



Board of Behavioral Sciences

Memo

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To: Board Members

Date: September 3, 2021

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Subject: Strategic Planning Session for the Board's 2022-2026 Strategic Plan

In April 2021 the DCA's SOLID Planning office conducted a scan and analysis of the environment in which the Board operates. This included surveying and conducting interviews with board members, board staff, and stakeholders. The online survey asked stakeholders to choose between a positive choice (very effective or effective) and a negative choice (very poor or poor) when evaluating the Board's effectiveness in the following areas: licensing, examination, legislation and regulations, organizational effectiveness, outreach and education. A total of 1,976 responses were received

SOLID Planning will facilitate the Board's strategic planning process to develop objectives for the 2022-2026 strategic plan. These objectives will then be organized and presented in a draft strategic plan document that will be discussed at the November board meeting. The intent is to have the strategic plan approved by January 1, 2022.



Board of Behavioral Sciences

Environmental Scan

MAY 2021

SOLID Planning



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Acronyms

AATBS	Association for Advanced Training in the Behavioral Sciences
AAPI	Asian Americans and Pacific Islanders
ACA	Affordable Care Act
AG	Attorney General
ALJ	Administrative Law Judge
AMA	American Medical Association
AMFT	Associate Marriage & Family Therapist
AMFTRB	Association of Marital & Family Therapy Regulatory Board
AOD	Alcohol & Other Drug
ASW	Associate Social Worker
ASWB	Association of Social Work Boards
BBS	Board of Behavioral Sciences
BIPOC	Black, Indigenous, and People of Color
BLM	Black Lives Matter
CA	California
CACREP	Council for Accreditation of Counseling & Related Educational Program
CADAC	Certified Alcohol and Drug Abuse Counselor
CALPCC	California Association for Licensed Professional Clinical Counselors
CBT	Cognitive Behavioral Therapy
CE	Continuing Education
CEU	Continuing Education Units
COAMFTE	Commission on Accreditation for Marriage and Family Therapy Education
CSU	California State University
DAG	Deputy Attorney General
DBT	Dialectical Behavioral Therapy
DCA	Department of Consumer Affairs
DEI	Diversity, Equality, Inclusion
DMHCS	California Department of Managed Health Care
DOJ	Department of Justice

DX	Diagnosis
EDMR	Eye Movement Desensitization and Reprocessing
EMR	Electronic Medical Record
EO	Executive Officer
FB	Facebook
FQHC	Federally Qualified Health Centers
HIPAA	Health Insurance Portability and Accountability Act
LBSW	Licensed Baccalaureate Social Worker
LCSW	Licensed Clinical Social Worker
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, and other spectrums of sexuality and gender.
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual
LICSW	Licensed Independent Clinical Social Worker
LMFT	Licensed Marriage & Family Therapist
LMSW	Licensed Master Social Worker
LPCC	Licensed Professional Clinical Counselor
LSW	Licensed Social Worker
MD	Medicinae Doctor
MFT	Marriage & Family Therapist
MHSA	Mental Health Services Act
NASW	National Association of Social Workers
OPES	Office of Professional Examination Services
POC	People of Color
SES	Socioeconomic Status
SME	Subject Matter Expert
SUD	Substance Abuse Disorder
VA	Veterans Affairs

Introduction

One of the first steps in developing a strategic plan is to conduct a scan and analysis of the environment in which an organization operates. This analysis allows us to look at the factors that can impact the organization's success. This is a summary of the results of the environmental scan recently conducted by SOLID Planning for the Board of Behavioral Sciences (board) in the month of April 2021.

The purpose of this environmental scan is to provide a better understanding of stakeholder, Board member, and Board staff thoughts about the board's performance within the following goal areas:

- Licensing
- Examination
- Enforcement
- Legislation and Regulations
- Organizational Effectiveness
- Outreach and Education

This document outlines areas where stakeholders, Board members, and Board staff agree and disagree, while providing additional insight to assist the board in developing goals and objectives for the upcoming strategic plan.

Please review this information carefully in preparation for the upcoming strategic planning session. At this planning session we will discuss and evaluate this information as a group to help identify new strategic objectives the board will focus on during the upcoming strategic plan period.

