
Evaluation of the State Board of Professional Counselors and Therapists

**Department of Legislative Services
Office of Program Evaluation and Government Accountability
Annapolis, Maryland**

September 2025

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Victoria L. Gruber
Executive Director



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Director

DEPARTMENT OF LEGISLATIVE SERVICES
OFFICE OF PROGRAM EVALUATION AND
GOVERNMENT ACCOUNTABILITY
MARYLAND GENERAL ASSEMBLY

September 30, 2025

Senator Shelly Hettleman, Senate Chair, Joint Audit and Evaluation Committee
Delegate Jared Solomon, House Chair, Joint Audit and Evaluation Committee
Members of the Joint Audit and Evaluation Committee

Dear Senator Hettleman, Delegate Solomon, and Members:

The Office of Program Evaluation and Government Accountability has conducted an evaluation of the State Board of Professional Counselors and Therapists (BOPCT or the board).

The report contains several recommendations. The board's response is Appendix A.

We wish to express our appreciation for the cooperation and assistance provided by BOPCT.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'M. Powell'.

Michael Powell
Director

MP/sap

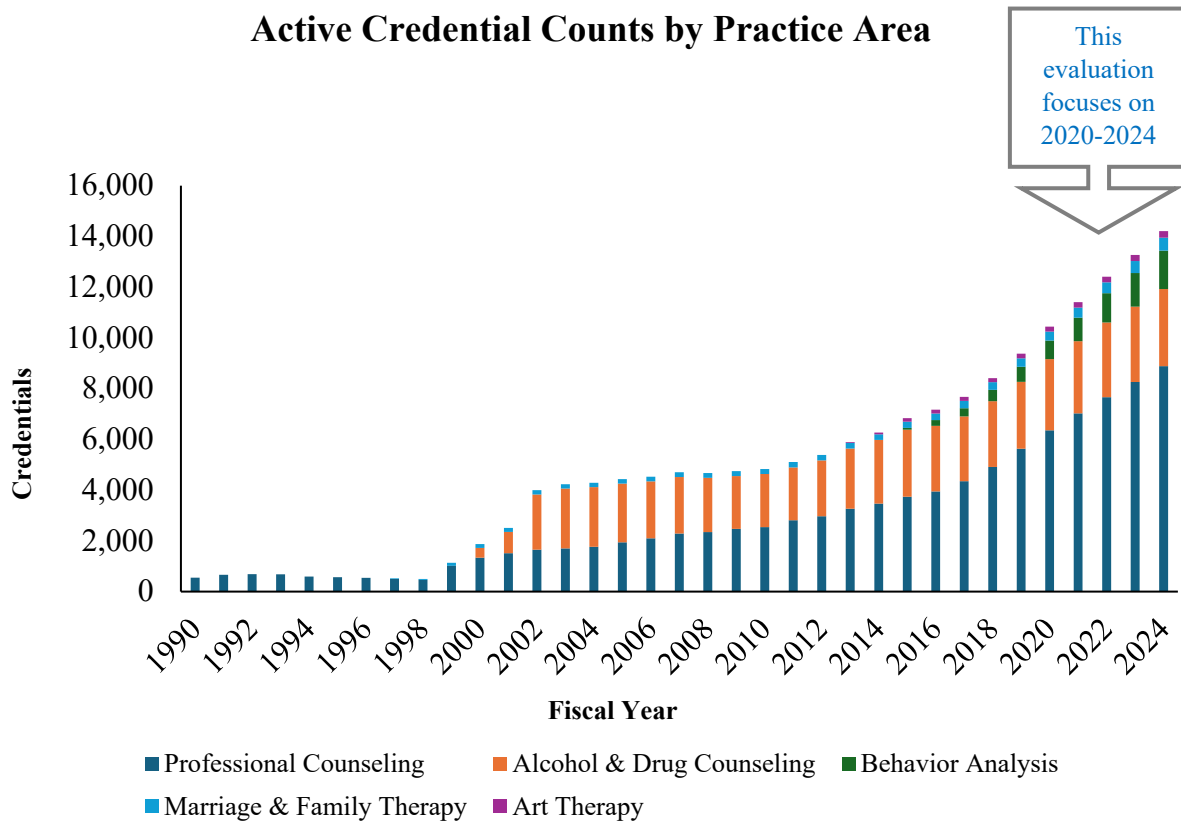
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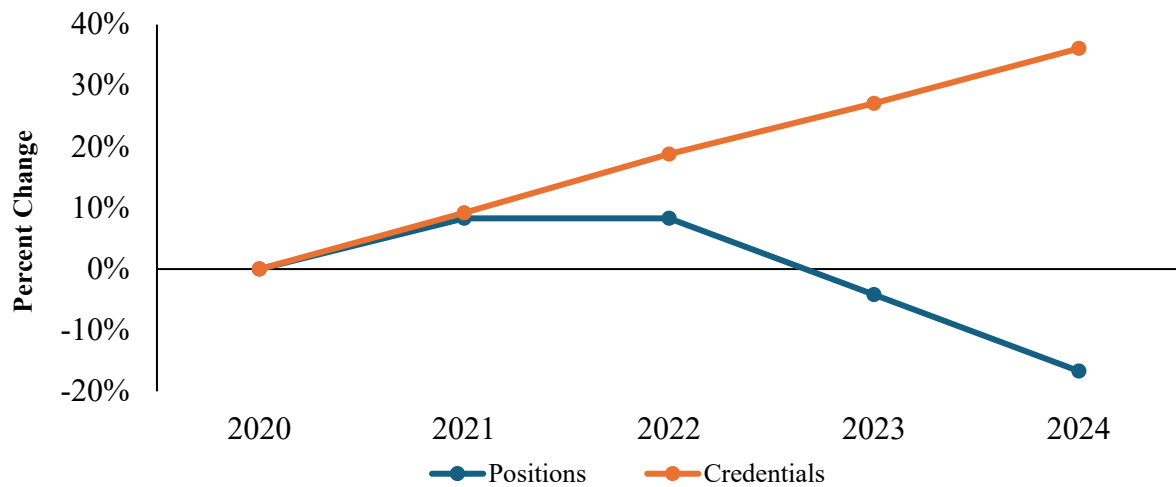
Evaluation of the State Board of Professional Counselors and Therapists Executive Summary

Maryland's State Board of Professional Counselors and Therapists (BOPCT or the board) regulates the practice of counseling and therapy. In fiscal 2024, the board regulated about 13,000 practitioners working in Maryland in five practice areas: professional counseling; alcohol and drug counseling; behavior analysis; marriage and family therapy; and art therapy.

During 2020-2024, the number of regulated credentials increased by 36%, while the number of staff positions decreased by 17%. Based on a spike in service complaints about the board, its ongoing backlog in investigating practitioners, and the actual time it has taken the board to review initial applications, board performance has faltered.



BOPCT Percent Change of Staff Positions and Regulated Credentials



Since 2020, BOPCT has had nine executive directors (EDs) or acting EDs. Their median tenure was seven months.

History of Executive Directors at the Board of Professional Counselors and Therapists

Executive Director	Time Period	Time in Position
A	2017-2020	~ 3 years
B	2020 (Jun-Oct)	~ 4 months
C	2021-2022	~ 10 months
D	2022-2023	~ 1 year
E	2023	~ 1 month
F	2023-2024	~ 8 months
G	2024 (Feb-May)	~ 4 months
H	2024 (May-Oct)	~ 6 months
I	2025-present	

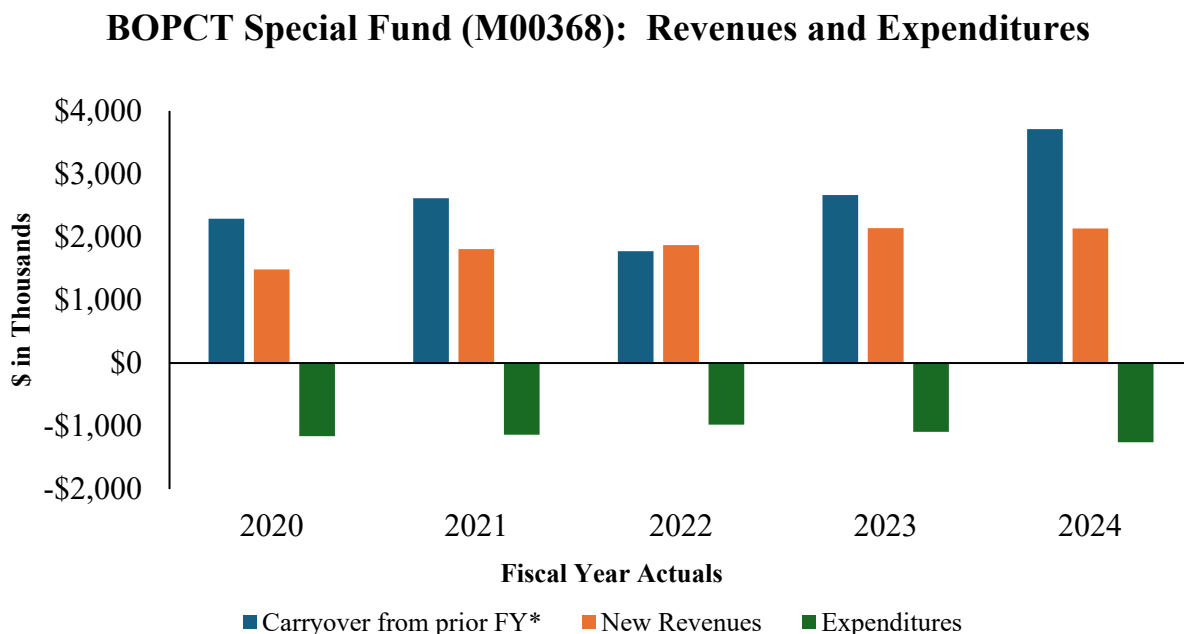
Additionally, the board staff has had high turnover and long vacancies, with an average vacancy rate of 69% for contractual positions and 13% for merit positions. The average time to fill vacant staff positions was approximately 15 months. ED turnover contributed to delays in submitting the required paperwork to the Maryland Department of Health (MDH), which extended hiring timelines.

As of July 2025, the board had seven expired board member seats, of which three were vacant since 2023. Board representation as defined in statute was effectively altered by the persistently vacant seats.

The board continues to use a paper-based system for initial applications, despite recommendations by the Department of Legislative Services from 2017 and earlier that BOPCT (1) move from paper-based initial applications to an online web portal system and (2) adopt a consistent, unified internal system to track all initial applications through the full review process.

While the board has independence in regulating professionals, it depends on MDH to approve many operational and administrative decisions.

During 2020-2024, BOPCT revenues exceeded its operating expenses.



Note: The carryover amount in fiscal 2022 reflects a transfer of \$1.5 million to the Behavioral Health Administration, as specified in the Budget Reconciliation and Financing Act of 2021.

Summary of recommendations:

- The Maryland General Assembly should consider making the Governor’s appointments to this board subject to advice and consent of the Senate.
- MDH should consider developing and implementing a formal orientation and training program for new executive directors. Additionally, MDH should consider implementing an executive director mentorship program.

- The smaller health professional boards and commissions (HPBCs) should consider hiring a dedicated human resources liaison, shared amongst BOPCT and the other smaller HPBCs.
- Consider increasing the number of merit positions within BOPCT by converting contractual positions to merit positions or by transferring vacant merit positions from other HPBCs to BOPCT.
- BOPCT board members should regularly review Intranet Quorum service records with the BOPCT Executive Director to monitor customer satisfaction and proactively address issues.
- BOPCT should attempt to reduce the number of initial applications with missing components.

BOPCT should implement one comprehensive, standardized internal tracking system for all initial applications and reengineer its process for reviewing initial application.

Chapter 1. Introduction

Scope and Purpose

The Office of Program Evaluation and Government Accountability (OPEGA) initiated this evaluation of Maryland’s State Board of Professional Counselors and Therapists (BOPCT or the board). OPEGA evaluated the board’s operations over calendar 2020-2024.

Background and Overview

As required and defined under the Health Occupations Article, Title 17, of the Annotated Code of Maryland, the board regulates the practice of counseling and therapy in Maryland. The Maryland General Assembly (MGA) established the board in 1985. The board has two broad functions: credentialing and compliance. The board confers credentials (licenses and certificates) to qualified practitioners, establishes minimum requirements and verification procedures for those credentials, sets ethical standards, and operates a system for investigating complaints against practitioners.

