

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS



MEMBERS OF THE BOARD

Steven Hallbauer, Board Chair
Christopher Taylor, LPC-S Board Vice-Chair
Dr. Lia Amuna, LPC
Dr. Loretta J. Bradley, LPC-S
Brenda S. Compagnone, LPC-S
Vanessa Hall
Garrett Nerren
Roy Smith
Janie Stubblefield, LPC-S

Cristina De Luna
Board Administrator

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS FULL BOARD MEETING AGENDA Friday, May 6, 2022 9am

The May 6, 2022 meeting of the Texas State Board of Examiners of Professional Counselors will be held by videoconference call, as authorized under Texas Government Code section 551.127. One or more Board members may appear at the scheduled meeting via videoconference call, but the presiding member will be physically present at 333 Guadalupe St., Ste. 3-900, Austin, Texas 78701. The conference room where the presiding member is located will be open to the public, but seating is limited to first come, first served. Due to the size of the available meeting room, public seating will be limited to four (4) individuals.

In lieu of attending in person, members of the public are encouraged to access and participate virtually in this meeting by entering the URL address <https://us02web.zoom.us/j/89064904085> webinar ID 890 6490 4085 into their web browser. Telephone access numbers and additional videoconference call access information can be found in the attached addendum. An electronic copy of the agenda and meeting materials will be made available at www.bhec.texas.gov prior to the meeting. A recording of the meeting will be made available on the Council's YouTube channel after the meeting is adjourned. To obtain a copy of the recording, please contact the Council's public information officer at Open.Records@bhec.texas.gov.

For members of the public wishing to give public comment, once the public comment item is reached on the agenda after the meeting convenes, the presiding member will allow those who are attending in person to give public comment first and then ask those joining by computer to use the "raise hand" feature to indicate who would like to make a public comment. Those individuals who raise their hand will then be unmuted to give public comment. Once all of the individuals with raised hands have been given an opportunity to make public comment, the individuals appearing by telephone will be unmuted and asked whether they would like to make a public comment. Please note that public comment is not intended for a discussion or a question-and-answer session with the Board. Additionally, when making a public comment, please identify yourself and whether you are speaking individually or on behalf of an organization. All public comments will be limited to 3 minutes, unless otherwise directed by the presiding officer. In lieu of providing public comment during the meeting, you may submit written public comments via email to General@bhec.texas.gov in advance of the meeting. Please use the email subject line "Public Comment for (enter date of meeting here) Meeting" to ensure your comments are identified as such and directed accordingly. Only those written public comments received by 5pm on the last business day prior to the meeting will be submitted to the board members for their consideration. No written comments received will be read aloud during the meeting.

Please note that the Board may request input during the meeting from any interested parties or members of the public during its discussion of an agenda item.

333 Guadalupe, Suite 3-900, Austin, Texas 78701
(Phone) 512-305-7700, (Fax) 512-305-7701

The Texas Behavioral Health Executive Council is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, age, sex, disability or sexual orientation.

If you are planning to attend this meeting and need auxiliary aids, services or materials in an alternate format, please contact the Board at least 5 working days before the meeting date. Phone: (512) 305-7700, E-MAIL: General@bhec.texas.gov, TTY/RELAY TEXAS: 711 or 1-800-RELAY TX.

The Board may go into Executive Session to deliberate any item listed on this agenda if authorized under Texas Open Meetings Act, Government Code, Ch. 551.

The Board may discuss and take action concerning any matter on the agenda and in a different order from what it appears herein.

Texas State Board of Examiners of Professional Counselors Full Board Agenda for May 6, 2022, at 9:00 a.m.

(Steven Hallbauer-Chair, Lia Amuna, Loretta Bradley, Brenda Compagnone, Vanessa Hall, Garrett Nerren, Roy Smith, Janie Stubblefield, Christopher Taylor)

1. Call to Order.
2. Roll Call and Certification of Quorum
3. Discussion and possible action concerning approval of minutes from the February 11, 2022 Board meeting.
4. Discussion and possible action regarding 681.2 and 681.83 related to the definition of counseling degrees, counseling-related degrees, and the academic course content required for such degrees.
5. Board review and possible action regarding Application Review or Denial.
 - A. Samanta Grimaldi Rossi
 - B. Vickie Bing
 - C. Kristen Crow
 - D. Alex Penrod
6. Discussion and possible action regarding orders to be executed by Board Chair.
7. Report of orders from Q2 executed by Council's Executive Director.
8. Reports Review:
 - A. Q2 Performance Measure Report
 - B. Q2 Enforcement Status Report
 - C. Q2 Complaint Dismissal Report
9. Discussion and possible action related to State Office of Administrative Hearings (SOAH) Proposals for Decision (PFD) and Default Dismissal Orders, and possible orders to be recommended or ratified by the Board.
10. Rulemaking – For Informational Purposes, No Action is Needed for the Following Items - Texas State Board of Examiners of Professional Counselors:

A. *Proposed in Tex Reg: December 10, 2021. Adoption approved by Board on February 11, 2022. For BHEC to consider adoption at next meeting: May 18, 2022.*

- i. 681.6 – Minutes
- ii. 681.205 – Schedule of Sanctions

B. *Approved by Board on February 11, 2022. For BHEC to consider proposal at next meeting: May 18, 2022.*

- i. 681.140
- ii. 681.141
- iii. 681.142
- iv. 681.143
- v. 681.145
- vi. 681.147

11. Discussion and possible action concerning Committee Reports.

- A. Rules Committee
- B. Applications Committee
- C. Counseling Compact Committee

12. Board Chair Report and update concerning current challenges and accomplishments; interaction with stakeholders, state officials, and staff; workload of Board members; and general information regarding the routine functioning of the Board, including BHEC updates.

13. Board Administrator Report concerning program operations; customer service accomplishments and challenges; workload processing; general information regarding the routine functioning of the licensure program; and enforcement compliance.

14. Public Comments – Public Comment is limited to three (3) minutes per person, unless otherwise directed by the presiding officer. Please note that the Board may not discuss or act on any matter raised during public comment, except to decide whether to place the matter on the agenda of a future meeting.

15. Items for consideration for future committee and Board meeting agendas.

16. Announcements and comments not requiring Board action, such as statements regarding conferences, future board meetings, and other recent or upcoming events.

- BHEC Meeting – May 18th
- NBCC Conference – August 3rd – 5th
- BHEC Meeting – August 23rd
- TSBEPC Full Board Mtg – September 9th
- BHEC Meeting – October 25th
- TSBEPC Full Board Mtg – November 4th
- TCA Conference – November 9th – 11th

17. Adjournment

Addendum: Additional Videoconference and Telephone Conference Call Information

When: May 6, 2022 09:00 AM Central Time (US and Canada)

Topic: Texas State Board of Examiners of Professional Counselors May 6, 2022 Full Board Meeting

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/89064904085>

Or One tap mobile: US: +13462487799,,89064904085# or +16699009128,,89064904085#

Or Telephone Dial: (for higher quality, dial a number based on your current location):

US: +1 346 248 7799 or +1 669 900 9128 or +1 253 215 8782 or +1 312 626 6799 or +1 646 558 8656
or +1 301 715 8592

Webinar ID: 890 6490 4085

International numbers available: <https://us02web.zoom.us/j/89064904085>



TEXAS TECH UNIVERSITY SYSTEM

Office of Vice Chancellor and General Counsel

April 22, 2022

To: Texas Behavioral Health Executive Council
Texas State Board of Examiners of Professional Counselors
333 Guadalupe St., Ste. 3-900
Austin, Texas 78701

From: Texas Tech University Health Sciences Center
School of Health Professions
Department of Clinical Counseling and Mental Health
3601 4th Street, MS 6294
Lubbock, Texas 79430

Dear Council and Board Members:

The Texas Behavioral Health Council (the "Council") in agreement with the Texas State Board of Examiners of Professional Counselors (the "Board") have the authority to adopt rules proposed by interested persons in accordance with Texas Government Code Section 2001.021 and Texas Administrative Code Section 881.21

We are submitting this Petition for Rulemaking in response to recent decisions that have been made regarding graduates from the Department of Clinical Counseling and Mental Health at Texas Tech University Health Sciences Center. Specifically, graduates from our Master of Science in Addiction Counseling and Master of Science in Clinical Rehabilitation Counseling have been informed that our accredited counseling programs are now defined as a "counseling-related field," resulting in graduates being told they do not meet the course requirements set out in Texas Administrative Code Section 681.83(b), which is not applicable to counseling programs. In one case, a graduate was instructed to shred his previously issued license. Approximately one month later, during the February 11, 2022 Full Board meeting, the Board unanimously approved his application. Approval was based entirely on the Board's opinion that the program he completed was a counseling program. Subsequent graduates of the same program, with identical coursework continue to receive notice of transcript deficiencies. Most recently, another graduate of the same program is faced with a job offer potentially being rescinded for failure to obtain her LPC; this graduate also completed the same curriculum as the students who appeared before the February Full Board where the Board *unanimously* voted to approve an applicant with an identical transcript.