If you have any questions about this report, please contact Sarah Irani with SOLID Planning at sarah.irani@dca.ca.gov.

Licensing

Establish licensing standards to protect consumers and allow reasonable and timely access to the profession.

Licensing Effectiveness			
Rating	External Stakeholders (1204*)	Board Members (13*)	Board Staff
Very effective	15%	31%	28%
Effective	60%	69%	55%
Poor	20%	0%	17%
Very poor	5%	0%	0%
Total	100%	100%	100%

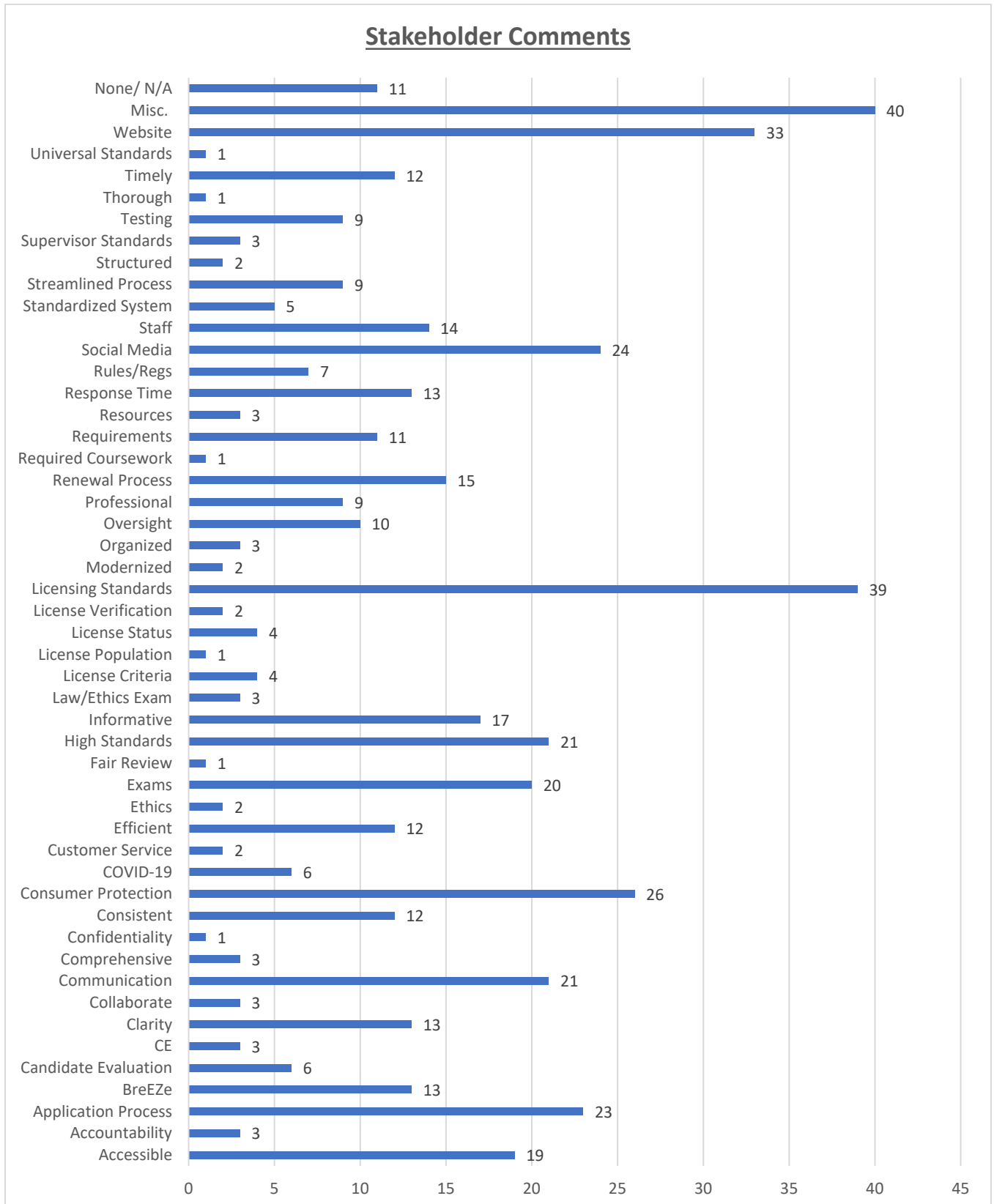
**Number of respondents*

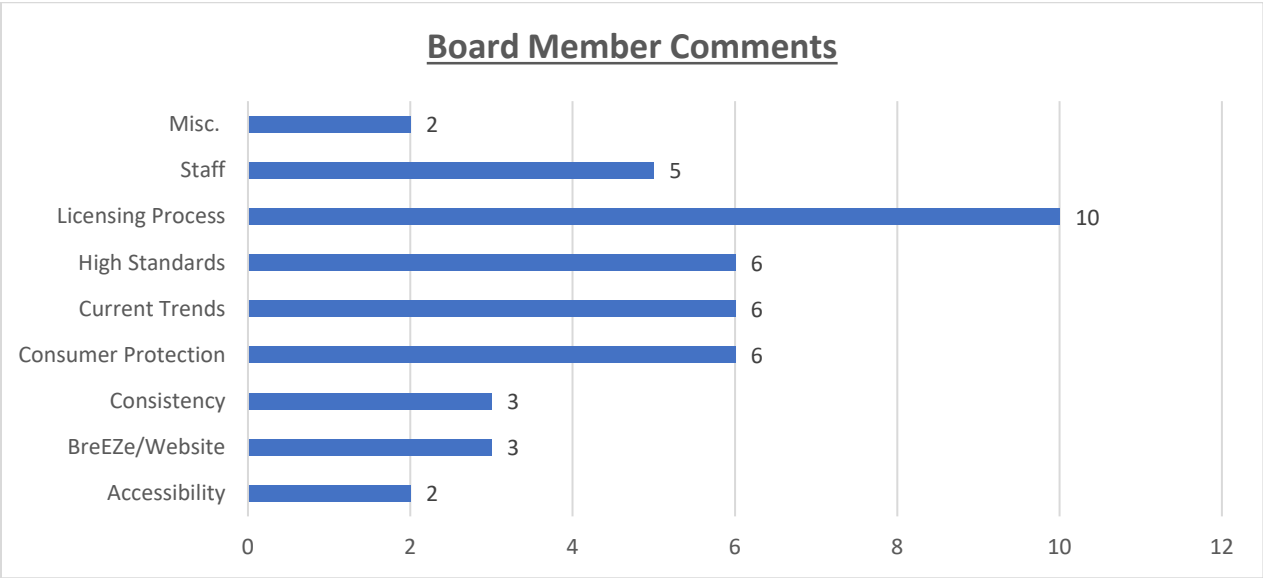
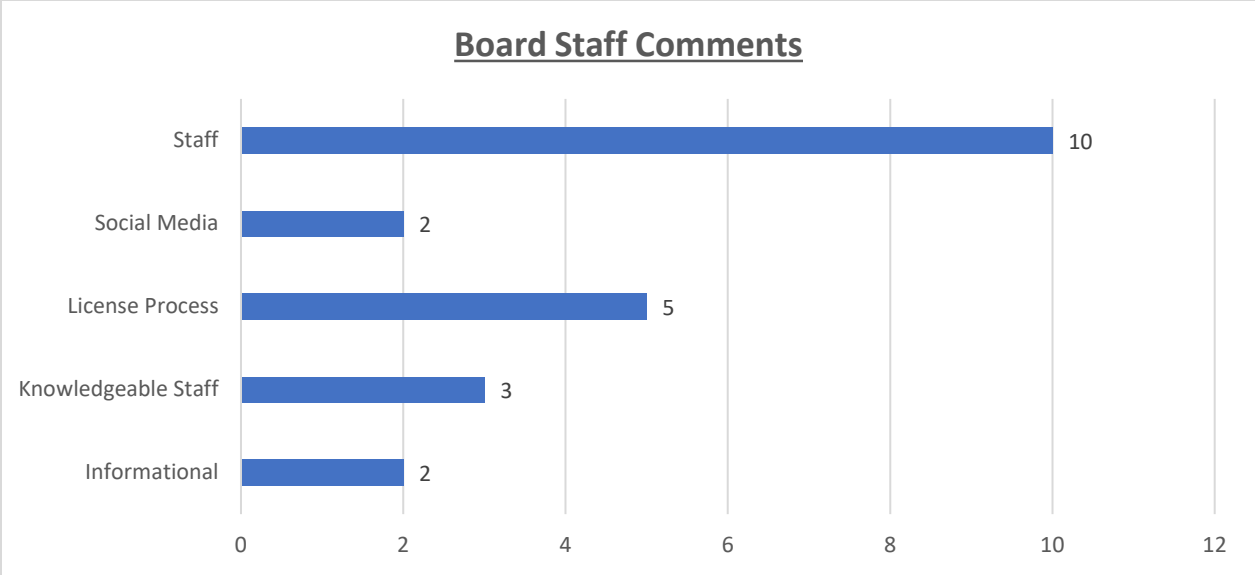
Summary of Licensing Strengths

