in Appendix 4. Of the 14 DLS recommendations, 8 were adopted, 1 was modified, 1 was rejected, and 5 were agreed to by the board at the time of the 2007 sunset review but were never implemented. Chapters 2 through 6 of this report discuss the board's implementation of some of these recommendations in more detail.

Major Legislative Changes Since the 2007 Sunset Evaluation

There have been a number of legislative changes since the full evaluation in 2007, including altering board composition, decreasing the number of specific credentials issued by the board, reorganizing statutory provisions for clarity, subsequently adding the regulation of professional art

therapists and behavior analysts, expanding disciplinary authority, and altering licensing requirements. **Exhibit 1.1** summarizes major legislative changes since 2007.

Exhibit 1.1
Major Legislative Changes Since the 2007 Sunset Evaluation

Year	Chapter	Change
2008	505	Reorganizes and clarifies statutory provisions; repeals certification of professional counselors and marriage and family therapists; expands board membership from 9 to 13 members, adding 2 clinical marriage and family therapists and 2 clinical alcohol and drug counselors; and extends the termination date of the board to July 1, 2019.
2010	708	Modifies education requirements for a clinical marriage and family therapist license and credit hour requirements for certification as a professional alcohol and drug counselor or an associate alcohol and drug counselor.
2012	517/518	Repeal authority to reinstate or issue new certified professional alcohol and drug counselor certifications.
	628/629	Require the board to regulate the practice of professional art therapy and modify board membership.
	696	Requires the board to maintain a registry of and adopt a code of ethics for alcohol and drug trainees under approved supervision.
2013	348	Requires all applicants for a license or certificate to submit to a criminal history records check (CHRC) and requires an additional CHRC for licensees every six years.
2014	61	Authorizes the board to issue a cease and desist order or obtain injunctive relief for certain violations, increases the criminal fine to a maximum of $5,000, and allows the board to assess a civil fine of up to $50,000.
	328	Requires the board to regulate the practice of behavior analysis and establishes a Behavior Analyst Advisory Committee and a Behavior Analyst Rehabilitation Subcommittee within the board, subject to a separate program evaluation requirement.
2015	368	Alters education and supervision qualifications for licensed clinical and graduate alcohol and drug counselors and certified associate and certified supervised alcohol and drug counselors and clarifies limitations for practicing as a certified associate or certified supervised alcohol and drug counselor.
	457	Requires the board, in specified situations, to require an applicant, licensee, certificate holder, or trainee to submit to a competency examination.

Source: Laws of Maryland

Chapter 505 implemented many of the recommendations from the 2007 full evaluation of the board to address the issues of a complex and unclear statute, board composition that did not reflect the number and type of professionals regulated by the board, and a complex regulatory structure then based around 11 different counseling credentials across three areas of specialization. The addition of two new specializations (professional art therapists in 2012 and behavior analysts in 2014) has caused similar issues to re-emerge. The board has not always promulgated regulations quickly in response to legislative changes, and corresponding changes in its administrative practices have at times been delayed, creating confusion for professional associations and regulated professionals. These issues are discussed in more detail throughout this report.

Major Regulatory Changes Since the 2007 Sunset Evaluation

In addition to legislative changes since the 2007 sunset evaluation, several changes have been made to the regulations governing the board and the industry. These changes are summarized in **Exhibit 1.2**. Regulatory changes have generally implemented legislation adopted by the General Assembly and made conforming and clarifying changes to requirements for licensure and certification. However, the board has yet to adopt some major regulations, including those governing the practice of professional art therapy.

Chapters 628 and 629 of 2012 required the board to license clinical professional art therapists and graduate professional art therapists. Though the board has been issuing licenses since fiscal 2013, the board has yet to promulgate regulations – five years after the law took effect. Many professionals look to the regulations to determine whether they qualify for a license and the requirements for how to apply. As recommended in Chapter 2, statute should be amended to repeal the overly specific education requirements for licensure. The language from the statute can be transferred to the regulations.

Recommendation 1: The board should expeditiously adopt regulations for the licensure of clinical professional art therapists and graduate professional art therapists.

Exhibit 1.2

Major Regulatory Changes Since the 2007 Sunset Evaluation

Year	COMAR Citation	Major Change
2010	10.58.07.14-.17	Establish requirements for licensure by reciprocity for out-of-state applicants.
	10.58.11.01-.03	Establish standards for specified counselors and therapists to engage in advanced assessment activities using instruments that require specialized psychological training for administration and interpretation.
2011	10.58.12.01-.08	Establish standards of supervision and responsibilities of supervisors and supervisees in the practice of clinical professional counseling.
2013	10.58.07.01-.20	Modify requirements for certification and licensure of alcohol and drug counselors and trainees, including inactive status and renewal, and specify types of activities within the scope of practice for alcohol and drug counselors and trainees.
	10.58.09.01-.07	Establish guidelines for disciplinary sanctions for licensees and certificate holders found to be in violation of the Maryland Professional Counselors and Therapists Act.
	10.58.13.01-.08	Establish uniformity regarding supervision requirements for licensed graduate alcohol and drug counselors and graduate-level trainees pursuing licensure.
	10.58.14.01-.08	Establish uniformity regarding supervision requirements for certified alcohol and drug counselors and trainees pursuing certification.
2014	10.58.08.02-.07	Repeal obsolete language regarding certification of marriage and family therapists and alter the education requirements for licensure as a marriage and family therapist to be consistent with statute.
2015	10.58.04.10	Authorizes the board to order the summary suspension of a license or certificate under specified circumstances and establishes procedures for summary suspension.
2015	10.58.02.02	Increases multiple fees charged by the board, creates a new out-of-state application processing fee, and repeals one obsolete fee.

Year	COMAR Citation	Major Change
	10.58.14.04	Alters licensure and certification requirements for alcohol and drug counselors and repels obsolete language regarding certified professional counselors – alcohol and drug.
2016	10.58.15.03	Clarifies the requirement regarding supervised clinical experience hours for licensed graduate marriage and family therapists and makes the supervised clinical experience requirements for licensed clinical marriage and family therapists consistent.
2017	10.58.16.01-.18	Establish licensure requirements, practice responsibilities, models for service delivery, supervision requirements, disciplinary grounds, and sanctioning guidelines for licensed behavior analysts.

COMAR: *Code of Maryland Regulations*

Source: *Code of Maryland Regulations*; *Maryland Register*

Chapter 2. Licensing Issues

Licensing is one of the core functions of the State Board of Professional Counselors and Therapists (the board). Qualifications for licensure and certification, including education, training, and experience standards, are intended to protect the public. With the authority to deny, issue, and revoke licenses, the board can promote and enforce high professional standards for professional counselors and therapists. The Department of Legislative Services (DLS) found that the board issues a large number of credentials across multiple areas of specialization, keeps inconsistent licensing data, uses an antiquated paper licensing system, and struggles to meet its licensing performance goals due to issues with application tracking, complex licensing requirements, and poor communication of such requirements to applicants.

Board Regulates 14 Credentials Across Five Areas of Specialization

In total, the board regulates 14 different credentials across five areas of specialization. According to data provided to DLS by the board, in fiscal 2017, the board had regulatory authority over nearly 8,000 active credentials. This figure does not reflect the total number of individuals regulated by the board as an individual may hold more than one credential. As shown in **Exhibit 2.1**, the total number of active credentials has more than doubled over the past five years, increasing across all categories of licensure and certification. Despite this clear trend, DLS again notes that there are inconsistencies with the board's data, as discussed later in this chapter.

While certain board credentials are no longer issued and may only be renewed, others have been added. Chapter 505 of 2008 repealed certification of professional counselors and marriage and family therapists, while Chapters 517 and 518 of 2012 repealed certification of professional alcohol and drug counselors. The board now only renews such certifications. Repeal of these certifications has had minimal effect on the board's workload due to the small number of individuals who sought them. In fiscal 2013, the board began issuing professional art therapist licenses, pursuant to Chapters 628 and 629 of 2012. Two years later, the board began issuing licenses for behavior analysts, as required by Chapter 328 of 2014. The addition of these two new credentials increased the number of active credentials regulated by the board by nearly 500 by the close of fiscal 2017.

Exhibit 2.1
Total Active Credentials Regulated by the State Board of Professional Counselors and Therapists
Fiscal 2012-2017

	2012	2013	2014	2015	2016	2017
Professional Counselors						
Certified[1]	18	34	20	25	21	26
Licensed Graduate	30	54	103	225	534	926
Licensed Clinical	2,181	2,545	2,758	3,115	3,348	3,773
Subtotal	***2,229***	***2,633***	***2,881***	***3,365***	***3,903***	***4,725***
Alcohol and Drug Counselors						
Alcohol and Drug Trainee	14	173	293	372	559	731
Certified Associate	571	608	606	664	687	693
Certified Professional[2]	14	15	19	15	15	17
Certified Supervised	420	437	442	479	537	585
Licensed Graduate	0	0	1	1	5	9
Licensed Clinical	317	332	334	360	353	364
Subtotal	***1,336***	***1,565***	***1,695***	***1,891***	***2,156***	***2,399***
Marriage and Family Therapists						
Licensed Graduate	3	5	0	21	38	55
Licensed Clinical	148	171	168	197	213	254
Subtotal	***151***	***176***	***168***	***218***	***251***	***309***
Professional Art Therapists[3]						
Licensed Graduate	0	0	0	1	7	20
Licensed Clinical	0	29	60	120	136	143
Subtotal	***0***	***29***	***60***	***121***	***143***	***163***
Behavior Analysts[4]						
Licensed	0	0	0	66	209	325
Total	**3,716**	**4,403**	**4,804**	**5,661**	**6,662**	**7,921**

[1] Certification of professional counselors was repealed in 2008, though practitioners may renew.
[2] Certification of professional alcohol and drug counselors was repealed in 2012, though practitioners may renew.
[3] Regulation of professional art therapy was required in 2012 with the first professional art therapist license issued in fiscal 2013.
[4] Regulation of behavior analysts was required in 2014, with the first behavior analyst license issued in fiscal 2015.

Note: Data reflects total number of credentials regulated by the board in that fiscal year.

Source: State Board of Professional Counselors and Therapists; Department of Legislative Services

Major Inconsistencies in Board Licensing Data

The board, while responsive to requests for information, had difficulty providing complete and consistent licensing data for both the 2016 preliminary sunset evaluation and this report. After DLS pointed out discrepancies with initial data provided by the board, as well as contradictions among that data, data provided in the board's annual reports, and annual Managing for Results (MFR) data submitted to the Department of Budget and Management, the board provided revised licensing data; however, several inconsistencies remain. For example, certification of professional counselors was repealed in 2008; however, Exhibit 2.1 shows that the number of active certified professional counselor credentials fluctuated each year from fiscal 2012 to 2017.

Exhibit 2.2 more broadly illustrates inconsistencies in board data, specifically among (1) board licensing system data; (2) data provided to DLS for the 2016 preliminary sunset evaluation; (3) data published in the board's 2015 annual report; and (4) board MFR data. The number of total new licenses issued by the board in fiscal 2015 varies from a reported 845 per the board's licensing system data (data submitted for this sunset evaluation) to 1,188 as reported in MFR data, a difference of nearly 350 licenses. Significant variation is particularly apparent in the professional counselor and alcohol and drug counselor categories, with variation as great as 54% and 189%, respectively, in the number of professional counselor or alcohol and drug counselor licenses issued depending on the source of the data.

Exhibit 2.2
Comparison of Data for New Credentials Issued by the State Board of Professional Counselors and Therapists
Fiscal 2015

Category	Board Licensing System Data	2016 Preliminary Evaluation	Annual Report	Managing for Results
Professional Counselor	440	609	677	n/a
Alcohol and Drug Counselor	226	272	94	n/a
Marriage and Family Therapist	30	41	55	n/a
Professional Art Therapist	75	75	75	n/a
Behavior Analyst	74	76	76	n/a
Total New Licenses Issued	**845**	**1,073**	**977**	**1,188**

Source: State Board of Professional Counselors and Therapists; 2016 Preliminary Sunset Evaluation of the State Board of Professional Counselors and Therapists; 2015 Annual Report of the State Board of Professional Counselors and Therapists; Fiscal 2017 Managing for Results; Department of Legislative Services

The board has noted that some data inconsistencies can be explained by the existence of three distinct sources that all contain varying amounts of board data: a licensing system, a control system, and a cash log. The licensing system is the board's primary data system, the control log is used to track license numbers assigned to each licensee, and the cash log contains data associated with payments received. The board noted that although these systems contain some similar data, the numbers from each may differ due to the timing of entries, changes to fees, *etc.* The board suspects that at least some of the discrepancies between the data provided may be the result of using data from different sources, but the board has been unable to verify this due to turnover among board staff.

Recommendation 2: The board should use one consistent source for reporting board data in annual reports, MFR submissions, and to the General Assembly and DLS.

Inefficient and Outdated Licensing and Certification Processes Cause Delays

DLS' 2007 sunset review recommended that the board implement a standardized system for collecting and reporting licensing and certification data. In response, the board procured a new licensing system; however, the board indicates that the system is already antiquated. The current licensing process uses an inefficient paper application process and cannot keep accurate records of the numbers of applicants, licensees, and certificate holders regulated by the board or adequately track applications through the licensing or certification process.

Since the board still utilizes a paper rather than electronic application process for initial licensure and certification, data must be manually entered by board staff into each of the board's systems. Although board staff expressed confidence that human error in data entry is not a contributing factor to data inconsistencies, staff also acknowledged that the board could establish additional data verification checks. Other health occupations boards, such as the State Board of Examiners of Psychologists, use similar data systems, but they also verify data at multiple points throughout the licensing process.

The board's current paper application process for initial licensure and certification also is not beneficial to good recordkeeping related to licensure and credentialing, and it is burdensome for both applicants and board staff. DLS received comments from professional associations and survey respondents about multiple accounts of lost applications, documents, and checks. Additionally, DLS learned that the board will not accept any documents through electronic means, resulting in delays in receiving follow-up documentation for initial applications and piles of paper documents cluttering board offices. By way of comparison, the Maryland Board of Nursing uses an online application system for initial certification of nursing assistants and medication technicians as well as for licensure by endorsement for registered nurses and licensed practical nurses. A similar online system for processing licenses and certificates for professional counselors, professional art therapists, behavior analysts, marriage and family therapists, and alcohol and drug counselors would streamline the application process.

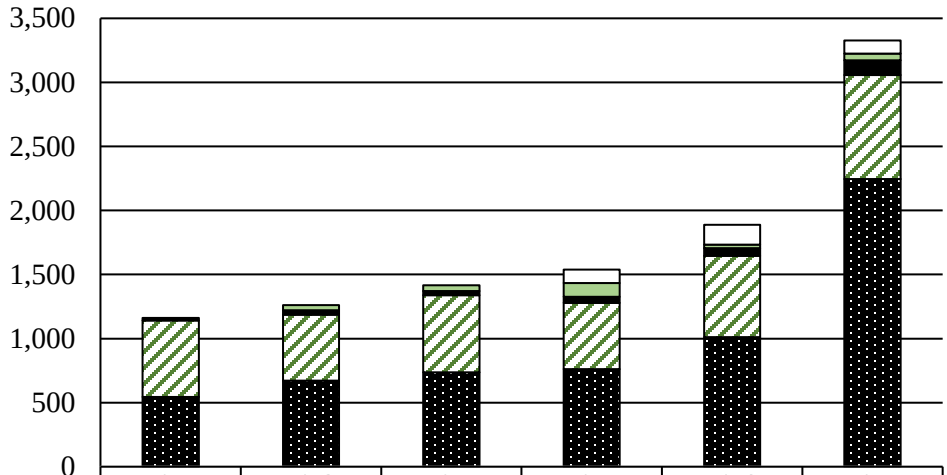
Although board MFR data asserts that the board issues 100% of licenses and certificates within 10 days of receipt of the last qualifying document, the lack of a system that can track applications from the date of arrival to the date of issuance makes it nearly impossible to determine the amount of time it takes the board to process licenses and certificates. Survey responses from several licensees and certificate holders indicate that it can take more than six months to receive an initial license or certificate and that, unless an applicant submits a complete initial application with no errors, long delays are a frequent occurrence. Although the lack of an application tracking system precluded DLS from determining at what point in the process the delays occur, DLS found several contributing factors, including confusing education requirements, interpretation and timing problems concerning criminal history records checks (CHRC), lack of clear reciprocal licensing requirements, and inconsistent responses from board staff. These findings are discussed later in this chapter.

Recommendation 3: The board should investigate implementing an online licensing and certification system that (1) allows applicants to submit applications electronically; (2) assists the board in keeping accurate records of the number of applicants, licensees, and certificate holders; and (3) tracks applications through the licensing and certification processes. Until the board implements a new online system, the board should establish a process for verifying that data entry is accurate.

Increase in Initial Applications Causes Significant Workload Increases

Applications for initial licensure and certification represent the largest portion of the board's credentialing workload. Each application received by the board must be thoroughly reviewed by staff and board members to determine whether it meets prescribed education and experiential requirements. Board staff also handles questions and other communication with applicants on behalf of the board. As shown in **Exhibit 2.3**, the number of initial applications received by the board increased steadily from fiscal 2012 through 2015, and then more sharply in fiscal 2016 and 2017.

Exhibit 2.3
Applications for Initial Licensure or Certification Received by the State Board of Professional Counselors and Therapists
Fiscal 2012-2017



	2012	2013	2014	2015	2016	2017
Total	1,162	1,262	1,415	1,538	1,889	3,328
Behavior Analyst	0	0	0	104	156	102
Art Therapist	0	40	44	107	26	54
Marriage and Family Therapist	21	35	33	49	60	115
Alcohol and Drug Counselor	596	516	600	517	635	812
Professional Counselor	545	671	738	761	1,012	2,245

Note: Regulation of professional art therapy was required in 2012, with the first professional art therapist license issues in fiscal 2013. Regulation of behavior analysis was required in 2014, with the first behavior analyst license issued in fiscal 2015.

Source: State Board of Professional Counselors and Therapists; Department of Legislative Services

In fiscal 2017, the board received more than 3,300 applications – an increase of 76.0% over the previous year. The increase is largely attributable to an increase in applications for licensed clinical and graduate professional counselors, which more than doubled between fiscal 2016 and 2017, adding over 1,200 more applications to the board's workload. The second largest increase occurred among applicants for alcohol and drug counselor credentials, which increased by 28.0% over fiscal 2016. Applications for marriage and family therapist licenses nearly doubled over the same time period, though they still represent less than 4.0% of all applications received by the board in fiscal 2017. Although the addition of licensed professional art therapists and licensed behavior analysts resulted in an initial increase in applications, application totals dropped back down in subsequent years for both professions. In fiscal 2017, licensed behavior analyst applications made up 3.1% of total applications received, and applications for licensed professional art therapists accounted for 1.6%.

When asked, the board was unable to identify a reason for the increase in applications either overall or in particular for professional counselors. According to the Licensed Clinical Professional Counselors of Maryland, Maryland does not have any new educational programs. The board did recently implement a change in the way it calculates clinical supervision hours required for licensure as a clinical professional counselor (LCPC), which had the effect of simplifying what was previously considered by applicants to be a difficult, expensive, and time-consuming requirement. Although this change may have resulted in some increase in applications for LCPC, it is very unlikely that the change would have caused the dramatic increase in applications experienced in fiscal 2016 and 2017.

The 2007 sunset evaluation of the board indicated that if licensing and certification growth trends identified at that time were to continue, the board would not have the personnel and other resources available to meet the growing workload. DLS recommended that the board automate processes in order to mitigate workload increases (recommendation 12 in **Appendix 4**). However, the board has not made progress over the past decade toward automation of the initial licensure process. Demand for licensing and certification has continued to grow, and, as a result, the board currently is operating with a backlog of applications. Although the board is unable to quantify the backlog or determine the timeliness of application processing, several interviews conducted with professional associations and employers, during the course of this evaluation, indicated that application processing can routinely take six months or more. Survey responses also indicate that the board struggles with application processing time. When asked to indicate their level of agreement with the statement "applications are processed within a reasonable timeframe," one-third of survey respondents selected varying degrees of "disagree," with almost half of those respondents indicating "strongly disagree." Staff resources in relation to the board's increased workload are discussed further in Chapter 6.

Maryland's Credentialing System Appears More Complex Than Other States

The 2016 preliminary evaluation of the board noted that having separate education, experience, supervision, and exam requirements for each credential regulated by the board presents significant work for board staff in terms of administrative effort. The report recommended, among other things, that the full evaluation explore how counselors and therapists are regulated in other jurisdictions. For purposes of this report, DLS reviewed the education, experience, and examination requirements for licensure and certification in Delaware, the District of Columbia, Pennsylvania, Virginia, and West Virginia, and compared them to Maryland's requirements. Licensure and certification for individuals providing professional counseling, marriage and family therapy, and substance use treatment services varies from state to state. The requirements in Maryland appear to be more complex than other states.

As indicated in **Exhibit 2.4**, the most striking difference between the states is the number of types of credentials that Maryland issues compared to other states. Maryland issues 12 licenses and certificates and renews 2 certificates (not shown). Virginia issues 8 licenses and certificates, Delaware issues 5, the District of Columbia issues 5, West Virginia issues 4, and Pennsylvania issues 3. Also of note is the number of boards issuing the licenses and certificates. The District

of Columbia has three boards issuing 4 credentials. Virginia has two boards issuing 8 credentials, such that a separate board licenses behavior analysts and assistant behavior analysts. Maryland has one board issuing 14 credentials.

Exhibit 2.4
Comparison of Regulation of Professional Counselors and Therapists Among Neighboring Jurisdictions

Jurisdiction	Related Board(s)	Types of Licenses/Certifications
Delaware	Board of Mental Health and Chemical Dependency Professionals	Licensed Associate Counselor of Mental Health Licensed Professional Counselor of Mental Health Licensed Associate Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Chemical Dependency Professional
District of Columbia	Board of Professional Counseling	Licensed Graduate Counselor Licensed Professional Counselor
	Board of Marriage and Family Therapy	Licensed Marriage and Family Therapist
	Board of Addiction Counselors	Certified Addiction Counselor I Certified Addiction Counselor II
Maryland	Board of Professional Counselors and Therapists	Licensed Graduate Professional Counselor Licensed Clinical Professional Counselor Licensed Graduate Professional Art Therapist Licensed Clinical Professional Art Therapist Licensed Graduate Marriage and Family Therapist Licensed Clinical Marriage and Family Therapist Alcohol and Drug Trainee Certified Supervised Counselor – Alcohol and Drug Certified Associate Counselor – Alcohol and Drug Licensed Graduate Alcohol and Drug Counselor Licensed Clinical Alcohol and Drug Counselor Licensed Behavior Analyst
Pennsylvania	State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors	Licensed Professional Counselor Licensed Marriage and Family Therapist Licensed Social Worker

Jurisdiction	Related Board(s)	Types of Licenses/Certifications
Virginia	Board of Counseling	Licensed Professional Counselor Licensed Marriage and Family Therapist Certified Rehabilitation Provider
	Board of Medicine	Licensed Behavior Analyst Licensed Assistant Behavior Analyst
West Virginia	Board of Examiners in Counseling	Provisional License in Professional Counseling Licensed Professional Counselor Provisional License in Marriage and Family Therapy Licensed Marriage and Family Therapist

Source: Department of Legislative Services

Certification and licensure of alcohol and drug professionals, in particular, varies greatly among jurisdictions. While Maryland has five tiers of credentials for alcohol and drug professionals, Virginia has four tiers, the District of Columbia has two tiers (and a separate board for addiction counselors), and Delaware has only one credential. Pennsylvania and West Virginia do not specifically credential alcohol and drug professionals through state government. Pennsylvania includes alcohol and drug qualifications as a path to licensure for licensed professional counselors rather than having a separate credential. Additionally, rather than credentialing various tiers of alcohol and drug professionals, Pennsylvania and West Virginia do not prohibit individuals with certification from national or state certification organizations from providing counseling services.

Further, as shown in **Appendix 5**, several states use professional accrediting organizations and national certification organizations to approve education programs and otherwise establish minimum qualifications. The District of Columbia, Virginia, and West Virginia require applicants for licensure as professional counselors to graduate from a program approved by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or other approved programs. Similarly, Delaware, the District of Columbia, Virginia, and West Virginia require applicants for licensure as marriage and family therapists to graduate from programs accredited by the Commission on Accreditation for Marriage and Family Therapy or another approved program. For alcohol and drug counselors, the District of Columbia requires applicants to graduate from a program accredited by NAADAC, the Association for Addiction Professionals (NAADAC) or another board-approved program, whereas Virginia requires applicants for licensure as a substance abuse treatment practitioner to graduate from a program accredited by CACREP or another board-approved program. Additionally, Virginia requires certified rehabilitation providers and certified substance abuse counseling assistants to complete seminars or workshops approved by various national associations.

Delaware uses professional certification to establish qualifications for specified credentials. Delaware requires an applicant for licensure as a licensed associate counselor of

mental health or licensed professional counselor of mental health to either (1) hold a certification as a National Certified Counselor (NCC) from the National Board for Certified Counselors (NBCC) or another national certification acceptable to the board or (2) hold a license in another state and meet the corresponding licensure by endorsement requirements. Likewise, Delaware requires applicants for licensure as a chemical dependency professional to be certified as (1) a National Certified Addictions Counselor or Master Addictions Counselor by the National Association for Addiction Professionals or (2) a Certified Alcohol and Drug Counselor by the Delaware Certification Board or by another certifying organization acceptable to the board. For applicants by certification, Delaware relies on the education requirements established by the certification agency.

Jurisdictions that use professional accrediting organizations and national certification organizations frequently require specific courses or additional credit hours that are not required by the professional accrediting organization or national certification organization. Using the professional accrediting organization or national certification organizations creates a baseline from which the state credentialing bodies can build. The professional accrediting organizations and national certification organizations have the expertise and resources to evaluate numerous programs throughout the country and provide some consistency in approved programs from state to state.

Complex and Inconsistent Education and Experience Requirements

DLS learned, through professional associations and the survey, that applicants for licensure and certification believe that the education requirements are confusing and inconsistent. DLS concurs with this concern and found that the requirements are unnecessarily complex, and that regulations, online forms, and checklists are inconsistent. Statutes establishing education requirements for the board are significantly more complex than the requirements for other health occupations in the State. For example, § 17-304 of the Health Occupations Article establishes the education requirements for licensed clinical professional counselors. Together, § 17-304(d) and (e) specify 15 subject areas and courses that an applicant must complete. Section 17-304(d) requires applicants for a clinical professional counselor license to have completed either 60 credits for a master's degree or 90 credits for a doctoral degree in specified courses, and § 17-304(e) requires all applicants to provide documents to the board evidencing completion of 60 hours of graduate coursework in additional specified courses. The board indicates that the requirements in the two subsections may be permitted to overlap; however, there is no way to determine that from the plain language of the statute. Similarly, the statutory requirements are overly specific and confusing for clinical alcohol and drug counselors, clinical marriage and family therapists, clinical professional art therapists, certified associate counselors – alcohol and drug (CAC-AD), and certified supervised counselors – alcohol and drug (CSC-AD).