Our petition is prepared with the initiatives of Governor Greg Abbott in mind and the intention of ensuring that sensible licensing rules are in place which will protect the public from legitimate

harm while not preventing innovation, increasing consumer prices, or limiting economic opportunity moving forward. See Exhibit 1.

Background

According to Texas Administrative Code Section 681.2(9) counseling-related fields are defined as “[a] mental health discipline using human development, psychotherapeutic, and mental health principles including, but not limited to, clinical or counseling psychology, psychiatry, social work, marriage and family therapy, and counseling and guidance.” Addiction Counseling and Clinical Rehabilitation Counseling do not fall within this definition. Furthermore, there is no definition provided expressing “counseling” as solely clinical mental health counseling.

Additionally, under Texas Administrative Code Section 681.31 – Counseling Methods and Practices, Addiction Counseling and Rehabilitation Counseling are counseling professions, not counseling-related fields, as indicated by subsections (5) and (6). The standard states:

The use of specific methods, techniques, or modalities within the practice of professional counseling is limited to professional counselors appropriately trained and competent in the use of such methods, techniques, or modalities. Authorized counseling methods, techniques and modalities may include, but are not restricted to, the following:

- (5) **addictions counseling**, which uses interpersonal, cognitive, cognitive-behavioral, behavioral, psychodynamic, affective methods and strategies, and 12-step methods to achieve abstinence from the addictive substances and behaviors by the client;
- (6) **rehabilitation counseling**, which uses interpersonal, cognitive, cognitive-behavioral, behavioral, psychodynamic, and affective methods and strategies to achieve adjustment to a disabling condition and to reintegrate the individual into the mainstream of society. (emphasis added)

In addition, both Addiction Counseling and Clinical Rehabilitation Counseling programs are accredited and defined as counseling professions by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), the National Board for Certified Counselors (NBCC), and the American Counseling Association (ACA). See Exhibit 2. The NBCC, administrators of the National Counselor Examination (NCE), specify that “[t]he minimally qualified candidate for the NCE has graduated from or is a well-advanced graduate student in a counseling program that has been accredited by the CACREP or housed within a regionally accredited institution.” See Exhibit 2. And included as ACA special interest and practice area divisions are associations for both addictions and rehabilitation counseling. See Exhibit 2.

Under Texas Administrative Code Section 681.83(a), “[a]n applicant who holds a graduate degree in counseling from an accredited school is presumed to have satisfied the academic course content requirements described in this section.” Because our university is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and our counseling programs are all fully accredited by CACREP, it is not clear why these two programs are being defined as “counseling-related fields.” CACREP programs must conform curriculum to standards

for accreditation and policies, identify and assess learning outcomes, and undergo multiple levels of review. Of the nine educational content areas that CACREP requires for accreditation, eight are considered core curricular areas, required for all accredited counseling specialties, including Clinical Mental Health Counseling, Addiction Counseling, and Clinical Rehabilitation Counseling. Furthermore, and according to CACREP itself, “[c]urrently, 27 states specifically cite CACREP in their rules or regulations as meeting the educational requirements for licensure. Of the remaining 23 states, 15 require the CACREP core areas without specifically citing CACREP.” See Exhibit 3. For example, one state includes the following in its education requirements section: “[t]hose programs shall be either CACREP degree programs or degree programs with the word counseling in its title and meet the structure of CACREP.”

Finally, possessing a counseling license in Texas recognizes individuals as Licensed Professional Counselors. Only ten states have licenses that are specific to mental health counseling (e.g., Licensed Professional Counselor of Mental Health, Licensed [Clinical] Mental Health Counselor, and Licensed Mental Health Provider). Therefore, Mental Health Counseling, like Clinical Rehabilitation Counseling and Addiction Counseling, is a specialty of the counseling profession. As stated by the Council’s 2021 to 2025 strategic plan, “Licensed Professional Counselors: [e]mployment of substance abuse, behavioral disorder, and mental health counselors is projected to grow [...] much faster than the average for all occupations. Employment growth is expected as people continue to seek *addiction* [emphasis added] and mental health counseling.” It is overly restrictive to allow one specialty to be considered counseling while all others are classified as counseling-related.

Proposed Rule Amendments

At this time, we present the Council and Board with our proposed amendments.

1. Amend Texas Administrative Code Section 681.2 – Definitions, by adding a definition of “counseling” to read as follows:

Counseling--A career field that uses professional counseling orientation and ethical practice; social and cultural diversity; human growth and development; career development; counseling and helping relationships; group counseling and group work; assessment and testing; and research and program evaluation principles. Including, but not limited to, addictions counseling; career counseling; clinical mental health counseling; clinical rehabilitation counseling; marriage, couples, and family counseling; school counseling; and student affairs and college counseling.

2. Amend Texas Administrative Code Section 681.83 – Academic Course Content, to read as follows:

(a) An applicant who holds a graduate degree in counseling from an accredited school is presumed to have satisfied the academic course content requirements described in this section. It is also presumed that schools with accredited counseling programs have offered the educational content described in this section and shall be considered conferring counseling degrees.

These amendments make clear to the Council, the Board, and candidates for licensure which programs qualify as counseling and which programs qualify as counseling-related fields. In turn, this will expedite the process that licensing staff must undergo and prevent unnecessary delays in awarding a license due to the need for case-by-case decision making by the Board itself. For candidates having graduated from accredited programs with transcripts meeting accreditation coursework requirements, institutions of higher education must be trusted to have provided an education that will not undermine what it means to be a Licensed Professional Counselor.

Conclusion

The intended effect of the proposed rules is to make it absolutely clear to your agency's jurisdiction and applicants seeking licensure that proper education meeting the requirements of a Licensed Professional Counselor has been obtained. Compliance with the proposed rules will not hinder a person, business, or community in any manner, but rather helps in following government policy whereby every current and future Texan can earn a living free from unnecessary intrusion. With regard to licensing rules and regulations on educational requirements, it is imperative that the Board consistently applies its rules so as to ensure that there is not burdensome or inconspicuous interpretation of the requirements described above, staying true with our states constitution by protecting opportunity, economic liberty, and growth. See Exhibit 1.

Thank you for your consideration of our concerns while deliberating this Petition for Rulemaking.

Sincerely,



Darrin D'Agostino, DO, MPH, MBA
Provost, Texas Tech University Health
Sciences Center



Dawndra Sechrist, OTR, Ph.D.
Dean, School of Health Profession



Evans H. Spears, Ph.D., CRC
Chair, Department of Clinical Counseling and Mental Health

CC: Lori Rice-Spearman, Ph.D.
President, Texas Tech University Health Sciences Center

Zach Sneed, Ph.D., CRC, LCDC
Program Dir., M.S. in Addiction Counseling

Taryn Richardson, Ph.D., CRC, NCC
Program Dir., M.S. Clinical Rehabilitation Counseling

EXHIBIT

1



GOVERNOR GREG ABBOTT

October 8, 2019

Dear State Agency Heads:

Reforming Texas's occupational-licensing rules must be a priority for all state leaders. Sensible licensing rules, when necessary, can protect the public from legitimate harm, but overbroad rules stymie innovation, raise consumer prices, and limit economic opportunity. Overly burdensome licensing rules also discourage individuals from pursuing professions or prevent the unemployed — or former inmates who have paid their debt to society — from building a better life.

I commend legislators for their efforts to roll back onerous licensing rules this past session, and I was proud to sign legislation that will significantly ease those burdens on our citizens. But every Texan deserves the opportunity to earn a living free from unnecessary state intrusion, and there is more work to be done to eliminate barriers to work in Texas.