Over the years, the MGA has added additional occupations to the board’s purview. In fiscal 2024, the board regulated about 13,000 practitioners working in Maryland in five distinct practice areas:

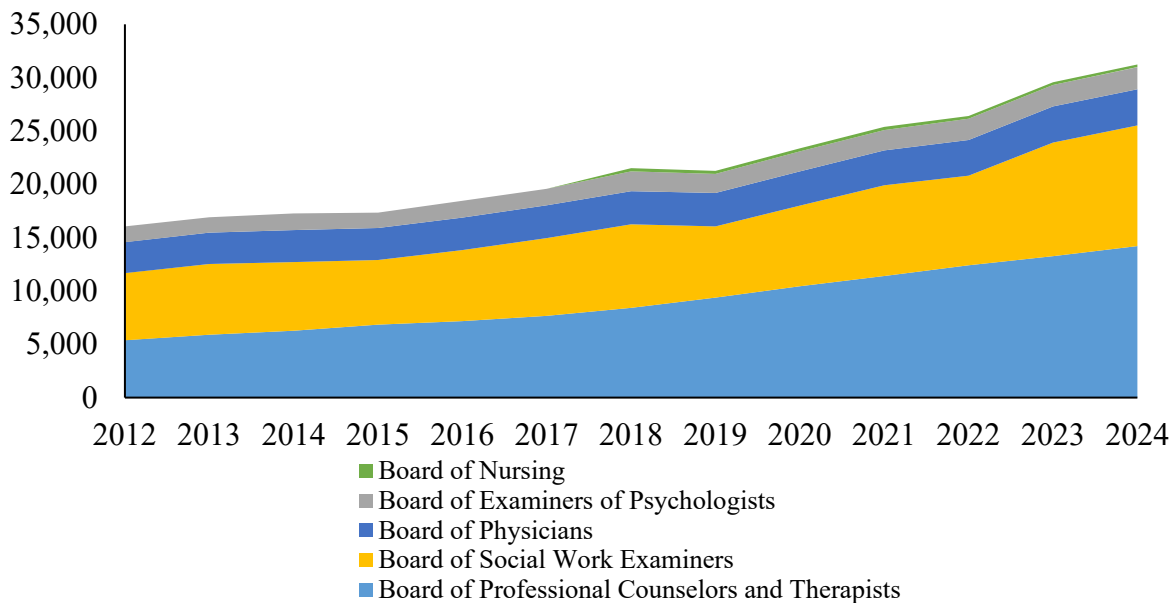
- professional counseling;
- alcohol and drug counseling;
- behavior analysis;
- marriage and family therapy; and
- art therapy.

As shown in **Exhibit 1.1**, not every healthcare professional who offers counseling or therapy services in Maryland is regulated by BOPCT. Examples of provider types not regulated by BOPCT include the following:

- licensed clinical social workers;
- psychologists;

- nurse practitioners with specialized training; and
- psychiatrists.

Exhibit 1.1
Healthcare Professionals Offering Counseling or Therapy Services



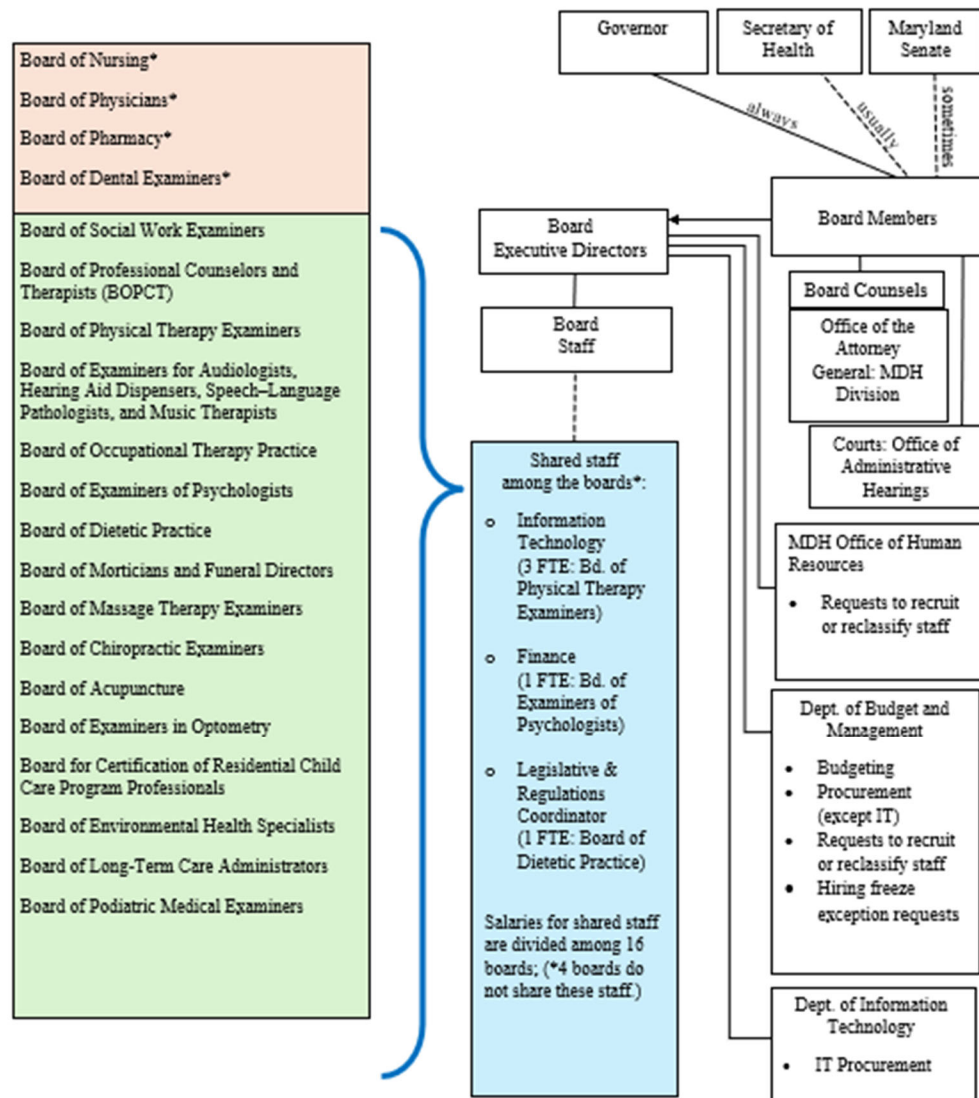
Source: Maryland Department of Health; Department of Legislative Services

During 2020-2024, no tax dollars funded the board. The fees the board charged to practitioners (and applicants) in the occupations it regulated exceeded the costs of its operations, including overhead at the Maryland Department of Health (MDH) and the Office of the Attorney General. In addition to those expenditures, some of its fee revenues were transferred to other programs.

The board is scheduled to terminate on July 1, 2028.

As shown in **Exhibit 1.2**, BOPCT is 1 of 20 health occupation boards (also referred to in Maryland as health professional boards and commissions or HPBCs) within MDH. Each board has its own board members, executive director, and staff. Sixteen of the boards also formally share five staff. Board decisions about hiring staff and purchasing software are subject to approval by MDH and the Department of Information Technology.

Exhibit 1.2 Organizational Chart for the Health Occupation Boards in the Maryland Department of Health



FTE: full-time equivalent

MDH: Maryland Department of Health

Source: Department of Legislative Services

Methodology

OPEGA measured the board's workload changes based on the number of active credentials in the Master Licensing System (MLS) and in the number of complaints filed against practitioners recorded in the Enforcement Management System.

We assessed board performance in meeting its workload based on the following factors:

- time taken to review and approve initial applications, based on samples from the MLS, mail logs, and cash logs;
- portion of initial applications that remained incomplete for more than a year;
- backlog in the number of complaints filed against practitioners remaining open; and
- questions and complaints from constituents about customer service and responsiveness based on Intranet Quorum service records.

OPEGA conducted interviews with most board members, all board staff, all staff shared with other boards, and the assistant Attorney General for the board. OPEGA evaluators visited the board offices multiple times over the course of the evaluation to conduct in-person interviews, observe administrative processes and procedures, and analyze records. Staff attended all open board meetings while the evaluation was underway. OPEGA also interviewed several former executive directors and numerous outside stakeholders. In total, OPEGA interviewed more than 38 individuals for this evaluation.

Based on these data sources, we found evidence that the board's workload increased over 2020-2024 but the board did not effectively meet it. The reasons for that included lack of an internal tracking system, continued use of a paper-based process for initial applications, excessive staff turnover, and too few staff. These issues echoed those found in previous Department of Legislative Services reports.

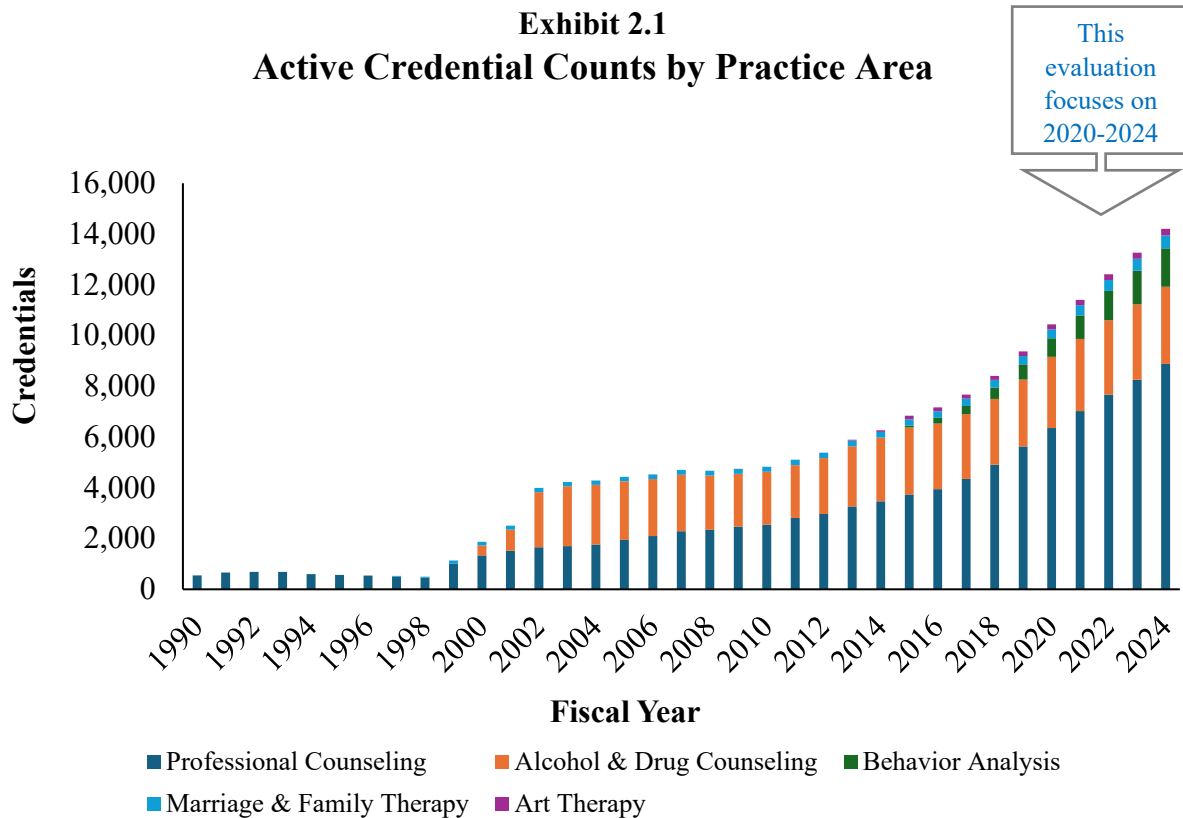
Chapter 2. Credentials and Workload

Observation: The number of active credentials increased by over one-third since 2020 and is currently at its highest level ever.

The amount of credentials issued and regulated by the Board of Professional Counselors and Therapists (BOPCT or the board) drives board workload. A full list of credential types is in **Appendix B**.

As shown in **Exhibit 2.1**, in the last five years, BOPCT's total number of active credentials increased by about 3,000, around 30%. Since 2014, the total number of active credentials has increased by 127%. The composition of active credentials has also changed over time as the Maryland General Assembly (MGA) has placed additional professional practice areas under the board's regulation. Nearly all the board's active credentials until 2000 were for professional counselors, as that was the only practice area regulated by BOPCT. Once the alcohol and drug counseling profession became regulated by the board, active credentials were split roughly in half between professional counselors and alcohol and drug counselors until the later 2000s. Once licensed behavior analysts (LBAs) were added to the professions regulated by this board, LBAs represent a growing proportion of active credentials. In 2024, professional counseling was the most common credential followed by alcohol and drug counseling, with behavior analysis, marriage, family counseling, and art therapy both representing small shares of all active credentials.

Exhibit 2.1
Active Credential Counts by Practice Area

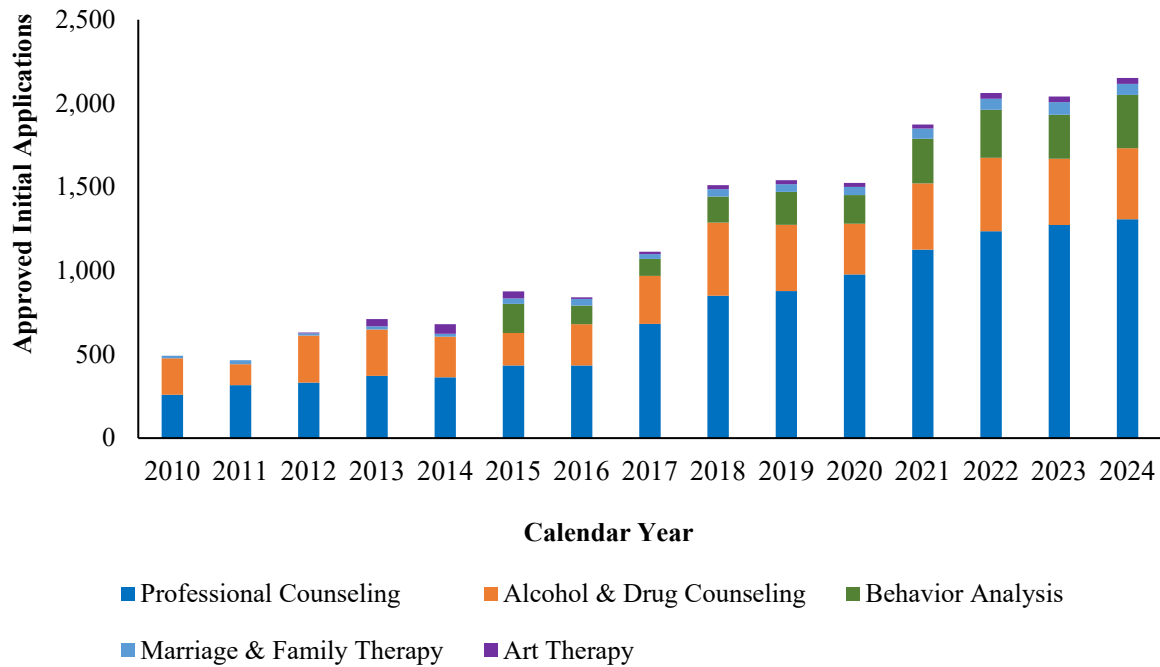


Source: Department of Legislative Services

Observation: The number of initial applications approved each year has quadrupled since 2010, with most of the increase in the professional counseling practice area.