The statutory requirements for the vast majority of other health occupations use general language requiring an applicant to be a graduate of a specified school or program rather than requiring specific courses. For example, § 8-6A-05 of the Health Occupations Article requires an

applicant for certification as a medication technician with the Maryland Board of Nursing to have completed an approved course in medication administration. If the Board of Nursing requires more specific course qualifications, it adopts regulations using the authority granted by statute.

DLS also found that the licensing and certification regulations adopted by the board – as well as license and certificate applications and checklists posted on the board's website – are confusing and inconsistent. Similar to the statutory requirements, the regulations specify multiple course requirements for the certificates and licenses issued by the board. Separate provisions in the regulations for the same license or certificate list different topics for course requirements with no indication of whether the topics can be included in the same course or if each course is required to be a separate topic. The lack of clarity makes it difficult for applicants to recognize whether they have satisfied the requirements. Additionally, the information presented in the regulations is inconsistent with the applications and checklists. The interim executive director has started a process to redraft the applications and checklists, but additional work is needed.

DLS further notes that the board does not use professional accrediting organizations to determine education requirements for licensure, unlike many other health occupations boards. For example, § 19-302(c) of the Health Occupations Article requires an applicant for a graduate social worker license to have received a master's degree from a program that is accredited or is a candidate for accreditation by the Council on Social Work Education. Professional accrediting organizations have the expertise and resources to set the education requirements, which establish consistency of requirements across states and increases boards' efficiency in issuing licenses and certificates. The board already uses a professional accrediting organization to vet education requirements for behavior analysts and professional art therapists, and the board has acknowledged fewer and shorter delays in awarding licenses to behavior analysts.

Recommendation 4: Statute should be amended to repeal specific education requirements for licenses and certificates issued by the board. Instead, board regulations should be amended to clearly state education requirements. Board applications and checklists should be updated to be consistent with amended regulations.

Recommendation 5: The board should consider extending the use of education programs accredited by the respective professional accrediting organizations for education requirements for licensed clinical professional counselors, clinical alcohol and drug counselors, clinical marriage and family therapists, CAC-ADs, and CSC-ADs

Board Struggles with Implementation of Criminal History Records Checks

Chapter 348 of 2013 required the board to review CHRCs before issuing a license or certificate. The board has implemented a process for doing so; however, board staff and board members have experienced problems interpreting positive results (in which a criminal history has been identified) and determining the consequences, if any, of such results. Through the professional associations, DLS learned that these problems have caused delays and inconsistent consequences for applicants, particularly applicants for drug and alcohol counselors and trainees.

Both the board and professional associations communicated to DLS that several applicants for drug and alcohol counselors and trainees are past substance users and frequently have a positive CHRC. Although some of those results are significant enough to warrant denial of a license or certificate, other results are less significant and should not necessarily prohibit trainee status, certification, or licensure. The Office of the Attorney General (OAG), which provides counsel for the board, should be able to train board members and staff on how to properly interpret CHRC results. Additionally, OAG could assist the board in drafting guidelines on how to handle positive CHRC results so that insignificant results do not result in delays in licensure and certification.

DLS also learned of concerns about the timing of board requests for a CHRC and associated delays in the licensure and certification process because the board is awaiting CHRC results. The board advises that it requires CHRCs later in the process, because frequently, applicants have not met the education requirements. The board reasons that CHRCs are only valid for a certain period of time, and, if requested at the beginning of the application process, the applicant must repeat the CHRC process, resulting in additional delays and expense. Although DLS follows the board's reasoning, it appears that the real problem is that the education requirements are unclear, and applicants do not know at the beginning of the application process whether they qualify for a license or certificate. Clarification of education requirements, as discussed previously in this report, will allow applicants to have a better idea of whether they qualify for licensure or certification and when to submit a CHRC. The board can also provide applicants with notice at the beginning of the application that a CHRC is required, as well as the likely timing for the request and the results. Applications for licensure under the State Board of Physicians include a notice of when an applicant should submit fingerprints and how long the board is required to retain results. Applicants for licensure or certification from the board would find similar notice helpful.

Recommendation 6: OAG should train board members and staff on reading CHRC results and assist board members and staff in creating a matrix of results that do not count as consideration for denial of licensure or certification and those results that require further consideration by the board.

Recommendation 7: The board should notify applicants at the beginning of the application process that a CHRC is required and provide details on the timing of the request and the period of time that the board is required to retain results.

Process for Reciprocity and Endorsement Is Difficult and Time Consuming

Through interviews with professional associations, provider groups, and survey results, DLS learned that receiving a license or certificate in Maryland through reciprocity or endorsement is difficult and time consuming. Comments from the survey indicated that some licensed professional counselors from the District of Columbia and Virginia have practiced for numerous years but have been denied licensure in Maryland due to a failure to meet the specific course requirements. As shown in Appendix 5, other jurisdictions provide several paths to licensure and certification through reciprocity or endorsement. Some states will issue a license or certificate to an individual who is licensed or certified in another state and either has passed a national

examination, holds a national certification, or has practiced in the other state for a specified number of years (or some combination thereof). For licensed counselors, the American Association of State Counseling Boards, the Association for Counselor Education and Supervision, the American Mental Health Counselors Association, and NBCC established a Portability Task Force to discuss a process for facilitating the transfer of professional counselor licenses across states. The task force recommended a process for endorsement through which a counselor licensed in one state could obtain a license to practice in another state if the licensee:

- has engaged in ethical practice, with no disciplinary sanctions, for at least five years;
- has possessed the highest level of counselor licensure for independent practice for at least three years;
- has completed a jurisprudence or equivalent exam if required by the state's regulatory body; and
- either meets all academic, exam, and postgraduate supervised experience standards as adopted by the state counseling licensure board, holds the NCC credential, or holds a graduate-level degree from a program accredited by CACREP.

The board has received the proposed process and is scheduled to discuss it at an upcoming board meeting. DLS understands from the professional associations that the proposed process is controversial. Regardless, a thorough discussion on the proposal will identify the concerns and possibly lead to compromise that would benefit counselors and the public.

Recommendation 8: The board should consider both the proposed portability plan for professional counselors and offering reciprocity or endorsement to other levels of licensees or certificate holders in another state who have practiced for a specified number of years, passed a state law exam, and either passed a specified national examination or hold a specified national certification from a respective national credentialing organization.

Stakeholders Report Poor Communications with Board Staff

Through DLS interviews with professional associations and provider organizations as well as survey results, individuals reported that the board frequently provides inconsistent information. In one example, two alcohol and drug trainees submitted requests to renew their trainee status. The application for renewal required the trainees' supervisors to choose the reason for renewal from three options. In both instances, the supervisor picked one of the three options. One trainee's status was renewed with no questions from the board. The other trainee's supervisor received a call from the board requesting the supervisor to address all three of the options.

Additionally, DLS received multiple accounts of unprofessional interactions with board staff. The accounts suggested an obstructionist attitude that causes repeated delays. One comment to the survey stated "papers of my classmates have been lost, emails and voicemails were neglected or simply never returned, and information given regarding dates and registration times was confusing at best."

The interim executive director has taken steps to change the atmosphere at the board. Board staff have begun to receive some training on licensure and certification requirements and have been encouraged to respond to questions in a timely manner and provide useful information. Additionally, the board has implemented a time stamp process for incoming mail and now maintain a "pending" file for incomplete applications that the board intends to keep open for one year to allow applicants to complete the licensure or certification requirements and not pay an additional application fee.

Survey Responses Reveal Negative Interactions with Board Staff

Survey respondents were asked for their opinion regarding several parts of the licensing application process, including the clarity of educational and other requirements, consistency and clarity of application forms and materials, the timeliness of processing, and the accuracy and responsiveness of board staff. Full survey results regarding licensing can be found in **Appendix 1** (see question 3). Although respondents generally agreed that educational requirements are clear with 23% of respondents selecting "strongly agree," 46% selecting "agree," and 16% selecting "somewhat agree," comments to the survey suggested otherwise. Similarly, three-quarters of respondents also indicated agreement that the requirements and processes for initial licensure are clear and that board application forms and materials clearly convey the requirements for licensure, but comments reflected confusion over regulations and inconsistent staff communication. One comment from the survey stated, "the rules and regulations are confusing and muddled and there is no one to ask for clarity." Given DLS findings indicating that staff does not always communicate education requirements accurately and that application forms posted on the board website contain information contradictory to the board's regulations and statute, the positive survey responses for application requirements likely are not a reflection of the board's accuracy, but rather an impression or assumption of accuracy.

Respondents were even more positive regarding clarity of requirements and processing timeliness of renewals. Overall, 80% of respondents agreed that licensing renewal process requirements are clear, and 78% of respondents agreed that the board processes license renewals in a timely manner. These survey results are consistent with DLS findings, both that the requirements for renewals are simpler than those for initial licensure or certification and that the online renewal application is significantly more streamlined than the paper-based initial application process.

In terms of staff accuracy and responsiveness, survey respondents provided less positive feedback. When asked about the clarity and consistency of staff guidance during the licensing

process, respondents indicated a higher level of disagreement: overall, 13% of respondents selected "somewhat disagree" and "disagree," and 15% of respondents selected "strongly disagree." Overall, 39% of respondents disagreed that board staff responds to questions in a timely manner, with one-third of them (13%) selecting "strongly disagree." Respondents were also asked separately about staff helpfulness. Of respondents, 14% strongly disagreed, and another 30% disagreed or somewhat disagreed that board staff are helpful, professional, and communicative. Although for each of these questions slightly over half of respondents indicated some degree of agreement, the large portion that indicated disagreement, particularly strong disagreement, is troubling.

Recommendation 9: Board staff should continue to be trained in current requirements for direct licensure or certification responsibilities and be cross-trained for additional licensure and certification responsibilities in case of staff absences or vacancies to promote consistent responses to licensure and certification questions. Whenever possible, board staff should refer applicants to established board guidelines. The interim executive director should continue to foster a helpful and positive attitude among board staff.

Chapter 3. Complaint Resolution Issues

One of the State Board of Professional Therapists' (the board) critical functions is to investigate complaints and take disciplinary action against individuals in order to enforce professional standards for the practice of counseling and therapy. The board's role in this area is part of its mission to protect consumers. Successfully fulfilling these responsibilities requires timely and thorough complaint investigation, the prompt holding of disciplinary hearings, and efficient recordkeeping. This chapter discusses the board's complaint resolution processes and procedures. The Department of Legislative Services (DLS) found that the board continues to exhibit inadequate recordkeeping despite prior findings and recommendations. The board also struggles with a substantial complaint backlog, which may pose both public safety concerns and due process issues for individuals regulated by the board. Inconsistent and incomplete recordkeeping hinder the ability to provide meaningful analysis of trends or outcomes for the board's complaint process.

Poor Complaint Recordkeeping Identified in Prior Sunset Evaluations

During DLS' 2007 evaluation of the board, a review of individual disciplinary case files revealed that certain information relevant to each case and its disposition were not collected systematically. DLS noted that pertinent information – including dates, contact information, and board actions – should be recorded on a standardized form and then compiled in a way that accurately reflects that information. As shown in **Appendix 4**, DLS recommended that the board establish a systematic method for tracking complaints and disciplinary cases that clearly documents each step in the process and a system for maintaining hard copy files. The board did not implement this recommendation. As discussed below, despite this recommendation, inadequate recordkeeping continued for a decade until recent actions by the interim executive director began to address this longstanding problem.

DLS' 2016 preliminary evaluation of the board found significant inconsistencies in data presented by the board regarding the number of complaints received and the final disposition of such complaints. Initial complaint data provided by the board showed cases from fiscal 2012 remaining open. The board provided revised data without explanation after concerns were raised. Revised data on complaints through November 2016 showed open cases dating only from fiscal 2015. The board could not provide data on the types of complaints received nor the number of complaints received by type of credential. At that time, the former executive director and the former board investigator alluded to investigation backlogs dating to fiscal 2012, contradicting the revised data and the reported Managing for Results data that 100% of investigations are completed in 180 days in all years. These findings were likely the result of ongoing poor recordkeeping of complaint and disciplinary files.

2017 Office of Legislative Audits Regulatory Audit Finds Problem Continues

In April 2017, the Office of Legislative Audits (OLA) published a fiscal and compliance audit of the Department of Health and Mental Hygiene (now the Maryland Department of Health (MDH)) Regulatory Services, which included the board. OLA found that the board had not been properly tracking complaints against licensees, that investigated cases were not being referred to the Office of the Attorney General (OAG) in a timely manner even after a board vote, and that some complaints were not being investigated at all.

As outlined in the OLA report, complaints received by the board are intended to go through a five-step process:

- When a complaint is initially received by board staff, staff should record receipt of the complaint in the tracking log.

- On a monthly basis, the board should review each complaint and determine whether it should be investigated or dismissed.

- If the board votes to investigate a complaint, the case should be referred to an investigator.

- Following investigation, the board should review the results and conclusions of investigative staff and decide what action, if any, should be taken (typically, a letter of education or admonishment from the board or referral of the case to OAG for administrative action, criminal action, or both).

- Once the board makes a final determination, board staff should send the appropriate letter or refer the case to OAG.

OLA examined 15 complaints received by the board between January 2014 and June 2016 and found untimely action for 9 of those complaints. Three complaints (for alleged unlicensed practice, unprofessional conduct, and lack of supervision) had not been submitted to OAG even though the board had recommended that the complaints be referred to OAG for administrative action. As of December 2016, board staff should have referred these complaints to OAG between 10 months to two years earlier. Four complaints (2 for sexual misconduct and 2 for unlicensed practice) were submitted to OAG between 6 months and one year after the board recommended the action (including license revocation) be taken. Two complaints received in March 2014 and recommended by the board for investigation still did not have completed investigations as of December 2016.

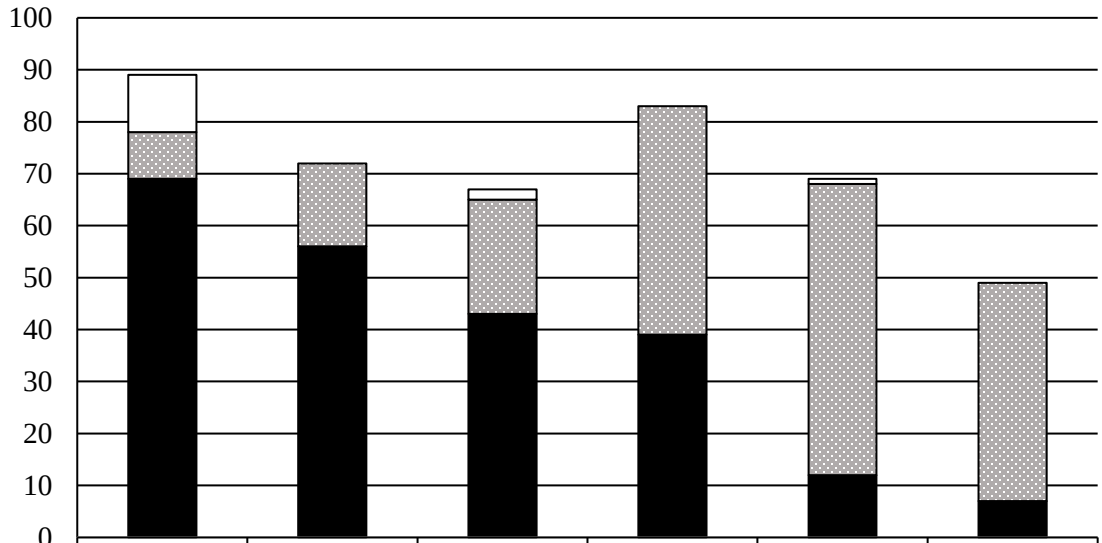
OLA recommended that the board (1) properly monitor complaints (such as periodically reviewing the tracking log) and develop a strategy to ensure the timely disposition of complaints; (2) ensure that complaints are promptly referred to OAG upon the board's recommendation; and (3) properly maintain the tracking log and ensure that it reflects all critical information, including

key dates such as the initial receipt. In accordance with the OLA findings and recommendations, the board's interim executive director created a complaint log cataloging the status of all disciplinary cases dating back through 2012.

DLS 2017 File Review Finds Significant Problems with Complaint Files

Unlike some health occupations boards, the board has neither statutory nor regulatory guidelines governing the timeliness of complaint resolution or the duration of investigations. As discussed above, the recordkeeping practices of the board render it infeasible to examine annualized data regarding the timeliness of complaint resolution or even the number of complaints year over year. The current complaint caseload, as reported by the board based on the tracking log created by the interim executive director, is shown in **Exhibit 3.1**.

Exhibit 3.1
Current Status of Complaint Cases, by Year of Receipt
Calendar 2012-2017 (Year-to-date)



	2012	2013	2014	2015	2016	2017
Unknown	11	0	2	0	1	0
Open	9	16	22	44	56	42
Closed	69	56	43	39	12	7

Note: Data for 2017 is year-to-date as of September 30, 2017; current status reflects status as of September 30, 2017.

Source: State Board of Professional Counselors and Therapists; Department of Legislative Services

The tracking log provided to DLS regarding the status of each complaint dating back to 2012 appears fairly complete for calendar 2015 through 2017. However, for calendar 2012 through 2014, there are occasional gaps or unassigned case numbers where it is unclear if a given file could not be located or if a sequential number was skipped.

In the absence of guidelines regarding the duration of investigations, the board has several cases that have been held open for years, sometimes partially or wholly without investigation. The tracking log appears to indicate that there are open cases dating back through calendar 2012. The interim executive director indicated that there may be open cases dating back even further but that efforts to determine the status or even existence of older cases have largely been fruitless.

Given the incomplete and inconsistent complaint and disciplinary data and the OLA findings and recommendations, as a part of this sunset evaluation, DLS examined 34 "unresolved" complaints received by the board between October 2012 and September 2017. An unresolved complaint is one that has not been definitively closed by dismissal, board action, or referral to the OAG. Of the 34 files selected from the board's tracking log, 8 were missing and unable to be located. Missing files ranged from complaints opened as recently as June 2017 back through 2012. The purported nature of the missing complaints include allegations of sexual misconduct, sexual harassment, fraud, prescription theft, unprofessional conduct, violation of a child custody agreement, suggestive comments, unlicensed practice, and inappropriate dual relationship. Also discovered as part of the DLS examination of complaint files were cases that appear to have never been investigated (or only partially investigated) dating back to at least 2014. In at least one instance, an investigation that appears to have been opened in January 2014 remains open and has no evidence of investigative or board actions beyond May 2014.

The contents of the investigative files largely appeared disorganized, with several files missing the initial complaint, missing a complaint acknowledgement card, or consisting of a single document. A summary of materials present in the case files reviewed is shown in **Exhibit 3.2**.

Exhibit 3.2
Selected Complaint Files Reviewed by the Department of Legislative Services
Calendar 2012-2017 (Year-to-date)

	2012	2013	2014	2015	2016	2017
Complaint Files Surveyed	3	2	4	5	9	11
Documents Present in File						
Initial Complaint	0	1	4	3	7	8
Notification of Case Opening	0	1	4	2	4	8
Investigation Documents	0	1	3	2	3	1

Note: Data for 2017 is year-to-date as of September 30, 2017.

Source: Department of Legislative Services

In one instance, a file had no initial complaint, no complaint acknowledgement card, and contained only a print out from a website. The name of the individual on the file against whom the complaint was opened did not appear anywhere on the documents within the file. In two other separate instances, the files lacked the initial complaint or a complaint acknowledgment card, but contained a police report with no additional information. With a single exception, no file contained an investigative log documenting the status or undertakings of the investigation. Many files did contain some level of handwritten notes – either as a loose page intermingled with the papers in the file or attached as a sticky note to the inside cover of the file or documentation therein. Also present were occasional handwritten notes on documents contained within the file. The overwhelming majority of the notes witnessed during the examination of the files lacked any indication of when or by whom they were authored. Additionally, many of the notes were exceptionally difficult to read.

In MDH's October 13, 2017 response letter to the Joint Audit Committee, the department addressed the findings of the OLA audit and updated the committee on the status of implementing the OLA recommendations. MDH's response is largely in line with DLS' observations of the board as part of this evaluation. MDH wrote that the executive director created a complaint tracking log for all complaints received from 2012 to the present and created complaint categories to better identify the nature of complaints received. Each new complaint is date-stamped upon receipt by the board and given to the executive director. The executive director gives the new complaint a case number and enters it into the tracking log. The log contains the name of the respondent, the case category, the date that the complaint was received, the date that the board voted for action and the nature of the action to be taken, the date that the case was closed or otherwise handled, and the current status of the case. MDH notes that the executive director updates the log at least once every two weeks.

Board Must Take Immediate Action to Repair Complaint Process

Problems with documentation, recordkeeping, and the complaint process as a whole are well-documented and longstanding. While the current interim executive director has taken an active and responsive role in working to correct the aforementioned deficiencies, the findings of the OLA audit and the more recent DLS file review are troubling. The serious and criminal nature of complaints that have been open without resolution for, in many cases, years presents a public safety issue. Individuals who may have committed serious crimes or violations of disciplinary grounds have continued to practice, oftentimes without even having received a letter of education or admonishment that could have been quickly and easily provided to the practitioner.

Further impeding speedy resolution of disciplinary issues is the previously haphazard and incomplete nature of referral of the board's cases to OAG. As was found in the OLA audit, oftentimes a completed investigation and a vote by the board to refer a case to OAG did not result in the case actually being referred. DLS found that incomplete disciplinary actions may also extend to other cases in which the board recommended informal disciplinary actions (most often letters of education or admonishment), but no actions may have been taken. A file of disciplinary

letters relating to cases dating back several years was found in the office of the executive director by the interim executive director while moving into the office. The file includes no indication that any of the letters were ever sent.

In MDH's October 13, 2017 audit response letter, the department also provided an update on the status of implementing the OLA recommendations. MDH reported that all new complaints and investigatory updates are presented to the board's Discipline Review Committee (DRC) prior to each board meeting. DRC makes a recommendation and the board then votes on whether to accept the recommendation. The executive director ensures that the board's decisions are implemented and updates the disciplinary and investigatory logs. Complaints that contain allegations of sexual misconduct or an imminent threat to the public are immediately brought to DRC's attention, though it is unclear yet whether that will involve convening a special session of DRC or if it will occur at the committee's next scheduled meeting.

According to MDH, once the board votes to refer a case for administrative prosecution, the executive director drafts a transmittal memorandum and sends the investigative file to OAG. The date of the action is recorded in the log. MDH's audit response letter claims that most cases are transmitted within three business days, absent extraordinary circumstances such as receipt of new pertinent case information or severe weather. If a case cannot be transmitted in a timely manner, a detailed explanation is to be entered on the log and in the case file. The log is further updated to reflect the date that the board receives notice of the name of the prosecutor assigned to the case.

While the actions taken in response to the OLA audit are clearly necessary first steps in correcting the state of investigation and disciplinary recordkeeping, it is not clear that those actions alone will be sufficient to correct the nearly overwhelming backlog nor prevent disciplinary cases from continuing to accumulate into the future.

Recommendation 10: The board should work with MDH to obtain additional personnel resources to allow the board to conduct an evaluation and triage of the current complaint backlog. The board should prioritize complaints based on their potential public safety risks (such as allegations of sexual misconduct and cases involving child custody determinations) followed by recent complaints. The board should develop a plan to systematically address the backlog and implement strategies to prevent future backlogs moving forward. The board should include its plan and proposed strategies, including timetables, in the progress report due to DLS by October 1, 2018.

Recommendation 11: The board counsel, with the assistance of OAG, should immediately examine open complaints and assist the board in determining which cases are likely to have merit and need further investigation and which cases could be administratively or summarily closed.

Recommendation 12: The board investigators should establish a practice of thorough, complete, and legible investigative logs, by moving to an electronic system to ensure that proper documentation is maintained for all complaint investigations.

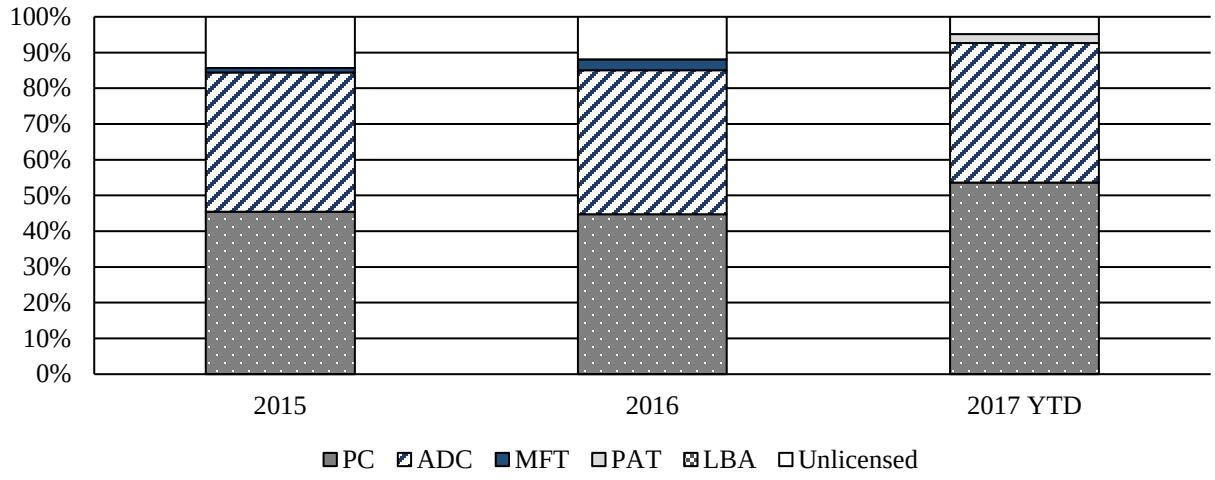
Recommendation 13: The board should develop and implement an electronic tracking system that integrates complaints and investigations.

Recommendation 14: The board should establish concrete timelines for the duration of investigations, where after a certain period of time, a case should be dismissed or advanced except in the most serious circumstances.

Complaints Are Disproportionate Across Credentialed Professions

Based on the information conveyed in the investigations and complaints log, DLS was able to determine the breakdown of complaints by profession for calendar 2015, 2016, and 2017 through September 30, 2017. Across those three years, roughly 85% of all complaints involved professional counselors or alcohol and drug counselors. While there are nearly twice as many professional counselors regulated by the board as alcohol and drug counselors, members of the two professions received nearly the same number of complaints as shown in **Exhibit 3.3**.

Exhibit 3.3
Complaints by Regulated Credential
Calendar 2015-2017 (Year-to-date)



ADC: Alcohol and Drug Counselor
LBA: Licensed Behavior Analyst
MFT: Marriage and Family Therapist
PAT: Professional Art Therapist
PC: Professional Counselor
YTD: year-to-date

Note: Data for 2017 is YTD as of September 30, 2017.