Raw comments pg. 69

1. Stakeholders, Board members, and Board staff agree the licensing process is streamlined and consistent.
2. Stakeholders list the board’s social media pages, specifically the “Facebook Live” events, as informative and personable.
3. Board members and Board Staff commend staff for their knowledge, accountability, and efficiency.
4. Stakeholders and Board members agree that the licensing process provides qualified clinicians of a high standard.
5. Stakeholders note that the website is clear and informative for providing all the necessary information towards licensure with the board.

Licensing Strengths - Trends



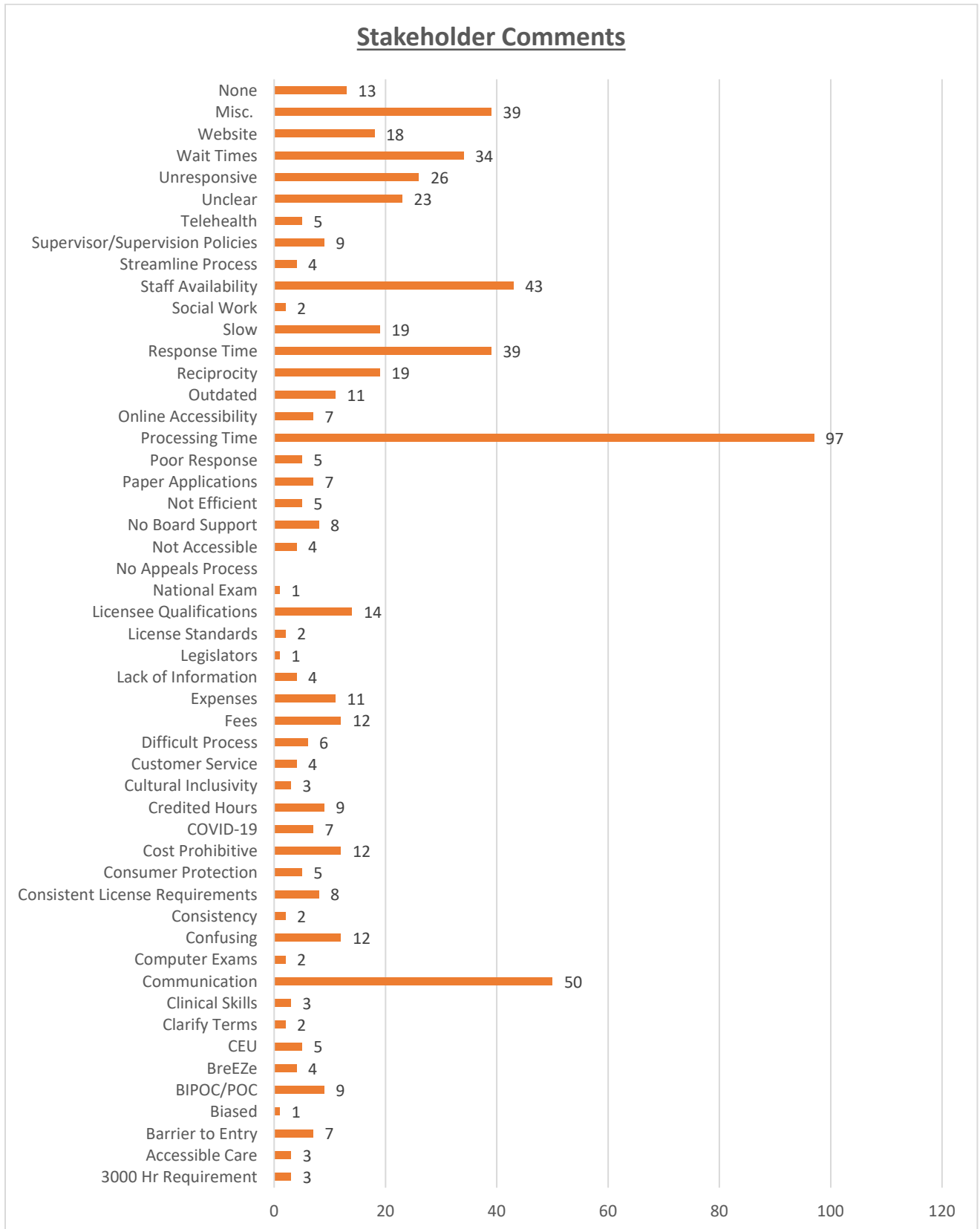


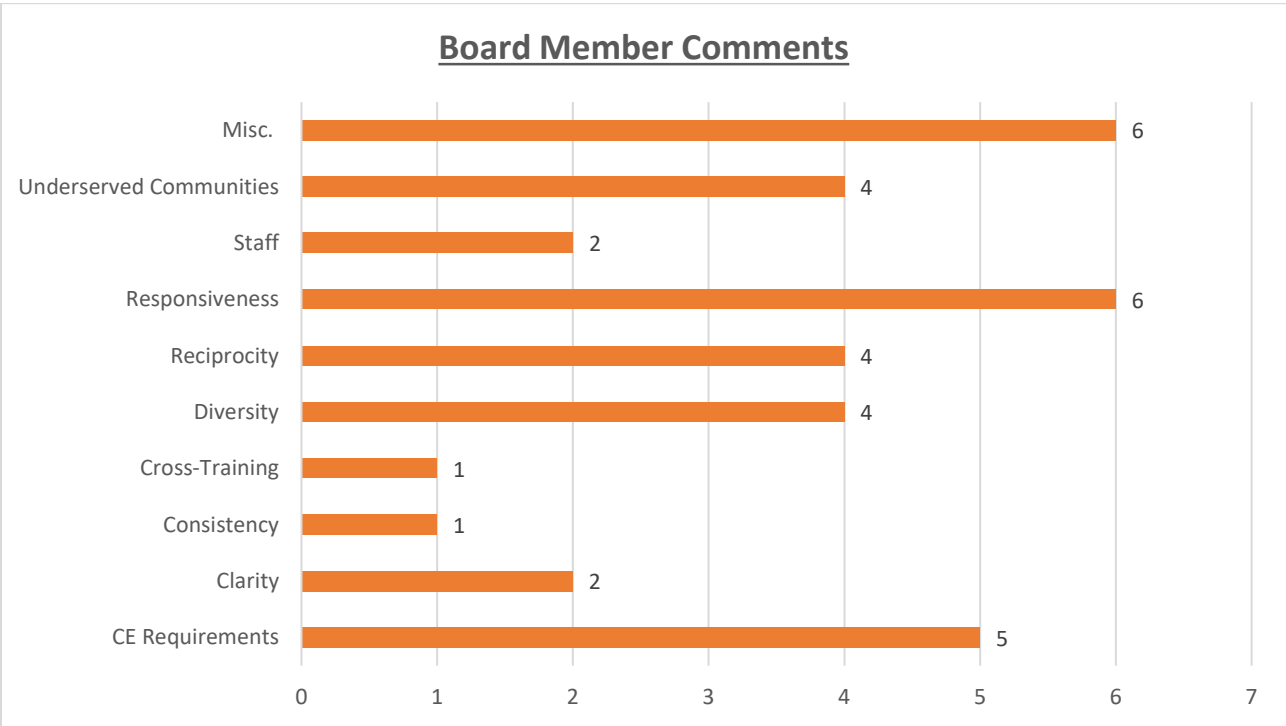
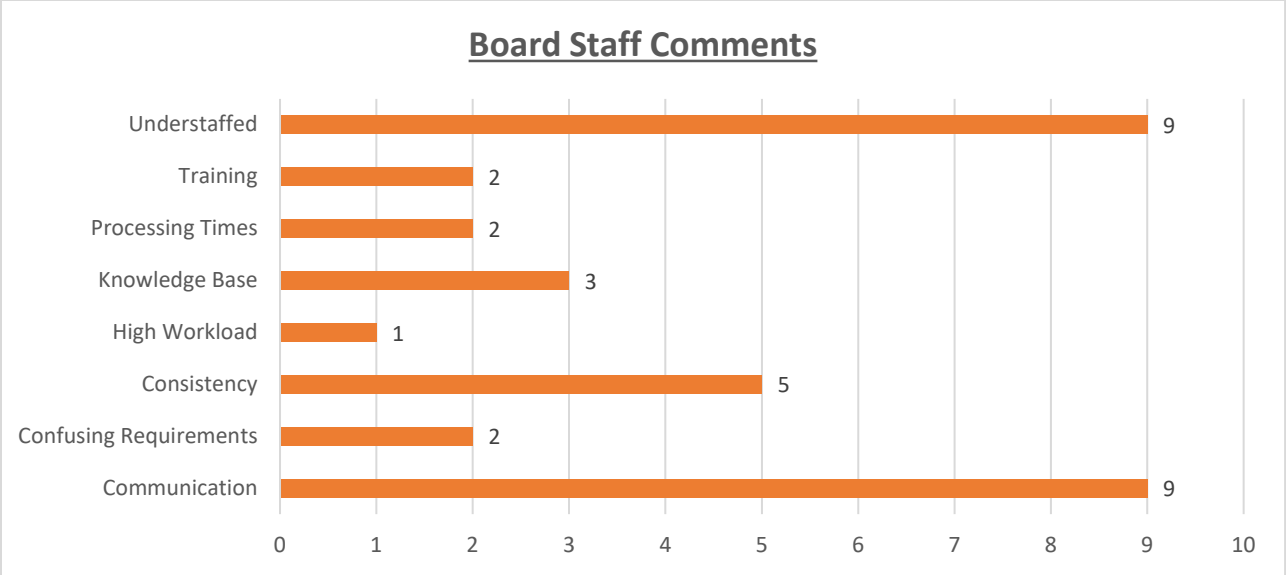
Summary of Licensing Weaknesses

Raw comments pg. 92