Exhibit 2.2 shows the total number of board-approved initial applications for calendar 2010-2024 by practice area. Professional counseling makes up over 50% of initial approved applications in most years. Except for the initial spike when MGA gave this board responsibility for regulating alcohol and drug counselors, at least half of all applications are for professional counseling. In calendar 2024, about 60% of approved initial applications were for professional counselors. In 2015, MGA gave BOPCT responsibility for regulating LBAs. By calendar 2024, LBAs represented around 15% of the board's total approved initial applications.

Exhibit 2.2 Approved Initial Applications by Practice Area



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

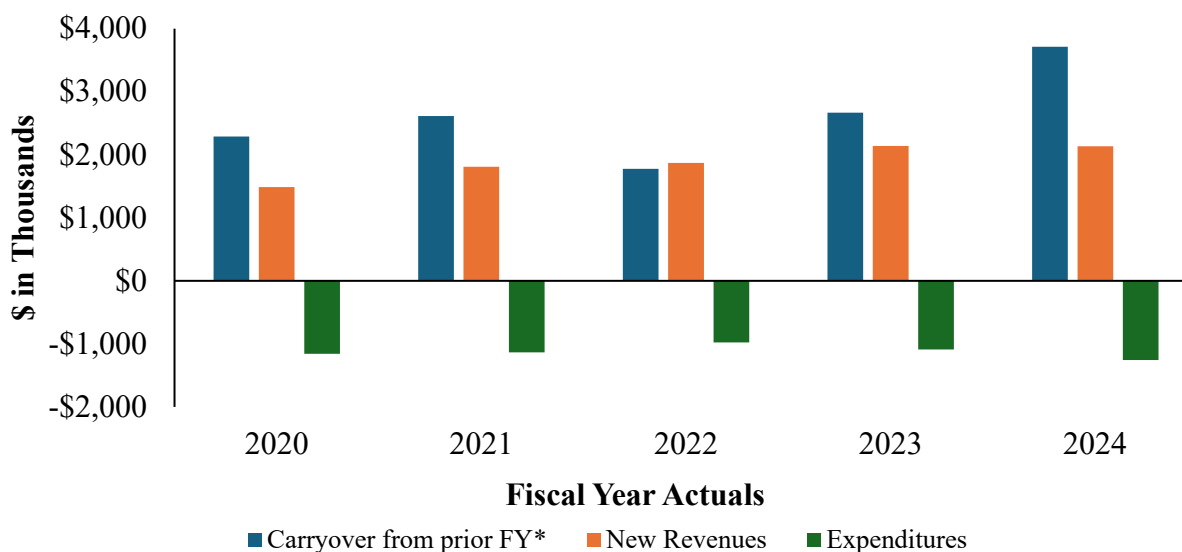
Once an initial application is approved, credentials are active for two years and then must be renewed. Over fiscal 2020-2024 the number of renewal applications received by the board increased by 25%.

Chapter 3. Budget

Observation: The Board of Professional Counselors and Therapists’ revenue exceeds its operating expenses.

During 2020-2024, no tax dollars funded the Board of Professional Counselors and Therapists (BOPCT or the board). The fees which BOPCT charged to practitioners (and applicants) exceeded the direct and indirect costs of the board’s operations, including overhead at the Maryland Department of Health (MDH) and the Office of the Attorney General. **Exhibit 3.1** shows the revenues collected and deposited into the BOPCT special fund, and BOPCT expenditures from that special fund, during fiscal 2020-2024.

Exhibit 3.1
BOPCT Special Fund (M00368): Revenues and Expenditures



Note: The carryover amount in fiscal 2022 reflects a transfer of \$1.5 million to the Behavioral Health Administration, as specified in the Budget Reconciliation and Financing Act of 2021.

Source: Maryland Department of Health; Department of Budget and Management; Department of Legislative Services

Board funding comes from user fee revenues deposited as special funds, which is a continuing, nonlapsing fund. The board members set the fee schedule in regulations. State law provides the following:

“the fees charged shall be set to produce funds so as to approximate the cost of maintaining the board. [...] The Fund shall be used to cover the actual documented direct and indirect costs of fulfilling the statutory and regulatory duties of the board. Any unspent portions of the Fund may not be transferred or revert to the General Fund of the State.”

Observation: BOPCT’s fee structure was last changed in 2015.

The fee schedule was last changed in 2015. BOPCT special fund revenues increases during 2020-2024 were based mainly on how many applications BOPCT received, which BOPCT does not control. BOPCT staff record all fee payments in a cash log which must go through a reconciliation process with MDH. BOPCT staff are assisted in this function by an accounting specialist who is an employee of the Board of Examiners of Psychologists but whose salary is shared among 16 of the health professional boards and commissions including BOPCT via a memorandum of understanding.

The 2021 *Joint Chairmen’s Report* (JCR) asked the BOPCT to submit a report, as follows:

“Given the BOPCT surplus fund balance, the budget committees are concerned that this balance was accrued due to excessive fees on licensed providers. Therefore, the budget committees request that the board submit a report on its special fund and include an analysis of the following:

1. the fee structure history for the special fund, including fees obtained through issuing initial licenses, renewing licenses, and approving supervisors;
2. the revenue goals, expenditure plans, and desired special fund balance level for a three-year period; and
3. a plan to reduce fees to lower the fund balance and align revenue and expenditure projections.”

In its JCR response, BOPCT wrote the following:

There are [...] reasons that the [board’s] special fund has accumulated over time. The board currently does not, and has not in the past several years, had adequate staff. In the most recent Sunset Review, the auditors gave exception to the number of cases that had not been investigated, thus creating a backlog of cases. The board’s budgetary consideration has contemplated at least four investigators and a compliance manager. The board has had difficulty hiring and retaining good investigators, which is heightened by the statewide hiring freeze. Presently, there is one investigator and one compliance manager who do investigations part time. The great amount of time that it takes to hire staff means that the money with which the board would pay them is accumulating in the board’s special fund.

Thus, while it looks like the board is collecting too much money, in fact it is really spending too little money. The plan is to stop the pattern of hiring short term investigators from law enforcement and the insurance industry and hire what the board hopes will be long-term investigators from the specialized health occupations investigations field.

Observation: Although BOPCT has an independent source of revenue from user fees, MDH and the Department of Budget Management determine much of how the board spends its money.

While BOPCT is sometimes called “independent” because it is funded from a special fund from user fees and does not rely on general funds, in practice the board has limited decision-making authority on expenditures. The Office of Program Evaluation and Government Accountability was told that MDH and the Department of Budget and Management (DBM) staff largely determine their allocations, including by object code. To hire more staff (merit or contractual), BOPCT must get approval from MDH and DBM.

Observation: Some BOPCT special funds have been transferred to other programs, including a Budget Reconciliation and Financing Act transfer in fiscal 2022 to MDH.

Some BOPCT fee revenues have been transferred to other programs. The Budget Reconciliation and Financing Acts passed in the 2021, 2024, and 2025 legislative sessions altered the use of the revenue by directing transfers from the fund to the Behavioral Health Administration within MDH, as shown in **Exhibit 3.2**.

Exhibit 3.2
Transfers from the Board of Professional Counselors and Therapists
to the Maryland Department of Health
as Directed Under Budget Reconciliation and Financing Acts

BRFA	Transfer Amount under BRFA	
BRFA of 2021 Session	\$1,500,000	BRFA in 2021 Session > transfer in FY 2022
BRFA of 2024 Session	\$1,648,669	BRFA in 2024 Session > transfer in FY 2025
BRFA of 2025 Session	\$2,848,653	BRFA in 2025 Session > transfer in FY 2026

BRFA: Budget Reconciliation and Financing Act

Source: Department of Legislative Services

Chapter 4. Management and Staffing

Board Representation Was Altered by Persistently Vacant Seats

State law defines how the professions and consumers are represented on the Board of Professional Counselors and Therapists (BOPCT or the board) and how the representatives are appointed.

Observation: As of July 2025, BOPCT had seven expired board seats, of which three were vacant.

As of July 2025, 7 of BOPCT's 13 seats had expired. Of the expired seats, two have been vacant since 2022, and a third has been vacant since 2023. Four more seats expired on June 30, 2025; it was unclear as of July 2025 if those newly expired seats would also become vacant or if the expiring board members would be willing and able to continue serving until new members are appointed.

Under State law, board members are limited to two four-year terms. State law also provides that at the end of a term a member continues to serve until a successor is appointed and qualifies. Since 2022, there have been both expired seats and vacant seats at the board. Some members whose terms expired continued to serve past their term, but other expired members have been unable or unwilling to continue serving and those three seats have been vacant.

Up until June 30, 2025, BOPCT had three vacant seats which still allowed the board to reach a quorum for meetings, although several board members told the Office of Program Evaluation and Government Accountability (OPEGA) that it also put more pressure on the remaining board members to attend even when they were ill or had other serious conflicts. If the most recent seat additional term expirations result in vacant seats, the board may be unable to reach a quorum. If the board cannot meet due to lack of quorum, it would delay board actions on pending applications, disciplinary cases, and new complaints against practitioners.

Seat vacancies also affect representation. Statute defines the representation of certain professional specializations and consumers among board members. In practice, actual representation during 2020-2024 depended on which seats were filled. For example, statute provides for two consumer members, but since 2022 the board has had only one consumer member due to a seat being vacant. **Exhibit 4.1** shows how statute provides that the board representation should reflect the practice areas, assuming all seats are filled.

Exhibit 4.1
Seat Representation on BOPCT, per Statute

Board Member Seat Representation	Seats
Licensed clinical professional counselors	4
Licensed clinical marriage and family therapists	3
Licensed clinical alcohol and drug counselors	3
Licensed clinical professional art therapist	1
Consumer members	2
Licensed behavior analyst *	N/A *
Total	13

BOPCT: Board of Professional Counselors and Therapists

*N/A: Not applicable; per statute (HO §17-202 and HO §17-6A-06), Licensed Behavior Analysts are not represented on a board seat but are on BOPCT's Behavior Analyst Advisory Committee.

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

Observation: As of July 2025, BOPCT's Behavior Analysis Advisory Committee had three expired seats out of five, but none were vacant.

Under statute, the behavior analysis practice area is not represented by a seat on BOPCT; it is instead represented by the Behavior Analysis Advisory Committee (BAAC). As of July 2025, three of five BAAC seats were expired, but none were vacant because all expired members were willing to continue to serve past their term limit while awaiting someone new to be appointed to their seat.

Recommendation: The Maryland General Assembly should consider making the Governor's appointments to this board subject to advice and consent of the Senate.

Unlike many other health professional boards and commissions (HPBCs), BOPCT board seat appointments are not subject to advice and consent of the Senate. These appointments by the Governor are not included in the Green Bag process during each legislation session.

The Governor's Appointments Office told OPEGA that appointments to BOPCT seats had been put on a back burner while staff dealt with other appointments that needed Senate confirmation.

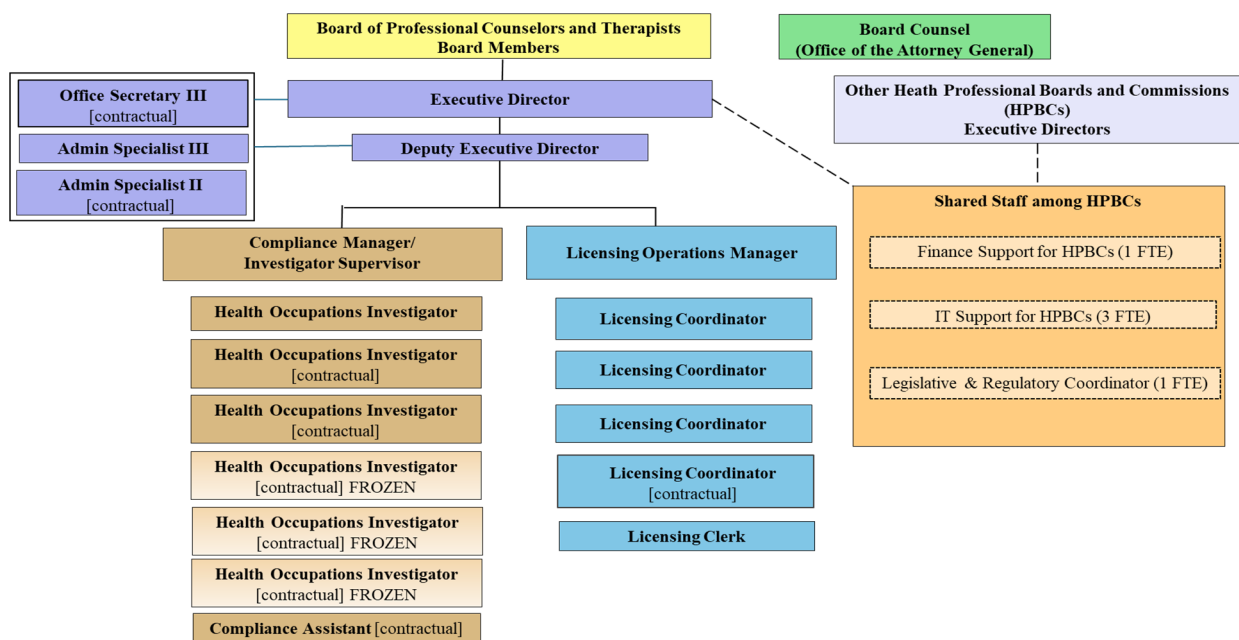
BOPCT is one of the only HPBCs whose members are not appointed subject to the advice and consent of the Senate. Revising statute to make the Governor's appointments to BOPCT seats

subject to advice and consent of the Senate would make their appointment process more like appointments to most other boards.