Source: State Board of Professional Counselors and Therapists, Department of Legislative Services

Alcohol and drug counselors are substantially overrepresented in the number of complaints received against regulated individuals, comprising 30% of regulated individuals but 40% of complaints received. Based on an examination of board minutes and anecdotal evidence, DLS found that disciplinary issues regarding alcohol and drug counselors seem to crowd out other issues, and many closed sessions of the board deal solely with such disciplinary issues to the exclusion of other issues. A specific recommendation to separate complaints related to alcohol and drug counselors is discussed in Chapter 4.

Sanctioning Guidelines Are Overly Broad

Chapter 534 of 2010, among other things, established standardized guidelines for all health occupations boards regarding the disciplinary process and sanctioning of licensees. Since the enactment of that legislation, the board has adopted sanctioning guidelines, located in the *Code of Maryland Regulations*, Title 10, Subtitle 58, Chapter 09. These guidelines recommend minimum and maximum sanctions and monetary penalties by offense, although a disciplinary panel may impose a sanction outside of the guidelines if there are aggravating or mitigating factors. If the panel so chooses, it must state its reasons for departing from the sanctioning guidelines in its final decision and order. Additionally, the panel and licensee may agree to a surrender of license or a consent order with terms, sanctions, and fines agreed to by the panel, administrative prosecutor, and the licensee, notwithstanding the guidelines.

The guidelines list a wide range of permissible sanctions for 18 categories of sanctionable offenses. The maximum sanction for each offense is revocation in the case of a licensed individual or denial of license or certificate for an individual who is seeking licensure. For 12 categories of offense, the minimum sanction is a reprimand. Other categories of offenses have minimum sanctions that prescribe a period of probation, suspension, or in the case of habitual intoxication, active suspension until in treatment and abstinent for six months.

In examining the disciplinary logs, the board appears to largely adhere to the sanctioning guidelines and ascribe the minimum permissible sanction approximately 40% of the time. Five instances were found where it is unclear based on the log whether or not a sanction fell within the permissible range, and one instance was found where a sanction did not fall within the permissible range. For those cases, DLS was unable to verify whether or not the board set forth the reasons for deviation from the guidelines, as required by the board's regulations. However, based on the broad nature of the guidelines and the relatively large portion of cases for which the board ascribes the minimum permissible sanction, DLS determined that the guidelines do not provide a sufficient level of direction to board members.

Recommendation 15: The board should develop sanctioning guidelines that provide more specific guidance. The executive director or compliance officer of the board should consult with other health occupations boards as well as the board counsel in order to develop clearer guidelines. The board should document its reasons for departing from the sanctioning guidelines in cases where it chooses to impose a sanction outside of the sanctioning guidelines.

Survey Results Indicate Mixed Opinions Regarding Complaint Resolution

Survey respondents were asked to indicate their level of agreement with several statements concerning board enforcement of laws and regulations as well as the complaint and disciplinary process. Respondents largely agreed that the board enforces laws and regulations uniformly and fairly, that the board handles disciplinary actions uniformly and fairly, and that the investigative process is fair and objective. Most respondents also generally agreed that board members and staff are impartial and professional and that complaints are handled in a timely manner; however, many respondents also disagreed with these statements – almost 17% of respondents disagreed to some degree with the former statement, while 15% disagreed with the latter.

As illustrated in **Exhibit 3.4**, respondents who self-identified as alcohol and drug counselors consistently indicated disagreement with statements concerning board enforcement of laws and regulations and the complaint and disciplinary process at a higher rate than other professionals. Since a disproportionately large amount of the board's complaint and disciplinary workload is associated with alcohol and drug counselors, these counselors likely have more experience with the board relating to complaints or disciplinary cases and, therefore, may have stronger opinions on the board's handling of those matters.

Exhibit 3.4
Summary of Survey Responses Regarding Opinion of Board Investigations and Disciplinary Actions

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
The board enforces laws and regulations uniformly and fairly.						
Alcohol and Drug Respondents	10.5%	51.1%	24.8%	6.0%	5.0%	2.6%
All Other Respondents	10.5%	56.7%	26.5%	3.0%	1.6%	1.7%
The board handles disciplinary actions uniformly and fairly.						
Alcohol and Drug Respondents	10.4%	50.8%	25.9%	3.9%	4.1%	4.8%
All Other Respondents	9.5%	58.0%	25.8%	2.9%	1.4%	2.5%
Board members and staff are impartial and professional.						
Alcohol and Drug Respondents	12.3%	43.5%	24.5%	8.9%	5.5%	5.3%
All Other Respondents	9.7%	48.9%	26.3%	7.2%	4.2%	4.1%

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
The investigative process is fair and objective.						
Alcohol and Drug Respondents	10.2%	48.7%	28.7%	4.9%	3.2%	4.4%
All Other Respondents	8.5%	55.6%	28.3%	3.4%	1.5%	2.7%
Complaints are handled in a timely manner.						
Alcohol and Drug Respondents	8.6%	41.7%	27.7%	6.6%	6.9%	8.6%
All Other Respondents	7.5%	51.6%	28.1%	4.8%	3.1%	4.9%

Note: Question 4 asked, "Based on your experience with the board, please indicate your level of agreement with the following statements regarding board investigations and disciplinary actions."

Source: Department of Legislative Services

Respondents were also asked whether the board had ever investigated or taken disciplinary action against them. If so, respondents were then asked additional questions concerning board correspondence during the course of the investigative and complaint resolution process. A total of 47 respondents who self-identified as professional counselors, marriage and family therapists, or alcohol and drug counselors indicated that the board had investigated or taken disciplinary action against them. Of these respondents, 62% responded that board correspondence clearly conveyed the complaint process, while 38% indicated that it did not; 66% of respondents stated that board correspondence clearly conveyed the process required to resolve an investigation or disciplinary matter, while 34% responded that it did not.

Several respondents additionally provided comments to the survey to clarify or expand upon their responses. Regarding the question about whether or not the complaint process was clearly conveyed in correspondence, one respondent indicated that he or she "only got notified after [the] complaint was dismissed," while another noted that "the language in the complaint was too technical and I could not afford a lawyer to explain it to me." In another instance, a respondent noted that he or she "got information incorrect in the letter," that "requirements were not clear," and that his or her "process has been delayed for almost two years."

Respondents also provided comments concerning their interactions with board staff throughout the course of the complaint resolution process. One respondent noted that the "…investigator could not answer questions about process and expectations," although the case was ultimately dismissed as unfounded. A second respondent described the investigator as "… very aloof and hostile toward me and my lawyer."

When asked whether board correspondence clearly conveys the process required to resolve an investigation or disciplinary matter, several respondents indicated in comments that they had "no information at all" or that they were "[left] in limbo." One respondent opined that the process was explained to them by their attorney, and that "it took three years to publish the findings in a

matter making it look more current. Having the matter published on the Internet three and a half years later and the disciplinary actions is excessive." Other respondents also commented on the excessive time delay between the opening of a complaint and the final disciplinary action. One respondent wrote, "after my 'interview,' I heard nothing for over two years during which time I had no idea what was going on. Just before three years after the complaint was filed, I was told that they were pressing charges and what the violations were, even though I had asked and was denied the information before then."

Chapter 4. Inefficiencies in the Regulation of Alcohol and Drug Counselors and Trainees

The Department of Legislative Services (DLS) found numerous inefficiencies in the licensure and certification of alcohol and drug counselors and trainees by the State Board of Professional Counselors and Therapists (the board). At the same time, the rate of opioid-related deaths continues to rise, and the need for licensed and certified substance use professionals has grown substantially. Provider organizations advise that delays in licensure and certification have reduced the number of potential counselors entering the workforce and have resulted in significant barriers to treatment access. DLS has identified several areas where changes could be made.

State Response to Opioid Epidemic Hindered by Board Licensure and Certification Issues

In Maryland, the rate of opioid-related overdose deaths continues to rise at an alarming rate. Between 2014 and 2016, the number of heroin-related deaths increased by 110%, the number of fentanyl-related deaths increased fivefold, and the number of prescription opioid-related deaths increased by 27%. To combat this public health threat, the State has, among other actions, established an Inter-Agency Heroin and Opioid Coordinating Council, the Heroin and Opioid Emergency Task Force, and the Joint Committee on Behavioral Health and Opioid Use Disorders. In 2017, the General Assembly passed several comprehensive acts to address the State's opioid crisis that among other things, expanded prevention, treatment, and overdose prevention activities; as well as instituting prescribing guidelines. Governor Lawrence J. Hogan, Jr.'s Administration has also taken several initiatives to address the opioid epidemic, including establishing an Opioid Operational Command Center, declaring a state of emergency for the opioid crisis in March 2017, providing a supplemental budget appropriation for fiscal 2018, and implementing Medicaid payment reforms. The Maryland Department of Health has also implemented an overdose prevention strategy.

The opioid epidemic has only highlighted the delays experienced by applicants for certification and licensure for alcohol and drug counselors. In January 2017, legislators and DLS began hearing from provider organizations about a shortage of alcohol and drug counselors in Maryland. House Bill 1060 of 2017 would have required the board to collaborate with the Secretary of Health to establish goals for the timeliness of issuing certificates and licenses. At the bill hearing, providers and the board's former executive director reached a compromise. In a letter dated March 13, 2017, to the House Health and Government Operations Committee, the former executive director agreed to work with providers to establish a timeline for applications. In response to the letter, the committee held the bill. The executive director has since left the board and a timeline was never established.

On July 1, 2017, Maryland began reimbursing for residential substance use disorder treatment for all Medicaid-eligible individuals. In response, many providers of this level of treatment have increased their bed capacities. However, provider organizations have expressed concerns that they have not been able to increase the number of beds as quickly or in the quantity desired due to delays in finding appropriately credentialed employees – in particular addictions counselors. Providers also stated that regulations establishing counselor-to-patient ratios have contributed to the problem. The *Code of Maryland Regulations* 10.47.02.11C(1) limits counselor caseloads in opioid treatment programs to 50 patients per full-time counselor. Opioid treatment programs struggle to replace or add counselors to treat more patients, in part, because of the limitations on caseloads. Provider organizations attribute the struggles to the board's failure to improve workflow and accessibility.

Ethics Requirements Are Too Restrictive

The course requirements for ethics for alcohol and drug counselors and trainees are restrictive and difficult to obtain. Sections 17-302(d)(3)(vi), 17-403, and 17-405 of the Health Occupations Article require applicants for a license to practice clinical alcohol and drug counseling or a certificate to practice certified associate counseling – alcohol and drug or certified supervised counseling – alcohol and drug to have completed instruction in "ethics for alcohol and drug counselors." Regulations establishing requirements for alcohol and drug trainees require instruction in "ethics of alcohol and drug counseling." The board has interpreted these requirements very narrowly to include only courses with the words "ethics," "alcohol," and "drug" in the title. Only one or two courses in the State fulfill the requirements, and they are only taught at certain times of the year. Most ethics in counseling courses include an alcohol and drug component. A more general requirement for a course in ethics would increase the number of courses available and the number of applicants qualified for licensure and certification.

Recommendation 16: Statute and regulations should be amended to alter the ethics course requirements for alcohol and drug counselors and trainees to require a more general ethics course.

Experience Requirements Need Clarification

Chapter 368 of 2015 altered the experience requirements for certified supervised counselors – alcohol and drug (CSC-AD) and certified associate counselors – alcohol and drug (CAC-AD). The Act repealed requirements for specified years and hours of clinically supervised experience in alcohol and drug counseling, at least some of which were required after completion of a degree program, and established requirements for an internship in alcohol and drug counseling that totals six semester credit hours. The change in statute caused a barrier for counselors who had a degree and were already working in the field to fulfill the clinically supervised experience but who had not completed an internship. House Bill 1652 of 2017 attempted to resolve the confusion for CSC-AD applicants by allowing substitution of supervised work experience as specified in

regulation in lieu of satisfying the required internship. The bill did not pass. Since the 2017 session, the board has discussed reintroducing the legislation in 2018 and adding an alternative for CAC-ADs.

Recommendation 17: Statute and regulations should be amended to authorize an applicant for the CSC-AD or the CAC-AD to substitute supervised work experience as specified in regulation in lieu of satisfying the required internship in alcohol and drug counseling.

Endorsement Requirement Needs to Be More Flexible

As discussed in Chapter 2 and shown in **Appendix 5**, several other states allow more options for reciprocity and endorsement. Providing additional pathways to licensure and certification by endorsement for alcohol and drug counselors in Maryland would help provider organizations find appropriately credentialed employees and, as a result, increase the number of beds at their facilities more quickly and in larger quantities. Survey comments support the need for more flexibility in Maryland's endorsement requirement. Applicants for licensure or certification by endorsement identified the specific course requirements as the most significant barrier. For example, one survey respondent had completed a master's program and worked as a clinician in another state for many years as a licensed alcohol and drug counselor. The board told the applicant that they were only eligible for trainee status until completing additional bachelor's degree-level courses. Applicants for endorsement who have actively practiced alcohol and drug counseling in another state, hold a license or certificate in good standing, have passed a national examination, and have passed a Maryland State law exam, can help alleviate the shortage of professionals needed to fight the current epidemic. Provided an applicant has the appropriate degree for certification or licensure, the board should not require specific course requirements for applicants for endorsement. This endorsement policy should be implemented for at least one year while the board considers wider endorsement policies, as recommended above.

Recommendation 18: Statute and regulations should be amended to authorize licensure and certification by endorsement for individuals who have practiced alcohol and drug counseling in another state for five years, passed a national certification exam approved by the board, and passed the State law exam.

Authorization to Waive Education and Experience Requirements Needed

The number of credentials for alcohol and drug counselors and the qualifications for each credential have changed several times over the past decade. The result is that some individuals who do not meet the current requirements set in statute and regulation cannot qualify for the higher credential even if they have more advanced degrees and years of experience. For example, an individual who is a high school counselor with a master's degree in counseling and who runs an addiction program as a CAC-AD has not qualified for a higher credential in 10 years. The individual is missing a three-credit internship and two courses. In order to receive a license as a

graduate alcohol and drug counselor or a clinical alcohol and drug counselor, regulations require the individual to register for an internship at a community college and take a bachelor's level abnormal psychology course, despite having already passed a graduate-level abnormal psychology course. In light of the opioid crisis, the board should be authorized to waive education and experience requirements for applicants for alcohol and drug credentials on a case-by-case basis.

Recommendation 19: Statute and regulations should be amended to authorize the board to waive education and experience requirements for applicants who have obtained adequate education and experience under unusual circumstances on a case-by-case basis.

State Law Test Has Limited Accessibility

Applicants for alcohol and drug counselors and trainees are required to pass a test covering Maryland law. The test is given a limited number of times each year and at a limited number of locations. Expanding the number of times the exam is given would shorten the time it takes for all licenses and certificates to be issued.

Recommendation 20: The board should offer the State law exam for alcohol and drug counselors and trainees at least once a month and at alternate locations throughout the State, or, if possible, the board should offer the exam online and make it available continuously.

Alcohol and Drug Subcommittee Should Be Established

Interviews conducted with board members, professional associations, and providers from various modalities regulated by the board indicated a general opinion that the board spends a significant amount of time discussing issues related to alcohol and drug counselors and not enough time resolving issues related to the other professions regulated by the board. Data and information discussed in Chapters 2 and 3 support the theory that the processing of alcohol and drug applications and complaints represents a disproportionately large portion of the board's workload.

Chapter 2 identified several licensing issues related to alcohol and drug counselors. Compared to neighboring states, Maryland's licensing structure for alcohol and drug counselors is relatively complex with five different tiers of credentials and little flexibility for individuals to use national or other state certifications to meet State credentialing requirements. The implementation of the criminal history records checks has also caused licensure delays and inconsistent results for alcohol and drug counselor applicants, more so than for applicants to any other profession regulated by the board. In terms of complaints, Chapter 3 discussed that alcohol and drug counselors routinely account for 40% of complaints received by the board, despite the fact that alcohol and drug counselors only make up 30% of the practitioners credentialed by the board.

Additionally, the recommendations made in this chapter to regulate alcohol and drug counselors and trainees in a more efficient manner may, at least initially, increase the board's

workload. An Alcohol and Drug Subcommittee could assist the board in drafting regulations, establishing a more flexible endorsement policy, and assessing applicants who have obtained adequate education and experience in an untraditional manner. Membership of the subcommittee should reflect the expertise needed to implement these recommendations.

Recommendation 21: Statute should be amended to establish an Alcohol and Drug Subcommittee for one to two years to make licensure and disciplinary recommendations related to alcohol and drug counselors. Members of the subcommittee should be selected by the board and should include at least two of the three alcohol and drug board members, two other licensed or certified alcohol and drug counselors, and one consumer member of the board.

Chapter 5. Board Composition, Structure, and Transparency Issues

Since the 2007 sunset evaluation, the State Board of Professional Counselors and Therapists (the board) has experienced significant changes in both the number of individuals and the number of modalities it regulates. As a result, the Department of Legislative Services (DLS) found that the board's statutory composition and committee structure do not currently represent the board's regulated modalities equitably. DLS also concluded that the board should not take on additional credentials until it has resolved its credentialing and disciplinary issues. Finally, while the board has taken steps to enhance transparency of its operations, the board has been slow to produce annual reports and could improve its compliance with the Open Meetings Act (OMA).

Board Composition Is Outdated Again

Continued expansion of the professional counselor and therapy professions regulated by the board over the past decade has not been fully reflected in the composition of board membership. The statutory composition of the 13-member board is detailed in **Exhibit 5.1**.

Exhibit 5.1
Statutory Composition of the State Board of Professional Counselors and Therapists

Number	Title
4	Licensed Clinical Professional Counselor
3	Licensed Clinical Marriage and Family Therapist
3	Licensed Clinical Alcohol and Drug Counselor
1	Licensed Clinical Professional Art Therapist
2	Consumer Member

Source: Laws of Maryland

In response to the 2007 full sunset evaluation of the board, the previous 9-member board configuration was increased and modified in 2008. Chapter 505 of 2008 expanded the board membership from 9 to 13 members, adding 2 clinical marriage and family therapists and 2 clinical alcohol and drug counselors. The board composition was again modified in 2012, when the board's regulatory authority was expanded to include professional art therapists. Chapters 628 and 629 of 2012 reduced the number of clinical professional counselors from 5 to 4 and added 1 clinical professional art therapist member. At the time, this composition somewhat approximated the number and profession of individuals regulated by the board.

The number of professionals regulated by the board has grown considerably since 2012, both in number and type. DLS finds that the board composition no longer proportionally reflects the individuals regulated by the board. At the time of the 2007 sunset evaluation, professional counselors comprised the largest share of the board's membership (52%), followed by alcohol and drug counselors (44%), and marriage and family therapists (4%). Although the board's membership has more than doubled in the last decade, **Exhibit 5.2** shows that, proportionally, the growth is largely attributable to professional counselors as well as the addition of professional art therapists and behavior analysts.

Exhibit 5.2
Comparison of Practitioner Representation on the Board to Practitioners Credentialed by the Board

	Representation on Board		
	Total Membership	**Practitioners Only**	**Practitioners Credentialed by Board**
Professional Counselors	30.8%	36.4%	59.7%
Alcohol and Drug Counselors	23.1%	27.3%	30.3%
Marriage and Family Therapists	23.1%	27.3%	3.9%
Professional Art Therapists	7.7%	9.1%	2.1%
Behavior Analysts	0.0%	0.0%	4.1%
Consumers	15.4%	n/a	n/a

Source: Laws of Maryland; Maryland Department of Health; Department of Legislative Services

Professional counselors, who comprise approximately 59.7% of the practitioners credentialed by the board, are currently underrepresented with their four board seats (36.4% of practitioner seats). Conversely, marriage and family therapists, who comprise 3.9% of the practitioners credentialed by the board, are significantly overrepresented on the board with their three positions (27.3% of practitioner seats). Alcohol and drug counselors appear to be appropriately represented, holding 27.3% of practitioner seats to reflect the 30.3% of practitioners credentialed by the board. Professional art therapists are somewhat overrepresented given that they comprise only 2.1% of practitioners credentialed by the board; however, they hold only one seat on the board. Behavior analysts, though they make up nearly twice as many of the practitioners credentialed by the board as professional art therapists and slightly more than marriage and family therapists, do not hold a seat on the board. Instead, they have a separate Behavior Analyst Advisory Committee (BAAC). As discussed in the next sections, DLS recommends that this advisory committee be abolished and licensed behavior analysts instead be represented with a seat on the board.

The rate of growth in regulated individuals has significantly increased the workload of the board in the essential areas of credentialing and discipline. Each application for licensure and certification must be thoroughly reviewed to determine whether it meets prescribed education and experience requirements. Typically, an application is reviewed by a board member who is licensed in the area for which the individual is applying. Routine realignment of board composition to approximately reflect credentialed practitioners enhances the board's ability to fulfill its responsibilities. Realignment will also better allow the board to adapt to changes as its regulatory authority has grown.

Recommendation 22: Statute should be amended to alter board composition to add one additional clinical professional counselor (a total of five), reduce the number of licensed clinical marriage and family therapists from three to one, and add one licensed behavior analyst to more proportionately reflect the individuals regulated by the board.

Advisory Committee Structure for Behavior Analysts Is Inadequate in Ensuring the Profession Has a Voice

Instead of adding a licensed behavior analyst member to the board in 2014, the board's statutory structure was modified to include BAAC, an advisory committee modeled after the allied health professional advisory committees under the State Board of Physicians. The committee was charged with developing and recommending to the board regulations, a code of ethics, requirements for licensure as a behavior analyst, and continuing education requirements for license renewal as well as providing the board with recommendations concerning the practice of behavior analysis. The committee has successfully recommended, and the board has adopted, regulations, a code of ethics, requirements for licensure, and continuing education requirements for license renewal.

The advisory committee model has been effective for the ongoing regulation of all allied health professions regulated under the State Board of Physicians. However, under this board, behavior analysts are the only profession regulated in this manner. Interviews and discussion at a BAAC meeting indicated minimal coordination between BAAC and the board. BAAC members generally communicated that they were unaware of full board meeting times and were unfamiliar with board members. BAAC members also expressed dissatisfaction with the advice, guidance, amount of time, and level of attention provided to the advisory committee by board staff.

The interim executive director has made efforts to better integrate BAAC into board operations. The board chairperson, who previously did not have interaction with BAAC, attended at least one BAAC meeting during the course of this evaluation. BAAC members also were invited to, and two members attended, at least one full board meeting. However, BAAC members and survey respondents indicated a desire to have direct representation on the board. Overall, only 15% of all survey respondents indicated that they feel their profession is not adequately represented by the current composition of the board. When separated by profession, however, behavior analysts responded much differently than other professions: 66% of respondents with a

behavior analyst license indicated that they do not feel behavior analysts are adequately represented. Nearly all behavior analyst respondents (93%) indicated that behavior analysts are underrepresented on the board. Survey respondents from other modalities also indicated that behavior analysts are underrepresented on the board: approximately 30% of marriage and family therapists, 30% of alcohol and drug counselors, 40% of professional counselors, and 40% of professional art therapists indicated that behavior analysts are underrepresented. Within the full board structure, the advisory committee does not appear to adequately represent behavior analysts. In lieu of the advisory committee, licensed behavior analysts should be represented by a member on the board. Moreover, the statutory duties of BAAC have been completed; thus, the advisory committee is no longer necessary.

Recommendation 23: Statute should be amended to repeal BAAC and establish a licensed behavior analyst board position.

Board Should Consider Limiting Number of Credentials Regulated

The 2007 DLS sunset recommended the repeal of the issuance of initial certificates for professional counseling and marriage and family therapy, which were repealed by Chapter 505 and that the board consider repealing initial certification of alcohol and drug counselors, which the board repealed in Chapter 517 and 518 of 2012. However, since then, the board has begun issuing credentials to licensed clinical professional art therapists, licensed graduate professional art therapists, and licensed behavior analysts.

The current structure of licensing and certifying 14 credentials places a burden on applicants and staff alike because there are different qualifications for each credential. The process results in applicants calling the board to determine the appropriate license or certificate to apply for and board staff having to estimate an applicant's qualifications to provide the proper information. DLS could not determine whether the current structure benefits the public; however, the board appears overextended in its ability to issue the current number of licenses and certificates.

In recent years, advocates for other types of counselors and therapists have expressed interest in having the board issue additional types of licenses. House Bill 1458 of 2017 (failed) would have required the board to license music therapists. Additionally, DLS learned through interviews with professional associations that advocates for dance therapists have considered licensing legislation. Other types of creative counseling include drama therapy and poetry therapy. Although the board may want to consider a creative counseling license at some point in the future to encompass all of the types of creative counseling, it should not do so until its current licensure and certification issues have been resolved.

Recommendation 24: The board should consider whether the number of types of licenses and certificates currently issued are necessary to protect the public or if a reduced number would adequately protect the public and provide better access to services. The board should not be authorized to issue additional types of licenses and/or certificates until such time that current licensure and certification issues have been addressed.

Board Out of Compliance with Open Meetings Act

Maryland's OMA sets out requirements that State and local public bodies hold their meetings in public, give adequate public notice of those meetings, and allow the public to inspect meeting minutes. The OMA requires the board to give "reasonable advance notice" of its meetings, make an agenda available in advance except in cases of emergency, hold its meetings openly, adopt minutes, and retain them for five years. The OMA also lists topics that a public body may discuss behind closed doors – after the public body has (1) disclosed the topics and the basis for its decision to exclude the public from the discussion and (2) voted in public to close the meeting. Each closed session must be preceded by an open session for which the board has given notice. In the initial open session, the board chairperson must conduct a recorded vote on a motion to close the session. The board chairperson must also prepare a written statement or "closing statement" that cites the part of the OMA that contains the applicable exception, lists the topic to be discussed in the closed session, and gives the board's reason for excluding the public. Furthermore, the board may not meet in a closed session until it has designated one or more members to take training in the OMA. A designated member must be present at the initial open session, or, if no designated member can attend, the board must complete a compliance checklist posted on the Office of the Attorney General website and attach the checklist to the minutes.

DLS found – through attendance at board meetings, interviews with board members and staff, and examination of board minutes – that the board is not in compliance with several provisions of the OMA, as outlined in **Exhibit 5.3**. Although the board typically provides several weeks of advance notice of public meetings, the board has generally failed to open and close meetings properly, and it has inappropriately discussed topics in closed meetings.

As a part of the sunset evaluation process, DLS attended board meetings on May 19, June 16, July 21, and September 15, 2017. The board did not meet for an open or executive session in August. Although the OMA requires bodies to precede a closed session with an open session, deliver a closing statement, and ensure compliance with the advice of the Attorney General or trained member present, the board did not hold open sessions at its June or July meetings and instead opened directly into closed executive sessions. Through examination of the board's open and closed session minutes dating back several years, DLS found other instances of the board opening into closed sessions without first holding an open session.

The board also routinely closes meetings with the stated reason being that the board is prohibited from disclosing any information contained in a proceeding, record, or files of the board regardless of whether or not nondisciplinary items will be discussed. As a result, there is no notice to the public when the closed meeting agenda includes nondisciplinary items. The board also regularly discusses topics other than those listed in the closing statement, contrary to OMA requirements. Additionally, DLS was unable to find a written statement of closing containing the statutory exception for closure for any executive session, which is also required by the OMA.