Today I ask you, as leaders of our state agencies, to take all appropriate actions under existing statutory authority to help Texans in this important effort. Executive branch agencies that issue and administer occupational licenses should act administratively to reduce unnecessary and burdensome licensing regulations that hurt workers and consumers, including by:

- Assessing whether existing licensing regulations help or hinder Texans' right to earn a living;
- Identifying less-restrictive alternatives to licensure, such as bonding, insurance, registration, or certification;
- Identifying other jurisdictions with licensing requirements that are substantially equivalent to Texas's licensing requirements, as required by last session's Senate Bill 1200;
- Recognizing substantially equivalent out-of-state occupational licenses for people who are in good standing in all states where they are licensed; and
- Accepting professional experience as a substitute for licensure in cases where a person moves to Texas from a state that does not license his or her occupation.

In addition, executive branch agencies should reduce fees and burdensome educational requirements whenever possible, including by:

- Developing and implementing plans to reduce license application fees to 75% or less of the national average for equivalent or comparable occupations;¹

¹ All licensing agencies, including self-directed and semi-independent agencies, should provide the Office of the Governor with a list of those fees and their amounts; show what percentage of generated fees go to the General Revenue Fund as opposed to their costs of operations; and, if fees were to be reduced, explain the impact.

State Agency Heads

October 8, 2019

Page 2

- Reducing excessive educational and work experience requirements, absent compelling evidence that doing so would not adequately protect the public interest;
- Considering reductions in licensure and examination fees for Texas residents who are eligible for certain public assistance programs; and
- Expanding the acceptance of online continuing education credits for residents who cannot attend continuing education classes in person.

Finally, executive branch agencies should remove barriers to licenses for people with criminal records where appropriate, including by:

- Rather than relying on blanket exclusions for people with criminal records, publishing lists of specific criminal offenses that disqualify applicants from obtaining or maintaining an occupational license, or at least limiting the exclusion to only those offenses that directly relate to the duties and responsibilities of the occupation; and
- Exempting arrests that did not result in conviction or placement on deferred adjudication community supervision for the purposes of determining a person's fitness for a licensed occupation, consistent with last session's Senate Bill 1217.

Executive branch agencies should review their occupational-licensing rules and identify which of these administrative actions will be pursued, and report their findings to the Office of the Governor by no later than December 1, 2019.

Thank you for your cooperation with this initiative and for your continued service to the State. Easing licensing regulations will stay true to the Texas Constitution's protection for economic liberty and will ensure that Texas remains a pro-growth, pro-opportunity, and freedom-loving state.

Sincerely,



Greg Abbott
Governor

GA:shk

EXHIBIT

2



Attention CACREP Liaisons: Annual Dues Invoices will be sent on April 15th

X

FIND A PROGRAM

[← BACK TO DIRECTORY](#)

Texas Tech University Health Sciences Center

INSTITUTION LOCATION

3601 4th Street
STOP 6225, Room 3B311
Lubbock TX, US
79430-6225
[View on Google Maps](#)

SPECIALTY

Addiction Counseling

PROGRAM DEGREE

M.S.

PROGRAM CONTACT

Dr. Evans Spears
evans.spears@ttuhscc.edu

ACCREDITED UNDER STANDARDS

2016

- Graduates of this program are considered CACREP graduates beginning January 16, 2019
- Accreditation Start Date: January 16, 2021
- Accreditation Expiration: March 31, 2029
- Accreditation Status: 8 Year

STATUS INFORMATION

The program was found to meet all standards in a satisfactory manner.



Texas Tech University Health Sciences Center

INSTITUTION LOCATION

3601 4th Street
STOP 6225, Room 3B311
Lubbock TX, US
79430-6225
[View on Google Maps](#)

SPECIALTY

Clinical Rehabilitation Counseling

PROGRAM DEGREE

M.S

PROGRAM CONTACT

Dr. Evans Spears
evans.spears@ttuhsc.edu

ACCREDITED UNDER STANDARDS

2016

- Graduates of this program are considered CACREP graduates beginning July 1, 2017
- Accreditation Start Date: January 16, 2021
- Accreditation Expiration: March 31, 2029
- Accreditation Status: 8 Year

STATUS INFORMATION

The program was found to meet all standards in a satisfactory manner.

PROGRAM HISTORY

This program was previously accredited by CORE in 1982 through 1987 then reaccredited in 2013 and became CACREP accredited due to the merger on July 1, 2017. The Rehabilitation Counseling program was initially accredited in July 2017 and has maintained its accreditation. It became a Clinical Rehabilitation Counseling program in January 2021.



Content Outline

The National Counselor Examination (NCE)

Exam Purpose

The National Counselor Examination (NCE) measures an examinee's knowledge and understanding of theoretical and skill-based tenets necessary to practice safely and competently as an entry-level counselor. The exam's development is based upon a national job analysis of more than 16,000 credentialed counselors identifying empirically validated work behaviors determined to be most relevant for competent counseling practice.

Measurement Focus and Target Population

The examination is aligned with the eight Council for Accreditation of Counseling and Related Educational Programs (CACREP) content areas. Thus, the content validity of the NCE is anchored on the six empirically validated work behaviors determined to be most relevant for competent counseling practice and the eight CACREP curriculum educational standards. The examinee target population is entry-level counselors with appropriate counseling training as determined by the minimally qualified candidate requirements.

Minimally Qualified Candidate

The minimally qualified candidate (MQC) for the NCE has graduated from or is a well-advanced graduate student in a counseling program* that has been accredited by the CACREP or housed within a regionally accredited institution.

ACA DIVISIONS

Within the American Counseling Association there are 18 divisions. These divisions enhance professional identity and are organized around specific interest and practice areas. The divisions provide professional strength and satisfy the diverse needs of the counseling community.

American Rehabilitation Counseling Association (ARCA)

ARCA is an organization of rehabilitation counseling practitioners, educators, and students who are concerned with enhancing the development of people with disabilities throughout their life span and in promoting excellence in the rehabilitation counseling profession's practice, research, consultation, and professional development.

2021-2022 President: Sonia Peterson

2021-2022 President-Elect: Valerie E.D. Russell

2021-2022 Past President: Steve Zanskas

International Association of Addictions and Offender Counselors (IAAOC)

Originally the Public Offender Counselor Association, IAAOC was chartered in 1972. Members of IAAOC advocate the development of effective counseling and rehabilitation programs for people with substance abuse problems, other addictions, and adult and/or juvenile public offenders.

2021-2022 President: Kirk Bowden

2021-2022 President-Elect: Melanie Iarussi

2021-2022 Past President: Angie Cartwright

Counseling Today

A Publication of the American Counseling Association

COUNSELING TODAY ([HTTPS://CT.COUNSELING.ORG/CATEGORY/COUNSELING-TODAY/](https://ct.counseling.org/category/counseling-today/)). MEMBER INSIGHTS ([HTTPS://CT.COUNSELING.ORG/CATEGORY/MEMBER-INSIGHTS/](https://ct.counseling.org/category/member-insights/))

Celebrating the role of rehabilitation counseling

By Sonia Peterson

February 6, 2020

[\(/#facebook\)](#) [\(/#twitter\)](#) [\(/#reddit\)](#) [\(/#pinterest\)](#) [\(/#linkedin\)](#) [\(/#email\)](#)

June 2 will mark the 100-year anniversary of what many of us in the field of rehabilitation counseling consider the inception of our specialty counseling area. On June 2, 1920, President Woodrow Wilson signed the Smith-Fess Act (also known as the Civilian Vocational Rehabilitation Act), which established the first vocational rehabilitation program for Americans with disabilities. It was modeled on an earlier law that provided for the rehabilitation of World War I veterans with disabilities.

Rehabilitation counseling is a unique specialty area of counseling focused primarily on disability advocacy and vocational rehabilitation counseling for individuals with disabilities. The field continues to grow, with new and expanding educational programs, opportunities for state licensure, and rewarding career paths. Certification is available through the Commission on Rehabilitation Counselor Certification (crrcertification.com (<http://crrcertification.com>)), and opportunities for counselor licensure are available in all 50 states. Recent developments in our field have further strengthened our relationship with the counseling profession at large and fostered opportunities for increased collaboration and education regarding disability inclusion in our profession as a whole.

Our history and specialty counselor education focus

The American Rehabilitation Counseling Association (ARCA (<http://www.arcaweb.org/>)) was established in 1957 and is a division of the American Counseling Association. ARCA's mission is "to enhance the development of people with disabilities throughout their life span and to promote excellence in the rehabilitation counseling profession." In 2019, the ACA Governing Council approved ARCA's recommended Disability-Related Counseling Competencies (available on the ACA website at counseling.org/knowledge-center/competencies ([---

13](http://counseling.org/knowledge-</p></div><div data-bbox=)

center/competencies)), ARCA invites all those in the counseling profession to review these competencies, to strive toward greater disability inclusion in the practice of counseling, and to consider ARCA their disability advocacy resource within our ACA fellowship.