Board Staff Has Had High Turnover and Long Vacancies

The board relies on an executive director (ED) to oversee board staff and relay information to the board members as needed. Day-to-day operations are completed by board staff in the compliance unit (investigations) and the licensing unit (applications), as well as a deputy executive director, office secretary, administrative specialists (2), and staff shared with other HPBCs, as shown in **Exhibit 4.2**.

Exhibit 4.2
Board of Professional Counselors and Therapists Organizational Chart



FTE: full-time equivalent

Note: As of August 13, 2025

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

The shared staff have centralized job duties related to information technology, finance, and legislative/regulatory coordination. Shared staff are employed as full-time employees of 1 of the

16 boards on a rotating basis, but their salary costs are shared among the 16 boards and they split their time among those boards as needed. OPEGA learned of this collaboration on operational functions in our interviews; it is not otherwise depicted in the Maryland Department of Health (MDH) organizational charts or in personnel records.

Observation: BOPCT has had nine executive directors or acting executive directors since 2020. The median tenure for a BOPCT executive director was seven months.

The BOPCT ED is hired by, and accountable to, the board members. The ED position is an at-will position that serves at the pleasure of the board members. The board chair is responsible for the recruitment and selection of the ED. Not all board members are involved in the ED recruitment and selection process.

ED turnover is shown in **Exhibit 4.3**.

Exhibit 4.3
History of Executive Directors at the Board of
Professional Counselors and Therapists

Executive Director	Time Period	Time in Position
A	2017-2020	~ 3 years
B	2020 (Jun-Oct)	~ 4 months
C	2021-2022	~ 10 months
D	2022-2023	~ 1 year
E	2023	~ 1 month
F	2023-2024	~ 8 months
G	2024 (Feb-May)	~ 4 months
H	2024 (May-Oct)	~ 6 months
I	2025-present	

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

One of the nine EDs is currently serving in the role. Another took another position in State government. Two were acting, one resigned, and three left involuntarily.

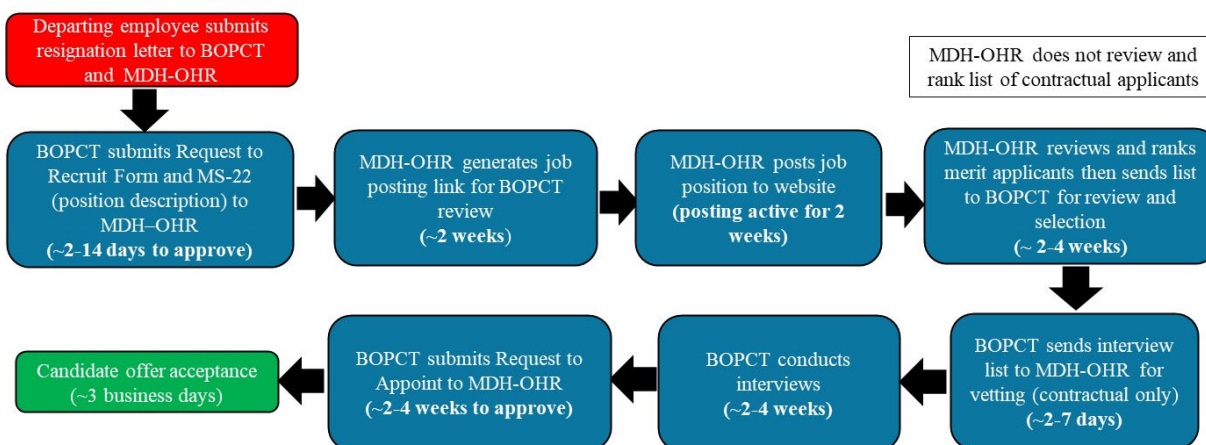
New EDs do not receive any formal training or orientation from MDH. Pre-COVID, MDH sponsored an in-person training program for new HPBC EDs. Now the program is virtual and consists of a series of videos. The HPBC EDs meet for sharing ideas and discussion of issues, but the meetings do not occur consistently. New EDs seek mentorship from experienced EDs as there is no formal mentorship program.

Recommendation: MDH should consider developing and implementing a formal orientation and training program for new executive directors. Additionally, MDH should consider implementing an executive director mentorship program.

Observation: The average time to fill vacant positions with the board was approximately 15 months.

MDH-Office of Human Resources (OHR) staff told OPEGA that under optimal conditions, hiring should take three months. **Exhibit 4.4** shows the official hiring process used by BOPCT for merit and contractual positions.

Exhibit 4.4 Hiring Process for the Board of Professional Counselors and Therapists



BOPCT: Board of Professional Counselors and Therapists

MDH-OHR: Maryland Department of Health-Office of Human Resources

Source: Maryland Department of Health-Office of Human Resources; Board of Professional Counselors and Therapists; Department of Legislative Services

The hiring process involves many steps and approvals between BOPCT and MDH-OHR. Delays in the hiring process can include late submission of a Request to Recruit (R2R) form, delays in approvals, lengthy interview and selection process, and errors on forms submitted.

The time to fill vacant BOPCT positions during calendar 2020 to 2024 is shown in **Exhibit 4.5**.

Exhibit 4.5
Calendar Days to Hire New BOPCT Staff

Position Type	Position Title	Days to Fill	EDs During Vacancy
Merit	Program Manager I (Executive Director)	133	1
Contractual	Admin III	693	3
Contractual	Admin Spc III	513	4
Merit	Health Occupations Investigator Supervisor	197	1
Contractual	Health Occupations Investigator III	407	4
Contractual	Health Occupations Investigator I	1,036	2
Merit	Health Occupations Investigator III	327	1
Contractual	Admin Spc I	274	1
	Average # of Days to Fill	488	
	Median # of Days to Fill	367	

BOPCT: Board of Professional Counselors and Therapists
 ED: executive director

Note: Calendar 2020-2024

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

Observation: ED turnover contributed to delays in submitting R2R Forms to MDH-OHR resulting in extended BOPCT hiring process timelines.

The hiring process begins with submitting a R2R form to MDH-OHR. Once a vacancy is identified, the R2R form should be filled out by the ED or manager and submitted to MDH-OHR for approval. OPEGA analyzed 12 R2R form submissions from calendar 2020-2024, and 7 exceeded 14 days or more, as shown in **Exhibit 4.6**.

Four of the seven R2R forms were submitted by EDs who were not in the position at the time of vacancy. The ED at the time of the vacancy either failed to submit the R2R form or there was an issue with the form.

Exhibit 4.6
Calendar Days for BOPCT Request to Recruit Form Submission

PIN	Position Type	Position Title	Days from Vacate to R2R Form Submission*	ED at time of Vacancy and R2R Form Submission	EDs During Vacancy and R2R Form Submission
F494687	Merit	Admin Spec II	3	Yes	1
231712	Contractual	Admin Spec III	-6	Yes	1
088821	Merit	Admin Spec III	-16	Yes	1
398284	Merit	Investigator III	-4	Yes	1
076958	Merit	Office Secretary III	143	No	2
058812	Merit	Administrator I	1	Yes	1
398284	Contractual	Health Occupations Invest I	426	No	2
222271	Contractual	Health Occupations Invest III	96	No	2
404670	Contractual	Admin Spec I	63	No	1
088315	Merit	Health Occupations Invest III	139	Yes	1
416015	Contractual	Health Occupations Invest III	50	Yes	1
382690	Contractual	Health Occupations Invest III	198	Yes	2
		Average # of Days	91		
		Median # of Days	56		

ED: executive director

R2R: request to recruit

Note: Calendar 2020-2024

*Negative numbers indicate that a form was submitted prior to the vacancy date, such as when an employee gives advance notice of departure.

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

Observation: BOPCT, like most smaller HPBCs, does not have a dedicated human resources staff position.

All HPBCs use the same MDH-OHR hiring process. However, the larger HPBCs (Board of Nursing, Board of Dental Examiners, Board of Pharmacy, Board of Physicians, Board of Social Work Examiners) have dedicated staff serving as human resources (HR) liaison for their respective board, as shown in **Exhibit 4.7**. The dedicated HR liaisons that are co-located with the board handle the hiring paperwork for the board and develop an understanding of the hiring process. The smaller HPBCs rely on a combination of the ED, managers/supervisors, and office administrators to handle hiring process paperwork and communication with MDH-OHR.

Exhibit 4.7
HPBCs with and without a Designated HR Liaison

HPBC	Total Staff Positions	Active Credentials	Dedicated HR Liaison (co-located)	MDH-OHR Shared Staff (not w/Board)
Board of Nursing	76	254,578	✓	
Board of Dental Examiners*	29	15,960	✓	
Board of Pharmacy*	35	27,826	✓	
Board of Physicians	54.5	54,911	✓	
Board of Social Work Examiners*	27	19,495	✓	
Board of Professional Counselors and Therapists	20	13,156		✓
Board of Physical Therapy	13	9,788		✓
Board of Audiology/SLP/HAD/Music Therapists	5	6,153		✓
Board of Occupational Therapy	3	5,177		✓

HAD: hearing aid dispensers

HPBC: health professional boards and commissions

HR: human resources

MDH-OHR: Maryland Department of Health-Office of Human Resources

SLP: speech language pathologists

Note: Fiscal 2025

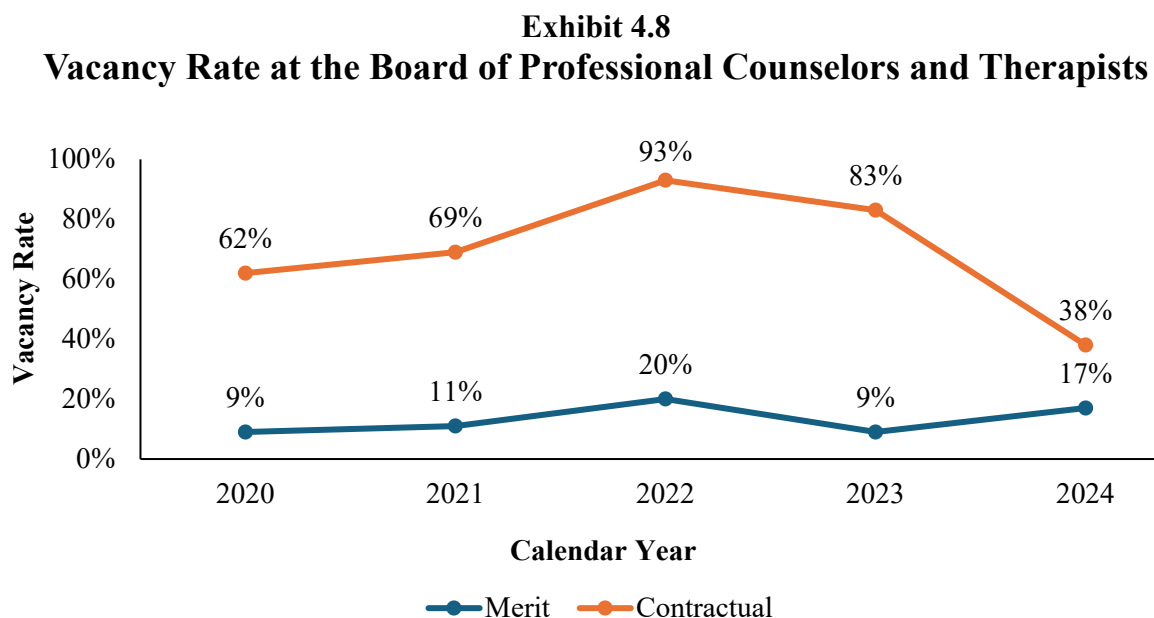
* Dedicated HR liaison PIN internally repurposed or reassigned.

Source: Maryland Department of Health-Office of Human Resources; Department of Legislative Services

Recommendation: The smaller HPBCs should consider hiring a dedicated HR liaison, shared amongst BOPCT and the other smaller HPBCs.

Observation: The average vacancy rate was 69% for contractual positions and 13% for merit positions.

As shown in **Exhibit 4.8**, vacancy rates for contractual positions have been consistently higher than the vacancy rate for merit positions. Between calendar 2020 and 2024, the vacancy rate for contractual positions has been as high as 93%.