Exhibit 5.3
State Board of Professional Counselors and Therapists
Compliance with Open Meetings Act

Requirement	Board in Compliance	Board Out of Compliance
Board Must Provide Reasonable Advance Notice of Meetings	X	
Board Must Retain and Publish Five Years' Worth of Minutes		X
Board May Only Initiate Closed Session Following an Open Session		X
Board Must Provide a Written Statement of Closure with Permissible Exception		X
Board Member Must Take Training on the Open Meetings Act…	X	
…Or the Board Must Use an Office of the Attorney General-provided Checklist		X
Board Must Reopen a Closed Session to Discuss Nonprivileged Topics		X

Source: Laws of Maryland; Department of Legislative Services

Recommendation 25: To enhance compliance with the OMA, the board or a disciplinary panel of the board should state a statutory exception for closing a meeting in a written statement when nondisciplinary items are on the agenda. The board counsel should ensure that an open session precedes a closed session, in accordance with the Act. Furthermore, if the board or a disciplinary panel begins to discuss a matter in closed session that violates the Act, the board counsel should advise the board or disciplinary panel that it is violating the Act, and the board or disciplinary panel should cease discussion.

Board Is Slow to Produce Annual Reports

The board is required to submit an annual report to the Governor and the Secretary of Health per § 17–205(b)(2) of the Health Occupations Article. While the content of the annual report is not specified in statute, the board has typically submitted a report that includes information about finances, complaints, legislative changes, regulatory changes, and some statistics about applications and renewals.

When DLS began this evaluation in May 2017, the most recent report available on the board's website was for 2012. In response to DLS' request, the interim executive director provided DLS with finalized reports for 2013, 2014, and 2015. Additionally, the interim executive director provided DLS with what appeared to be a draft of the 2016 report, containing data and charts of data from 2015. The Governor's legislative office, in response to an inquiry by DLS, was unable to determine for what years reports by the board were received by the Governor in a timely manner. The interim executive director has subsequently posted annual reports for 2013, 2014, and 2015 to the board's website.

The board has struggled to produce and submit annual reports on a timely basis before. Narrative in the 2013 *Joint Chairmen's Report* requested that the then Maryland Department of Health and Mental Hygiene submit a report identifying the obstacles that prevented the board from completing its annual reports from 2010 through 2012 and the status of completing the annual report for 2013. The board's February 10, 2014 response generally indicated that the board and staff were overwhelmed with other crucial tasks, such as developing various regulations and sanctioning guidelines and adding the licensure of professional art therapists to the board's regulatory responsibilities, resulting in the delay of the release of annual reports.

Recommendation 26: To increase the legislature's oversight of the board's compliance with statutory reporting requirements, statute should be amended to require that the board submit annual reports to the General Assembly, in addition to the Governor and the Secretary of Health, in accordance with § 2-1246 of the State Government Article. The report should be submitted by December 31 annually. In order to increase transparency, the board should ensure that annual reports are made available publicly on its website.

Chapter 6. Finance, Resource, and Administrative Issues

As discussed in previous chapters, the State Board of Professional Counselors and Therapists (the board) has experienced significant growth over the past few years in both the number of individuals and modalities regulated without a corresponding increase in staffing resources to handle the additional workload. Consequently, the Department of Legislative Services found that the board has annually added to an increasingly large fund balance, while the board's staffing configuration has been unable to address administrative issues exacerbated by growth in the number of individuals regulated, as well as additional credentialing requirements. In addition to suffering from a staffing shortage, the board also struggles with outdated and ineffective information technology (IT) systems.

The Board Has Amassed an Excessive Fund Balance, Which Can Be Used to Enhance Resources

Special funding of the health occupations boards, including the board, was established by Chapter 272 of 1992 in order to improve the boards' performance and make them self-supporting. Special funding has enabled these boards to carry over revenues in excess of those needed to cover expenses from one year to the next. The ability to carry a balance insulates the boards from unexpected changes in expenditures or revenue collection, allowing the boards to maintain fees at the same level over several years.

The board has maintained a positive fund balance since the last full evaluation in 2007. Since the board increased its fees in fiscal 2016, the board's fund balance has grown significantly, as detailed in **Exhibit 6.1**. Board fee revenues have increased steadily from $644,150 in fiscal 2014 to $1.4 million in fiscal 2017, with expenditures also increasing but at a slower pace. The board's fund balance, therefore, has also increased and grew significantly in fiscal 2017.

Exhibit 6.1
Special Fund History of the State Board of Professional Counselors and Therapists
Fiscal 2012-2018

	2012	2013	2014	2015	2016	2017	Estimated 2018
Beginning Fund Balance	$334,050	$309,660	$468,215	$418,262	$557,900	$756,056	$1,301,136
Total Revenues	**$585,386**	**$773,501**	**$644,150**	**$850,096**	**$976,814**	**$1,403,455**	**$1,100,000**
Attorney General Costs	$62,699	$66,973	$71,531	$82,562	$132,846	$130,351	$138,038
Indirect Costs	14,817	22,576	21,401	23,594	26,135	25,459	32,493
Rent Costs	30,558	35,449	40,909	36,320	35,217	34,303	34,438
Direct Costs	501,702	489,948	560,262	567,982	584,460	668,262	726,493
Total Expenditures	**$609,776**	**$614,946**	**$694,103**	**$710,458**	**$778,658**	**$858,375**	**$931,462**
Annual Surplus/Deficit	-$24,390	$158,555	-$49,953	$139,638	$198,156	$545,080	$168,538
Ending Fund Balance	**$309,660**	**$468,215**	**$418,262**	**$557,900**	**$756,056**	**$1,301,136**	**$1,469,674**
Balance as a Percent of Expenditures	**51%**	**76%**	**60%**	**79%**	**97%**	**152%**	**158%**

Source: Maryland Department of Health; Department of Legislative Services

Historically, the board's revenues have been higher in odd-numbered years than in even-numbered years as a result of the staggered, biennial renewal cycle. Certificates and licenses are valid for up to two years. Upon expiration, the certificate holder or licensee may renew for an additional two-year term. Due to this biennial schedule, the amount of revenue collected by the board fluctuates based on each individual's renewal cycle. The majority of professionals regulated by the board renew in odd-numbered years, increasing the amount of revenue in those years. Thus, a portion of funds collected in odd-numbered years typically must be reserved to support operations in the following year.

According to benchmarks established by the Maryland Department of Health (MDH) for boards of this size, the board should carry a balance up to 25% of annual expenditures. As illustrated in Exhibit 6.1, the board's fund balance has consistently exceeded this benchmark since at least fiscal 2012. The size of the board's fund balance reflects several factors, including growth in the counseling profession (as discussed in Chapter 2), fee increases implemented in the first half of fiscal 2016, higher than estimated revenue collections, and the board's inability to fill budgeted regular and contractual positions.

Board Revenues Reflect Growing Number of Regulated Individuals and Recent Fee Increases

The board is self-supporting through special fund fee revenues collected from those regulated by the board. Fees are supposed to approximate the cost of maintaining the board. In order to address the expansion of board responsibilities, the board raised fees, effective in fiscal 2016, for the first time in 14 years. At that time, the board adopted into regulation maximum allowable fee amounts. A schedule of selected fees allowed by regulation is listed in **Exhibit 6.2**. With the exception of renewals, fees for all credentials are standardized. All applicants are subject to the same fees regardless of category or level of credentialing. Renewals, however, are slightly lower for certificate holders than for licensees.

Exhibit 6.2
Selected Maximum Allowable Fees
State Board of Professional Counselors and Therapists

Type of Fee Charged	Amount Allowed by Regulation
Application processing	Certification and trainee status: $150
	Licensure: $250
Subsequent application review	$50
Pre-application credentials evaluation	$50
Certification	$100
Licensing	$200
Certification renewal	$200
Trainee renewal	$200
Licensure renewal	$275
Late renewal	$50
Inactive status (annual)	$50
Reinstatement	Certificate: $150
	License: $200
	Organization: $750
Two-year sponsorship of continuing education programs	Individual: $300
	Individual workshop: $150
Copying and scanning	$2 per page
Out-of-state application processing	$250

Source: *Code of Maryland Regulations*; Maryland Department of Health

The fees that the board currently charges for services are lower than the maximum fee amounts published in the board's regulations. As long as fees remain within the amounts allowed by existing regulation, this system allows the board to avoid the process of adopting regulations and more easily adjust fee amounts. Although the practice of adopting maximum fee amounts in regulation is not unique to this board, it hinders transparency in fee adjustments. Currently, a comprehensive list of fees only exists in regulations (and this reflects the maximum rather than the actual current charges); otherwise, fees are published piecemeal in board applications and materials.

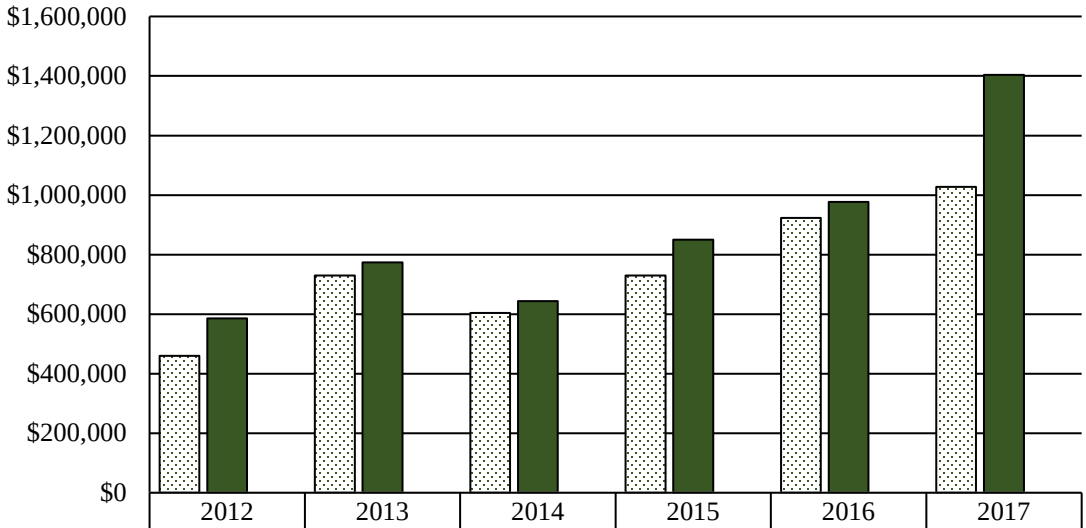
Survey responses, shown in full in **Appendix 1**, indicate that individuals regulated by the board have mixed feelings regarding both board fees and board dispersal of information concerning changes to laws and regulations. Respondents were almost evenly split over whether application fees are reasonable, with 48% indicating that fees are generally reasonable and 49% indicating that fees are generally not reasonable. Those respondents who disagreed that fees are reasonable felt more strongly in their opinion: just more than 15% of respondents selected

"strongly disagree," versus only 6% of respondents who selected "strongly agree" in response to the statement "application fees are reasonable." As a result of the large portion of individuals indicating concern over the fee amounts, the board should prioritize creating an open and transparent process for consideration of any future fee adjustments.

Recommendation 27: The board should publish a comprehensive schedule of actual fees charged on its website.

As illustrated in **Exhibit 6.3**, board revenue began to increase significantly even prior to the fiscal 2016 fee increase. The board realized increased revenue in fiscal 2013, at least partially because that was the first year the board began regulating professional art therapists. Revenue decreased in fiscal 2014, consistent with the renewal pattern, but then increased again in fiscal 2015, which was the first year of regulation of licensed behavior analysts. Revenue continued to increase in fiscal 2016 and 2017.

Exhibit 6.3
Estimated Versus Actual Revenue for the State Board of Professional Counselors and Therapists
Fiscal 2012-2017



	2012	2013	2014	2015	2016	2017
Estimated Revenue	$460,000	$730,000	$603,959	$730,000	$923,226	$1,027,824
Actual Revenue	585,386	773,501	644,150	850,096	976,814	1,403,455
Difference	125,386	43,501	40,191	120,096	53,588	375,631

Source: Maryland Department of Health; Governor's Budget Books, Fiscal 2010-2018

Exhibit 6.3 also shows a comparison of revenue estimated at the time of the legislative appropriation and actual revenue collections at the close of each fiscal year. In all years from fiscal 2012 through 2017, the board collected more revenue than estimated. In fiscal 2013, 2014, and 2016, the difference was relatively small, amounting to an additional 5.0% to 7.0% of the estimated revenues each year. In fiscal 2017, however, the board collected over $375,000, or 36.5% more than estimated. Overcollection typically results in an increased closing fund balance.

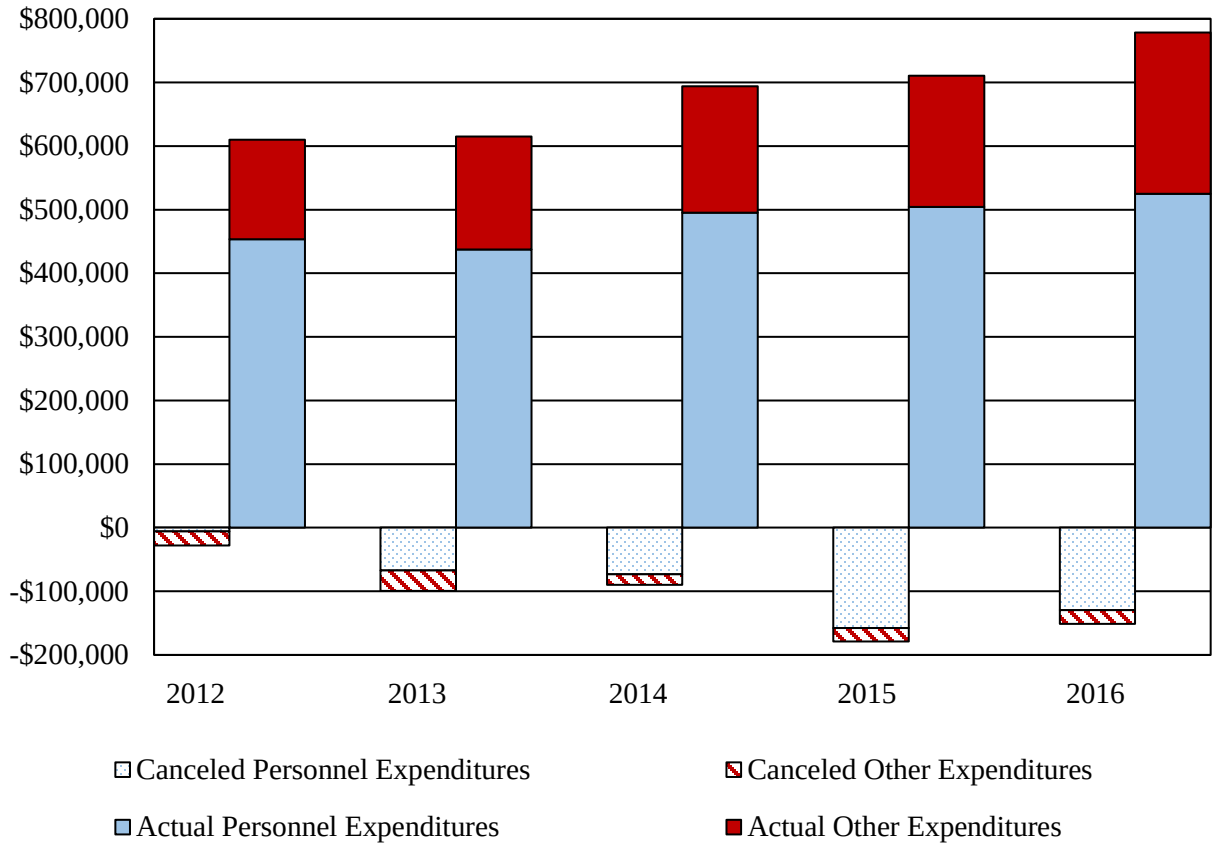
Personnel Expenses Drive Board Expenditures

Personnel expenses continue to comprise the largest portion of the board's budget, routinely accounting for 70% of overall expenses. Aside from personnel expenses, the board's indirect costs consist of expenses pooled with other health occupations boards housed within MDH, including IT support, fiscal personnel, and regulatory personnel. The remainder of the board's expenditures comprise rent and other operating costs.

The board has struggled over the past few years with vacancy issues for both regular and contractual full-time equivalent (FTE) positions. In fiscal 2015, MDH instituted a departmentwide hiring freeze for general fund cost containment purposes, which had the effect of also forcing special funded vacancies, such as those for the board, to remain vacant for that fiscal year. As a result of long-term vacant positions, the board's allowance of permanent positions has been reduced twice in the past five years. In fiscal 2015, the board's staff allowance was reduced by an office secretary position, and in fiscal 2017, the board lost an Administrative Specialist II position. Contractual FTE positions, although easier to create since they do not require strict approval from the Department of Budget and Management (DBM), tend to be less appealing to prospective candidates since FTEs do not receive full benefits.

The fiscal effect of the board's vacancies is shown in **Exhibit 6.4**, which compares the board's actual year-end expenditures to appropriated, but unspent, funds for fiscal 2012 through 2016. Although the board's expenditures have grown, the board has also underspent each year compared to the legislative appropriation. In all but one year, funds appropriated for personnel purposes accounted for more than two-thirds of the board's unspent funds. At the end of each fiscal year, unexpended funds are canceled and remain in the board's special fund, further enhancing the fund balance.

Exhibit 6.4
Actual Expenditures Versus Canceled Appropriations
State Board of Professional Counselors and Therapists
Fiscal 2012-2016



Note: Personnel expenditures include all funds budgeted for Objects 1 and 2 (salaries and wages for regular positions and technical and special fees, which are primarily for contractual positions).

Source: Maryland Department of Health; Governor's Budget Books, Fiscal 2010–2018

As of November 2017, all but 2 of the board's 6 regular positions are filled. The board's previous executive director departed in May 2017, and the position has since been filled by a contractual interim executive director. In early November, the previous board investigator departed. The board has 3 additional contractual staff, 2 of whom are full time. Two of the contractual staff positions were filled within the past fiscal year: the board hired a full-time contractual administrative specialist in June 2017, and a full-time contractual investigator in September 2017. The board is in the process of recruiting for another part-time contractual board investigator.

The Board Is in Need of Additional Staff Resources

Although the board's regulatory responsibilities and the number of individuals regulated by the board have increased sharply in recent years, staff resources have not kept pace. As noted in Chapter 2, over the past five years, the board has begun to issue three new licenses within two new areas of specialization. The number of active credentials reported by the board more than doubled between fiscal 2012 and 2017. Over the same time period, the board has also reported a tripling of applications received for initial licensure or certification. Although the board's staff allowance has fluctuated slightly from year-to-year since fiscal 2012, overall, it has grown minimally. In fiscal 2012, the board had 6.0 full-time positions (including 1.0 programmer shared with another board) and 2.0 full-time contractual equivalent positions. Currently, the board has 7.0 regular positions (including 1.0 programmer shared with another board) and 2.5 contractual full-time equivalent positions.

The staff has been unable to effectively manage the increasing licensing and complaint workloads associated with the board's growing regulatory responsibilities, resulting in significant delays and errors for license processing and complaint resolution. Chapter 2 highlights extensive license processing delays, reports of lost application materials and checks, and inconsistent staff communication of accurate credentialing requirements. Similarly, Chapter 3 identifies delays for complaint investigation and resolution, and missing disciplinary files and materials. An October 13, 2017 letter from MDH to the legislative Joint Audit Committee provides an update on progress toward implementing recommendations from the April 2017 fiscal compliance audit of Regulatory Services. In that letter, MDH indicated an intention to request from DBM a position for a compliance manager in order to better manage complaints.

The board's current financial state will allow it to maintain recently added contractual positions, as well as other positions. The board's financial officer indicated that, at the time that the board voted to increase fees, it was projected that the additional revenue would support 3 new board staff positions. Therefore, the board can grow its staff size some, while staying within existing financial resources.

Recommendation 28: The board should hire a short-term contractual administrative officer to allow the board to provide sufficient administrative support to the Alcohol and Drug Subcommittee recommended in Chapter 4. The board should follow through with its plan to request a permanent position for a compliance manager from DBM.

Managing for Results Submissions Overstate Board Performance

Annually, in concert with the Governor's budget submission, DBM publishes Managing for Results (MFR) strategic plans outlining each agency's mission, vision, goals, objectives, and performance metrics. MFR is a strategic planning, performance measurement, and budgeting process that emphasizes use of resources to achieve measurable results, accountability, efficiency,

and continuous improvement in State government programs. Like most other health occupations boards and commissions, the board has three MFR goals related to licensure and complaint resolution:

- by June 30, 2018, to issue initial licenses to 95% of qualified applicants within 10 days of receipt of the last qualifying document, or to improve upon that standard if it has already been met;

- by June 30, 2018, to issue renewal licenses to 95% of qualified applicants within 5 days of receipt of the last qualifying document, or to improve upon that standard if it has already been met; and

- by July 1, 2018, improve the percent of complaint investigations completed by the board to 100% within 180 days.

MFRs published with the fiscal 2018 operating budget allowance indicate that, for fiscal 2013 through 2016, the board has issued initial licenses to 100% of qualified applicants within 10 days of receipt of the last qualifying document, issued renewal licenses to 100% of qualified applicants within 5 days of receipt of the last qualifying document, and completed 100% of complaint investigations within 180 days. When asked, the board was unable to substantiate performance reported for any years, for any goals. Information collected during the process of this evaluation, and discussed in Chapters 2 and 3, directly contradicts the performance data reported in MFRs for the issuance of initial licenses and the investigation of complaints.

Recommendation 29: The board should implement systems to track progress toward licensure and complaint resolution goals, and it should accurately report progress to DBM.

Opportunity to Join the Board of Physicians Enterprise IT System Project

Prompted by a 2011 sunset evaluation and a report by an independent consultant, the State Board of Physicians has been working toward development of a new integrated IT system for medical licensure and investigation. The State Board of Physicians' current IT system is 20 years old, has limitations such as extrapolating meaningful data, and is not equipped for an Internet platform. Additionally, the State Board of Physicians requires a modernized system that will allow conversion from a paper-based system to a paperless system that has Internet capability to facilitate real-time information updates and exchanges. Development of the project has stalled numerous times over the years and was most recently held back by the Department of Information Technology (DoIT) so that the scope of the project could be realigned with DoIT's new goal of creating enterprise projects.

The new administration at DoIT has made it a statewide priority to develop, procure, and implement enterprise systems wherever possible in State government. Enterprise systems are software packages that can be used by multiple entities that administer similar functions. In this

particular situation, since the State has multiple health occupations boards that all conduct similar licensing and complaint investigations functions, and all boards should operate with a similar licensing and investigation software package. According to DoIT, moving to an enterprise IT system will optimize the State's portfolio of services and investments, enable better decision making, create faster delivery of IT solutions through a shared solutions approach, promote a highly collaborative culture, and ensure alignment of IT projects and initiatives with the State IT Master Plan.

With these goals in mind, DoIT and MDH have begun outreach to the various other health occupations boards in order to solicit interest and determine need before moving forward with the State Board of Physicians' project. Although the board is aware of the possibility of joining the IT project, no decisions have been made. Next steps include creating an IT solutions request, confirming the stakeholder workgroup, assessing the funding model, identifying an acquisition strategy, and finally resubmitting the IT project request with the revised information.

Involvement in this enterprise IT system could potentially resolve IT issues related to data reliability and licensure and complaint tracking discussed in Chapters 2 and 3, and generally modernize the board's licensure and complaint resolution processes. Participation in this enterprise system project also likely would be more cost-efficient for the board than procuring its own IT systems, although cost estimates are not available at this time.

Recommendation 30: MDH should continue to consult with DoIT and the board to determine whether this project would be appropriate to resolve the board's data reliability and licensure and complaint tracking issues.

The Board Website Is Disorganized

Although the board maintains a website, the website's organization makes it difficult to navigate and locate information and forms. The website is organized into a home page and separate pages about the board, behavior analysts, forms, complaints, frequently asked questions, and board contact information. The behavior analyst modality is the only modality with a separate page of information and forms. Forms and materials for behavior analysts also can only be found by clicking through to the behavior analyst page, not the forms page. Additionally, the home page does not mention licensed clinical professional counselors, the credential with the most individuals licensed by the board.

The website also does not contain information about the renewal process. Board staff advised that the online renewal portal is only active during the renewal period, beginning around November 1 of each year. Individuals with active credentials are informed via postcard and email that the portal is live, and at that time, a banner is added to the board's website indicating that the renewal portal is live. However, the banner is removed once the portal closes. Outside of the open

renewal period, individuals would have to contact the board for information about the renewal process.

Recommendation 31: The board should reorganize its website to make it more user friendly and easier to find information, with relevant information and forms posted in consistent and logical locations.

Chapter 7. Conclusion

Pursuant to the Maryland Program Evaluation Act, the Department of Legislative Services (DLS) has evaluated the State Board of Professional Counselors and Therapists (the board), which is scheduled to terminate July 1, 2019. This full evaluation was undertaken to provide the General Assembly with information to use in making the determination about whether to reauthorize the board and for what period of time. In addition to assessing the board's progress in implementing the recommendations from the 2007 sunset evaluation, this report also analyzed issues identified in the 2016 preliminary sunset evaluation, including data inconsistencies and systems, the complaint backlog, the credentialing process, the number of credentials and specializations regulated by the board, and the board's fiscal status and fund balance.

The board's current interim executive director has initiated efforts to resolve longstanding issues. DLS finds that additional support is needed to address the significant deficiencies related to the board's disciplinary, licensure/certification, and other regulatory processes; many of which have troubling implications for the board's ability to fulfill its primary purpose of protecting the public's health and welfare. Regarding licensure and certification, DLS finds that the board issues a large number of credentials across multiple areas of specialization, keeps inconsistent licensing data, uses an antiquated paper licensing system, and has struggled to meet its licensing performance goals; in part due to issues with application tracking, complex licensing requirements, and poor communication of such requirements to applicants. In light of the current opioid epidemic, licensure and certification delays for alcohol and drug counselors are particularly problematic and have hamstrung providers' ability to replace or add counselors to treat patients based on caseload limitations. Related to discipline and complaint resolution, DLS finds that since the last sunset evaluation in 2007, the board continues to exhibit inadequate recordkeeping and struggles with a substantial complaint backlog, which pose both serious public safety concerns and due process issues for individuals regulated by the board.

DLS has made a total of 32 recommendations throughout this report, but some are more significant than others and warrant the board's primary attention as well as assistance from the Maryland Department of Health (MDH), the Department of Budget and Management (DBM), and the Office of the Attorney General (OAG). The board's immediate priorities should be to resolve the complaint backlog and repair the licensing process for alcohol and drug counselors. In order to resolve these issues, DLS recommends that the board address recommendations as follows:

1. The board should work with MDH and DBM to obtain additional personnel resources to allow the board to conduct a systematic evaluation and triage of the current complaint backlog. The board should prioritize complaints based on their potential public safety risks (such as allegations of sexual misconduct and cases involving child custody determinations), followed by recent complaints. The board should develop a plan to systematically address the backlog and implement strategies to prevent future backlogs moving forward. The board should include its plan and proposed strategies, including timetables, in a report to DLS to be submitted by October 1, 2018 (Recommendation 10).