Over the past several years, the rehabilitation counseling field has experienced a major shift in the accreditation of its education programs. As a result of the merger of the Council on Rehabilitation Education (CORE) with the Council for Accreditation of Counseling and Related Educational Programs (CACREP) in 2017, rehabilitation counseling is the newest counseling specialty included in the current 2016 CACREP Standards.

Rehabilitation counseling as a counseling specialty has existed in some form for more than 100 years. The history of rehabilitation counseling can be traced back to federal legislation in 1918 that initiated a program to vocationally rehabilitate veterans disabled during World War I. By 1920, additional legislation established the first broad-based federal program to provide vocational assistance to people whose disabilities were not the result of war. In the past 100 years, this state-federal vocational rehabilitation system has expanded its services and populations served to become the primary public service delivery system for all working-age youth and adults with disabilities in the United States. Each state has a designated vocational rehabilitation agency, and some states have an additional agency that serves individuals who are blind. The Council of State Administrators of Vocational Rehabilitation maintains a directory of all state VR agencies at csavr.org/stateagencydirectory (<http://csavr.org/stateagencydirectory>).

State vocational rehabilitation agencies all receive federal funding from the U.S. Department of Education's Office of Special Education and Rehabilitative Services under the Rehabilitation Services Administration (RSA) to provide services to individuals with disabilities. RSA's mission is to "provide leadership and resources to assist state and other agencies in providing vocational rehabilitation (VR) and other services to individuals with disabilities to maximize their employment, independence and integration into the community and the competitive labor market." All vocational rehabilitation services are individualized and generally include some combination of the following:

- Vocational counseling and guidance
- Job placement assistance
- College or vocational training
- Supported employment services
- Skills training
- Job coaching or tutoring
- Transportation

- Interpreter services for individuals who are deaf or hard of hearing
- Services to assist students with disabilities in their transition from school to work
- Reader services for individuals who are blind
- Assistive and rehabilitation technology services
- Referral services
- Support, advocacy and follow-up services for at least 90 days following job placement

Currently, CACREP accredits more than 100 master's-level rehabilitation counseling programs nationwide. Several of these institutions also offer doctoral degrees specifically in rehabilitation counseling education. The RSA regularly offers training grants to these institutions to support students who are pursuing graduate degrees in this counseling specialty area. Rehabilitation counseling students receive specialized training regarding the medical aspects of disability, legislation that affects individuals with disabilities, job placement strategies, and career guidance focused on workplace inclusion for multicultural individuals with disabilities. Over the years, the RSA's definition of employment has expanded to support the efforts of people with disabilities to gain access to their communities, live independently, and direct the course of their own lives.

The emphasis on disability inclusion in rehabilitation counseling education programs provides students with specialized knowledge and skills related to the history of discrimination of individuals with disabilities in our society, the impacts of ableism in our society, medical aspects of disabilities, workplace accommodations, advocacy, and counseling ethics specifically related to disability inclusion. These skills are useful in a variety of settings, including state vocational rehabilitation agencies, the U.S. Department of Veterans Affairs system, county behavioral health systems, nonprofit agencies, return-to-work programs, human resources, legal settings, private rehabilitation hospitals, academia, and many other settings in our communities. Graduates of rehabilitation counseling programs find employment as vocational counselors, case managers, vocational evaluators, technology experts, forensic vocational experts, teachers, researchers, and private practice counselors in a wide range of work environments.

Social justice advocacy

Merriam-Webster's online dictionary defines *ableism* as "discrimination or prejudice against individuals with disabilities." Combating discrimination and the segregation of people with disabilities has been a long-standing principle and goal of rehabilitation counseling. Rehabilitation counseling scholars and educators have an established record of educating the public about the social construct of disability, the history of disability rights advocacy, and the existence of ableism in our society, and of combating negative attitudes toward individuals with disabilities.

The biggest barriers that individuals with significant disabilities encounter in our society are social isolation and poverty. According to the Bureau of Labor Statistics, 19.1% of individuals with a disability were employed in 2018. By contrast, the employment-population ratio for people without a disability was 65.9%. The depiction of individuals with disabilities in mainstream media is largely negative, and this has a huge impact on our attitudes toward disability as a society. Our institutions often seek to label individuals with disabilities as defective, different or "special," with focus given to treating the person to fix their undesirable characteristic. Absent education and awareness, our society views disability as something being "wrong" with the individual rather than focusing on the attitudinal and environmental barriers that someone with a significant physical or mental impairment experiences as they navigate their way in the world. These negative and discriminatory attitudes are prominent barriers to financial independence and social inclusion for individuals with significant disabilities.

Mainstream media plays a major role in our societal attitudes toward individuals with disabilities. In film, on television and in the press, these individuals are often stereotypically depicted as being tragic, evil, heroic, objects of pity or objects of inspiration. They are rarely portrayed as people whose identities include the full range of human experiences and development, such as having intimate relationships, being family members, being students, working, traveling, enjoying hobbies, and engaging in other experiences that are normal parts of our lives and communities. Furthermore, characters with disabilities in films and TV shows are rarely portrayed by individuals with disabilities themselves. This is an additional form of discrimination experienced by actors with disabilities. Beth Haller, a prominent scholar who advocates for the positive portrayal of individuals with disabilities in mainstream media, makes a wide range of resources available at bethhaller.wordpress.com (<http://bethhaller.wordpress.com>) to those who are interested in exploring this topic further.



Our schools, public services and government institutions often perpetuate social isolation and poverty for individuals with significant disabilities through the various processes, regulations and financial restrictions that exist within programs designed to "help" individuals with disabilities. A main focus of rehabilitation counseling is advocating for

people with disabilities and counseling our clients to reduce the environmental barriers that affect employment. Employment creates financial independence, provides a sense of purpose, and connects us in our communities. Rehabilitation counseling education programs focus on career development techniques, the Americans with Disabilities Act, and the impact of state-specific legislation on the employment of individuals with disabilities. Rehabilitation counselors help individuals navigate the complex public benefits system to avoid being penalized for earning income as they transition to work from dependence on public assistance programs.

Disability and cultural identities

Most individuals with disabilities have intersectional identities. More than half of those with disabilities are female, while individuals who identify as members of various ethnic groups or who identify as LGBTQ+ are also well-represented among those with disabilities. Individuals with disabilities live all over the world, and disability culture in itself is an aspect of multiculturalism. However, the disability experience is often overlooked or not included as an aspect of multiculturalism in educational programs and staff development curricula.

The concepts of disability pride and disability culture have been emerging since the disability rights movement in the 1970s. Starting in the 1990s, a more formal construct of disability culture started to materialize in academic literature. Michelle Putnam, a professor of social work at Simmons University in Boston, explains that disability pride is an aspect of disability identity. It consists of claiming disability, acknowledging disability as a natural part of the human condition, advocating for the fact that disability is not inherently negative, and experiencing disability as creating the consciousness of a unique cultural minority group. Among examples of the disability pride experience are the Paralympic games, Deaf culture, and the recovery movement.

Disability pride: It is a common misperception that the *para* in Paralympics means the events are for "paralyzed" athletes. In fact, it means that it is an athletic competition that "parallels" the Olympics. The Paralympics include athletes with many different disabilities, including athletes who use wheelchairs. According to the International Paralympic Committee (paralympic.org (<http://paralympic.org>)), Paralympic athletes celebrate diversity and show that difference is a strength. Paralympic athletes, who are pioneers for inclusion, challenge stereotypes, transform attitudes, and break down social barriers and discrimination toward persons with disabilities.

The magazine *New Mobility* was launched in 1989 to bring quality journalism to wheelchair users who wanted more information on how to lead active, healthy lives. Editors, writers and college interns with disabilities produce this unique resource that shatters stereotypes and tells real stories of living life on wheels. Paralympic athletes and the producers of *New Mobility* magazine are examples of individuals and groups who choose to build community, celebrate diversity, and advocate for disability pride.