Source: Department of Budget and Management; Department of Legislative Services

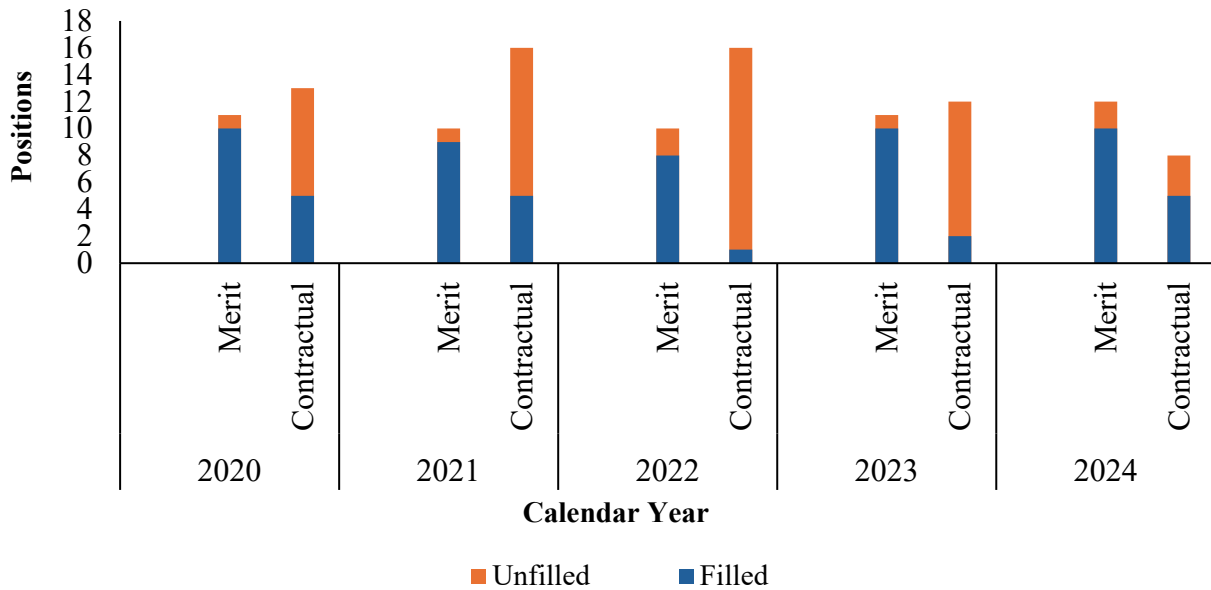
Observation: Merit positions are more stable than contractual positions.

BOPCT merit positions were filled at a higher rate than contractual positions, as shown in **Exhibit 4.9**. BOPCT leadership prefers to have more merit positions than contractual positions, especially in key areas such as the Compliance Unit and Licensing Unit.

There are certain conditions that must be met to convert a contractual PIN to a merit PIN. The contractual position must have been filled for at least six months before it can be converted to a merit position. The board must already have a merit PIN to convert the contractual position to. If the original contractual position was filled competitively, then the contractor can be converted directly into a merit position. However, if the contractual position was not filled competitively,

then the contractor whom the hiring manager seeks to convert over to a merit position will have to openly compete for that merit position.

Exhibit 4.9
Filled Positions at the Board of Professional Counselors and Therapists
(Merit v. Contractual)



Source: Department of Budget and Management; Department of Legislative Services

The challenge for BOPCT with the contractual to merit conversion process is in filling the contractual positions and keeping those positions filled, as shown in **Exhibit 4.10**.

Exhibit 4.10
PIN Status at the Board of Professional Counselors and Therapists

PINS	Position-Name	Position Type	2020	2021	2022	2023	2024
101059	Administrator III	Contract-Fixed	Open	Open	Open	Filled	Filled
104665	Program Manager I	Contract-Fixed	Open	Open	Open	Open	
222271	Health Occupations Investigator III	Contract-Fixed	Open	Filled	Open	Filled	Filled
227989	Admin Spec II	Contract-Fixed	Open	Unfilled	Unfilled	Unfilled	Unfilled
228126	Health Occupations Invest III	Contract-Fixed	Open	Unfilled	Unfilled	Unfilled	Unfilled
228500	Office Secy III	Contract-Fixed	Filled	Unfilled	Unfilled	Unfilled	Unfilled
231712	Admin Spec II	Contract-Fixed	Filled	Open	Open	Open	Filled
382690	Health Occupations Invest III	Contract-Fixed	Filled	Filled	Open	Open	Filled
398284	Health Occupations Invest I	Contract-Fixed		Open	Open	Open	Open
404670	Administrative Specialist I	Contract-Fixed		Open	Open	Filled	Filled
454328	Admin Spec II	Contract-Fixed				Open	Filled
229258	Administrative Specialist II	Contract-Temo	Open	Open	Open		
229337	Administrator I	Contract-Temp	Open	Open	Open		
305658	Administrative Specialist II	Contract-Temp	Open	Open	Open	Filled	Filled
373391	Health Occupation Invest III	Contract-Temp	Open	Open	Open	Open	
390260	Health Occupations Invest III	Contract-Temp	Filled	Filled	Open	Open	
416015	Health Occupations Invest III	Contract-Temp		Filled	Filled	Open	
058812	Admin Officer II	Merit	Filled	Filled	Filled	Filled	Open
069740	Admin Officer II	Merit	Filled				
075524	Admin Spec III	Merit	Filled	Filled	Filled	Filled	Filled
076958	Admin Spec III	Merit	Filled	Filled	Filled	Filled	Filled
087980	Admin Spec III	Merit	Filled	Filled	Filled	Filled	Filled
088315	Hlth Occupations Invest III	Merit	Filled	Filled	Filled	Filled	Filled

PINS	Position-Name	Position Type	2020	2021	2022	2023	2024
088821	Admin Spec III	Merit	Filled	Filled	Filled	Filled	Filled
97546	Health Occupations Invest III	Merit	Open	Open	Open		
317036	Admin Officer I	Merit	Filled	Filled	Filled	Filled	Filled
321572	Hlth Occupation Invest Supv	Merit	Filled	Filled	Filled	Filled	Filled
058809	Prgm Mgr I (Exec Dir)	Merit	Filled	Filled	Filled	Filled	Filled
494687	Admin Spec II	Merit					Filled

Legend:	
	Position not created
	Closed position
	Frozen position
	Filled position
	Open position
PIN	Personnel Identification Number

BOPCT: Board of Professional Counselors and Therapists

Note: Calendar 2020-2024

Source: Department of Budget and Management; Department of Legislative Services

Recommendation: Consider increasing the number of merit positions within BOPCT by converting contractual PINs to merit PINs or by transferring vacant merit PINs from other HPBCs to BOPCT.

Workload Increased and Staffing Decreased

Observation: BOPCT workload increased by 36%, while the number of staff positions decreased by 17%.

Over calendar 2020-2024 BOPCT experienced an increase in the number of credentials regulated (3,768) and a decrease in total staff positions (-4), as shown in **Exhibits 4.11** and **4.12**. An increase in regulated credentials, decrease in staff positions, and high vacancy rates likely contributed to the board's backlog of processing applications and completing compliance investigations in a timely and efficient manner.

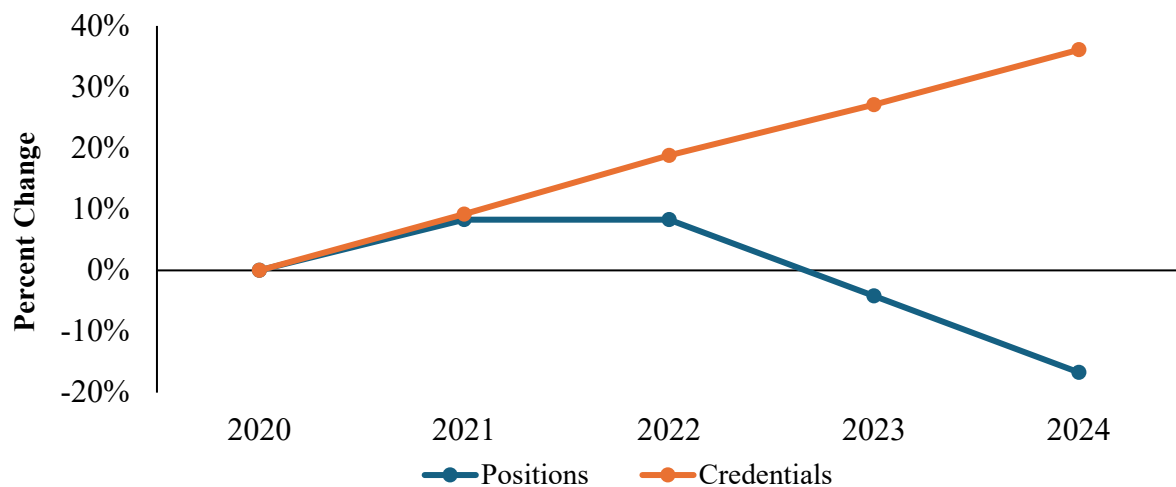
Exhibit 4.11
BOPCT Employees, Vacancies, and Regulated Credentials

Calendar Year	Total Positions	Vacant Positions	Vacancy Rate	Regulated Credentials	Regulated Credentials/ Employee
2020	24	9	38%	10,438	435
2021	26	12	46%	11,405	439
2022	26	17	65%	12,409	477
2023	23	11	48%	13,263	577
2024	20	4	20%	14,206	710

BOPCT: Board of Professional Counselors and Therapists

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

Exhibit 4.12
BOPCT Percent Change of Staff Positions and Regulated Credentials



BOPCT: Board of Professional Counselors and Therapists

Source: Department of Budget and Management; Board of Professional Counselors and Therapists; Department of Legislative Service

Intranet Quorum Service Records for BOPCT Increased in 2024

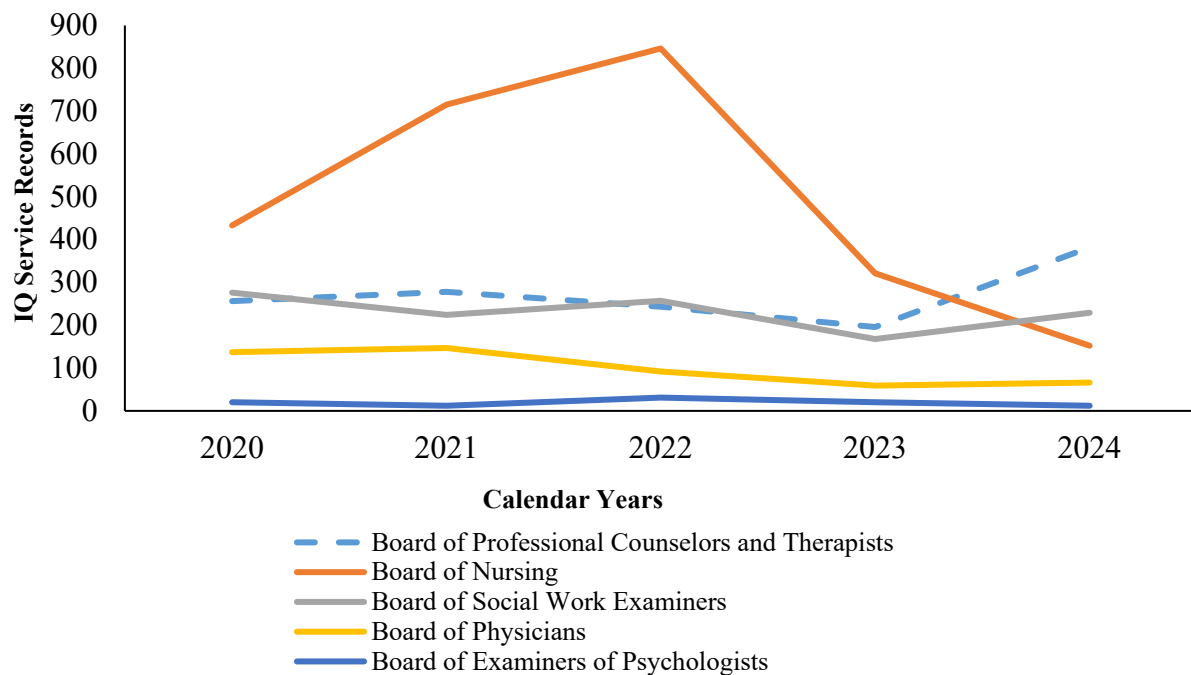
MDH uses constituent relationship management software called Intranet Quorum (IQ) to facilitate and track interactions between government agencies and the public. The MDH Office of Constituent Services uses the IQ system to track, among other things, constituent interactions related to the State’s health professional boards and commissions, including BOPCT. These interactions may be of many types but typically are questions about the rules for practicing in Maryland or complaints¹ about customer service.

Observation: IQ Service Records related to BOPCT peaked in 2024, and BOPCT had more than any other HPBC.

As shown in **Exhibit 4.13**, the number of IQ service records related to BOPCT increased from prior years, and in calendar 2024 BOPCT had more IQ service records than any other HPBC. When calculated based on the per capita number of IQ service records among licensees, BOPCT also had the higher per capita rate of IQ service records of the HPBCs in calendar 2024.

¹ Complaints from the public about BOPCT recorded in IQ service records are materially different than complaints about a professional practicing in Maryland. In this report OPEGA uses the term “IQ service records” to refer to complaints or questions from the public about the board that are handled by MDH Office of Constituent Services. OPEGA uses the term “complaints against practitioners” to refer to complaints from the public about a practitioner, filed directly with the board.