2. The board counsel, with the assistance of OAG, should immediately examine open complaints and assist the board in determining which cases are likely to have merit and need further investigation, and which cases could be administratively or summarily closed (Recommendation 11).

3. The board should establish concrete timelines for the duration of investigations where after a certain period of time a case should be dismissed or advanced, except in the most serious circumstances (Recommendation 14).

4. Statute should be amended to (1) alter the ethics course requirements for alcohol and drug counselors and trainees to require a more general ethics course; (2) authorize an applicant for the certified supervised counselor-alcohol and drug or the certified associate counselor-alcohol and drug credentials to substitute supervised work experience as specified in regulation, in lieu of satisfying the required internship in alcohol and drug counseling; (3) authorize licensure by endorsement for individuals who have practiced in another state for five years, passed a national certification exam approved by the board, and passed the Maryland State law exam; and (4) authorize the board to waive education and experience requirements for applicants who have obtained adequate education and experience under unusual circumstances on a case-by-case basis (Recommendations 16 through 19).

5. The board should offer the State law exam at least once a month and at alternate locations throughout the State; or, if possible, the board should offer the exam online and make it available continuously (Recommendation 20).

6. The board should establish an Alcohol and Drug Counselor Subcommittee for one to two years to make licensure and disciplinary recommendations related to alcohol and drug counseling. Members of the subcommittee should be selected by the board and should include at least two of the three alcohol and drug counselor board members, two other licensed or certified alcohol and drug counselors, and one consumer (Recommendation 21).

7. The board should hire a short-term contractual administrative officer to allow the board to provide sufficient administrative support to the Alcohol and Drug Counselor Subcommittee (Recommendation 28).

Once these central issues are addressed, the board should begin to address the remaining administrative issues as follows:

- licensing issues related to the promulgation of regulations for professional art therapy, the tracking and reporting of consistent data, and the implementation of an online licensing and certification system (Recommendations 1 through 3); simplification and clarification of education requirements (Recommendations 4, 5, and 9); streamlining of criminal history records checks (Recommendations 6 and 7); and implementation of a portability plan (Recommendation 8);

- complaint resolution issues related to the implementation of an electronic tracking system for complaints and investigations (Recommendations 12, 13, and 29) and adoption of more specific sanctioning guidelines (Recommendation 15);

- board composition, structure, and transparency issues related to the equitable distribution of seats (Recommendation 22); the integration of behavior analysts (Recommendations 22 and 23); limitation of the number of credentials regulated and awarded (Recommendation 24); compliance with the Open Meetings Act (Recommendation 25); and publication and dissemination of annual reports (Recommendation 26); and

- financial and administrative issues related to publication of a fee schedule (Recommendation 27); reorganization of the website (Recommendation 30); and implementation of an enterprise information technology system (Recommendation 31).

Finally, DLS recommends that emergency legislation be introduced to implement the statutory recommendations included in this report and to extend the board's termination date by two years, to July 1, 2021, in order to provide the board time to address the issues identified in this report. The board, in consultation with MDH and DBM, should be required to submit reports to DLS every six months, with the first report due October 1, 2018, on the progress made implementing the statutory and nonstatutory recommendations contained in this report. DLS should provide a report to the General Assembly, by December 1, 2019, on the board's progress to date and any recommendation on whether and how long to extend the termination date of the board.

Recommendation 32: Emergency legislation should be enacted to reflect the statutory recommendations in this report and to extend the termination date of the board to July 1, 2021. Further, uncodified language should be adopted to require that the board, in consultation with MDH and DBM, submit reports to DLS every six months, with the first report due October 1, 2018, on the progress made implementing the statutory and nonstatutory recommendations contained in this report. By December 1, 2019, DLS should report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee on the board's progress to date and recommend whether and for how long the board's termination date should be extended.

Appendix 1
Summary of the Responses to the DLS Survey

The Department of Legislative Services (DLS), Office of Policy Analysis, of the General Assembly of Maryland is evaluating the State Board of Professional Counselors and Therapists (board). As part of this evaluation, DLS is conducting a survey to gather feedback from professionals regulated by the board regarding the board's performance.

The survey primarily consists of multiple choice questions and should take no more than 10-15 minutes to complete.

Your responses will not be shared with the board or any other State agency.

Your responses will not be attributed to you by name.

The survey will close at midnight on September 22, 2017, so please respond by then. If you have any questions, please contact Justin S. Kozinn, Hannah E. Dier, or Lisa J. Simpson, Policy Analysts with DLS, by phone at (410) 946-5350 or (301) 946-5350, or by email at OPAsurveys@gmail.com or DLSsurveys@mlis.state.md.us.

Thank you in advance for your time and assistance.

1. In your opinion, Maryland's laws and regulations governing the counseling and therapy professions are:

	Insufficient	Somewhat Insufficient	Reasonable	Somewhat Excessive	Excessive
Overall	1.9%	6.1%	73.3%	14.5%	4.3%

Additional Comments	194
Answered Question	1,643
Skipped Question	7

	Insufficient	Somewhat Insufficient	Reasonable	Somewhat Excessive	Excessive	Number of Respondents
Professional Counselor	1.5%	5.4%	78.5%	12.1%	2.5%	447
Alcohol and Drug Counselor	3.1%	4.3%	59.3%	23.3%	10.1%	50
Marriage and Family Therapist	2.3%	17.0%	70.5%	9.1%	1.1%	55
Art Therapist	2.0%	10.0%	86.0%	2.0%	0.0%	88
Behavior Analyst	0.0%	7.3%	85.5%	7.3%	0.0%	1,031
Number of Respondents	**32**	**99**	**1,226**	**242**	**72**	

2. Based on your experience with the board, please indicate your level of agreement with the following statements regarding board performance:

Additional Comments	302
Answered Question	1,644
Skipped Question	6

a. Board staff are helpful, professional, and communicative.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
Overall	9.5%	23.7%	22.9%	15.9%	13.7%	14.2%

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Number of Respondents
Professional Counselor	9.2%	22.9%	22.4%	17.2%	14.4%	13.8%	87
Marriage and Family Therapist	9.2%	16.1%	12.6%	16.1%	20.7%	25.3%	446
Alcohol and Drug Counselor	11.2%	23.8%	22.0%	13.9%	11.7%	17.5%	55
Art Therapist	10.2%	36.7%	26.5%	2.0%	16.3%	8.2%	49
Behavior Analyst	9.1%	34.5%	29.1%	18.2%	7.3%	1.8%	1,029
Number of Respondents	**409**	**239**	**390**	**277**	**170**	**260**	

b. The board is accessible and responsive.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	
Overall	8.5%	23.1%	25.2%	17.2%	14.9%	11.1%	
	Strongly Agree	**Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Disagree**	**Strongly Disagree**	**Number of Respondents**
Professional Counselor	8.7%	23.1%	25.1%	17.5%	15.7%	9.9%	54
Marriage and Family Therapist	9.1%	25.0%	15.9%	19.3%	18.2%	12.5%	49
Alcohol and Drug Counselor	8.6%	20.2%	23.9%	15.5%	13.4%	18.4%	1,024
Art Therapist	8.2%	30.6%	34.7%	10.2%	8.2%	8.2%	88
Behavior Analyst	5.6%	38.9%	27.8%	18.5%	7.4%	1.9%	440
Number of Respondents	**252**	**149**	**431**	**297**	**399**	**206**	

c. The board keeps regulated professionals adequately informed regarding changes in laws and regulations.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	
Overall	6.9%	24.7%	23.5%	17.6%	15.6%	11.8%	
	Strongly Agree	**Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Disagree**	**Strongly Disagree**	**Number of Respondents**
Professional Counselor	7.0%	23.4%	23.1%	19.9%	15.6%	10.9%	1025
Marriage and Family Therapist	8.0%	19.5%	23.0%	14.9%	18.4%	16.1%	87
Alcohol and Drug Counselor	6.7%	26.4%	22.6%	13.9%	15.2%	15.2%	447
Art Therapist	4.1%	36.7%	28.6%	12.2%	10.2%	8.2%	49
Behavior Analyst	7.4%	29.6%	25.9%	22.2%	11.1%	3.7%	54
Number of Respondents	**120**	**424**	**410**	**306**	**268**	**213**	

3. Based on your experience with the board, please indicate your level of agreement with the following statements regarding credential application and processing:

Additional Comments	244
Answered Question	1,649
Skipped Question	1

a. Educational requirements are clear.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a
Overall	22.5%	45.8%	16.3%	6.9%	5.1%	2.6%	0.7%

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a	Number of Respondents
Professional Counselor	24.3%	46.6%	15.6%	4.1%	6.5%	1.9%	1.0%	1026
Marriage and Family Therapist	25.8%	39.3%	13.5%	11.2%	6.7%	3.4%	0.0%	89
Alcohol and Drug Counselor	16.9%	44.5%	17.4%	7.7%	8.1%	4.7%	0.7%	443
Art Therapist	14.0%	56.0%	16.0%	4.0%	6.0%	0.0%	4.0%	50
Behavior Analyst	25.5%	45.5%	20.0%	0.0%	9.1%	0.0%	0.0%	55
Number of Respondents	**386**	**793**	**285**	**91**	**124**	**47**	**15**	

b. Requirements and processes for initial licensure are clear.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a
Overall	18.3%	38.2%	19.8%	8.3%	7.7%	4.8%	3.0%

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a	Number of Respondents
Professional Counselor	20.2%	36.5%	19.8%	8.1%	7.5%	4.2%	3.8%	1,032
Marriage and Family Therapist	19.1%	34.8%	15.7%	9.0%	11.2%	6.7%	3.4%	89
Alcohol and Drug Counselor	14.3%	38.6%	21.2%	9.2%	8.3%	6.7%	1.8%	448
Art Therapist	14.0%	46.0%	22.0%	8.0%	4.0%	2.0%	4.0%	50
Behavior Analyst	14.5%	50.9%	20.0%	5.5%	9.1%	0.0%	0.0%	55
Number of Respondents	**317**	**662**	**352**	**148**	**136**	**84**	**54**	

c. Board application forms and materials clearly convey the requirements for licensure.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a
Overall	17.5%	40.9%	19.2%	8.8%	7.2%	4.3%	2.0%

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagre	n/a	Number of Respondents
Professional Counselor	18.9%	39.8%	18.6%	9.4%	7.2%	3.5%	2.5%	1035
Marriage and Family Therapist	13.6%	33.0%	19.3%	5.7%	14.8%	9.1%	4.5%	88
Alcohol and Drug Counselor	15.2%	41.9%	20.0%	9.2%	6.1%	6.1%	1.6%	446
Art Therapist	10.0%	58.0%	16.0%	4.0%	4.0%	4.0%	4.0%	50
Behavior Analyst	20.0%	54.5%	14.5%	5.5%	5.5%	0.0%	0.0%	55
Number of Respondents	**304**	**715**	**336**	**155**	**125**	**78**	**40**	

d. Applications are processed within a reasonable timeframe.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a
Overall	12.0%	30.8%	18.9%	10.4%	8.6%	14.0%	5.3%

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a	Number of Respondents
Professional Counselor	13.2%	31.7%	19.1%	10.6%	8.1%	11.8%	5.4%	1034
Marriage and Family Therapist	10.1%	30.3%	20.2%	2.2%	13.5%	16.9%	6.7%	89
Alcohol and Drug Counselor	10.1%	26.0%	18.3%	12.1%	9.6%	19.2%	4.7%	447
Art Therapist	6.0%	44.0%	24.0%	0.0%	6.0%	10.0%	10.0%	50
Behavior Analyst	12.7%	30.9%	18.2%	9.1%	9.1%	18.2%	1.8%	55
Number of Respondents	**210**	**534**	**332**	**184**	**150**	**251**	**93**	

e. The pre-application credential evaluation is a useful option.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a	
Overall	12.9%	30.6%	13.6%	4.1%	4.1%	3.3%	31.5%	
	Strongly Agree	**Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Disagree**	**Strongly Disagree**	**n/a**	**Number of Respondents**
Professional Counselor	14.2%	29.4%	12.3%	3.5%	3.3%	2.8%	34.4%	1022
Marriage and Family Therapist	13.6%	23.9%	10.2%	6.8%	0.0%	2.3%	43.2%	88
Alcohol and Drug Counselor	11.8%	31.9%	15.8%	6.8%	7.0%	5.2%	21.5%	442
Art Therapist	12.2%	38.8%	10.2%	2.0%	0.0%	2.0%	34.7%	49
Behavior Analyst	0.0%	33.3%	18.5%	1.9%	7.4%	1.9%	37.0%	54
Number of Respondents	**227**	**521**	**234**	**75**	**71**	**58**	**546**	

f. Application fees are reasonable.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a	
Overall	6.0%	20.7%	21.3%	17.3%	16.9%	15.9%	2.5%	
	Strongly Agree	**Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Disagree**	**Strongly Disagree**	**n/a**	**Number of Respondents**
Professional Counselor	6.5%	21.4%	22.3%	16.8%	16.7%	13.8%	2.4%	1028
Marriage and Family Therapist	7.8%	30.0%	14.4%	15.6%	15.6%	14.4%	2.2%	90
Alcohol and Drug Counselor	5.2%	15.8%	21.9%	18.3%	18.6%	17.9%	2.3%	442
Art Therapist	10.0%	26.0%	14.0%	24.0%	14.0%	8.0%	4.0%	50
Behavior Analyst	3.6%	10.9%	14.5%	23.6%	20.0%	27.3%	0.0%	55
Number of Respondents	**106**	**356**	**364**	**304**	**301**	**271**	**42**	

g. Board staff responds to questions in a timely manner.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a	
Overall	9.3%	22.3%	24.6%	13.0%	12.5%	13.1%	5.3%	
	Strongly Agree	**Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Disagree**	**Strongly Disagree**	**n/a**	**Number of Respondents**
Professional Counselor	9.8%	22.3%	25.6%	13.4%	12.1%	11.7%	5.0%	1022
Marriage and Family Therapist	12.4%	21.3%	15.7%	10.1%	13.5%	20.2%	6.7%	89
Alcohol and Drug Counselor	8.7%	19.9%	22.5%	12.3%	13.8%	18.5%	4.2%	448
Art Therapist	6.0%	38.0%	22.0%	6.0%	6.0%	8.0%	14.0%	50
Behavior Analyst	7.3%	32.7%	23.6%	10.9%	12.7%	3.6%	9.1%	55
Number of Respondents	**165**	**385**	**424**	**223**	**215**	**237**	**92**	

h. Board staff provide clear and consistent guidance on application and licensing procedures.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a	
Overall	9.7%	25.7%	19.2%	12.7%	12.8%	14.5%	5.5%	
	Strongly Agree	**Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Disagree**	**Strongly Disagree**	**n/a**	**Number of Respondents**
Professional Counselor	9.9%	25.9%	18.2%	14.1%	13.8%	12.8%	5.3%	1031
Marriage and Family Therapist	12.4%	19.1%	10.1%	11.2%	13.5%	29.2%	4.5%	89
Alcohol and Drug Counselor	9.4%	24.2%	21.5%	9.8%	11.6%	18.6%	4.9%	447
Art Therapist	8.0%	34.0%	22.0%	6.0%	8.0%	6.0%	16.0%	50
Behavior Analyst	10.9%	32.7%	29.1%	9.1%	9.1%	1.8%	7.3%	55
Number of Respondents	**172**	**447**	**336**	**216**	**221**	**260**	**99**	

i. Application requirements are evaluated consistently.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a	
Overall	8.0%	31.2%	18.3%	8.0%	6.7%	6.2%	21.5%	
	Strongly Agree	**Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Disagree**	**Strongly Disagree**	**n/a**	**Number of Respondents**
Professional Counselor	8.4%	33.0%	18.1%	7.2%	5.9%	4.6%	22.8%	1017
Marriage and Family Therapist	10.2%	27.3%	17.0%	4.5%	8.0%	3.4%	29.5%	88
Alcohol and Drug Counselor	7.0%	26.6%	18.9%	10.6%	10.6%	12.4%	14.0%	444
Professional Counselor	8.0%	32.0%	12.0%	0.0%	14.0%	6.0%	28.0%	50
Marriage and Family Therapist	7.4%	38.9%	18.5%	13.0%	3.7%	0.0%	18.5%	54
Alcohol and Drug Counselor	**138**	**534**	**314**	**136**	**123**	**114**	**368**	

j. The license renewal process

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a	
Overall	19.6%	42.6%	17.4%	7.5%	4.4%	4.4%	4.6%	
	Strongly Agree	**Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Disagree**	**Strongly Disagree**	**n/a**	**Number of Respondents**
Professional Counselor	20.3%	43.1%	16.1%	7.8%	3.9%	4.0%	4.9%	1026
Marriage and Family Therapist	24.4%	32.2%	15.6%	7.8%	7.8%	11.1%	1.1%	90
Alcohol and Drug Counselor	19.3%	44.7%	20.0%	6.1%	3.4%	3.4%	3.1%	445
Art Therapist	12.0%	54.0%	14.0%	4.0%	4.0%	2.0%	10.0%	50
Behavior Analyst	11.1%	35.2%	20.4%	13.0%	9.3%	1.9%	9.3%	54
Number of Respondents	**339**	**747**	**303**	**129**	**74**	**71**	**79**	

k. The board processes license renewals in a timely manner.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a
Overall	24.0%	39.7%	14.2%	4.5%	2.7%	3.7%	11.1%

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	n/a	Number of Respondents
Professional Counselor	25.1%	40.2%	12.6%	4.4%	2.2%	3.1%	12.3%	1030
Marriage and Family Therapist	27.0%	34.8%	15.7%	4.5%	5.6%	6.7%	5.6%	89
Alcohol and Drug Counselor	22.6%	39.9%	17.9%	5.6%	2.9%	4.9%	6.1%	446
Art Therapist	16.0%	54.0%	10.0%	0.0%	0.0%	4.0%	16.0%	50
Behavior Analyst	18.5%	35.2%	14.8%	3.7%	3.7%	1.9%	22.2%	54
Number of Respondents	**417**	**704**	**246**	**78**	**44**	**67**	**190**	

4. Based on your experience with the board, please indicate your level of agreement with the following statements regarding board investigations and disciplinary actions:

Additional Comments	436
Answered Question	1,430
Skipped Question	220

a. The board enforces laws and regulations uniformly and fairly.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
Overall	10.7%	54.9%	26.6%	3.8%	2.3%	1.8%

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Number of Respondents
Professional Counselor	10.1%	56.7%	26.5%	3.1%	1.6%	2.1%	875
Marriage and Family Therapist	15.1%	49.3%	35.6%	0.0%	0.0%	0.0%	73
Alcohol and Drug Counselor	10.5%	51.1%	24.8%	6.0%	5.0%	2.6%	419
Art Therapist	7.5%	65.0%	25.0%	0.0%	2.5%	0.0%	40
Behavior Analyst	13.3%	62.2%	13.3%	8.9%	2.2%	0.0%	45
Number of Respondents	**161**	**831**	**394**	**58**	**38**	**30**	

b. The board handles disciplinary actions uniformly and fairly.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	
Overall	10.0%	55.6%	26.4%	3.2%	2.0%	2.9%	
	Strongly Agree	**Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Disagree**	**Strongly Disagree**	**Number of Respondents**
Professional Counselor	8.9%	57.7%	26.2%	2.9%	1.4%	2.8%	854
Marriage and Family Therapist	13.9%	56.9%	26.4%	1.4%	0.0%	1.4%	72
Alcohol and Drug Counselor	10.4%	50.8%	25.9%	3.9%	4.1%	4.8%	413
Art Therapist	10.3%	61.5%	25.6%	0.0%	2.6%	0.0%	39
Behavior Analyst	13.6%	61.4%	15.9%	6.8%	2.3%	0.0%	44
Number of Respondents	**148**	**821**	**383**	**48**	**32**	**47**	

c. Board members and staff are impartial and professional.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	
Overall	10.5%	46.7%	26.4%	7.7%	4.2%	4.6%	
	Strongly Agree	**Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Disagree**	**Strongly Disagree**	**Number of Respondents**
Professional Counselor	8.9%	47.8%	26.9%	7.3%	4.4%	4.7%	858
Marriage and Family Therapist	16.7%	43.1%	25.0%	8.3%	4.2%	2.8%	72
Alcohol and Drug Counselor	12.3%	43.5%	24.5%	8.9%	5.5%	5.3%	416
Art Therapist	7.5%	62.5%	22.5%	5.0%	2.5%	0.0%	40
Behavior Analyst	15.2%	58.7%	19.6%	4.3%	2.2%	0.0%	46
Number of Respondents	**159**	**692**	**392**	**114**	**67**	**70**	

d. The investigative process is fair and objective.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	
Overall	9.6%	53.3%	28.7%	3.7%	1.6%	3.2%	
	Strongly Agree	**Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Disagree**	**Strongly Disagree**	**Number of Respondents**
Professional Counselor	7.8%	55.3%	28.9%	3.6%	1.4%	3.0%	844
Marriage and Family Therapist	12.7%	54.9%	25.4%	4.2%	1.4%	1.4%	71
Alcohol and Drug Counselor	10.2%	48.7%	28.7%	4.9%	3.2%	4.4%	411
Art Therapist	7.7%	59.0%	30.8%	0.0%	2.6%	0.0%	39
Behavior Analyst	15.6%	57.8%	20.0%	2.2%	2.2%	2.2%	45
Number of Respondents	**137**	**783**	**417**	**55**	**29**	**47**	

e. Complaints are handled in a timely manner.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	
Overall	8.3%	48.2%	28.4%	5.4%	3.9%	5.7%	
	Strongly Agree	**Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Disagree**	**Strongly Disagree**	**Number of Respondents**
Professional Counselor	7.0%	50.7%	28.6%	5.1%	3.2%	5.4%	840
Marriage and Family Therapist	10.1%	52.2%	27.5%	4.3%	2.9%	2.9%	69
Alcohol and Drug Counselor	8.6%	41.7%	27.7%	6.6%	6.9%	8.6%	408
Art Therapist	5.3%	63.2%	23.7%	0.0%	5.3%	2.6%	38
Behavior Analyst	13.6%	56.8%	22.7%	4.5%	0.0%	2.3%	44
Number of Respondents	**118**	**706**	**407**	**78**	**62**	**87**	

5. Has the board ever investigated you or taken disciplinary action against you?

	Yes	No
Overall	2.9%	97.1%
Answered Question	1,625	
Skipped Question	25	

	Yes	No	Number of Respondents
Professional Counselor	2.5%	97.5%	1030
Marriage and Family Therapist	4.6%	95.5%	88
Alcohol and Drug Counselor	4.6%	95.4%	435
Art Therapist	0.0%	100.0%	50
Behavior Analyst	0.0%	100.0%	55
Number of Respondents	**52**	**1,678**	

6. Did board correspondence clearly convey the complaint process? If not, please explain.

	Yes	No
Overall	61.7%	38.3%
Additional Comments	21	
Answered Question	60	
Skipped Question	1590	

	Yes	No	Number of Respondents
Professional Counselor	56.7%	43.3%	30
Marriage and Family Therapist	100.0%	0.0%	4
Alcohol and Drug Counselor	58.6%	41.4%	29
Art Therapist			
Behavior Analyst			
Number of Respondents	**39**	**27**	

7. Did board correspondence clearly convey the process required to resolve an investigation or disciplinary matter? If not, please explain.

	Yes	No
Overall	65.6%	34.4%
Additional Comments	15	
Answered Question	61	
Skipped Question	1589	

	Yes	No	Number of Respondents
Professional Counselor	64.3%	35.7%	28
Marriage and Family Therapist	80.0%	20.0%	5
Alcohol and Drug Counselor	69.0%	31.0%	29
Art Therapist			
Behavior Analyst			
Number of Respondents	**43**	**23**	

8. The board currently is comprised of 13 members, including 4 professional counselors, 3 marriage and family therapists, 3 alcohol and drug counselors, 1 professional art therapist, and 2 consumer members.

	Too Large	Adequate	Too Small	No Opinion
Overall	2.4%	65.3%	12.9%	19.5%
Additional Comments				
Answered Question	1,609			
Skipped Question	41			

	Too Large	Adequate	Too Small	No Opinion	Number of Respondents
Professional Counselor	1.9%	68.8%	10.8%	18.5%	1025
Marriage and Family Therapist	3.4%	67.4%	12.4%	16.9%	89
Alcohol and Drug Counselor	3.1%	63.4%	14.4%	19.1%	445
Art Therapist	4.0%	62.0%	20.0%	14.0%	50
Behavior Analyst	1.8%	36.4%	38.2%	23.6%	55
Number of Respondents	**40**	**1,124**	**224**	**327**	

9. In your opinion, are individuals with the license(s) you hold adequately represented by the current composition of the board?

	Yes	No	Other (Please Specify)
Overall	79.6%	15.5%	4.9%

Additional Comments	
Answered Question	1,610
Skipped Question	40

	Yes	No	Other (Please Specify)	Number of Respondents
Professional Counselor	86.9%	9.3%	3.9%	1,027
Marriage and Family Therapist	70.0%	21.1%	8.9%	90
Alcohol and Drug Counselor	74.8%	19.4%	5.9%	444
Behavior Analyst	21.8%	65.5%	12.7%	55
Number of Respondents	**1,359**	**269**	**89**	

10. In your opinion, please indicate for each profession whether they are adequately represented, overrepresented, or underrepresented.