Deaf culture: According to sociolinguist Barbara Kannapel, American Deaf culture includes the values, traditions and language unique to individuals who are Deaf. Deaf culture centers on the use of American Sign Language (ASL) and identification and unity with other Deaf people. ASL is a complete and grammatically complex visual/gestural language with no vocal component. It differs significantly from written and verbal communication in English. ASL is not a universal language; there are signed languages in other countries. ASL reflects the unique and beautiful culture of Deaf people in our country. Gallaudet University's National Deaf Education Center (www3.gallaudet.edu/clerc-center/info-to-go/deaf-culture/american-deaf-culture.html (<http://www3.gallaudet.edu/clerc-center/info-to-go/deaf-culture/american-deaf-culture.html>)) is a good resource for additional information.

The recovery movement: Self-help groups available through the National Alliance on Mental Illness (NAMI), 12-step, and other recovery-related organizations have created an ever-expanding, cohesive and diverse community of individuals living in recovery who provide hope, solutions and strategies for others struggling with mental illness and addiction.

The recovery movement can be traced back to the founding of Alcoholics Anonymous in 1935 by Bill Wilson and Dr. Bob Smith. The 12 steps of Alcoholics Anonymous have been adapted by numerous other 12-step programs, including Al-Anon, Adult Children of Alcoholics and Dysfunctional Families, Co-Dependents Anonymous, Sex and Love Addicts Anonymous, Narcotics Anonymous, Crystal Meth Anonymous, Gamblers Anonymous, and Overeaters Anonymous. This peer-led, self-identifying, self-help approach to treatment has generated many other recovery-related groups in our communities, including SMART Recovery, Women for Sobriety, Secular Organizations for Sobriety (SOS), Refuge Recovery, and the Buddhist Recovery Network. An estimated 23 million Americans are currently living in long-term recovery from addiction to alcohol and other drugs.

NAMI is the country's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI, which started as a small group of families gathered around a kitchen table in 1979, has expanded to include more than 500 local chapters throughout the country. The organization provides awareness, support and education on mental illness in our communities.

Although individuals with histories of mental illness and addiction continue to be affected by significant social stigma and discrimination, millions experience hope, healing, courage, support and pride as members of the recovery community. For more information on recovery, visit NAMI's website (*nami.org* (<http://nami.org>)) or view the documentary *The Anonymous People*.

Solutions and recommendations for disability advocacy

Rehabilitation counseling is the social justice, multicultural and disability advocacy specialty. As rehabilitation counseling professionals, we advocate for outreach, education and awareness. The various ACA-endorsed counseling competencies (available at *counseling.org/knowledge-center/competencies* (<http://counseling.org/knowledge-center/competencies>)) and CACREP core curriculum standards emphasize multicultural awareness, education and advocacy. What follows are some solutions and recommendations for disability advocacy in our counseling profession at large.

- Include the disability experience in all counselor education curriculum as a unique aspect of our diverse multicultural society.
- Partner with ARCA and other ACA specialty divisions that promote social justice.
- Advocate for disability inclusion. Don't separate and segregate individuals with significant disabilities in our institutions, in our systems, and in our work as counseling professionals.
- Help CACREP to integrate more disability-specific language into the core curriculum areas in its 2023 standards revisions. Connect with the Standards Revision Committee (*cacrep.org* (<http://cacrep.org>)) to express your ideas for the revisions.
- Include works by multicultural disability scholars in counselor education curriculum.
- Read autobiographies of individuals with disabilities.
- Follow individuals with disabilities on Twitter.
- Support the work of individuals with disabilities in the media.
- Include scholarly articles written by individuals with disabilities in counselor education curriculum.
- Create an information sheet with disability- and recovery-related resources to give to your clients
- Increase your counseling competency by reading the Disability-Related Counseling Competencies on the ACA website (*counseling.org/knowledge-center/competencies* (<http://counseling.org/knowledge-center/competencies>)).

Resources

Many resources are available for those interested in learning more about the rehabilitation counseling specialty and connecting with rehabilitation counseling educators and clinicians.

One of the most current, comprehensive resources for an overview of rehabilitation counseling is *The Professional Practice of Rehabilitation Counseling*, second edition, compiled by editors Vilia M. Tarvydas and Michael T. Hartley (2017).

The National Council on Rehabilitation Education maintains a directory of all the rehabilitation counseling programs in the country at tinyurl.com/NCRERCPPrograms (<http://tinyurl.com/NCRERCPPrograms>).

Also visit the ARCA website (arcaweb.org (<http://arcaweb.org>)) for a variety of resources. We invite all readers to stop by the ARCA booth at the upcoming ACA Conference & Expo in San Diego (<https://www.counseling.org/conference>) in April. In addition, attend our presentations at the ACA Conference that have a rehabilitation counseling and disability focus. We look forward to connecting with you.

Sonia Peterson is a licensed professional clinical counselor, a certified rehabilitation counselor, and an assistant professor in the Department of Administration, Rehabilitation, and Postsecondary Education at San Diego State University, where she serves as program director for the clinical concentration and certificate in psychiatric rehabilitation. In addition, she serves as the American Rehabilitation Counseling Association (ARCA) board chair of public policy, professional preparation and standards. Contact her at speterson@sdsu.edu (<mailto:speterson@sdsu.edu>) or through the ARCA website at arcaweb.org (<http://arcaweb.org>).

Letters to the editor: ct@counseling.org (<mailto:ct@counseling.org>)

EXHIBIT

3



Points for Sharing

Points for Sharing

- CACREP standards have been officially recognized for over 30 years and have been revised regularly over the years to accurately reflect current professional preparation standards and to better protect the public.
- The Institute of Medicine, an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public, recognizes CACREP as the accrediting body for counselor education.
- The Veterans Administration recognizes licensed professional counselors who graduated from a CACREP-accredited program as approved providers.
- Currently, 27 states specifically cite CACREP in their rules or regulations as meeting the educational requirements for licensure. Of the remaining 23 states, 15 require the CACREP core areas without specifically citing CACREP.
- Currently, 30 states and the District of Columbia require 60 graduate semester hours for the highest level of licensure and 3 more states will be adopting this in the next 1-3 years putting them in alignment with CACREP Standards for credit hours.
- The ACA Governing Council passed resolutions formally recognizing CACREP as the accrediting body for Counselor Education programs and CORE as the accrediting body for Rehabilitation Counseling programs.

- CACREP Standards are outcome based requiring that programs measure and evaluate student learning outcomes.
- CACREP Standards require faculty members to engage in continuous systematic program evaluation indicating how the mission, objectives, and student learning outcomes are measured and met.
- The Masters in Counseling Accreditation Council (MCAC) is a branch of the Masters in Psychology and Counseling Accreditation Council (MPCAC). It is not currently recognized by the Council for Higher Education Accreditation (CHEA).
- MCAC aims to accredit programs with faculty who may or may not identify with the counseling profession.
- MCAC plans to lobby counselor licensure boards to license graduates of their programs as counselors even though they may not have been taught by faculty who identify themselves as counselors and even though the graduates may not identify with the counseling profession.
- CACREP Standards accredit counseling programs that are taught by faculty members and supervisors with counselor identities and who prepare students to become professional counselors with counselor identities.

COMPLAINT NO.1061-19-0229

IN THE MATTER OF

§
§
§
§
§
§

BEFORE THE TEXAS BEHAVIORAL
HEALTH EXECUTIVE COUNCIL

CYNTHIA CATHERINE KAY

THE TEXAS STATE BOARD
OF EXAMINERS OF
PROFESSIONAL COUNSELORS

AGREED ORDER

Pursuant to the authority under §507.305 of the Texas Occupations Code, §2001.056 of the Government Code, and 22 Texas Administrative Code §884.12(e), the Executive Director for the Texas Behavioral Health Executive Council (“Council”) hereby approves, ratifies, and enters this Agreed Order with the following Findings of Fact, Conclusions of Law, and Order of the Council, which have been approved and accepted by **Cynthia Catherine Kay** (“Respondent”) and which constitutes a full settlement and compromise of the complaint(s) currently pending against Respondent before the Council in the above-referenced and numbered matter(s).

FINDINGS OF FACT

1. Respondent is licensed as a professional counselor (#60994) in the State of Texas and is, therefore, subject to the jurisdiction of the Council.
2. On or about January 2019, Respondent failed to obtain a signed informed consent and a signed written receipt of information prior to providing services.