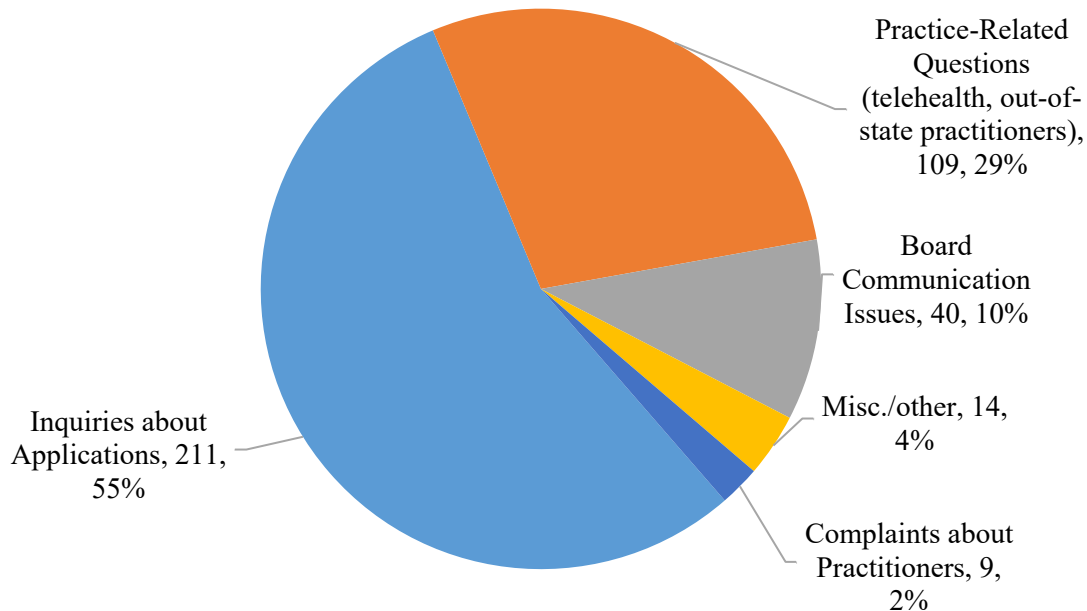
Exhibit 4.13
Intranet Quorum Service Records Related to Selected
Health Professional Boards and Commissions



Source: Maryland Department of Health; Department of Legislative Services

As shown in **Exhibits 4.14**, more than half (55%) of the board's IQ service records were inquiries related to applying for a credential (license or certification). More than a quarter (28%) related to practice concerns including telehealth and state reciprocity. Ten percent related to communication issues with the board, including difficulty reaching BOPCT staff or difficulty accessing forms on the website. Just 2% were related to complaints against practitioners and related case investigations.

Exhibit 4.14
Categorization of IQ Service Records for the BOPCT



BOPCT: Board of Professional Counselors and Therapists

Source: Maryland Department of Health; Department of Legislative Services

Recommendation: BOPCT board members should regularly review IQ service records with the BOPCT Executive Director to monitor customer satisfaction and proactively address issues.

BOPCT Missed Three Annual Reports to the General Assembly

Observation: BOPCT did not publish annual reports by the required deadline in fiscal 2022, 2023, and 2024.

In 2018, the Maryland General Assembly amended Health Occupations Article § 17-205 to require that BOPCT submit an annual report to the Governor, the Secretary of Health, and the General Assembly by December 31 each year, but after its 2021 annual report, BOPCT did not publish annual reports by the required deadline in fiscal 2022, 2023, and 2024.

Chapter 5. Licensing

Initial Applications Are Still Paper-based and Not Systematically Tracked

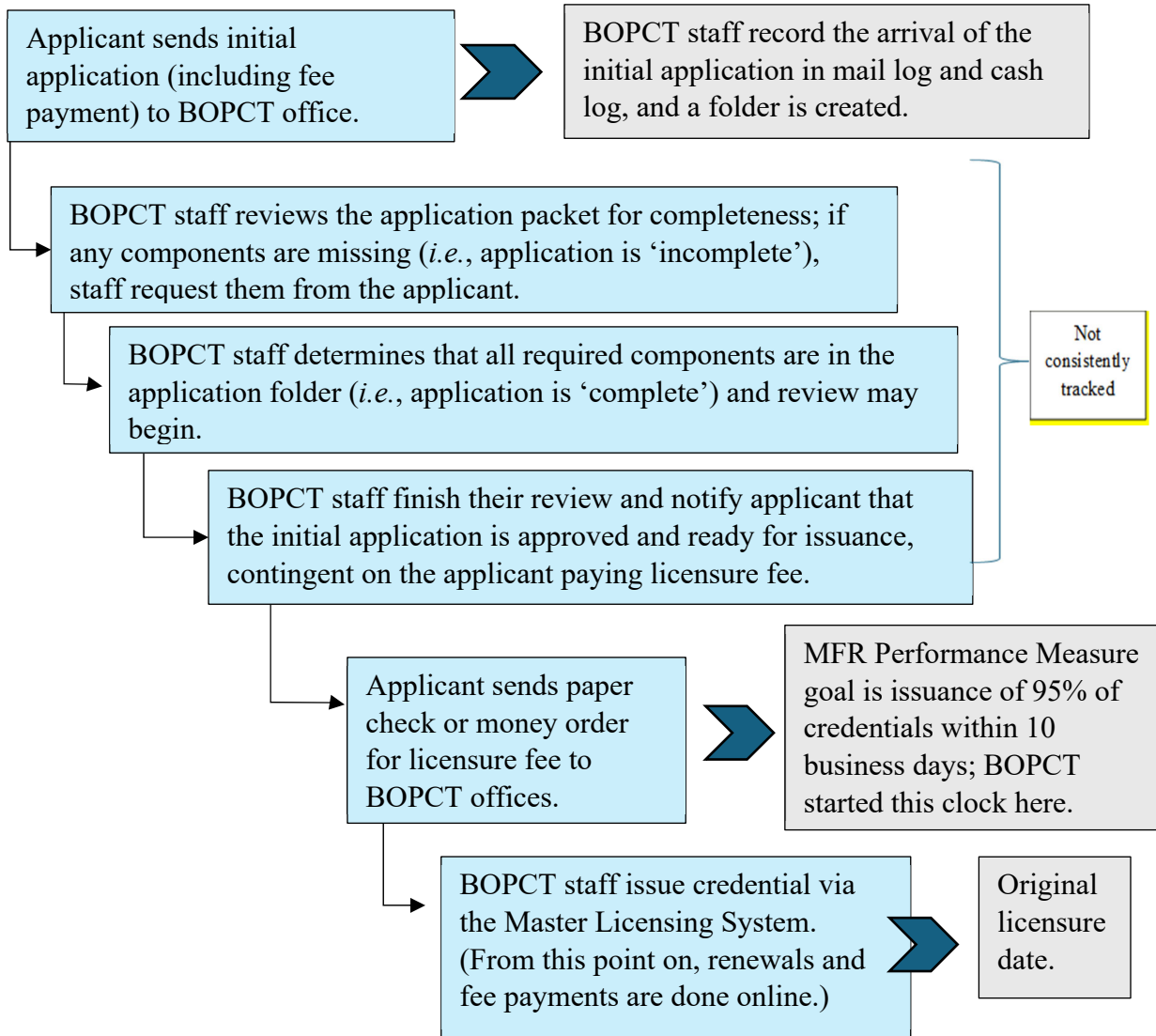
Observation: The Board of Professional Counselors and Therapists has no consistent, unified system to track initial applications through its review process.

The Board of Professional Counselors and Therapist's (BOPCT) Licensing Unit reviews applications for a dozen different credentials across five professional practice areas. Most applications are in two categories: initial (new) applications and renewal applications.

Over 2020-2024, the board used a paper-based system for initial applications and an online web portal system for renewal applications. In 2017, the Department of Legislative Services recommended that BOPCT (1) switch from a paper-based initial application system to an online web portal system (as many other health professional boards and commissions (HPBCs) already have) and (2) adopt an internal system to track initial applications throughout the review process. BOPCT remains paper-based and still lacks a unified tracking system. Based on stakeholder interviews, the Office of Program Evaluation and Government Accountability (OPEGA) determined this was a result of cascading decisions involving the Maryland Department of Health (MDH), the Department of Information Technology (DoIT), and the Department of Budget and Management (DBM), as well as BOPCT.

As shown in **Exhibit 5.1**, initial applications, including a check for the application fee, arrive by mail. BOPCT staff deposit the paper checks or money orders, and the initial application is placed in a physical folder and carried through many steps until it is approved and staff issue as a verifiable credential in the Master Licensing System (or it gets denied by the board, or it expires after about a year with neither an approval nor denial).

Exhibit 5.1 Steps in the BOPCT Review Process for Initial Applications

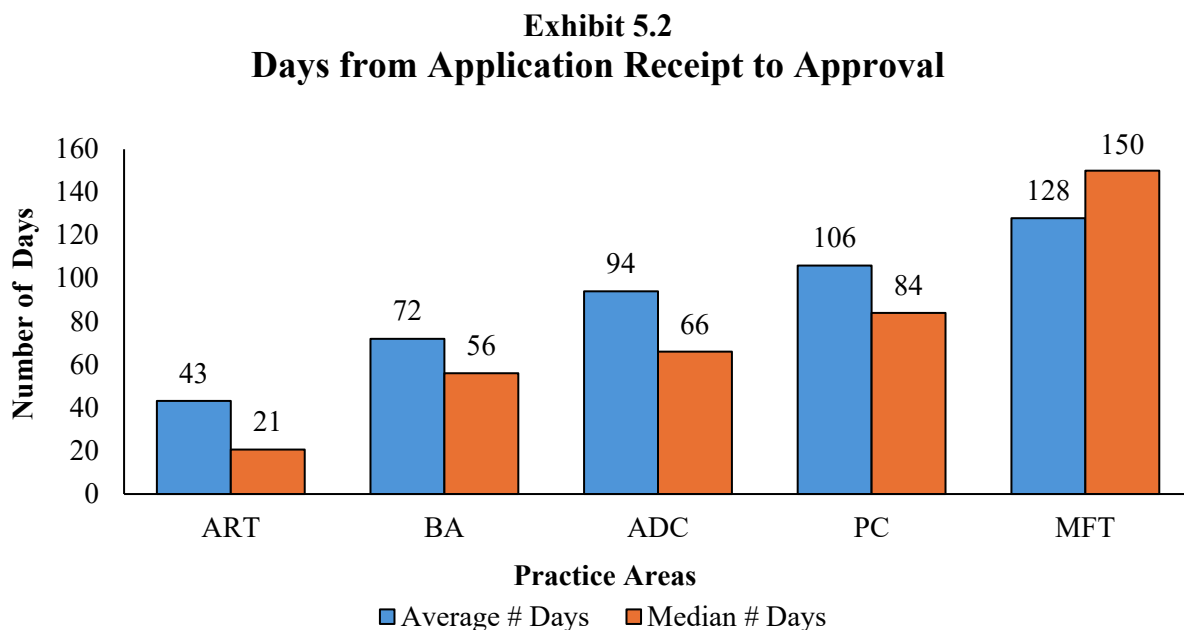


BOPCT: Board of Professional Counselors and Therapists
MFR: Managing for Results

Source: Department of Legislative Services

Observation: The average time to approve initial applications was 96 days.

OPEGA reviewed all initial applications sent in the mail to the board between January and March of 2024 to calculate how many initial applications were received during that period, how many were ultimately approved, and how many days it took to approve them. As shown in **Exhibit 5.2**, the average time to approve initial applications varied by practice area, with art therapy credentials the shortest (mean=43 days; median=21 days), and marriage and family credentials the longest (mean=128 days; median=150 days). Credential requirements differ by practice area. For example, licensed behavior analyst applicants do not need to ask BOPCT staff for authorization to take their national exam, a step most other credentials require.



ADC: alcohol and drug counseling

ART: art therapy

BA: behavior analysis

MFT: marriage and family therapy

PC: professional counseling

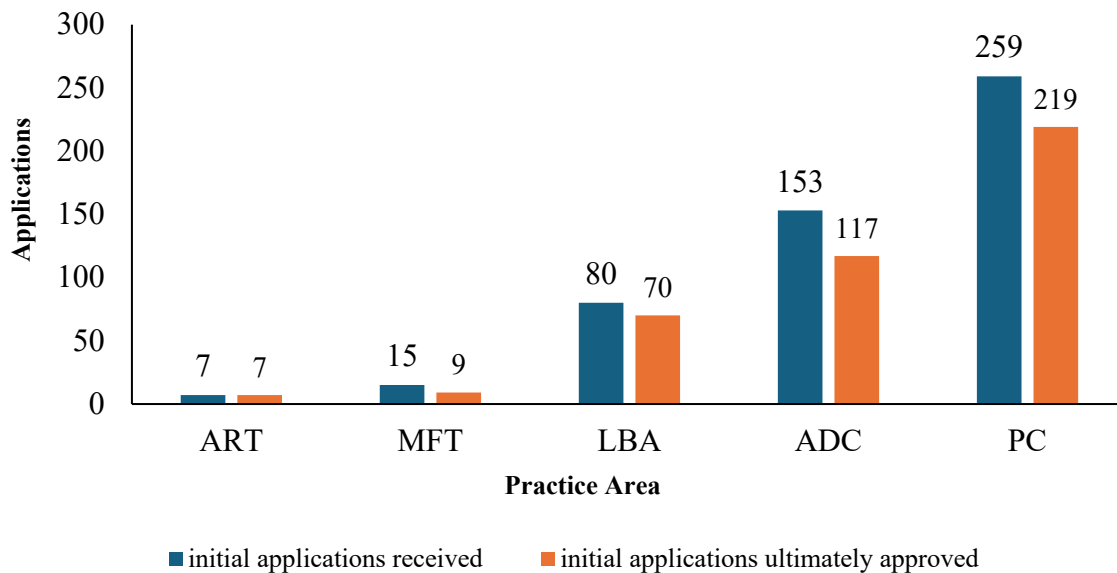
Source: Board of Professional Counselors and Therapists; Department of Legislative Services

Observation: About 82% of initial applications were approved, 1% were denied, and 17% expired without approval or denial.