Additional Comments	
Answered Question	1,594
Skipped Question	56

a. Licensed Professional Counselors

	Overrepresented	Adequately Represented	Underrepresented	
Overall	6.2%	83.6%	10.2%	

	Overrepresented	Adequately Represented	Underrepresented	Number of Respondents
Professional Counselor	1.6%	86.3%	12.1%	1,015
Marriage and Family Therapist	24.7%	75.3%	0.0%	89
Alcohol and Drug Counselor	10.3%	81.0%	8.7%	426
Art Therapist	29.8%	66.0%	4.3%	47
Behavior Analyst	16.7%	79.6%	3.7%	54
Number of Respondents	**106**	**1,401**	**170**	

b. Alcohol and Drug Counselors

	Overrepresented	Adequately Represented	Underrepresented	
Overall	4.9%	80.6%	14.5%	

	Overrepresented	Adequately Represented	Underrepresented	Number of Respondents
Professional Counselor	5.1%	84.6%	10.3%	992
Marriage and Family Therapist	12.8%	80.2%	7.0%	86
Alcohol and Drug Counselor	1.4%	70.4%	28.2%	439
Art Therapist	8.5%	89.4%	2.1%	47
Behavior Analyst	13.2%	86.8%	0.0%	53
Number of Respondents	**81**	**1,338**	**242**	

c. Marriage and Family Therapists

	Overrepresented	Adequately Represented	Underrepresented	
Overall	7.1%	85.9%	7.0%	

	Overrepresented	Adequately Represented	Underrepresented	Number of Respondents
Professional Counselor	6.8%	87.7%	5.5%	985
Marriage and Family Therapist	0.0%	74.4%	25.6%	90
Alcohol and Drug Counselor	7.6%	84.8%	7.6%	421
Art Therapist	12.8%	83.0%	4.3%	47
Behavior Analyst	18.5%	79.6%	1.9%	54
Number of Respondents	**118**	**1,408**	**114**	

d. Professional Art Therapists

	Overrepresented	Adequately Represented	Underrepresented	
Overall	4.3%	70.8%	24.9%	
	Overrepresented	**Adequately Represented**	**Underrepresented**	**Number of Respondents**
Professional Counselor	3.4%	71.5%	25.0%	987
Marriage and Family Therapist	7.1%	75.0%	17.9%	84
Alcohol and Drug Counselor	5.0%	71.6%	23.4%	419
Art Therapist	0.0%	30.6%	69.4%	49
Behavior Analyst	14.8%	70.4%	14.8%	54
Number of Respondents	**71**	**1,152**	**412**	

e. Licensed Behavior Analysts

	Overrepresented	Adequately Represented	Underrepresented	
Overall	3.0%	58.2%	38.9%	
	Overrepresented	**Adequately Represented**	**Underrepresented**	**Number of Respondents**
Professional Counselor	2.5%	56.9%	40.5%	943
Marriage and Family Therapist	6.4%	64.1%	29.5%	78
Alcohol and Drug Counselor	4.1%	65.2%	30.7%	411
Art Therapist	0.0%	60.5%	39.5%	43
Behavior Analyst	0.0%	7.3%	92.7%	55
Number of Respondents	**47**	**910**	**614**	

11. Which board-issued credentials do you currently hold? Please indicate all that apply.

Answered Question	1,570
Skipped Question	80

Credentials	Percent of Respondents	Number of Respondents
Licensed Clinical Professional Counselor (LCPC)	55.5%	872
Certified Associate Alcohol and Drug Counselor (CAC-AD)	12.2%	191
Licensed Graduate Professional Counselor (LGPC)	10.2%	160
Supervised Certified Alcohol and Drug Counselor (CSC-AD)	9.0%	141
Licensed Clinical Alcohol and Drug Counselor (LCADC)	7.1%	111
Licensed Clinical Marriage and Family Therapist (LCMFT)	4.6%	72
Licensed Behavior Analyst (LBA)	3.5%	55
Licensed Clinical Professional Art Therapist (LCPAT)	2.9%	45
Certified Professional Counselor (CPC)	1.2%	19
Licensed Graduate Marriage and Family Therapist (LGMFT)	1.0%	15
Certified Professional Alcohol and Drug Counselor (CPC-AD)	0.5%	7
Licensed Graduate Alcohol and Drug Counselor (LGADC)	0.4%	6
Licensed Graduate Professional Art Therapist (LGPAT)	0.3%	5
Certified Marriage and Family Therapist (CMFT)	0.2%	3
Alcohol and Drug Trainee (ADT)	0.1%	1

12. Where are you currently employed? Please indicate all that apply.

Answered Question	1,569
Skipped Question	81

Credentials	Percent of Respondents	Number of Respondents
Public Institution	32.2%	505
Private Institution	35.6%	559
Self-employed/private practice	36.2%	568
Retired	2.0%	31
Unemployed	2.0%	31
Other (Please specify)	8.6%	135

13. How long have you been practicing in Maryland?

	Less Than 1 Year	1 to 4 Years	5 to 9 Years	10 to 19 Years	20 to 29 Years	30+ Years
Overall	6.0%	22.5%	21.1%	30.1%	14.0%	6.3%
Answered Question	1,563					
Skipped Question	87					

	Less Than 1 Year	1 to 4 Years	5 to 9 Years	10 to 19 Years	20 to 29 Years	30+ Years	Number of Respondents
Professional Counselor	7.1%	26.0%	23.7%	28.0%	10.0%	5.2%	1,027
Marriage and Family Therapist	2.2%	33.7%	19.1%	23.6%	6.7%	14.6%	89
Alcohol and Drug Counselor	0.9%	6.5%	16.6%	41.5%	25.8%	8.7%	446
Art Therapist	14.3%	28.6%	16.3%	18.4%	10.2%	12.2%	49
Behavior Analyst	18.2%	36.4%	23.6%	20.0%	0.0%	1.8%	55
Number of Respondents	**96**	**363**	**356**	**515**	**229**	**112**	

14. Are you a member of any of the following associations? Please indicate all that apply.

Answered Question	950
Skipped Question	700

Credentials	Percent of Respondents	Number of Respondents
Licensed Clinical Professional Counselors of Maryland	48.0%	456
Maryland Art Therapy Association	3.4%	32
American Association of Marriage and Family Therapists - Mid Atlantic Division	7.6%	72
Maryland Association for Behavior Analysts	3.9%	37
Other (Please specify)	45.8%	435

15. Do you hold a credential to practice in any state or jurisdiction other than Maryland? Please indicate all that apply.

Answered Question	1,520
Skipped Question	130

Credentials	Percent of Respondents	Number of Respondents
None	81.5%	1239
Delaware	1.3%	19
District of Columbia	6.3%	96
Pennsylvania	2.3%	35
Virginia	5.5%	83
West Virginia	0.8%	12
Other (Please specify)	6.6%	100

16. In which county or jurisdiction do you primarily work?

Answered Question	1,549
Skipped Question	101
Allegany County	2.4%
Anne Arundel County	8.5%
Baltimore City	18.3%
Baltimore County	12.7%
Calvert County	1.6%
Caroline County	0.1%
Carroll County	3.2%
Cecil County	1.2%
Charles County	1.5%
Dorchester County	0.8%
Frederick County	3.8%
Garrett County	0.3%
Harford County	3.9%
Kent County	4.7%
Montgomery County	0.3%
Prince George's County	13.8%
Queen Anne's County	10.3%
Somerset County	0.3%
St. Mary's County	1.4%
Talbot County	0.7%
Washington County	2.6%
Wicomico County	1.9%
Worcester County	0.3%
Out-of-State	5.1%

17. Please provide a phone number where you can be reached. Providing a phone number is not required, but will allow us to ask follow-up questions if necessary. Your responses will not be attributed to you by name, and the completed surveys will not be shared with the board or any other State agency.

Answered Question	755

18. Please provide any additional information you would like for us to consider in our evaluation of the board.

Additional Comments	360

Appendix 2
Board Membership and Staff

Board Members

Appointee	Profession	Term Started	Term Expires
Risa L. Ganel, Chair	Marriage and Family Therapist	July 1, 2014	June 30, 2018
Aparna Ramaswamy, Ed.D., Ph.D., Vice Chair	Professional Counselor	July 1, 2016	June 30, 2020
Candice Richardson Dickens, Secretary	Professional Counselor	July 1, 2014	June 30, 2018
Amanda Bechtel	Professional Art Therapist	July 1, 2016	June 30, 2020
Sharon Bolden	Alcohol and Drug Counselor	July 1, 2017	June 30, 2021
Anna Blasetti De Jong	Professional Counselor	July 1, 2014	June 30, 2018
Mark Donovan	Alcohol and Drug Counselor	July 1, 2017	June 30, 2021
Mary Drotleff	Marriage and Family Therapist	July 1, 2017	June 30, 2021
Jeffrey M. Galecki	Alcohol and Drug Counselor	July 1, 2017	June 30, 2021
Husher Leon Harris, Sr.	Professional Counselor	July 1, 2017	June 30, 2021
Karen Katrinic	Marriage and Family Therapist	July 1, 2017	June 30, 2021
Sara B. Carlton, Ed.D.	Consumer	July 1, 2016	June 30, 2020
Charles S. Frazier, III	Consumer	July 1, 2017	June 30, 2021

Staff

Kimberly B. Link, Interim Executive Director
Ari S. Elbaum, Board Counsel
Anna Sullivan, Licensure Administrator
Janice Isaac, Licensure Coordinator
Sandra Boxley, Office Secretary
Tawana Brown, Trainee Coordinator
Skip Bedics, Investigator III
Swagata Pramanik, Data Processor Analyst II

Appendix 3
Qualifications for Initial Trainee Status, Certification, and Licensure

Credential	Education	Experience	Exam
Licensed Graduate Professional Counselor (LGPC)	(1) Master's degree with 60 credit hours in counselor training; or (2) doctoral degree with 90 credit hours in counselor training	None	National Counselor Examination
Licensed Clinical Professional Counselor	Meets educational requirements for licensure as LGPC	(1) Master's degree: 3 years supervised experience or (2) doctoral degree: 2 years supervised experience	National Counselor Examination and State law examination
Alcohol and Drug Trainees	(1) Associate's degree or higher in a health and human services counseling field or substantively equivalent subject matter, including 1 credit hour in ethics; or (2) 15 credit hours in specified topics in alcohol and drug training as required for licensure as Licensed Clinical Alcohol and Drug Counselor (LCADC)	None	None
Certified Supervised Counselor – Alcohol and Drug	Associate's degree or higher in a health and human services counseling field or substantively equivalent subject matter, including 24 credit hours in alcohol and drug counselor training and a 6 credit hour internship in alcohol and drug counseling	None	International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse and State law examination

Credential	Education	Experience	Exam
Certified Associate Counselor – Alcohol and Drug	Bachelor's degree or higher in a health and human services counseling field or substantively equivalent subject matter, including 33 credit hours in alcohol and drug counselor training and a 6 credit hour internship in alcohol and drug counseling	1 year supervised experience	International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, and State law examination
Licensed Graduate Alcohol and Drug Counselor	Master's or doctoral degree with 48 credit hours in a health and human services counseling field, including 27 credit hours in alcohol and drug counselor training	None	National alcohol and drug counselor examination and State law examination
LCADC	Master's or doctoral degree with 60 credit hours in a health and human services counseling field or a substantially equivalent program, including 39 credit hours in alcohol and drug counselor training	2 years supervised experience	Examination for Master Addiction Counseling and State law examination
Licensed Graduate Professional Art Therapist (LGPAT)	(1) Master's degree with 60 credit hours in an art therapy program accredited by the American Art Therapy Association or (2) doctoral degree with 90 credit hours in an art therapy program accredited by the American Art Therapy Association	None	None
Licensed Clinical Professional Art Therapist	Meets education requirements for licensure as LGPAT	(1) Master's degree: 3 years supervised experience or (2) doctoral degree: 2 years supervised experience	Art Therapy Credentials Board Examination

Credential	Education	Experience	Exam
Licensed Graduate Marriage and Family Therapist (LGMFT)	(1) Master's degree with 60 credit hours in marriage and family therapy or (2) doctoral degree with 90 credit hours in marriage and family therapy	None	Marital and Family Therapy National Examination
Licensed Clinical Marriage and Family Therapist	Meets educational requirements for licensure as LGMFT	2 years supervised experience	Marital and Family Therapy National Examination; and State law examination
Licensed Behavior Analyst	Master's degree or higher from a behavior analysis education course sequence approved by the Behavior Analyst Certification Board	As required for certification by the Behavior Analyst Certification Board	Behavior Analyst Certification Board Examination

Note: The Board renews but no longer offers initial certification for Certified Professional Counselors, Certified Professional Counselors – Alcohol and Drug, and Certified Professional Counselors – Marriage and Family Therapist

Source: Laws of Maryland

Appendix 4

Summary of Recommendations and Outcomes from the 2007 Sunset Review: Evaluation of the State Board of Professional Counselors and Therapists

Recommendation	Change Type	Status	Comment
1. The board should implement a standardized system for collecting and reporting licensing and certification data. This system should be used to report data in a consistent format in the board's annual reports.	Administrative	Not implemented	The board agreed with the recommendation in 2007 but never implemented a new system.
2. Statute should be amended to repeal prospective certification of professional counselors while authorizing currently certified professional counselors to renew certification indefinitely and to continue practicing nonclinical professional counseling.	Statutory	Adopted	Chapter 505 of 2008.
3. Statute should be amended to repeal prospective certification of marriage and family therapists while authorizing currently certified marriage and family therapists to renew certification indefinitely and to continue practicing nonclinical marriage and family therapy.	Statutory	Adopted	Chapter 505.

Recommendation	Change Type	Status	Comment
4. The board should review the certification structure for alcohol and drug counselors to determine whether the current three-tiered certification structure is of continued benefit to the profession and the public. The results of this review, including any proposed alternatives, should be included in the interim report due to the General Assembly by October 1, 2010.	Administrative	Adopted	Pursuant to Chapter 505, the board reviewed the certification structure for alcohol and drug counselors and concluded that the Certified Professional Counselor – Alcohol and Drug (CPC-AD) is no longer needed. Chapters 517 and 518 of 2012 repeal prospective certification of CPC-AD.
5. Statute should be significantly redrafted for clarity, organization, and accuracy and include the substantive provisions recommended throughout this evaluation as well as repeal any obsolete provisions.	Statutory	Adopted	Chapter 505 reorganizes and clarifies statutory provisions, and generally implements substantive provisions recommended in the 2007 full sunset evaluation.

Recommendation	Change Type	Status	Comment
6. Statute should be amended to: increase the size of the board to 11 members to include 4 professional counselors, 3 alcohol and drug counselors, 2 marriage and family therapists, and 2 consumer members. This configuration would more accurately reflect the number and type of licensees and certificate holders regulated by the board, with consideration afforded to the need for institutional memory in licensing and disciplinary matters and sufficient membership in each of the fields regulated; repeal the professional distinctions made in statute among the professional counselor members as unnecessary and too limiting; and eliminate the position of alcohol and drug advisor to the board as unnecessary in light of the addition of alcohol and drug counselor members to the board.	Statutory	Modified	Chapter 505 expands board membership from 9 to 13 members, adding 2 clinical marriage and family therapists and 2 clinical alcohol and drug counselors. Chapter 505 also repeals the professional distinctions among professional counselor members and eliminates the position of alcohol and drug advisor to the board.
7. Statute should be amended to require the vote of just 1 of the board members representing the same profession as the individual before the board when considering disciplinary actions.	Statutory	Adopted	Chapter 505 requires the vote of 1 board member representing the same profession as the individual before the board when considering disciplinary actions for marriage and family therapists and alcohol and drug counselors.

Recommendation	Change Type	Status	Comment
8. The board, in conjunction with the Maryland Department of Health, should work with the Governor's Office to ensure that nominations for board vacancies are considered within a reasonable timeframe that minimizes disruption to board activity.	Administrative	Adopted	
9. The board should develop clear standards for the types of cases to be referred to the Office of Administrative Hearings.	Administrative /Regulatory	Not implemented	The board agreed with the recommendation in 2007 but never developed standards.
10. Statute should be amended to authorize the board to allow a subcommittee of the board to hear disciplinary cases on behalf of the full board, with hearings scheduled on days separate from regular board meetings.	Statutory	Rejected	
11. The board should establish a systematic method for tracking complaints and disciplinary cases that clearly documents each step in the process and a system for maintaining hard copy files. The board should consider including a single tracking form in each file, similar to the form used in licensing files.	Administrative	Not implemented	The board agreed with the recommendation in 2007 but never established a method for tracking complaints and disciplinary cases.
12. The board should continue to develop its ability to automate data collection processes to improve recordkeeping and increase access to information for members of the board, staff, and the public.	Administrative	Not implemented	The board agreed with the recommendation in 2007 but never implemented it.

Recommendation	Change Type	Status	Comment
13. The board should evaluate its revenue structure to determine the levels necessary to reach a reasonable fund balance by the end of fiscal 2011. The results of the review should be reported to the General Assembly in the interim report due October 1, 2010.	Administrative	Adopted	Pursuant to Chapter 505, the board reviewed its revenue structure and concluded that it would meet fund balance benchmarks.
14. Statute should be amended to extend the termination date for the State Board of Professional Counselors and Therapists to July 1, 2019. Additionally, uncodified language should be adopted requiring the board to report to the Senate Education, Health and Environmental Affairs Committee and the House Health and Government Operations Committee on or before October 1, 2010, on the implementation of the recommendations contained in this report.	Statutory	Adopted	Chapter 505.

Source: State Board of Professional Counselors and Therapists; Department of Legislative Services

Appendix 5
Education and Experience Requirements

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Alcohol and Drug Counselors						
Licensed Chemical Dependency Professional	Master's degree with 30 credit hours in counseling	As required by professional certifying organization	3,200 hours, including 1,600 supervised	As required by professional certifying organization	(1) National Certified Addiction Counselor or Master Addiction Counselor by the NAADAC, The Association for Addiction Professionals (NAADAC); (2) Certified Alcohol and Drug Counselor by the Delaware Certification Board; or (3) another certification acceptable to the board	(1) Holds a license in a state with substantially similar requirements; (2) submits a certificate of professional qualification from a credential bank approved by the board; or (3) holds a license in a state with nonsubstantially similar standards for at least five years and satisfies the professional certification requirement

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
District of Columbia						
Certified Addiction Counselor I (CACI)	Associate's degree in a health or human services field	Degree program or program accredited by NAADAC or an entity recognized by the U.S. Department of Education	500 hours of supervised experience	(1) NAADAC National Certification Commission Level I Examination; and (2) the District of Columbia Jurisprudence Examination	None	(1) Holds a valid certificate from another state; and (2) satisfies the examination requirement
Certified Addiction Counselor II	Bachelor's degree in a health or human services field	Same requirement as CACI	180 hours of supervised experience	(1) NAADAC National Certification Commission Level II Examination; and (2) District of Columbia Jurisprudence Examination	None	(1) Holds a valid certificate from another state; and (2) satisfies the examination requirement

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Maryland						
Alcohol and Drug Trainee	(1) Associate's degree or higher in a health and human services counseling field or substantively equivalent subject matter, including 1 credit hour in ethics; or (2) 15 credit hours in specified topics in alcohol and drug training as required for licensure as a licensed clinical alcohol and drug counselor (LCADC)	State board	None	None	None	None

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Certified Supervised Counselor – Alcohol and Drug (CSC-AD)	Associate's degree or higher in a health and human services counseling field or substantively equivalent subject matter, including 24 credit hours in alcohol and drug counselor training and a 6-credit-hour internship	State board	None	(1) International Certification and Reciprocity Consortium/ Alcohol and Other Drug Abuse; and (2) State law examination	None	Holds a license or CSC-AD in another state that has equivalent requirements
Certified Associate Counselor – Alcohol and Drug (CAC-AD)	Bachelor's degree or higher in a health and human services counseling field or substantively equivalent subject matter, including 33 credit hours in alcohol and drug counselor training and a 6-credit-hour internship	State board	One year with 2,000 hours of supervised experience	Same as CSC-AD	None	Holds a license or CAC-AD in another state that has equivalent requirements

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Licensed Graduate Alcohol and Drug Counselor	Master's or doctoral degree with 48 credit hours in a health and human services counseling field, including 27 credit hours in alcohol and drug counselor training	State board	None	NAADAC Examination and State law Examination	None	None
LCADC	Master's or doctoral degree with 60 credit hours in a health and human services counseling field or a substantially equivalent program, including 39 credit hours in alcohol and drug counselor training	State board	6-credit-hour internship in alcohol and drug counseling and two years supervised experience	NAADAC Master Addiction Counselor Examination and State law Examination	None	Holds a license or certificate as a clinical alcohol and drug counselor in another state that has equivalent requirements

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Virginia						
Certified Rehabilitation Provider	(1) Bachelor's degree; or (2) registered nurse license in the state	None	2,000 hours supervised experience performing services offered to a workers' compensation claimant	State board-approved examination	None	State board may waive examination for applicants certified in other states or by nationally recognized certifying organizations
Certified Substance Abuse Counseling Assistant (CSACA)	(1) High school diploma or GED; and (2) 300 clock hours of substance abuse education from a college or university or from a seminar or workshop	Seminars or workshops by multiple specified national organizations or an organization approved by the American Association of State Counseling Boards or a counseling board in another state	None	Examination approved by the state board	None	None

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Certified Substance Abuse Counselor	(1) Bachelor's degree; and (2) 400 clock hours of substance abuse education from a college or university or from a seminar or workshop	Same as CSACA	2,000 hours of supervised experience in the delivery of clinical substance abuse counseling services	Examination approved by the board	None	(1) Holds a certificate in state requirements; or (2) holds certification by NAADAC or another certification organization recognized by the state board
Licensed Substance Abuse Treatment Practitioner	Graduate degree with 60 credit hours in a program that prepares individuals to practice substance abuse treatment or a related counseling discipline	(1) Council for Accreditation of Counseling and Related Educational Programs (CACREP); or (2) the state board	21 months to four years of experience with 3,400 hours supervised residency	Examination prescribed by the board	None	(1) Holds a substance abuse treatment license in a state with consistent education, experience, and Examination requirements; (2) a mental health license with consistent requirements, holds national or state certification, and has specified substance abuse treatment experience; or (3) actively practiced as a licensed professional providing substance abuse treatment services in another state for 24 of the last 60 months

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Counselors						
Delaware						
Licensed Associate Counselor of Mental Health (LACMH)	(1) Master's degree with 60 credit hours in clinical mental health counseling; or (2) an equivalent degree	(1) As required by the National Board for Certified Counselors (NBCC); or (2) another professional certification organization acceptable to the state board	None	(1) National Counselor Examination (NCE); or (2) other examination acceptable to the state board	(1) National Certified Counselor from NBCC; or (2) another certification acceptable to the board	Applicant for Licensed Professional Counselor of Mental Health (LPCMH) holds a license in a state with substantially similar education requirements but different experience requirements
LPCMH	Same as LACMH	Same as LACMH	(1) Master's degree with 60 credit hours: two to four years of experience with 3,200 hours, including 1,600 supervised; or (2) master's degree with 60 credit hours and 30 post-Master's credit hours: two to four 4 years with 1,600 supervised	Same as LACMH	Same as LACMH	(1) Holds a license in a state with at least equivalent standards; or (2) holds a license in a state with nonequivalent standards for five years and passed the NCE or other examination acceptable to the state board

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
District of Columbia						
Licensed Graduate Counselor (LGC)	48 hours of graduate education in counseling or a related field	(1) CACREP; or (2) a program substantially equivalent	None	(1) NCE; or (2) an examination administered by another state's licensing board, the Commission for Certified Rehabilitation Counselors, or the National Academy of Certified Mental Health Counselors	None	None
Licensed Professional Counselor (LPC)	Master's degree with 60 credit hours in counseling or a related field	Same as LGC	Two to five years with 3,500 hours, including 200 supervised	Same as LGC	None	(1) Holds a license in another state as a professional counselor; and (2) meets the American Association of State Counseling Boards Tier II requirements

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Maryland						
Licensed Graduate Professional Counselor (LGPC)	(1) Master's degree with 60 credit hours in counselor training; or (2) doctoral degree with 90 credit hours in counselor training	State board	None	NCE	None	None
Licensed Clinical Professional Counselor	Same as LGPC	State board	(1) Master's degree: three years, including 3,000 hours supervised; or (2) doctoral degree: two years, including 2,000 supervised	(1) NCE; and (2) State law examination	None	Holds a license or certificate as a clinical professional counselor in another state with equivalent requirements
Licensed Graduate Professional Art Therapist (LGPAT)	(1) Master's degree with 60 credit hours; or (2) doctoral degree with 90 credit hours in an art therapy program	American Art Therapy Association	None	None	None	None

License or Certification by State	**Education**	**Program Accreditation/ Approval***	**Post-graduate Experience**	**Examination**	**Professional Certification**	**Endorsement/ Reciprocity**
Licensed Clinical Professional Art Therapist	Same requirement as for LGPAT	Same requirement as for LGPAT	(1) Master's degree: three years supervised experience; or (2) doctoral degree: two years supervised experience	Art Therapy Credentials Board Examination	None	Holds a license as a clinical professional art therapist in another state that has equivalent requirements

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Pennsylvania						
LPC	(1) Master's degree with 60 credit hours, including 48 hours in professional counseling or a related field; or (2) doctoral degree in counseling or a related field	State board	(1) Master's degree: two to six years with 3,000 hours supervised; or (2) doctoral degree: two to six years with 2,400 hours supervised	(1) NCE; (2) Certified Rehabilitation Counselor Examination; (3) Art Therapy Credentials Board Certification Examination; (4) Certification Board for Music Therapists Examination; (5) practice Examination of psychological knowledge given by the North American Association of Master's in Psychology; (6) the Advanced Alcohol and Other Drug Abuse Counselor Examination; or (7) the Examination for Master Addiction Counselors	None	**Reciprocity:** (1) demonstrates qualifications at least equal to state qualifications; (2) satisfied examination requirement; and (3) holds a license in a state that grants reciprocity to residents of Pennsylvania **Endorsement:** (1) satisfied educational requirements; (2) completed 3,000 hours supervised experience; and (3) actively practiced as an LPC for five of the last seven years in another state

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Virginia						
LPC	Graduate degree with 60 credit hours in a program that prepares individuals to practice counseling	(1) CACREP; (2) Council on Rehabilitation Education (CRE); or (3) the state board	21 months to four years of experience with 3,400 hours supervised residency	Examination prescribed by the state board	None	(1) holds a license in a state with consistent requirements; (2) actively practiced as an LPC in another state for 24 of the last 60 months; or (3) holds a credential verified by the credentials registry of the American Association of State Counseling Boards

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
West Virginia						
Provisional License in Professional Counseling	Master's or doctoral degree with 60 credits in (1) clinical mental health counseling; (2) marriage and family counseling; (3) pastoral counseling; (4) rehabilitation counseling; (5) school counseling; (6) substance abuse or addictions counseling; (7) or another program approved by the state board	(1) CACREP; (2) CRE; (3) Council for the Accreditation for Education Preparation the North Central Association of Colleges and Schools; (4) Southern Association of Colleges and Schools (SACS); or (5) a comparable accrediting body	None	Certification examination in counseling approved by the state board	None	None

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
LPC	Same requirement as for provisional license	Same requirement as for provisional license	(1) Master's degree: 3,000 hours supervised experience; or (2) doctoral degree: 1,500 hours supervised experience	Same requirement as for provisional license	None	(1) Holds a license in a state with greater than or equivalent requirements; and (2) has passed the NCE or the National Clinical Mental Health Counseling Examination; or (3) actively practiced for five of the last seven years as an LPC in another state

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Marriage and Family Therapists						
Delaware						
Licensed Associate Marriage and Family Therapist (LAMFT)	(1) Master's or doctoral degree in marriage and family therapy with 45 credits; or (2) other graduate degree acceptable to the board	(1) Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE); or (2) other organization approved by the board	None	(1) Association of Marital and Family Therapy Regulatory Boards Examination (AMFTRBE); or (2) other examination acceptable to the board	None	None
Licensed Marriage and Family Therapist (LMFT)	Same as LAMFT	Same as LAMFT	Two to four years of experience with 3,200 hours, including 1,600 hours supervised	Same as LAMFT	None	(1) Holds a license in a state with substantially similar standards; or (2) holds a license in a state with nonsubstantially similar standards for five years and passed the AMFTRBE or other examination acceptable to the board

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
District of Columbia						
LMFT	(1) Master's or doctoral degree in marriage and family therapy with at least 60 credit hours; or (2) an equivalent degree as determined by the state board	(1) COAMFTE; or (2) the state board	Two to five years of experience with 3,000 hours of experience, including 2,000 supervised	AMFTRBE	None	Holds a license in a state with substantially similar requirements

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Maryland						
Licensed Graduate Marriage and Family Therapist (LGMFT)	(1) Master's degree with 60 credit hours in marriage and family therapy; or (2) doctoral degree with 90 credit hours in marriage and family therapy	State board	None	AMFTRBE	None	None
Licensed Clinical Marriage and Family Therapist	Same as LGMFT	State board	Two years supervised experience	(1) AMFTRBE; and (2) State law Examination	None	Holds a license or certificate as a clinical marriage and family therapist in another state with equivalent requirements

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Pennsylvania						
LMFT	(1) Master's degree with 60 credit hours, including 48 hours in marriage and family therapy or a related field; or (2) doctoral degree in marriage and family therapy or a related field	(1) COAMFTE; or (2) the state board	(1) Master's degree: 3,000 hours supervised experience; or (2) doctoral degree: 2,400 hours supervised experience	AMFTRBE	None	None

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
Virginia						
LMFT	Graduate degree with 60 credit hours in a program that prepares individuals to practice marriage and family therapy	(1) COAMFTE; (2) CACREP; or (3) the state board	21 months to four years of experience with 3,400 hours supervised residency	Examination prescribed by the board	None	(1) Holds a license in a state with consistent requirements; (2) actively practiced as a marriage and family therapist in another state for 24 of the last 60 months; or (3) holds a credential verified by the credentials registry of the American Association of State Counseling Boards

License or Certification by State	Education	Program Accreditation/ Approval*	Post-graduate Experience	Examination	Professional Certification	Endorsement/ Reciprocity
West Virginia						
Provisional License in Marriage and Family Therapy	Master's or doctoral degree with 60 credits in marriage and family therapy	(1) COAMFTE; (2) CACREP; (3) North Central Association of Colleges and Schools; (4) SACS; or (5) a comparable accrediting body	None	(1) AMFTRBE; or (2) an examination approved by the state board	None	None
Licensed Marriage and Family Therapist	Same as provisional license	Same as provisional license	(1) Master's degree: 3,000 hours supervised experience; or (2) doctoral degree: 1,500 hours supervised experience	Same as provisional license	None	(1) Holds a license in a state with substantially equivalent requirements; and satisfied the examination requirement; or (2) actively practiced for five of last seven years as an LMFT in another state

*Does not include accreditation from the U.S. Department of Education or regional accreditations required for approval for licensure or certification in all states for schools of higher education unless only the national or regional certification could satisfy the requirement.