CONCLUSIONS OF LAW

1. Respondent voluntarily received a license from the Council and, therefore, is bound by the provisions of Chapters 503 and 507 of the Texas Occupations Code and the Rules of the Council, 22 Texas Administrative Code Parts 30 and 41.
2. Violation of the Council’s Rules is unprofessional conduct and constitutes grounds for the imposition of sanctions under §§503.401, 507.301, and 507.351 of the Texas Occupations Code.
3. Based on the above Findings of Fact, the Council finds that Respondent violated Council Rules 22 TAC §681.41(e) as was in effect on July 16, 2017 to thru the present.
4. This Agreed Order is a Settlement Agreement under the Texas Rules of Evidence and is not admissible for the purposes of civil litigation. By entering into this Agreed Order, Respondent does not admit the foregoing Findings of Fact or Conclusions of Law, but agrees to resolve this matter to avoid the expense and uncertainty of further proceedings.

ORDER

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED THAT:

1. Respondent's license is hereby REPRIMANDED
2. Respondent is assessed and shall pay, within sixty (60) days of the date this order is ratified, an administrative penalty in the total amount of \$500.00; of which \$150.00 represents administrative costs and \$350.00 represents administrative penalty.

WARNING

RESPONDENT'S FAILURE TO COMPLY WITH ONE OR MORE TERMS OF THIS ORDER MAY CONSTITUTE A VIOLATION OF 22 TEXAS ADMINISTRATIVE CODE §884.55 REQUIRING FURTHER DISCIPLINARY ACTION.

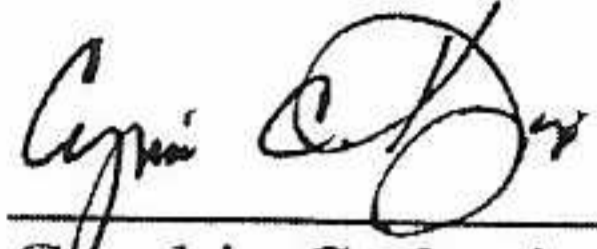
WAIVERS

On the underlying investigative file, Respondent has waived his or her right to an informal settlement conference, a formal hearing before an Administrative Law Judge at the State Office of Administrative Hearings (SOAH), and judicial review pursuant to Texas Government Code Chapter 2001, in exchange for the conditions set out in this Agreed Order.

THE RESPONDENT, BY SIGNING THIS ORDER, AGREES TO ITS TERMS, ACKNOWLEDGES UNDERSTANDING OF THE FORMAL NOTICES, FINDINGS OF FACT, AND CONCLUSIONS OF LAW SET FORTH HEREIN AND COVENANTS TO SATISFACTORILY COMPLY WITH THE MANDATES OF THIS ORDER IN A TIMELY MANNER. RESPONDENT FURTHER ACKNOWLEDGES AND AGREES THAT HE OR SHE HAS AGREED TO THIS ORDER UPON THE ADVICE AND CONSENT OF COUNSEL, OR THAT HE OR SHE HAS HAD THE OPPORTUNITY TO HAVE THIS ORDER REVIEWED BY COUNSEL OF HIS OR HER CHOICE.

FOR THE RESPONDENT:

FOR THE STAFF OF THE COUNCIL:



Cynthia Catherine Kay
7723 Wayfarer
Houston, Texas 77075



~~Rae-Ann Allong~~ VICTORIA BENITEZ
Texas Bar No. ~~01100400~~ 02134350
Staff Attorney
Texas Behavioral Health Executive Council
333 Guadalupe, Ste. 3-900
Austin, Texas 78701

DATE SIGNED: 2/21/2022

DATE SIGNED: 2-23-22

Leanna Marchand

2/21/22

Attorney for Respondent
Leanna Marchand

APPROVED, RATIFIED, AND ENTERED THIS 23 DAY OF February, 2022.



Darrel Spinks
Executive Director
Texas Behavioral Health Executive Council

2nd QUARTER PERFORMANCE MEASURES

FISCAL YEAR 2021

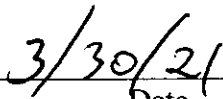
Submitted to the
Governor's Office of Budget and Planning
and the Legislative Budget Board

by

**TEXAS BEHAVIORAL HEALTH
EXECUTIVE COUNCIL**

March 30, 2021


Executive Director


Date

Agency code: 510

Agency name: Behavioral Health Executive Council

Type/Strategy/Measure	2021 Target	2021 Actual	2021 YTD	Percent of Annual Target	Target Range
-----------------------	----------------	----------------	-------------	-----------------------------	--------------

Output Measures

1-1-1 LICENSING

1 # NEW LICENSEES ISSUED

Quarter 1	600.00	1,789.00	1,789.00	298.17 % *	120.00 - 180.00
-----------	--------	----------	----------	------------	-----------------

Explanation of Variance: FACTORS CAUSING THE VARIANCE

The performance for this measure for the first quarter of FY 2021 exceeds its target. The Texas Behavioral Health Executive Council was created by the 86th Legislature effective 9/1/2019. However, regulatory authority over the four programs (psychologists, social workers, counselors, and marriage and family therapists) did not transfer to the Council until 9/1/2020. The performance measures for FY 2021 are those that were established for the psychology program only. Therefore, these targets are not representative of what the actual measures will be with the three additional programs.

HOW THE AGENCY PLANS TO DEAL WITH THE VARIANCE

In its 2022-2023 LAR, the Council has projected targets that are representative of all four regulatory programs. For this specific measure, the Council has projected that it will issue 7,000 new licenses. Using this target, during this quarter the Council would have met this measure by issuing 1,789 new licenses, or 26% of the target.

* Varies by 5% or more from target.

Efficiency/Output Measures with Cover Page and Update Explanation
 86th Regular Session, Performance Reporting
 Automated Budget and Evaluation System of Texas (ABEST)

3/30/2021 10:41:41AM

Agency code: 510

Agency name: Behavioral Health Executive Council

Type/Strategy/Measure	2021 Target	2021 Actual	2021 YTD	Percent of Annual Target	Target Range
-----------------------	----------------	----------------	-------------	-----------------------------	--------------

Output Measures

1 # NEW LICENSEES ISSUED

Quarter 2	600.00	1,997.00	3,786.00	631.00 % *	270.00 - 330.00
------------------	--------	----------	----------	------------	-----------------

Explanation of Variance: FACTORS CAUSING THE VARIANCE:

The performance for this measure for the second quarter of FY 2021 exceeds the target. The Texas Behavioral Health Executive Council was created by the 86th Legislature effective 9/1/2019. However, regulatory authority over the four programs (psychologists, social workers, counselors, and marriage and family therapists) did not transfer to the Council until 9/1/2020. The performance measures for FY 2021 are those that were established for the psychology program only. Therefore, these targets are not representative of what the actual measures will be with the three additional programs.

HOW THE AGENCY PLANS TO DEAL WITH THE VARIANCE:

In its 2022-2023 LAR, the Council has projected targets that are representative of all four regulatory programs. For this specific measure, the Council has projected that it will issue 7,000 new licenses. Using this target, the Council would have met this measure by issuing 3,786 new licenses total year to date, or 54% of the target.

2 # LICENSE RENEWALS

* Varies by 5% or more from target.

Efficiency/Output Measures with Cover Page and Update Explanation
 86th Regular Session, Performance Reporting
 Automated Budget and Evaluation System of Texas (ABEST)

3/30/2021 10:41:41AM

Agency code: 510 Agency name: Behavioral Health Executive Council

Type/Strategy/Measure	2021 Target	2021 Actual	2021 YTD	Percent of Annual Target	Target Range
Output Measures					
2 # LICENSE RENEWALS					
Quarter 1	8,800.00	8,907.00	8,907.00	101.22 % *	1,760.00 - 2,640.00

Explanation of Variance: FACTORS CAUSING THE VARIANCE

The performance for this measure for the first quarter of FY 2021 exceeds its target. The Texas Behavioral Health Executive Council was created by the 86th Legislature effective 9/1/2019. However, regulatory authority over the four programs (psychologists, social workers, counselors, and marriage and family therapists) did not transfer to the Council until 9/1/2020. The performance measures for FY 2021 are those that were established for the psychology program only. Therefore, these targets are not representative of what the actual measures will be with the three additional programs.

HOW THE AGENCY PLANS TO DEAL WITH THE VARIANCE

In its 2022-2023 LAR, the Council has projected targets that are representative of all four regulatory programs. For this specific measure, the Council has projected that it will renew 40,000 licenses. Using this target, during this quarter the Council would have met this measure by renewing 8,907 new licenses, or 23% of the target.

* Varies by 5% or more from target.