In our sample of initial applications sent to BOPCT from January to March of 2024, BOPCT received over 500 initial applications across the five practice areas. Most (80%) were in two practice areas: professional counseling (PC) and alcohol and drug counseling (ADC).

As shown in **Exhibit 5.3**, about 82% of initial applications were ultimately approved and about 18% were not. Based on minutes of the Disciplinary Review Committee, roughly 1% of these initial applicants were actively denied, and the rest (about 17%) had their applications expire without an approval or denial.

Exhibit 5.3
Initial Applications Submitted to BOPCT and Ultimately Approved



ADC: alcohol and drug counseling

ART: art therapy

BA: behavior analysis

MFT: marriage and family therapy

PC: professional counseling

Note: During January through March 2024

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

Observation: Applicants sometimes send incomplete initial applications to BOPCT, but how often, what gets omitted most frequently, and how much that adds to the review process timeline has not been systematically tracked by the board.

In interviews, board members and staff consistently told OPEGA that many initial applications arrive in the mail lacking one or more required components which staff must then follow up on with the applicant.

Specific required elements vary by credential, but a typical example to become a Licensed Graduate Professional Counselor is as follows:

- application fee: a personal check or money order for \$200 (initial application fee);
- an official transcript documenting graduate coursework;
- National Counselors Exam score or request for authorization from the board to take the National Counselors Exam;
- Maryland Law Assessment Certificate of Completion;
- receipt for criminal history records check;
- applicant's notarized signature on the affidavit in the application form; and
- recent photo (2"x2").

Because the board has no consistent internal tracking system for initial applications (which are paper-based), OPEGA sampled two workdays of incoming applications. OPEGA found that at least 8 of the 28 incoming applications lacked some element that would require BOPCT staff to follow up with the applicant.

OPEGA also reviewed a three-month sample of mail logs to count the frequency of fee payment issues. Out of a total of 1,093 applications and pre-applications, 25 were missing a payment and 7 more had sent an unsigned personal check.

Recommendation: BOPCT should attempt to reduce the number of initial applications with missing components.

The board should consider the following steps toward reducing the number of applications that are submitted with missing information:

1. *Provide upfront checklists.* Some (but not all) initial applications now include a checklist to help applicants keep track of whether they have included all required elements; BOPCT should ensure all applications have one. In addition, for some application forms the current checklist appears at the back of the application instead of the front cover; BOPCT should move all applicant checklists to the front of every application form.

2. *Simplify the applications and the instructions and then test them on brand new applicants.* BOPCT should consider conducting a focus group of new applicants for unfiltered feedback about what specifically was confusing about application forms and instructions and then revise the forms based on applicant feedback.
3. *Accept online payments only.* Currently, at least seven other HPBCs require new applicants to pay the initial application fees online and do not accept personal checks. BOPCT's renewal application system uses online fee payments. If BOPCT fees for initial applications were also paid online, this should reduce payment problems of unsigned checks and reduce staff time to process paper checks and money orders and track down paper payment errors.
4. *Move initial application submissions to an online web portal system, rather than paper applications.* MDH, DoIT, and DBM should allow BOPCT to use its fee revenues to purchase the software for an online web portal for initial applications. Among other benefits, this would reduce the number of applications missing a key component if the system prevented submission when the component is absent. Currently, at least eight other HPBCs have already implemented an online initial application portal, and BOPCT's renewal applications are already submitted and processed through an online portal.

Recommendation: BOPCT should implement one comprehensive, standardized internal tracking system for all initial applications and reengineer the initial application process.

BOPCT does not have a consistent and reliable system for tracking initial applications. During that period, some staff tried their own tracking systems for the applications specifically assigned to them, but these systems changed with the staff and with the executive directors. Some staff participated in a pilot use of Smartsheet for tracking initial applications and giving applicants automated status updates, but most staff have stopped using Smartsheet.

As its priority, BOPCT should implement a comprehensive, standardized tracking system for all initial applications.

Alcohol and Drug Trainees

Alcohol and Drug Trainee (ADT) status is an authorization by the board for entry-level alcohol and drug counselors. The ADT authorization expires after six years and is nonrenewable. ADTs must work under a BOPCT-approved supervisor for the duration of their authorization. Per Maryland regulations, under such supervision ADTs may do the following:

- perform biopsychosocial evaluation, including screening, assessment, and diagnostic impressions for substance use disorders (SUDs) and co-occurring disorders (CODs);
- implement a treatment plan for SUDs and CODs, including initial, ongoing, continuity of care, discharge, and planning for relapse prevention;

- give referrals;
- provide service coordination and case management in the areas of SUDs and CODs;
- offer counseling, therapy, and trauma-informed care with individuals, couples, families and groups in the areas of SUDs and CODs;
- provide client, family, group, and community education; and
- complete documentation and compliance with professional and ethical responsibilities.

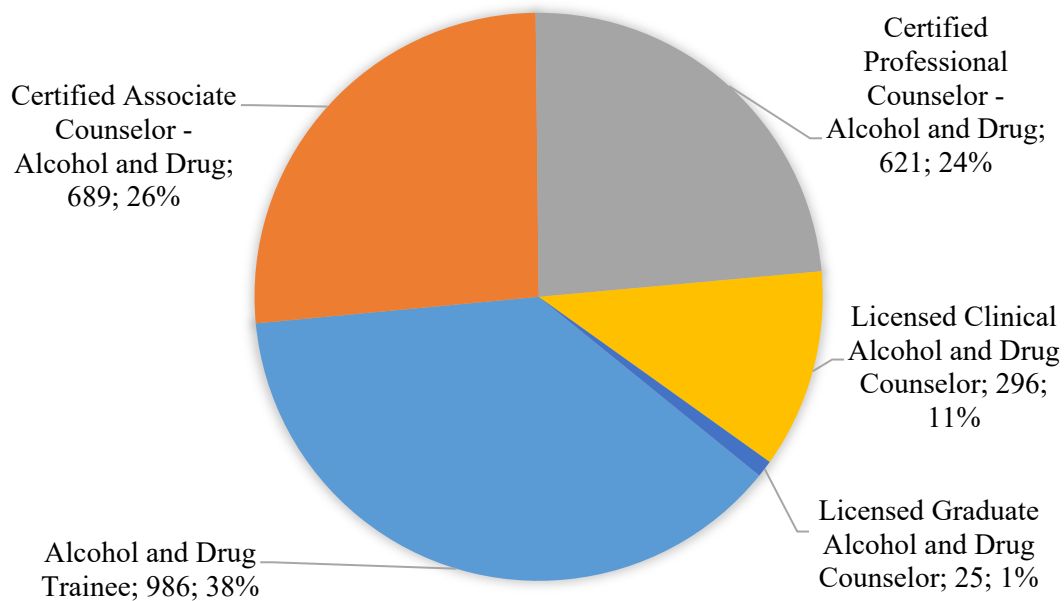
ADT authorization is the most easily attainable credential that the board authorizes. Individuals with at least 15 college credits in alcohol and drug counseling may qualify to become ADTs. The other practice areas regulated by the board all require at least a master's degree to receive a training level credential from BOPCT. The alcohol and drug counseling practice area has a sequential credentialing system where individuals can start as an ADT with only 15 college credits then progress to a higher credential with each sequential degree.

ADT authorization is a term-limited status granted by the board to work in an entry-level position for individuals training for careers in alcohol and drug counseling. ADTs are limited to six years total because it is intended as a pathway to careers in alcohol and drug counseling rather than a terminal occupational license. Initially, ADTs were limited to one five-year term; in 2013, regulations were amended to limit ADTs to three two-year terms.

Observation: About 40% of credentials in the alcohol and drug counseling practice area are ADT authorizations.

ADT is the most common credential in the ADC practice area. As of June 17, 2025, there were 2,622 active credentials in the ADC practice area, of which 986 (38%) were term-limited ADTs. **Exhibit 5.4** shows the current breakdown of ADC credentials by type.

Exhibit 5.4
Active Credentials within the Alcohol and Drug Counseling Practice Area



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

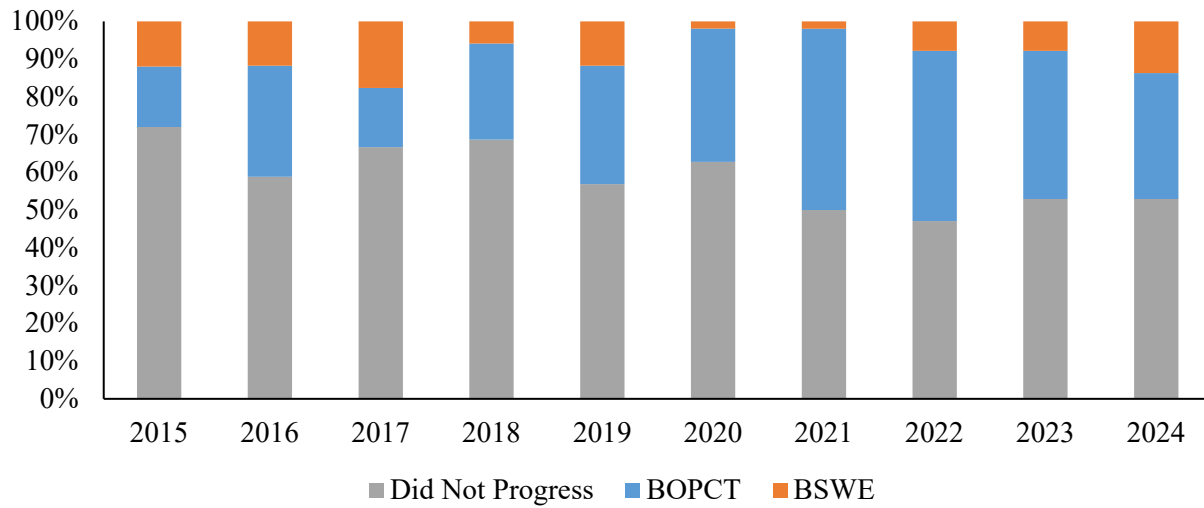
Observation: Two-thirds of ADTs do not progress to a higher credential with BOPCT.

Since the statute first directed the board to authorize ADTs, 3,277 individuals have been granted an ADT authorization. Of these individuals, around 32%² progressed to a higher credential issued by the board.

Some of these individuals that received a higher credential progressed into the PC practice area rather than the ADC practice area. Around two-thirds of ADTs leave the profession once their six-year authorization ends. The intended practice of ADTs progressing to higher credentials in the alcohol and drug counseling profession is not common. **Exhibit 5.5** shows the portion of ADTs who progressed to a higher credential issued by either BOPCT or the Board of Social Work Examiners (BSWE). Since 2015, more ADTs are progressing to a higher credential than in previous years. An additional 10% later became licensed social workers under BSWE.

² Figure based on a random sample of 50 ADT applications for each year from calendar 2015 to 2024.

Exhibit 5.5
Portion of ADTs Progressing to Higher Credential on BOPCT or BSWE by Calendar Year



ADT: alcohol and drug trainee

BOPCT: Board of Professional Counselors and Therapists

BSWE: Board of Social Work Examiners

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

Chapter 6. Compliance

Complaints Filed Against Practitioners Have Increased

The backlog in case investigations by the Board of Professional Counselors and Therapists (BOPCT or the board) and several other health professional boards and commissions (HPBCs) has been documented in repeated Office of Legislative Audits (OLA) reports as well as annual Managing for Results performance metrics. For example, in April 2025 OLA found the following:

[...] [N]umerous complaints were not investigated within the required timeframes, including 3,051 open for at least two years. [...] The HPBCs did not ensure that investigations of complaints against licensees were completed timely. In accordance with State law, the Maryland Department of Health developed timeframes which ranged from 6 to 18 months for the HPBCs to complete these investigations and determine whether to bring charges with the Office of the Attorney General. Timely resolution of complaints is critical, since licensed individuals are authorized to practice until the investigation is completed. [...] The HPBCs generally attributed the untimely investigations to staffing shortages and uncooperative licensees. However, [OLA's] review of procedures for the Board of Nursing and the Board of Professional Counselors and Therapists disclosed certain deficiencies in procedures in controls that may have contributed to the failure to complete the reviews timely. Specifically, neither board could document their monitoring of complaint investigations to ensure they were timely.