Source: Laws of Delaware, District of Columbia, Maryland, and Virginia; Department of Legislative Services

Appendix 6
Draft Legislation

Bill No.: _____
Requested: _____
Committee: _____

Drafted by: Kozinn
Typed by: Sumer
Stored – 11/21/17
Proofread by _____
Checked by _____

By: **Leave Blank**

A BILL ENTITLED

AN ACT concerning

State Board of Professional Counselors and Therapists – Sunset Extension and Program Evaluation

FOR the purpose of continuing the State Board of Professional Counselors and Therapists in accordance with the provisions of the Maryland Program Evaluation Act (Sunset Law) by extending to a certain date the termination provisions relating to statutory and regulatory authority of the Board; altering the composition of the Board; requiring the Board to submit a certain report to the General Assembly, in addition to the Governor and the Secretary of Health, on or before a certain date each year; altering the educational requirements for licensure to practice clinical alcohol and drug counseling; altering the educational requirements for licensure to practice clinical marriage and family therapy; altering the educational requirements for licensure to practice clinical professional counseling; altering the educational requirements for licensure to practice clinical professional art therapy; altering the circumstances under which the Board is required to waive certain application requirements for certain individuals; altering the educational requirements for licensure to practice certified associate counselor–alcohol and drug counseling; altering the educational requirements for certification to practice certified supervised counselor–alcohol and drug counseling; repealing certain provisions of law establishing and governing the Behavior Analyst Advisory Committee; repealing certain provisions of law establishing and governing the behavior analyst rehabilitation subcommittee; establishing the Alcohol and Drug Counselor

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets] indicate matter deleted from existing law.

LR as prepared on Tuesday-November 21, 2017-03:43:49pm

Subcommittee; specifying the composition of the Subcommittee; providing for the terms of a member of the Subcommittee; authorizing the Board to remove a member of the Subcommittee for certain reasons; requiring the Subcommittee to annually elect a chair and vice chair and to determine the manner of election of officers and the duties of each officer; providing that a majority of the members then serving on the Subcommittee is a quorum; requiring the Subcommittee to meet at certain times and places; authorizing the Subcommittee to hold special meetings under certain circumstances; requiring that certain notice of Subcommittee meetings be given in a certain manner; providing for the compensation of Subcommittee members; requiring the Subcommittee to evaluate and make certain recommendations on certain matters; providing for the termination of certain provisions of this Act and certain rules and regulations adopted under certain provisions of this Act subject to certain provisions of law; requiring the Board, in consultation with the Maryland Department of Health and the Department of Budget and Management, to report on certain matters to the Department of Legislative Services on or before a certain date and at certain intervals thereafter; requiring the Department of Legislative Services to submit a report and make certain recommendations to certain committees of the General Assembly on or before a certain date; requiring that the terms of certain members of the Board terminate on a certain date; requiring that certain members of the Board continue to serve until a successor is appointed and qualifies; specifying the terms of the initial members of the Subcommittee; making conforming changes; defining a certain term; making this Act an emergency measure; and generally relating to the State Board of Professional Counselors and Therapists.

BY repealing and reenacting, with amendments,
Article – Health Occupations
Section 17–202(a), 17–205(b), 17–302(d) and (f), 17–303(d) and (f), 17–304(d) and (e), 17–304.1(e), 17–305, 17–403, 17–404, 17–405, 17–6A–01, and 17–702
Annotated Code of Maryland
(2014 Replacement Volume and 2017 Supplement)

BY repealing and reenacting, without amendments,
Article – Health Occupations
Section 17–302(a), 17–303(a), 17–304(a), 17–304.1(a), and 17–502
Annotated Code of Maryland
(2014 Replacement Volume and 2017 Supplement)

BY repealing

8lr1064

Article – Health Occupations
Section 17–6A–05 through 17–6A–09 and 17–6A–26
Annotated Code of Maryland
(2014 Replacement Volume and 2017 Supplement)

BY adding to
Article – Health Occupations
Section 17–6B–01 through 17–6B–07 to be under the new subtitle "Subtitle 6B. Alcohol and Drug Counselor Subcommittee"
Annotated Code of Maryland
(2014 Replacement Volume and 2017 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health Occupations

17–202.

(a) (1) The Board consists of 13 members appointed by the Governor with the advice of the Secretary.

(2) Of the 13 Board members:

(i) **[**Four**]** **FIVE** shall be licensed as clinical professional counselors;

(ii) **[**Three shall be licensed as clinical marriage and family therapists;

(iii)**]** Three shall be licensed as clinical alcohol and drug counselors;

(III) ONE SHALL BE LICENSED AS A CLINICAL MARRIAGE AND FAMILY THERAPIST;

(iv) One shall be licensed as a clinical professional art therapist;

(V) ONE SHALL BE A LICENSED BEHAVIOR ANALYST; and

[(v)**] (VI)** Two shall be consumer members.

(3) The composition of the Board as to the race and sex of its members shall reflect the composition of the population of the State.

(4) The Governor shall appoint the counselors and therapists from a list submitted to the Governor by the Secretary. Any association representing professional counselors, marriage and family therapists, alcohol and drug counselors, or professional art therapists may submit recommendations for Board members to the Secretary.

17–205.

(b) In addition to the duties set forth elsewhere in this title, the Board shall:

(1) Maintain a registry of all counselors or therapists currently licensed or certified by the Board and all individuals currently working as trainees in accordance with § 17–406(b) of this title;

(2) Submit an annual report to the Governor **[**and**]**, the Secretary, **AND, IN ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON OR BEFORE DECEMBER 31 EACH YEAR**;

(3) Adopt a code of ethics that the Board considers to be appropriate and applicable to the counselors or therapists currently certified or licensed by the Board and the individuals currently working as trainees in accordance with § 17–406(b) of this title;

(4) Establish continuing education requirements for the counselors or therapists currently certified or licensed by the Board;

(5) Adopt an official seal; and

(6) Create committees as it deems appropriate to advise the Board on special issues.

17–302.

(a) To qualify for a license to practice clinical alcohol and drug counseling, an applicant shall be an individual who meets the requirements of this section.

(d) (1) Except as provided in § 17–305 of this subtitle, the applicant shall at a minimum:

(i) Hold a master's or doctoral degree in a health and human services counseling field from a regionally accredited educational institution that is approved by the Board; or

(ii) Hold a master's degree from a regionally accredited educational institution and have completed a program of studies judged by the Board to be substantially equivalent in subject matter as **MAY BE** required **[**under this section**]** **BY THE BOARD IN REGULATION.**

(2) The applicant shall have completed **[**a minimum of 60 semester credit hours or 90 quarter credit hours approved by the Board.

(3) The applicant shall have completed a minimum of 39 semester credit hours or 65 quarter credit hours in alcohol and drug counselor training, including:

(i) A 3 semester credit hour or 5 quarter credit hour course taken at a regionally accredited educational institution in each of the following:

1. Medical aspects of chemical dependency;

2. Group counseling;

3. Individual counseling;

4. Family counseling;

5. Addictions treatment delivery;

6. Ethics that includes alcohol and drug counseling issues;

7. Human development;

8. Abnormal psychology;

9. Theories of counseling;

10. Treatment of co–occurring disorders; and

11. Topics in substance–related and addictive disorders; and

(ii) An internship in alcohol and drug counseling that totals 6 semester credit hours or 10 quarter credit hours] **ANY ADDITIONAL EDUCATIONAL REQUIREMENTS ESTABLISHED BY THE BOARD IN REGULATION.**

(f) The applicant shall provide documentation to the Board evidencing the completion of [60 hours of graduate course work] **ANY EDUCATIONAL REQUIREMENTS ESTABLISHED BY THE BOARD IN REGULATION**, completed at a regionally accredited educational institution approved by the Board [that included training in:

(1) Personality development;

(2) Diagnosis and treatment of mental and emotional disorders;

(3) Psychopathology; and

(4) Psychotherapy].

17–303.

(a) To qualify for a license to practice clinical marriage and family therapy, an applicant shall be an individual who meets the requirements of this section.

(d) (1) Except as provided in § 17–306 of this subtitle, the applicant shall hold a master's or doctoral degree in a marriage and family field from an accredited educational institution that is approved by the Board or have completed a program of studies judged by the Board to be substantially equivalent in subject matter and extent of training as **MAY BE** required [under this section] **BY THE BOARD IN REGULATION.**

(2) [In the case of an applicant holding a doctoral degree, the applicant shall have completed a minimum of 90 graduate credit hours in training in marriage and family therapy approved by the Board that includes instruction in the following specialized areas:

(i) Analysis of family systems;

(ii) Family therapy, theory, and techniques;

(iii) Couples therapy, theory, and techniques;

(iv) Gender and ethnicity in marriage and family therapy; and

(v) Sexual issues in marriage and family therapy.

(3) In the case of an applicant holding only a master's degree, the applicant shall have completed a minimum of 60 graduate credit hours in training in marriage and family therapy approved by the Board that includes instruction in the specialized areas set forth in paragraph (2) of this subsection] **THE APPLICANT SHALL HAVE COMPLETED ANY ADDITIONAL EDUCATIONAL REQUIREMENTS ESTABLISHED BY THE BOARD IN REGULATION.**

(f) The applicant shall provide documentation to the Board evidencing the completion of **[**60 hours of graduate course work**]** **ANY EDUCATIONAL REQUIREMENTS ESTABLISHED BY THE BOARD IN REGULATION,** completed at an accredited college or university approved by the Board**[**, that included training in:

(1) Personality development;

(2) Diagnosis and treatment of mental and emotional disorders;

(3) Psychopathology;

(4) Family therapy; and

(5) Psychotherapy**]**.

17–304.

(a) Except as provided in § 17–307 of this subtitle, to qualify for a license to practice clinical professional counseling, an applicant shall be an individual who meets the requirements of this section.

(d) (1) The applicant shall hold a master's or doctoral degree in a professional counseling field from an accredited educational institution that is approved by the Board.

(2) [In the case of an applicant holding a doctoral degree, the applicant shall have completed:

(i) A minimum of 90 graduate credit hours in counselor training approved by the Board, including instruction in:

1. Counseling theory and ethics;

2. Counseling techniques;

3. Human growth and development and maladaptive behaviors;

4. Group dynamics, processing, and counseling;

5. Social and cultural foundations;

6. Lifestyle and career development;

7. Appraisal of individuals;

8. Research and evaluation;

9. Participation in a supervised practicum in professional counseling;

10. Marriage and family therapy; and

11. Alcohol and drug counseling; and

(ii) Not less than 2 years of supervised experience in counseling approved by the Board, 1 year of which shall have been completed after the award of the doctoral degree.

(3) In the case of an applicant holding only a master's degree, the applicant shall have completed:

(i) A minimum of 60 graduate credit hours in counselor training in the areas set forth in paragraph (2) of this subsection; and

(ii) Not less than 3 years, with a minimum of 3,000 hours, of supervised experience in counseling approved by the Board, 2 years of which shall have been completed after the award of the master's degree] **THE APPLICANT SHALL HAVE COMPLETED ANY ADDITIONAL EDUCATIONAL REQUIREMENTS ESTABLISHED BY THE BOARD IN REGULATION.**

(e) The applicant shall provide documentation to the Board evidencing the completion of [60 hours of graduate course work] **ANY EDUCATIONAL REQUIREMENTS ESTABLISHED BY THE BOARD IN REGULATION,** in the applicant's respective area of practice from an accredited college or university program approved by the Board[, including training in:

(1) Personality development;

(2) Diagnosis and treatment of mental and emotional disorders;

(3) Psychopathology; and

(4) Psychotherapy].

17–304.1.

(a) Except as provided in §§ 17–304.2 and 17–307.1 of this subtitle, to qualify for a license to practice clinical professional art therapy, an applicant shall be an individual who meets the requirements of this section.

(e) The applicant shall provide documentation to the Board evidencing the completion of [60 hours of graduate course work in art therapy] **ANY EDUCATIONAL REQUIREMENTS ESTABLISHED BY THE BOARD IN REGULATION,** from an accredited college or university program that is accredited by the American Art Therapy Association, approved by the Board[, and includes training in:

(1) Personality development;

(2) Diagnosis and treatment of mental and emotional disorders;

(3) Psychopathology;

(4) Psychotherapy;

(5) Marriage and family therapy;

(6) Addictions; and

(7) Lifestyle and career development**]**.

17–305.

(a) The Board shall waive the requirements for licensure for an applicant to practice clinical alcohol and drug counseling if the applicant:

(1) **(I)** Is licensed or certified as a clinical alcohol and drug counselor in another state, territory, or jurisdiction that has requirements that are equivalent to or exceed the requirements of § 17–302 of this subtitle; **OR**

(II) 1. IS PRACTICING ALCOHOL AND DRUG COUNSELING AS A LICENSED PROFESSIONAL IN ANOTHER STATE, TERRITORY, OR JURISDICTION AT THE TIME OF APPLICATION;

2. HAS PRACTICED ALCOHOL AND DRUG COUNSELING AS A LICENSED PROFESSIONAL IN GOOD STANDING IN THE OTHER STATE, TERRITORY, OR JURISDICTION FOR AT LEAST 5 YEARS;

3. HAS PASSED A NATIONAL CERTIFICATION EXAM APPROVED BY THE BOARD; AND

4. HAS PASSED THE STATE LAW EXAMINATION;

(2) Submits an application to the Board on a form that the Board requires; and

(3) Pays to the Board an application fee set by the Board.

(b) The Board shall adopt regulations to implement this section.

17–403.

(a) Except as provided in § 17–405 of this subtitle, to qualify as a certified associate counselor–alcohol and drug, an applicant shall:

(1) Be of good moral character;

(2) At a minimum:

(i) Hold a bachelor's degree from a regionally accredited educational institution approved by the Board in a health and human services counseling field; or

(ii) Hold a bachelor's degree from a regionally accredited educational institution and have completed a program of studies judged by the Board to be substantially equivalent in subject matter **AS MAY BE REQUIRED BY THE BOARD IN REGULATION**;

(3) Have completed not less than 1 year with a minimum of 2,000 hours of clinically supervised experience in alcohol and drug counseling approved by the Board; and

(4) Have **[**a minimum of 33 semester credit hours or 50 quarter credit hours in alcohol and drug counselor training, including:

(i) A 3 semester credit hour or 5 quarter credit hour course taken at a regionally accredited educational institution in each of the following:

1. Medical aspects of chemical dependency;

2. Addictions treatment delivery;

3. Group counseling;

4. Individual counseling;

5. Ethics that includes alcohol and drug counseling issues; and

6. Abnormal psychology; and

(ii) Any three of the following 3 semester credit hour or 5 quarter credit hour courses taken at a regionally accredited educational institution:

1. Family counseling;

2. Theories of counseling;

3. Human development;

4. Topics in substance–related and addictive disorders; and

5. Treatment of co–occurring disorders; and

(iii) An internship in alcohol and drug counseling that totals 6 semester credit hours or 10 quarter credit hours**]** **COMPLETED ANY ADDITIONAL EDUCATIONAL REQUIREMENTS ESTABLISHED BY THE BOARD IN REGULATION.**

(b) Except as otherwise provided in this title, the applicant shall pass:

(1) An examination approved by the Board under this title; and

(2) The law examination on this title administered by the Board.

(c) A certified associate counselor–alcohol and drug shall practice alcohol and drug counseling under the supervision of a Board–approved alcohol and drug supervisor who is:

(1) A licensed clinical alcohol and drug counselor;

(2) A certified professional counselor–alcohol and drug;

(3) A licensed clinical professional counselor;

(4) A licensed clinical marriage and family therapist;

(5) A licensed clinical professional art therapist; or

(6) A health care provider licensed under this article with documented expertise in alcohol and drug counseling.

(d) A certified associate counselor–alcohol and drug:

(1) May provide only:

(i) Alcohol and drug counseling as an employee of an agency or a facility that is certified or licensed by the State;

(ii) Alcohol and drug counseling under the supervision of a Board–approved supervisor as specified in subsection (c) of this section; and

(iii) Supervision with approval by the Board; and

(2) May not practice independently.

17–404.

(a) To qualify as a certified supervised counselor–alcohol and drug, an applicant shall:

(1) Be of good moral character;

(2) At a minimum:

(i) Hold an associate's degree from a regionally accredited educational institution in a health and human services counseling field; or

(ii) Hold an associate's degree from a regionally accredited educational institution and have completed a program of studies judged by the Board to be substantially equivalent in subject matter **AS MAY BE REQUIRED BY THE BOARD IN REGULATION**; and

(3) Have [a minimum of 24 semester credit hours or 37 quarter credit hours including:

(i) A 3 semester credit hour or 5 quarter credit hour course taken at a regionally accredited educational institution in each of the following courses:

1. Medical aspects of chemical dependency;

2. Addictions treatment delivery; and

3. Ethics that includes alcohol and drug counseling issues;

(ii) Any three of the following 3 semester credit hour or 5 quarter credit hour courses taken at a regionally accredited educational institution:

1. Group counseling;

2. Individual counseling;

3. Family counseling;

4. Theories of counseling;

5. Human development;

6. Abnormal psychology;

7. Topics in substance–related and addictive disorders; and

8. Treatment of co–occurring disorders; and

(iii) An internship in alcohol and drug counseling that totals 6 semester credit hours or 10 quarter credit hours] **COMPLETED ANY ADDITIONAL EDUCATIONAL REQUIREMENTS ESTABLISHED BY THE BOARD IN REGULATION.**

(b) Except as otherwise provided in this title, the applicant shall pass:

(1) An examination approved by the Board under this title; and

(2) The law examination on this title administered by the Board.

(c) A certified supervised counselor–alcohol and drug shall practice alcohol and drug counseling under the supervision of a Board–approved alcohol and drug supervisor who is:

(1) A licensed clinical alcohol and drug counselor;

(2) A certified professional counselor–alcohol and drug;

(3) A certified associate counselor–alcohol and drug;

(4) A licensed clinical professional counselor;

(5) A licensed clinical marriage and family therapist;

(6) A licensed clinical professional art therapist; or

(7) A health care provider licensed under this article with documented expertise in alcohol and drug counseling.

(d) A certified supervised counselor–alcohol and drug:

(1) May provide only:

(i) Alcohol and drug counseling as an employee of an agency or facility that is certified or licensed by the State; and

(ii) Alcohol and drug counseling under the supervision of a Board–approved supervisor as specified in subsection (c) of this section; and

(2) May not:

(i) Provide supervision; or

(ii) Practice independently.

17–405.

(a) The Board shall waive the requirements for certification for an applicant to practice alcohol and drug counseling if the applicant meets the requirements of this section.

(b) If the applicant is licensed or certified to practice as an associate counselor–alcohol and drug, the Board shall grant a waiver under this section only if the applicant:

(1) **(I)** Is licensed or certified in another state, territory, or jurisdiction that has requirements that are equivalent to or exceed the requirements of § 17–403 of this subtitle; **OR**

(II) 1. IS PRACTICING ASSOCIATE ALCOHOL AND DRUG COUNSELING AS A LICENSED PROFESSIONAL IN ANOTHER STATE, TERRITORY, OR JURISDICTION AT THE TIME OF APPLICATION;

2. HAS PRACTICED ASSOCIATE ALCOHOL AND DRUG COUNSELING AS A LICENSED PROFESSIONAL IN GOOD STANDING IN THE OTHER STATE, TERRITORY, OR JURISDICTION FOR AT LEAST 5 YEARS;

3. HAS PASSED A NATIONAL CERTIFICATION EXAM APPROVED BY THE BOARD; AND

4. HAS PASSED THE STATE LAW EXAMINATION;

(2) Submits an application to the Board on a form that the Board requires; and

(3) Pays to the Board an application fee set by the Board.

(c) If the applicant is licensed or certified to practice as a supervised counselor–alcohol and drug, the Board shall grant a waiver under this section only if the applicant:

(1) **(I)** Is licensed or certified in another state, territory, or jurisdiction that has requirements that are equivalent to or exceed the requirements of § 17–404 of this subtitle; **OR**

(II) 1. IS PRACTICING SUPERVISORY ALCOHOL AND DRUG COUNSELING AS A LICENSED PROFESSIONAL IN ANOTHER STATE, TERRITORY, OR JURISDICTION AT THE TIME OF APPLICATION;

2. HAS PRACTICED SUPERVISORY ALCOHOL AND DRUG COUNSELING AS A LICENSED PROFESSIONAL IN GOOD STANDING IN THE OTHER STATE, TERRITORY, OR JURISDICTION FOR AT LEAST 5 YEARS;

3. HAS PASSED A NATIONAL CERTIFICATION EXAM APPROVED BY THE BOARD; AND

4. HAS PASSED THE STATE LAW EXAMINATION;

(2) Submits an application to the Board on a form that the Board requires; and

(3) Pays to the Board an application fee set by the Board.

(d) The Board shall adopt regulations to carry out this section.

17–502.

(a) An applicant who otherwise qualifies for a license or certificate is entitled to be examined as provided in this section.

(b) The Board shall give examinations to applicants at least twice a year, at the times and places that the Board determines.

(c) The Board shall notify each qualified applicant of the time and place of examination.

(d) (1) The Board may not limit the number of times an applicant may take an examination required under this title.

(2) The applicant shall pay to the Board a reexamination fee set by the Board for each reexamination.

(e) The examination shall include a portion that tests an applicant's knowledge of the Maryland Professional Counselors and Therapists Act.

17–6A–01.

(a) In this subtitle the following words have the meanings indicated.

(b) **[**"Committee" means the Behavior Analyst Advisory Committee established under § 17–6A–05 of this subtitle.

(c)**]** "License" means a license issued by the Board to practice behavior analysis.

[(d)**] (C)** "Licensed behavior analyst" means an individual who is licensed by the Board to practice behavior analysis.

[(e)**] (D)** "Licensee" means a licensed behavior analyst.

[(f)**] (E)** (1) "Practice of behavior analysis" means the design, implementation, and evaluation of systematic instructional and environmental modifications to produce socially significant improvements in human behavior.

(2) "Practice of behavior analysis" includes:

(i) The empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis; and

(ii) Interventions based on scientific research and the direct observation and measurement of behavior and environment.

(3) "Practice of behavior analysis" does not include psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, counseling, or any subdiscipline of psychology as treatment modalities.

[17–6A–05.

There is a Behavior Analyst Advisory Committee within the Board.**]**

[17–6A–06.

(a) The Committee consists of five members appointed by the Board as follows:

(1) (i) On or before December 31, 2014, four behavior analysts who:

1. Are certified by the Behavior Analyst Certification Board; and

2. Have a minimum of 5 years of clinical experience; and

(ii) On or after January 1, 2015, four licensed behavior analysts who:

1. Are certified by the Behavior Analyst Certification Board; and

2. Have a minimum of 5 years of clinical experience; and

(2) One consumer member who is receiving services, has received services, or has a child who is receiving services for a behavioral disorder, including an autism spectrum disorder.

(b) The consumer member of the Committee:

(1) Shall be a member of the general public;

(2) May not be or ever have been a behavior analyst or in training to become a behavior analyst;

(3) May not have a household member who is a behavior analyst or in training to become a behavior analyst;

(4) May not participate or ever have participated in a commercial or professional field related to behavior analysis;

(5) May not have a household member who participates in a commercial or professional field related to behavior analysis; and

(6) May not have had within 2 years before appointment a substantial financial interest in a person regulated by the Board.

(c) (1) The term of a member is 4 years.

(2) The terms of members are staggered as required by the terms provided for members of the Committee on October 1, 2014.

(3) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

(4) A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies.

(5) A member may not serve more than 2 consecutive full terms.

(d) The Board may remove a member for incompetence or misconduct.]

[17–6A–07.

(a) From among its members, the Committee annually shall elect a chair and a vice chair.

(b) The Committee shall determine:

(1) The manner of election of officers; and

(2) The duties of each officer.]

[17–6A–08.

(a) A majority of the members then serving on the Committee is a quorum.

(b) (1) The Committee shall meet at least once a year, at the times and places that it determines.

(2) The Committee may hold special meetings if:

(i) Requested by the Board; or

(ii) The chair or a majority of the members then serving on the Committee consider a meeting to be necessary or advisable.

(3) Reasonable notice of all Committee meetings shall be given in the manner determined by the Committee.

(c) A member of the Committee:

(1) May not receive compensation as a member of the Committee; but

(2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.]

[17–6A–09.