Agency code: 510

Agency name: Behavioral Health Executive Council

Type/Strategy/Measure	2021 Target	2021 Actual	2021 YTD	Percent of Annual Target	Target Range
-----------------------	----------------	----------------	-------------	-----------------------------	--------------

Output Measures

2 # LICENSE RENEWALS

Quarter 2	8,800.00	6,750.00	15,657.00	177.92 % *	3,960.00 - 4,840.00
-----------	----------	----------	-----------	------------	---------------------

Explanation of Variance: FACTORS CAUSING THE VARIANCE:

The performance for this measure for the second quarter of FY 2021 exceeds the target. The Texas Behavioral Health Executive Council was created by the 86th Legislature effective 9/1/2019. However, regulatory authority over the four programs (psychologists, social workers, counselors, and marriage and family therapists) did not transfer to the Council until 9/1/2020. The performance measures for FY 2021 are those that were established for the psychology program only. Therefore, these targets are not representative of what the actual measures will be with the three additional programs.

HOW THE AGENCY PLANS TO DEAL WITH THE VARIANCE:

In its 2022-2023 LAR, the Council has projected targets that are representative of all four regulatory programs. For this specific measure, the Council has projected that it will renew 40,000 licenses. Using this target, the agency would have fallen short of this measure by renewing 15,657 licenses to date, or 40% of the target.

2-1-1 ENFORCEMENT

1 COMPLAINTS RESOLVED

* Varies by 5% or more from target.

Efficiency/Output Measures with Cover Page and Update Explanation
 86th Regular Session, Performance Reporting
 Automated Budget and Evaluation System of Texas (ABEST)

3/30/2021 10:41:41AM

Agency code: 510

Agency name: Behavioral Health Executive Council

Type/Strategy/Measure	2021 Target	2021 Actual	2021 YTD	Percent of Annual Target	Target Range
Output Measures					
1 COMPLAINTS RESOLVED					
Quarter 1	130.00	104.00	104.00	80.00 % *	26.00 - 39.00

Explanation of Variance: FACTORS CAUSING THE VARIANCE

The performance for this measure for the first quarter of FY 2021 exceeds its target. The Texas Behavioral Health Executive Council was created by the 86th Legislature effective 9/1/2019. However, regulatory authority over the four programs (psychologists, social workers, counselors, and marriage and family therapists) did not transfer to the Council until 9/1/2020. The performance measures for FY 2021 are those that were established for the psychology program only. Therefore, these targets are not representative of what the actual measures will be with the three additional programs.

HOW THE AGENCY PLANS TO DEAL WITH THE VARIANCE

In its 2022-2023 LAR, the Council has projected targets that are representative of all four regulatory programs. For this specific measure, the Council has projected that it will resolve 800 complaints. Using this target, during this quarter the Council would not have met this measure by resolving 104 complaints, or 13%. The Council's investigators are still in a training state, trying to learn the statutes and rules of all four regulatory programs. However, the number of complaints resolved during the last month of this quarter has significantly increased to 71 from the 12 that were resolved during the first month of the quarter. Additionally, there are 1,379 complaints pending, 200 of which the investigation has been completed and sent to the legal division for review.

* Varies by 5% or more from target.

Efficiency/Output Measures with Cover Page and Update Explanation
 86th Regular Session, Performance Reporting
 Automated Budget and Evaluation System of Texas (ABEST)

3/30/2021 10:41:41AM

Agency code: **510** Agency name: **Behavioral Health Executive Council**

Type/Strategy/Measure	2021 Target	2021 Actual	2021 YTD	Percent of Annual Target	Target Range
Output Measures					
1 COMPLAINTS RESOLVED					
Quarter 2	130.00	120.00	224.00	172.31 % *	58.50 - 71.50

Explanation of Variance: FACTORS CAUSING THE VARIANCE:

The performance for this measure for the second quarter of FY 2021 exceeds the target. The Texas Behavioral Health Executive Council was created by the 86th Legislature effective 9/1/2019. However, regulatory authority over the four programs (psychologists, social workers, counselors, and marriage and family therapists) did not transfer to the Council until 9/1/2020. The performance measures for FY 2021 are those that were established for the psychology program only. Therefore, these targets are not representative of what the actual measures will be with the three additional programs.

HOW THE AGENCY PLANS TO DEAL WITH THE VARIANCE:

In its 2022-2023 LAR, the Council has projected targets that are representative of all four regulatory programs. For this specific measure, the Council has projected that it will resolve 800 complaints. Using this target, the Council would not have met this measure by resolving 224 complaints year to date, or 28% of the target. The Council's investigators and attorneys are still in a training state, trying to learn the statutes and rules of all four regulatory programs. Additionally, the Council is still trying to fill four vacant investigator positions. As of the end of this quarter, there are 1,339 complaints pending, 220 of which have since been closed and 145 of which the investigation has been completed and sent to the legal division for review.

Efficiency Measures

2-1-1 ENFORCEMENT

1 AVG TIME/COMPLAINT RESOLUTION

* Varies by 5% or more from target.

Efficiency/Output Measures with Cover Page and Update Explanation
 86th Regular Session, Performance Reporting
 Automated Budget and Evaluation System of Texas (ABEST)

3/30/2021 10:41:41AM

Agency code: **510** Agency name: **Behavioral Health Executive Council**

Type/Strategy/Measure	2021 Target	2021 Actual	2021 YTD	Percent of Annual Target	Target Range
-----------------------	----------------	----------------	-------------	-----------------------------	--------------

Efficiency Measures

1 AVG TIME/COMPLAINT RESOLUTION

Quarter 1	275.00	1,190.00	1,190.00	432.73 % *	261.25 - 288.75
------------------	--------	----------	----------	------------	-----------------

Explanation of Variance: FACTORS CAUSING THE VARIANCE:

The performance for this measure for the first quarter of FY 2021 exceeds the target. The Texas Behavioral Health Executive Council was created by the 86th Legislature effective 9/1/2019. However, regulatory authority over the four programs (psychologists, social workers, counselors, and marriage and family therapists) did not transfer to the Council until 9/1/2020. The performance measures for FY 2021 are those that were established for the psychology program only. Therefore, these targets are not representative of what the actual measures will be with the three additional programs.

HOW THE AGENCY PLANS TO DEAL WITH THE VARIANCE:

In its 2022-2023 LAR, the Council has projected targets that are representative of all four regulatory programs. For this specific measure, the Council has projected an average complaint resolution time of 800 days. Using this target, during this quarter the Council would not have met this measure with an average complaint resolution time of 1,190 days, or 149%. The Council's investigators are still in a training state, trying to learn the statutes and rules of all four regulatory programs. Additionally, there were over 1,300 pending complaints that transferred over from HHSC, some of which dated back to FY 2008. This backlog will take time to clear, and will inevitably cause a higher average complaint resolution time than originally anticipated.

* Varies by 5% or more from target.

Efficiency/Output Measures with Cover Page and Update Explanation
 86th Regular Session, Performance Reporting
 Automated Budget and Evaluation System of Texas (ABEST)

3/30/2021 10:41:41AM

Agency code: **510** Agency name: **Behavioral Health Executive Council**

Type/Strategy/Measure	2021 Target	2021 Actual	2021 YTD	Percent of Annual Target	Target Range
Efficiency Measures					
1 AVG TIME/COMPLAINT RESOLUTION					
Quarter 2	275.00	1,147.00	1,167.00	424.36 % *	261.25 - 288.75

Explanation of Variance: FACTORS CAUSING THE VARIANCE:

The performance for this measure for the second quarter of FY 2021 exceeds the target. The Texas Behavioral Health Executive Council was created by the 86th Legislature effective 9/1/2019. However, regulatory authority over the four programs (psychologists, social workers, counselors, and marriage and family therapists) did not transfer to the Council until 9/1/2020. The performance measures for FY 2021 are those that were established for the psychology program only. Therefore, these targets are not representative of what the actual measures will be with the three additional programs.

HOW THE AGENCY PLANS TO DEAL WITH THE VARIANCE:

In its 2022-2023 LAR, the Council has projected targets that are representative of all four regulatory programs. For this specific measure, the Council has projected an average complaint resolution time of 800 days. Using this target, during this quarter the Council would not have met this measure with an average complaint resolution time of 1,167 days, or 146% of the target. The Council's investigators and attorneys are still in a training state, trying to learn the statutes and rules of all four regulatory programs. Additionally, there were over 1,300 pending complaints that transferred over from HHSC, some of which dated back to FY 2008. This backlog will take time to clear, and will inevitably cause a higher average complaint resolution time than originally anticipated.