Figure 4
Complaint Investigation Timeframes as of February 2024

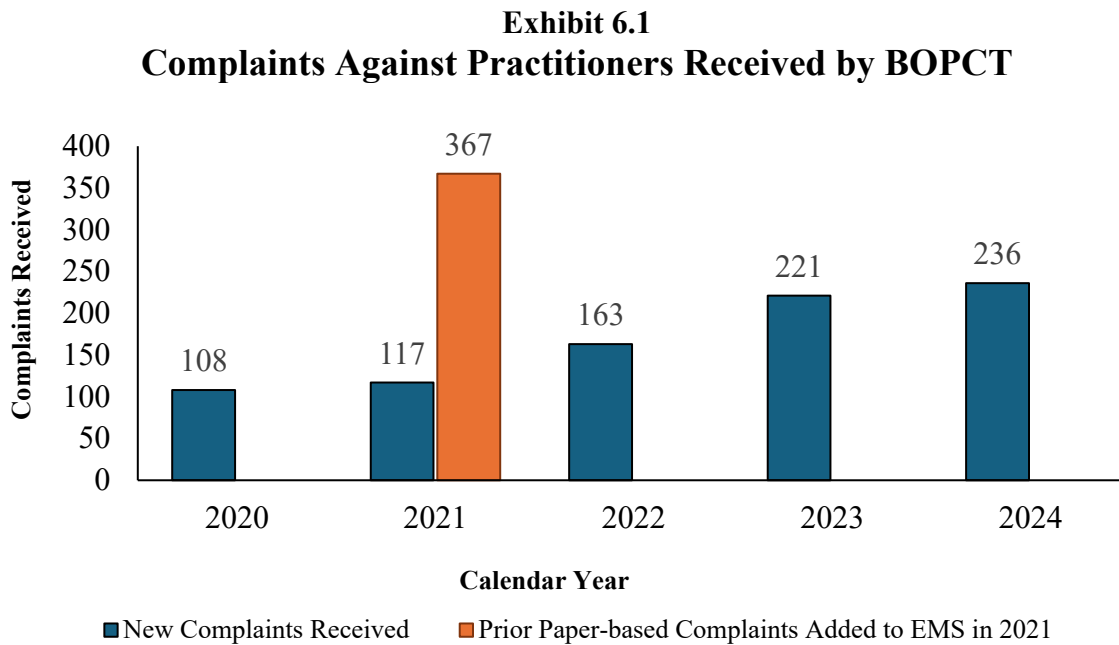
Board or Commission	MDH Investigation Timeframe	Open Complaints		
		Total Open	Open Beyond MDH Timeframe	Open More than 2 Years
Nursing	9 months	3,307	2,543	2,411
Dental Examiners	6 months	458	371	279
Social Worker Examiners	6 months	428	401	261
Professional Counselors and Therapists	6 months	290	200	83
Pharmacy	6 months	82	19	1
Long-Term Care Administrators	6 months	40	33	16
Remaining 14 Boards	6 - 18 months	311	27	0
Total		4,916	3,594	3,051

Source: HPBC records

MDH: Maryland Department of Health
Source: Office of Legislative Audits

Observation: Complaints to BOPCT against professionals have generally grown over the last five years.

In 2021, the BOPCT Compliance Unit moved to new software system, for case investigations, switching from a paper-based intake to a web portal intake for complainants to file complaints against practitioners. As shown in **Exhibit 6.1**, the number of new complaints increased by 39% from 2021 to 2022 and by another 36% from 2022 to 2023.



BOPCT: Board of Professional Counselors and Therapists
EMS: Emergency Medical Services

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

Observation: BOPCT's intake process for consumers to file complaints against practitioners is the most accessible of all the HPBCs.

The Office of Program Evaluation and Government Accountability reviewed the procedures for a complainant to file a complaint against a practitioner with the relevant HPBC. All HPBCs require a complainant to have access to a computer, and some require a printer as well. Only BOPCT offers a Complaint Gateway that links to the licensing verification system. The Gateway allows a complainant to search for the health care provider's license number, which is

likely to reduce confusion about the spelling of a practitioner's name, or whether the practitioners is holding an active license/credential in Maryland.

Sometimes complaints against practitioners received by BOPCT are about a professional regulated by another board, and in such cases BOPCT typically closes the case and forwards the complaint to that board (or another appropriate State entity). Such misdirected complaints against practitioners might be due to consumers finding it easier to submit their complaint via the BOPCT Complaint Gateway as compared to the intake processes of the other boards.

Of the 199 new complaints against practitioners sent to BOPCT and reviewed by BOPCT's Disciplinary Review Committee during 2024, the board forwarded 47 (24%) to other State entities.

Pre-Licensed Professionals: Enforcement Options

Observation: Counselors working in Maryland sometimes advertise as “Pre-Licensed Professionals” but State law requires an individual to have a board credential to practice in Maryland.

The publication *Psychology Today* advertises counselors working in Maryland as “Pre-Licensed Professionals” practicing under the supervision of a licensed counselor. Here's how *Psychology Today* defines “Pre-Licensed Professionals.”

A pre-licensed professional is in the process of meeting the requirements to become a licensed practitioner. They may see clients under the supervision and guidance of licensed therapists.

The Office of Program Evaluation and Government Accountability confirmed with the board counsel that practicing as a “Pre-Licensed Professional” is not legally permitted in Maryland. For someone to be supervised by a board-approved licensed supervisor, they must practice within the scope of their license. The “Pre-Licensed Professional” term is incorrect and misleading.

Observation: BOPCT board members and compliance staff do not have the resources to go after “Pre-Licensed Professionals” improperly practicing.

BOPCT has noted that “Pre-Licensed Professional” is an ongoing issue and that the board realistically does not have the staff or board resources to go after the pre-licensed/unlicensed professionals. If the board increases its enforcement efforts against “Pre-Licensed Professionals,” it will result in more complaints to be investigated.

Chapter 7. Alternative Board Models

As currently structured, the Maryland Department of Health (MDH) oversees 20 health occupation boards which regulate more than 400,000 health professionals in Maryland.

Observation: The Board of Professional Counselors and Therapists has independence in regulating professionals but depends on MDH to approve many operational and administrative decisions.

The Board of Professional Counselors and Therapists makes independent regulatory decisions on substantive matters, but it depends on MDH for approval of many operational and management decisions, as summarized in **Exhibit 7.1**.

Exhibit 7.1
BOPCT Is Quasi-Independent

Type of Decision	Level of Autonomy
Professional and ethical standards for credentialing	Independent
Whether a given applicant should be approved for a credential	Independent
Whether a given credential holder should be sanctioned	Independent
Revenue from user fees based on a fee schedule set by the board	Independent
Outlays: How to allocate funds appropriated by the General Assembly	Dependent on MDH
Number of staff	Dependent on MDH and DBM
Whether staff should be merit or contractual positions	Dependent on MDH
Whether to share staff functions (and costs) with other boards	Independent (contingent on other boards)
What software systems to run	Dependent on MDH and DoIT

BOPCT: Board of Professional Counselors and Therapist
DBM: Department of Budget and Management
DoIT: Department of Information Technology
MDH: Maryland Department of Health

Source: Department of Legislative Services

Appendix A. Response from the Board of Professional Counselors and Therapists



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Maryland State Board of Professional Counselors and Therapists

4201 Patterson Avenue, Suite 316, Baltimore, Maryland 21215

Office Main Telephone: (410) 764-4732; Email: mdh.bopct@maryland.gov;

Website: <https://health.maryland.gov/bopc>

**THE EVALUATION OF THE MARYLAND BOARD OF PROFESSIONAL
COUNSELORS AND THERAPISTS**

September 2025

Mr. Michael Powell, Director
Office of Program Evaluation and Government Accountability
Department of Legislative Services
90 State Circle
Annapolis, Maryland 21401

Dear Mr. Powell:

The Maryland Board of Professional Counselors and Therapists (BOPCT) has reviewed the Office of Program Evaluation and Government Accountability (OPEGA) report on the evaluation of BOPCT. We appreciate the opportunity to provide responses to the recommendations and note that work is already underway to address many of the issues contained in this report.

BOPCT agrees with the recommendations listed and is committed to facilitating further improvements at the Board. The following are our responses to your recommendations.

Responses to Recommendations

Recommendation #1: *The Maryland General Assembly should consider making the Governor's appointments to this board subject to advice and consent of the Senate.*

Response: The Board supports this recommendation, and the Board acknowledges the impact of unfilled seats and continues to urge timely appointments. Timely appointments are essential to maintain quorum, compliance, and representation. In addition, the Board fully supports statutory reforms regarding appointments to Senate advice and consent. This would bring BOPCT in line with most other boards and could improve continuity in Board operations as well as public safety.

Recommendation #2: *MDH should consider developing and implementing a formal orientation and training program for new executive directors. Additionally, MDH should consider implementing an executive director mentorship program.*

Response: The Board supports this recommendation. The Board acknowledges the instability and supports MDH in developing a formal orientation and mentorship program for executive directors. Given the high turnover of executive directors in recent years, a formal orientation and mentorship program would help ensure smoother transitions and greater stability in leadership.

Recommendation #3: *The smaller HPBCs should consider hiring a dedicated HR liaison, shared amongst BOPCT and the other smaller HPBCs.*

Response: The Board supports this recommendation. A shared HR liaison would improve recruitment and hiring efficiency and reduce extended vacancy timelines, which have been a recurring challenge. The Board acknowledges this challenge, and the current statewide hiring freeze has made it difficult to bring in the staff needed to fill critical positions. We are working with MDH and DBM to pursue exemptions where possible so that we can hire the required personnel to support the Board's growing workload.

Recommendation #4: *Consider increasing the number of merit positions within BOPCT by converting contractual PINs to merit PINs, or by transferring vacant merit PINs from other HPBCs to BOPCT.*

Response: The Board supports this recommendation. Merit positions provide greater stability and help reduce turnover. Converting contractual PINs to merit PINs or transferring vacant merit PINs would strengthen the Board's ability to sustain its growing workload. The Board acknowledges the delays and supports exploring shared HR liaison services, as well as the conversion of contractual positions to more stable merit positions. The Board will continue to collaborate with MDH and DBM while advocating for the operational flexibility necessary to meet our statutory obligations.

Recommendation #5: *BOPCT board members should regularly review IQ service records with the BOPCT Executive Director to monitor customer satisfaction and proactively address trending issues.*

Response: The Board agrees with this recommendation. Reviewing IQ service records with the Executive Director will help identify recurring issues and guide improvements in customer service. The Board acknowledges these concerns and has strengthened staffing and email/call response processes. We will also begin reviewing IQ service records regularly to identify trends and improve customer service.

Recommendation #6: *BOPCT should attempt to reduce the number of applications with missing components.*

- *Provide upfront checklists. Some (but not all) initial applications now include a checklist; BOPCT should ensure all applications include one.*
- *Simplify applications and instructions, then test them on brand new applicants.*
- *Accept online payments only.*
- *Move initial application submissions to an online web portal system.*

Response: The Board agrees with these steps. The Board acknowledges these inefficiencies and is implementing a new licensing system that will allow online applications, payments, and tracking. In the interim, we are enhancing applicant checklists and internal tracking processes. We have already begun enhancing applicant checklists and are committed to ensuring every application form has one, placed at the front for visibility.

We will explore applicant focus groups to simplify instructions and forms. Online payments and a web portal system are priorities within the new licensing system currently under development. These steps will reduce errors, incomplete submissions, and administrative burdens.

Recommendation #7: *BOPCT should implement one comprehensive, standardized internal tracking system for all initial applications and reengineer the initial application process.*

Response: The Board agrees with this recommendation and is actively working toward implementing a comprehensive system that integrates application intake, processing, and tracking. This system will streamline operations, improve accountability, and reduce processing delays.

Closing Statement:

The Maryland Board of Professional Counselors and Therapists is committed to implementing these recommendations with defined timelines, measurable actions, and ongoing accountability. We value the collaboration of the Department of Legislative Services, MDH, and DBM as we strengthen operations and safeguard the health and well-being of Maryland residents.

Respectfully,

Winnie D Moore, LCPC

Winnie D. Moore, LCPC

Chair

Tomiloba Olaniyi-Quadri, MAPP



Tomiloba Olaniyi Quadri BDCOMM (Sep 18, 2025 14:17:10 CDT)

Executive Director

Appendix B. Credentials Issued by BOPCT During 2020-2024

Professional Practice Area	Credential Title	Credential Acronym	Statute: Health Occupation Article	Minimum Education
Alcohol & Drug Counseling	Licensed Clinical Alcohol & Drug Counselor	LCADC	HO § 17-302	Master's degree
	Licensed Graduate Alcohol & Drug Counselor	LGADC	HO §17-309	Master's degree
	Certified Associate Counselor-Alcohol & Drug	CAC-AD (2 nd level)	HO §17-403	Bachelor's degree
	Certified Supervised Counselor-Alcohol & Drug	CSC-AD (1 st level)	HO §17-404	Associate degree
	Alcohol & Drug Trainee [<i>authorization to train</i>]	ADT	HO §17-406(b)(1)	15 semester/ 25 quarter credit hrs.
Professional Counseling	Licensed Clinical Professional Counselor	LCPC	HO §17-304	Master's degree
	Licensed Graduate Professional Counselor	LGPC	HO §17-309	Master's degree
Marriage & Family Therapy	Licensed Clinical Marriage and Family Therapist	LCMFT	HO §17-303	Master's degree
	Licensed Graduate Marriage and Family Therapist	LGMFT	HO §17-309	Master's degree
Behavior Analysis	Licensed Behavior Analyst	LBA	HO §17-6A-13	Master's degree
Art Therapy	Licensed Graduate Professional Art Therapist	LGPAT	HO §17-309	Master's degree
	Licensed Clinical Professional Art Therapist	LCPAT	HO §17-604.1	Master's degree

Source: Department of Legislative Services