In addition to the powers and duties set forth elsewhere in this subtitle, the Committee shall:

(1) Develop and recommend to the Board regulations to carry out this subtitle;

(2) Develop and recommend to the Board a code of ethics for the practice of behavior analysis;

(3) Develop and recommend to the Board the requirements for licensure as a behavior analyst, including:

(i) Criteria for the educational and clinical training of licensed behavior analysts; and

(ii) Criteria for a professional competency examination and testing of applicants for a license to practice behavior analysis;

(4) Develop and recommend to the Board continuing education requirements for license renewal;

(5) Provide the Board with recommendations concerning the practice of behavior analysis;

(6) Keep a record of its proceedings; and

(7) Report to the Board as required in regulations adopted by the Board.**]**

[17–6A–26.

(a) In this section, "behavior analyst rehabilitation subcommittee" means a subcommittee that:

(1) Is defined in subsection (b) of this section; and

(2) Performs any of the functions listed in subsection (d) of this section.

(b) For purposes of this section, a behavior analyst rehabilitation subcommittee is a subcommittee of the Committee that:

(1) Is recognized by the Board; and

(2) Includes but is not limited to behavior analysts.

(c) A rehabilitation subcommittee of the Committee or recognized by the Committee may function:

(1) Solely for the Committee; or

(2) Jointly with a rehabilitation committee representing another board or boards.

(d) For purposes of this section, a behavior analyst rehabilitation subcommittee evaluates and provides assistance to any behavior analyst in need of treatment and rehabilitation for alcoholism, drug abuse, chemical dependency, or other physical, emotional, or mental condition.

(e) (1) Except as otherwise provided in this subsection, the proceedings, records, and files of the behavior analyst rehabilitation subcommittee are not discoverable

and are not admissible in evidence in any civil action arising out of the matters that are being or have been reviewed and evaluated by the behavior analyst rehabilitation subcommittee.

(2) Paragraph (1) of this subsection does not apply to any record or document that is considered by the behavior analyst rehabilitation subcommittee and that otherwise would be subject to discovery or introduction into evidence in a civil action.

(3) For purposes of this subsection, civil action does not include a proceeding before the Board or judicial review of a proceeding before the Board.

(f) A person who acts in good faith and within the scope of jurisdiction of the behavior analyst rehabilitation subcommittee is not civilly liable for any action as a member of the behavior analyst rehabilitation subcommittee or for giving information to, participating in, or contributing to the function of the behavior analyst rehabilitation subcommittee.]

SUBTITLE 6B. ALCOHOL AND DRUG COUNSELOR SUBCOMMITTEE.

17–6B–01.

IN THIS SUBTITLE, "SUBCOMMITTEE" MEANS THE ALCOHOL AND DRUG COUNSELOR SUBCOMMITTEE ESTABLISHED UNDER § 17–6B–02 OF THIS SUBTITLE.

17–6B–02.

THERE IS AN ALCOHOL AND DRUG COUNSELOR SUBCOMMITTEE WITHIN THE BOARD.

17–6B–03.

(A) THE SUBCOMMITTEE CONSISTS OF MEMBERS APPOINTED BY THE BOARD AS FOLLOWS:

(1) TWO BOARD MEMBERS WHO ARE LICENSED AS ALCOHOL AND DRUG COUNSELORS;

(2) TWO LICENSED OR CERTIFIED ALCOHOL AND DRUG COUNSELORS

WHO ARE NOT BOARD MEMBERS; AND

(3) ONE CONSUMER WHO IS A MEMBER OF THE BOARD.

(B) (1) THE TERM OF A MEMBER IS 4 YEARS.

(2) THE TERMS OF MEMBERS ARE STAGGERED AS REQUIRED BY THE TERMS PROVIDED FOR MEMBERS OF THE SUBCOMMITTEE ON JUNE 1, 2018.

(3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(5) A MEMBER MAY NOT SERVE MORE THAN 2 CONSECUTIVE FULL TERMS.

(C) THE BOARD MAY REMOVE A MEMBER FOR INCOMPETENCE OR MISCONDUCT.

17–6B–04.

(A) FROM AMONG ITS MEMBERS, THE SUBCOMMITTEE ANNUALLY SHALL ELECT A CHAIR AND A VICE CHAIR.

(B) THE SUBCOMMITTEE SHALL DETERMINE:

(1) THE MANNER OF ELECTION OF OFFICERS; AND

(2) THE DUTIES OF EACH OFFICER.

17–6B–05.

(A) A MAJORITY OF THE MEMBERS THEN SERVING ON THE SUBCOMMITTEE IS A QUORUM.

(B) (1) THE SUBCOMMITTEE SHALL MEET AT LEAST ONCE EVERY 2 MONTHS, AT THE TIMES AND PLACES IT DETERMINES.

(2) THE SUBCOMMITTEE MAY HOLD SPECIAL MEETINGS IF:

(I) REQUESTED BY THE BOARD; OR

(II) THE CHAIR OR A MAJORITY OF THE MEMBERS THEN SERVING ON THE SUBCOMMITTEE CONSIDERS A MEETING TO BE NECESSARY OR ADVISABLE.

(3) REASONABLE NOTICE OF ALL SUBCOMMITTEE MEETINGS SHALL BE GIVEN IN THE MANNER DETERMINED BY THE SUBCOMMITTEE.

(C) A MEMBER OF THE SUBCOMMITTEE:

(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE SUBCOMMITTEE; BUT

(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

17–6B–06.

IN ADDITION TO THE POWERS AND DUTIES SET FORTH ELSEWHERE IN THIS SUBTITLE, THE SUBCOMMITTEE SHALL:

(1) EVALUATE AND MAKE RECOMMENDATIONS TO THE BOARD FOR METHODS TO IMPROVE AND EXPEDITE THE LICENSURE AND CERTIFICATION PROCESSES FOR ALCOHOL AND DRUG COUNSELORS AND ALCOHOL AND DRUG TRAINEES;

(2) EVALUATE APPLICATIONS FOR LICENSURE AND CERTIFICATION OF ALCOHOL AND DRUG COUNSELORS AND TRAINEES; AND

(3) EVALUATE AND MAKE PRELIMINARY RECOMMENDATIONS ON INDIVIDUAL DISCIPLINARY MATTERS WHEN THE SUBJECT OF THE DISCIPLINARY MATTER IS:

(I) AN ALCOHOL AND DRUG TRAINEE;

(II) A CERTIFIED SUPERVISED COUNSELOR–ALCOHOL AND DRUG;

(III) A CERTIFIED ASSOCIATE COUNSELOR–ALCOHOL AND DRUG;

(IV) A CERTIFIED PROFESSIONAL COUNSELOR–ALCOHOL AND DRUG;

(V) A LICENSED GRADUATE ALCOHOL AND DRUG COUNSELOR; OR

(VI) A LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR.

17–6B–07.

SUBJECT TO THE EVALUATION AND REESTABLISHMENT PROVISIONS OF THE MARYLAND PROGRAM EVALUATION ACT, THIS SUBTITLE AND ANY RULES AND REGULATIONS ADOPTED UNDER THIS SUBTITLE SHALL TERMINATE AND BE OF NO EFFECT AFTER JULY 1, 2021.

17–702.

Subject to the evaluation and reestablishment provisions of the Maryland Program Evaluation Act, this title and all rules or regulations adopted under this title shall terminate and be of no effect after July 1, **[**2019**]** **2021**.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) On or before October 1, 2018, and every 6 months thereafter until October 1, 2021, the State Board of Professional Counselors and Therapists, in consultation with the Maryland Department of Health and the Department of Budget and Management, shall submit to the Department of Legislative Services a report on the progress made implementing the recommendations contained within the December 2017 publication "Sunset Review: Evaluation of the State Board of Professional Counselors and Therapists".

(b) The progress reports required under subsection (a) of this section shall address:

(1) the efforts made by the Board, in conjunction with the Maryland Department of Health and the Department of Budget and Management, to:

(i) obtain additional personnel resources to allow the Board to conduct a systematic evaluation and triage of the Board's complaint backlog;

(ii) prioritize complaints based on potential public safety risks; and

(iii) develop a plan to systematically address the complaint backlog and implement strategies to prevent future backlogs;

(2) the practices adopted by the Board to improve the thoroughness, completeness, and legibility of investigative notes and the progress made in moving to an electronic system to track complaints and investigations;

(3) the development of concrete timelines for the duration of investigations, wherein after a certain period of time, a case should be dismissed or advanced except under specified circumstances;

(4) the progress the Board has made in proposing educational requirements in regulation, if the Board has decided to do so;

(5) the research and consideration the Board has given to extending the use of education programs accredited by the respective professional accrediting organizations for education requirements for licensed clinical professional counselors, clinical alcohol and drug counselors, clinical marriage and family therapists, certified associate counselors–alcohol and drug, and certified supervised counselors–alcohol and drug;

(6) any progress made toward the implementation of the proposed portability plan for professional counselors and levels of reciprocity or endorsement to other levels of licensees or certificate holders in other states who have practiced for a specified number of years, passed a state law exam, and passed either a specified national examination or hold a specified national certification from a respective national

credentialing organization;

(7) the specific efforts have been undertaken to train Board staff in current requirements for direct licensure or certification responsibilities, and cross–training for additional licensure and certification responsibilities;

(8) the progress of the investigation by the Board into implementing an online licensing and certification system that:

(i) allows applicants to submit applications electronically;

(ii) assists the Board in keeping accurate records of the number of applicants, licensees, and certificate holders; and

(iii) tracks applications through the licensing and certification process;

(9) whether the number and types of licenses and certificates currently issued are necessary to protect the public or if a reduced number would adequately protect the public and provide better access to services;

(10) the progress that has been made to implement systems to track progress toward licensure and complaint resolution goals, in conjunction with the Department of Budget and Management; and

(11) the progress that has been made, in conjunction with the Maryland Department of Health and the Department of Information Technology, to determine whether the Board should be a part of the electronic licensing and disciplinary system.

SECTION 3. AND BE IT FURTHER ENACTED, That, on or before December 1, 2019, the Department of Legislative Services shall report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee, in accordance with § 2–1246 of the State Government Article, on the progress to date of the State Board of Professional Counselors and Therapists in implementing the recommendations contained within the December 2017 publication "Sunset Review: Evaluation of the State Board of Professional Counselors and Therapists" and recommend whether and for how long the termination date of the Board should be extended.

SECTION 4. AND BE IT FURTHER ENACTED, That:

(a) Subject to subsection (b) of this section, the terms of the members of the State Board of Professional Counselors and Therapists who are licensed as clinical marriage and family therapists and that expire June 30, 2021, shall terminate on the effective date of this Act.

(b) A member whose appointment is terminated under subsection (a) of this section shall continue to serve until a successor is appointed and qualifies.

SECTION 5. AND BE IT FURTHER ENACTED, That the terms of the initial members of the Alcohol and Drug Counselor Subcommittee shall expire as follows:

(1) two members in 2019;

(2) two members in 2020; and

(3) one member in 2021.

SECTION 6. AND BE IT FURTHER ENACTED, That this Act is an emergency measure, is necessary for the immediate preservation of the public health or safety, has been passed by a yea and nay vote supported by three–fifths of all the members elected to each of the two Houses of the General Assembly, and shall take effect from the date it is enacted.

Appendix 7

Written Comments of the State Board of Professional Counselors and Therapists

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

November 20, 2017

Warren G. Deschenaux, Director
Office of Policy Analysis
Department of Legislative Services
90 State Circle
Annapolis, MD 21401-1991

Dear Mr. Deschenaux:

The Maryland Board of Professional Counselors and Therapists (the "Board") appreciates the diligent work of the sunset analysts. They are to be commended for their detailed examination and review of the Board's operation and processes. The Board thanks Justin Kozinn, Hannah Dier, and Lisa Simpson for their thorough analysis and professional interactions with Board staff. The Board recognizes the importance of the sunset review and your staff was responsive and helpful throughout the process.

Thank you for the opportunity to review and respond to the "exposure draft". The recommendations were helpful in providing the Board with clear direction for implementing procedures to improve its licensing and disciplinary functions.

Enclosed please find the preliminary response from the Board. As you will see, the Board agrees with many of the recommendations. As to specific recommendations with which the Board may not agree, the Board will consider and research those recommendations so that it may provide a more informed and detailed response.

The Board is committed to its mission to protect the public. The Board greatly appreciates the analysts' recognition that the Board has begun efforts to improve in virtually all areas of its operations. We look forward to continued interaction during this process.

Very truly yours,

Risa Ganel

Risa Ganel, LCMFT
Board Chair

Kimberly B. Link

Kimberly B. Link, J.D.
Executive Director

Enclosure
cc: Kimberly C. Lang, Ph.D., DH

201 W. Preston Street – Baltimore, Maryland 21201
Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

Board of Professional Counselors and Therapists
Response to Sunset Exposure Draft

Recommendation 1: The board should expeditiously adopt regulations for the licensure of clinical professional art therapists and graduate professional art therapists.

The board concurs with Recommendation 1. The board has prepared regulations for the licensure of clinical professional art therapists and graduate professional art therapists. However, as noted in the report, the board recently underwent a major change in membership and elected new board leadership. Consequently, the current board has not had the opportunity to fully review the proposed regulations. The board expects to vote on the regulations at its December meeting.

Recommendation 2: The board should use one consistent source for reporting board data in annual reports, MFR submissions, and to the General Assembly and DLS.

The board concurs with Recommendation 2 and will use one consistent source for reporting board data in annual reports, MFR submissions, and to the General Assembly and DLS.

Recommendation 3: The board should investigate implementing an online licensing and certification system that (1) allows applicants to submit applications electronically; (2) assists the board in keeping accurate records of the number of applicants, licensees, and certificate holders; and (3) tracks applications through the licensing and certification processes. Until the board implements a new online system, the board should establish a process for verifying that data entry is accurate.

The board concurs with Recommendation 3.

Recommendation 4: Statute should be amended to repeal specific education requirements for licenses and certificates issued by the board. Instead, board regulations should be amended to clearly state education requirements. Board applications and checklists should be updated to be consistent with amended regulations.

The board will consider an amendment to the statute to repeal specific education requirements for licenses and certificates issued by the board and amending the regulations to clearly state education requirements. The board agrees that applications and checklists should be updated to be consistent with amended regulations, as applicable.

Recommendation 5: The board should consider extending the use of education programs accredited by the respective professional accrediting organizations for education requirements for licensed clinical professional counselors, clinical alcohol and drug counselors, clinical marriage and family therapists, CAC-ADs, and CSC-ADS.

The board will consider extending the use of education programs accredited by the respective professional accrediting organizations to determine education requirements for licensure for

licensed professional counselors, licensed clinical alcohol and drug counselors, licensed clinical marriage and family therapists, CAC-ADs, and CSC-ADs.

Recommendation 6: OAG should train board members and staff on reading CHRC results and assist board members and staff in creating a matrix of results that do not count as consideration for denial of licensure or certification and those results that require further consideration by the board.

The board agrees with Recommendation 6 and will work with the Health Occupations Prosecution and Litigation Division of the Office of the Attorney General to develop guidelines for reviewing positive CHRC.

Recommendation 7: The board should notify applicants at the beginning of the application process that a CHRC is required and provide details on the timing of the request and the period of time that the board is required to retain results.

The board agrees with Recommendation 7 and will update the website to reflect notification at the beginning of the application process that a CHRC is required and provide details on the timing of the request and the period of time that the board is required to retain results.

Recommendation 8: The board should consider both the proposed portability plan for professional counselors and offering reciprocity or endorsement to other levels of licensees or certificate holders in another state who have practiced for a specified number of years, passed a state law exam, and either passed a specified national examination or hold a specified national certification from a respective national credentialing organization.

The board concurs with Recommendation 8. On October 20, 2017, the board established an *ad hoc* committee to research and develop a portability plan for all areas of licensure.

Recommendation 9: Board staff should continue to be trained in current requirements for direct licensure or certification responsibilities and be cross-trained for additional licensure and certification responsibilities in case of staff absences or vacancies to promote consistent responses to licensure and certification questions. Whenever possible, board staff should refer applicants to established board guidelines. The interim executive director should continue to foster a helpful and positive attitude among board staff.

The board concurs with Recommendation 9. The interim executive director has met with each member of board staff regarding the correct requirements for licensure and/or certification. The interim executive director has also drafted instructions and guidelines for use by staff to process applications for each level of licensure or certification. The interim executive director has instituted bi-monthly staff meetings and trainings to ensure consistent compliance with the statute and regulations.

Recommendation 10: The board should work with MDH to obtain additional personnel resources to allow the board to conduct an evaluation and triage of the current complaint backlog. The board should prioritize complaints based on their potential public safety risks (such as allegations of sexual misconduct and cases involving child custody determinations) followed by recent complaints. The board should develop a plan to systematically address the backlog and implement strategies to prevent future backlogs moving forward. The board should include its plan and proposed strategies, including timetables, in a report to DLS to be submitted by October 1, 2018.

The board concurs with Recommendation 10. The interim executive director will work with MDH to obtain a full-time, permanent compliance manager and a full-time, permanent investigator. The board currently has one full-time, contractual investigator and has conducted interviews for a second full-time, contractual investigator. The board will retain these contractual positions until such time as it is able to obtain full-time, permanent positions.

Each complaint is reviewed by the interim executive director immediately upon receipt for a determination as to whether there is a potential threat to public safety. If the interim executive director and board counsel determine that there is an immediate threat to public safety, they will contact the board chair/officer and call an emergency session of the board to discuss whether a summary suspension or other immediate action is appropriate.

The interim executive director, the chair of the discipline review committee, and HOPL continue to work together to implement a strategy to triage new complaints as well as address the current backlog of complaints.

Recommendation 11: The board counsel, with the assistance of OAG, should immediately examine open complaints and assist the board in determining which cases are likely to have merit and need further investigation and which cases could be administratively or summarily closed.

The board concurs with Recommendation 11. The interim executive director, board counsel, and HOPL continue to meet regularly to address open complaints to determine which cases are likely to have merit and need further investigation and which cases can be administratively or summarily closed.

Recommendation 12: The board investigators should establish a practice of thorough, complete, and legible investigative logs, by moving to an electronic system to ensure that proper documentation is maintained for all complaint investigations.

The board concurs with Recommendation 12. In September 2017, the interim executive director created and implemented an electronic investigative tracking log system. The current contractual, full-time investigator is using this log for all assigned investigations.

Recommendation 13: The board should develop and implement an electronic tracking system that integrates complaints and investigations.

The board concurs with Recommendation 13. In August 2017, the interim executive director began researching electronic databases that will allow for the integration and tracking of complaints and investigations.

Recommendation 14: The board should establish concrete timelines for the duration of investigations, where after a certain period of time, a case should be dismissed or advanced except in the most serious circumstances.

In furtherance of its mission to protect the public, the board cannot establish concrete timelines for the duration of investigations as the facts and circumstances vary widely in each disciplinary case. However, the board will conduct more frequent reviews of all open investigations to determine if a case should proceed or be dismissed. The utilization of the electronic tracking log of open investigations will also enable an exact determination of the duration of each investigation.

Recommendation 15: The board should develop sanctioning guidelines that provide more specific guidance. The executive director or compliance officer of the board should consult with other health occupations boards as well as the board counsel in order to develop clearer guidelines. The board should document its reasons for departing from the sanctioning guidelines in cases where it chooses to impose a sanction outside of the sanctioning guidelines.

The board's current sanctioning guidelines are discretionary and consistent with those of other health occupation boards in the State. The board will continue to consult the sanctioning guidelines and apply the guidelines consistently, and within its discretion, across disciplinary matters. The board will document its reasons for departing from the current sanctioning guidelines when appropriate.

Recommendation 16: Statute and regulations should be amended to alter the ethics course requirements for alcohol and drug counselors and trainees to require a more general ethics course.

The statute currently requires, among other things, that alcohol and drug counselors and trainees complete a course in ethics that includes alcohol and drug issues. Per this report, alcohol and drug licensees, certificate holders, and trainees comprise 30% of the active credentials and 40% of the disciplinary cases. There are particular ethical concerns that appear to be more prevalent in this area of licensure. The board has found that some general ethics courses do not cover substance abuse issues at all. The board is willing to communicate this requirement to higher education institutions to help insure alcohol and drug issues are addressed in their ethics courses and to amend the regulations to more accurately reflect the current statutory requirement.

Recommendation 17: Statute should be amended to authorize an applicant for the CSC-AD or the CAC-AD to substitute supervised work experience as specified in regulation in lieu of satisfying the required internship in alcohol and drug counseling.

The board concurs with Recommendation 17. At the August 2017, open session, the board approved proposed language allowing CSC-AD and CAC-AD to substitute supervised work experience in lieu of satisfying the required internship in alcohol and drug counseling.

Recommendation 18: Statute and regulations should be amended to authorize licensure and certification by endorsement for individuals who have practiced alcohol and drug counseling in another state for five years, passed a national certification exam approved by the board, and passed the State law exam.

The board established an *ad hoc* committee to research and develop a portability plan at its open session on October 20, 2017. The board will consider supporting an amendment to the statute and regulations after consideration of the committee's recommendations.

Recommendation 19: Statute and regulations should be amended to authorize the board to waive education and experience requirements for applicants who have obtained adequate education and experience under unusual circumstances on a case-by-case basis.

The board concurs with Recommendation 19.

Recommendation 20: The board should offer the State law exam for alcohol and drug counselors and trainees at least once a month and at alternate locations throughout the State, or, if possible, the board should offer the exam online and make it available continuously.

As of June 2017, the board no longer administers the State law exam at its offices. The board currently administers the State law exam online through a contract with Pearson Vue. Pearson Vue works directly with the applicant to arrange a test date and location at one of its many testing sites across the State. The board is working with Pearson Vue to develop an online State law exam that is accessible from anywhere and follows a learning behavior model so that the applicant achieves a passing score. The board believes that increased accessibility together with the new, learning behavior model will reduce the amount of time to obtain a license or certificate.

Recommendation 21: Statute should be amended to establish an Alcohol and Drug Subcommittee for one to two years to make licensure and disciplinary recommendations related to alcohol and drug counselors. Members of the subcommittee should be selected by the board and should include at least two of the three alcohol and drug board members, two other licensed or certified alcohol and drug counselors, and one consumer.

Due to issues of confidentiality, the board cannot establish an alcohol and drug subcommittee comprised of non-board members to make disciplinary recommendations related to drug and alcohol counselors. The board believes that the changes and improvements made in accordance with other recommendations in this report will alleviate many of the issues affecting all areas of licensure, including alcohol and drug counselors. For example: the disciplinary review committee intends to meet twice a month to address the backlog of complaints; hiring a compliance manager

will enable more efficient handling and tracking of new complaints, and additional licensing staff will lessen the amount of time it takes to issue an initial license.

Recommendation 22: Statute should be amended to alter board composition to add one additional clinical professional counselor (a total of five), reduce the number of licensed clinical marriage and family therapists from three to one, and add one licensed behavior analyst to more proportionately reflect the individuals regulated by the board.

The board cannot opine on Recommendation 22 at this time as it has not had an opportunity to thoroughly research and discuss this issue among its members and stakeholders.

Recommendation 23: Statute should be amended to repeal BAAC and establish a licensed behavior analyst board position.

The board will consider a proposed amendment to the statute to repeal BAAC and establish a licensed behavior analyst board position once it has had an opportunity to address this issue at a board meeting.

Recommendation 24: The board should consider whether the number of types of licenses and certificates currently issued are necessary to protect the public or if a reduced number would adequately protect the public and provide better access to services. The board should not be authorized to issue additional types of licenses and/or certificates until such time that current licensure and certification issues have been addressed.

The board will request that the credentialing committee research whether the number of types of licenses and certificates currently issued are necessary to protect the public or if a reduced number would adequately protect the public and provide better access to services. The board agrees that it should not be authorized to issue additional types of licenses and/or certificates until such time that current licensure and certification issues have been addressed.

Recommendation 25: To enhance compliance with the OMA, the board or a disciplinary panel of the board should state a statutory exception for closing a meeting in a written statement when nondisciplinary items are on the agenda. The board counsel should ensure that an open session precedes a closed session, in accordance with the Act. Furthermore, if the board or a disciplinary panel begins to discuss a matter in closed session that violates the Act, the board counsel should advise the board or disciplinary panel that it is violating the Act, and the board or disciplinary panel should cease discussion.

The board will seek advice from the Office of the Attorney General and board counsel to ensure compliance with the Open Meetings Act. The board has designated three members to complete the Open Meetings Act online training. As of the date of this response, one board member and two members of BAAC have completed the online training.

Recommendation 26: To increase the legislature's oversight of the board's compliance with statutory reporting requirements, statute should be amended to require that the board

submit annual reports to the legislature, in addition to the Governor and the Secretary of Health, in accordance with § 2-1246 of the State Government Article. In order to increase transparency, the board should ensure that annual reports are made available publicly on its website.

The board does not agree that the statute should be amended to require that the board submit annual reports to the legislature in addition to the Governor and the Secretary of Health. The board believes that, under new administrative direction, annual reports will be submitted to the Governor and the Secretary of Health and posted publicly on its website in a timely manner.

Recommendation 27: The board should publish a comprehensive schedule of actual fees charged on its website.

The board has posted a comprehensive schedule of actual fees charged on the board's website.

Recommendation 28: The board should hire a short-term contractual administrative officer to allow the board to provide sufficient administrative support to the Alcohol and Drug Subcommittee recommended in Chapter 4. The board should follow through with its plan to request a permanent position for a compliance manager from DBM.

The board has begun the hiring process for a short-term, contractual administrative specialist to help the current alcohol and drug licensing coordinator process the backlog and incoming applications for CSC-AD, CAC-AD, LGADC, and LCADC. The interim executive director has requested one full-time, permanent compliance manager position and one full time, permanent investigator position.

Recommendation 29: The board should implement systems to track progress toward licensure and complaint resolution goals, and it should accurately report progress to DBM.

The board does not have the technology required to track licensure and complaint resolution goals. However, the board will use best efforts to manually track licensure and complaint resolution goals in order to accurately report progress to DBM.

Recommendation 30: MDH should continue to consult with DoIT and the board to determine whether this project would be appropriate to resolve the board's data reliability and licensure and complaint tracking issues.

The board agrees with Recommendation 30.

Recommendation 31: The board should reorganize its website to make it more user friendly and easier to find information, with relevant information and forms posted in consistent and logical locations.

The board concurs with Recommendation 31. The board has begun working on this project with IT staff and expects to have a more user-friendly website with relevant information and forms posted in consistent and logical locations in the first quarter of 2018.

Recommendation 32: Emergency legislation should be enacted to reflect the statutory recommendations in this report and to extend the termination date of the board to July 1, 2021. Further, uncodified language should be adopted to require that the board, in consultation with MDH and DBM, submit reports to DLS every six months, with the first report due October 1, 2018, on the progress made implementing the statutory and nonstatutory recommendations contained in this report. By December 1, 2019, DLS should report to the General Assembly on the board's progress to date and recommend whether and for how long the board's termination should be extended.

The board concurs that the termination date should be extended to at least July 1, 2021. The board concurs that emergency legislation should be enacted to reflect some of the statutory recommendations in this report, and as reflected in the Board's responses above. The board agrees to submit reports to DLS, in conjunction with MDH and DBM, with the first report due October 1, 2018, on the progress made implementing certain recommendations contained in this report.