* Varies by 5% or more from target.

TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
2nd QUARTER MEASURES
FY 2021

Number of New Licenses Renewed (from thpc24)

LSSP	392
LIC	643
LPA	91
LPC	2474
MFTA	29
MFT	323
LBSW	443
LMSW	1249
LCSW	1083
AP	23

Total 6750

Number of Licenses Issued (from thpc24)

LPA	13
LIC	192
LSSP	13
LPCA	403
LPC	58
LPC Upgrade	316
MFTA	48
MFT	29
MFT Upgrade	44
LBSW	34
LMSW	427
LCSW	135
LMSW Upgrade	28
LCSW Upgrade	219
TEMP SW	38

Total 1997

TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
2nd QUARTER MEASURES
FY 2021

Number of Complaints Resolved (from BO report)

LP	0
LPC	106
MFT	11
SW	3
Total	120

Percent of Complaint Resolved Within Six Months (from BO report)

1 st Qtr	5/104 =	5%
2 nd Qtr	9/120 =	8%
3 rd Qtr		
4 th Qtr		
YTD	14/224	7%

Percent of Complaints Resolved resulting in Disciplinary Action (from BO report)

1 st Qtr	33/104 =	33%
2 nd Qtr	29/120 =	25%
3 rd Qtr		
4 th Qtr		
YTD	62/224 =	28%

Average Time for Complaint Resolution (from BO report)

1 st Qtr	123,751 days to resolve 104 complaints =	1,189.91 days
2 nd Qtr	137,604 days to resolve 120 complaints =	1,146.70 days
3 rd Qtr		
4 th Qtr		
YTD	261,355 days to resolve 224 complaints =	1,166.77 days

Average Time for Application Processing (from BO report) (**Bold averages only**)

1 st Qtr	122,710 days to process 1,590 applications =	77.18 days
2 nd Qtr	149,768 days to process 1,576 applications =	95.03 days
3 rd Qtr		
4 th Qtr		
YTD	272,478 days to process 3,166 applications =	86.07 days

Calculations reviewed by:

David Zinn

Date:

3/31/21

LPA Initial	562 days to process 15 applications =	37.47
LPA Final	2,446 days to process 13 applications =	188.15
LIC Initial	4,304 days to process 100 applications =	43.04
LIC Final	13,818 days to process 112 applications =	123.38
LSSP	369 days to process 14 applications =	26.36
LPC Initial	4,693 days to process 58 applications =	80.91
LPCA Initial	35,553 days to process 403 applications =	88.22
LPC Upgrade	9,002 days to process 316 applications =	28.49
MFTA Exam	9,767 days to process 52 applications =	187.83
MFT License	3,167 days to process 29 applications =	109.21
MFTA License	5,598 days to process 48 applications =	116.63
MFTA Upgrade	2,793 days to process 44 applications =	63.48
SW Exam	51,521 days to process 333 applications =	154.72
SW License	80,570 days to process 393 applications =	205.01
SW OOS License	29,803 days to process 203 applications =	146.81
SW Upgrade	48,281 days to process 247 applications =	195.47
Temp SW License	1,401 days to process 38 applications =	36.87

- Those in **BOLD** are the applications we have more control over (i.e. we are not waiting for them to take and pass a national exam).

STATUS REPORT 2nd Quarter		2Q FY22 Dec 1, 2021 to Feb 28, 2022	1Q FY22 Sep 1, 2021 to Nov 30, 2021	4Q FY21 Jun 1, 2021 to Aug 31, 2021	3Q FY21 Mar 1, 2021 to May 31, 2021
Number of Pending Complaints		594	579	634	811
Pending Complaints per Member Board		TSBEP-291 TSBSWE-171 TSBEMFT-54 TSBEP-78	TSBEP-266 TSBSWE-191 TSBEMFT-54 TSBEP-68	TSBEP-283 TSBSWE- 229 TSBEMFT-59 TSBEP-63	TSBEP-399 TSBSWE- 258 TSBEMFT-82 TSBEP-72
Number of New Complaints Received		105	148	128	86
Pending Priority 1 Cases (Imminent Physical Harm)		4 TSBEP-2 TSBSWE-1 TSBEMFT-1 TSBEP-0	6 TSBEP-2 TSBSWE-3 TSBEMFT-1 TSBEP-0	18	19
Pending Priority 2 Cases (Sexual Misconduct)		50 TSBEP-25 TSBSWE-24 TSBEMFT-1 TSBEP-3	52 TSBEP-24 TSBSWE-24 TSBEMFT-2 TSBEP-2	57	75
Pending Priority 3 Cases (Applicants)		15 TSBEP-4 TSBSWE-8 TSBEMFT-1 TSBEP-2	11 TSBEP-1 TSBSWE-6 TSBEMFT-2 TSBEP-2	11	15
Cases Resolved this Quarter		89	197	308	636
Agreed Orders Signed		9	15	53	57
Cases Dismissed by Staff		80	182	255	579
Cases Dismissed by member Boards		0	0	0	0
Cases Reviewed at an ISC this Quarter		3	19	24	40
Pending Cases by Fiscal Year					
FY2015	0 going to SOAH	1	2	5	8
FY2016	0 going to SOAH	3	5	11	14
FY2017	1 going to SOAH	8	11	21	33
FY2018	3 going to SOAH	6	8	16	41
FY2019	1 going to SOAH	35	56	81	197
FY2020	0 going to SOAH	167	199	263	317
FY2021	4 going to SOAH	153	163	227	190
FY2022	0 going to SOAH	221	135		
Total		594	579	634	811

2nd Quarter Dismissals for TSBEPC Board

Cases Dismissed by Staff

1) 1061-17-0103 – Non-Compliance	Insufficient Evidence
2) 1061-19-0046 – Standard of Care	Insufficient Evidence
3) 1061-19-0162 – Unprofessional Conduct	Insufficient Evidence
4) 1061-20-0004 – Standard of Care	Insufficient Evidence
5) 1061-20-0021 – Unprofessional Conduct	Insufficient Evidence
6) 1061-20-0087 – Standard of Care	Insufficient Evidence
7) 1061-20-0110 – Fraud	Insufficient Evidence
8) 1061-20-0114 – Standard of Care	Insufficient Evidence
9) 1061-20-0169 – Standard of Care	Insufficient Evidence
10) 1061-20-0174 – Unprofessional Conduct	Insufficient Evidence
11) 1061-20-0194 – Standard of Care	Insufficient Evidence
12) 1061-20-0209 – Standard of Care	Insufficient Evidence
13) 1061-20-0227 – Confidentiality	Insufficient Evidence
14) 1061-20-0232 – Standard of Care	Insufficient Evidence
15) 1061-20-0236 – Standard of Care	Insufficient Evidence
16) 2021-00253 – Standard of Care	Insufficient Evidence
17) 2021-00287 – Reportable Event	Insufficient Evidence
18) 2021-00321 – Sexual Misconduct	Complainant Failed to Cooperate
19) 2021-00374 – Standard of Care	Insufficient Evidence
20) 2021-00430 – Records Keeping	Insufficient Evidence
21) 2021-00435 – Sexual Misconduct	Insufficient Evidence
22) 2021-00443 – Unprofessional Conduct	Insufficient Evidence
23) 2022-00007 – Standard of Care	Insufficient Evidence
24) 2022-00049 – Child Custody	Insufficient Evidence
25) 2022-00074 – Not related to Licensed Activity	Lack of Jurisdiction
26) 2022-00083 – Unlicensed Person	Lack of Jurisdiction
27) 2022-00165 – Sexual Misconduct	Lack of Jurisdiction

Texas State Board of Examiners of Professional Counselors

Tentative 2022-2023 Meeting Schedule

PLEASE NOTE:

Meeting dates, times, and details are subject to change. Except in the case of emergency or unforeseeable events, final meeting information is available seven days prior to the meeting(s) at:

<http://www.sos.state.tx.us/open/index.shtml>.

Tentative: Hobby Building 333 Guadalupe St., Austin, TX 78701

Tentative Meeting Date	Committees/ Full Board	Tentative Meeting Location
February 11, 2022	Full Board	Hobby Building
May 6, 2022	Full Board	Hobby Building
September 9, 2022	Full Board	TBD
November 4, 2022	Full Board	TBD
January 13, 2023	Full Board	TBD
April 28, 2023	Full Board	TBD
August 11, 2023	Full Board	TBD

~last modified date: April 25, 2022