1. Stakeholders and Board staff agree the processing times for applications are too lengthy and desire a shift to submitting documents online.
2. Stakeholders, Board members, and Board staff all cite a lack of communication from staff, saying they would like improved response times and consistent communication through email and phones.
3. Board members and Stakeholders note a barrier to entry for licensees from underserved communities, citing language barriers, costs, and accessibility in rural areas.
4. Board members believe Continuing Education requirements for all license types could be improved to include therapy, trauma, cultural competence, and gender topics.
5. Stakeholders, Board members, and Board staff all note that the board does not have enough staff to keep up with the increasing demand of applicants.

Licensing Weaknesses - Trends





Summary of Recommended Licensing Objectives

Provided by Board members and Board management during interviews.

Raw comments pg. 357

1. Streamline application process with online submissions to decrease the processing time.
2. Increase the number of positions in the licensing unit.
3. Align licensing standards and requirements for all license types.
4. Endeavor to eliminate barriers to entry for underprivileged applicants.

DCA Active License Statistics

To ensure that DCA and its stakeholders can effectively execute the Department of Consumer Affairs (DCA) core mission of consumer protection, the DCA has established a transparent set of measurements to track licensing activity. The chart below shows the number and types of licenses issued during current and prior years, and year-over-year change for each category.

Data Definitions

License Application– An application for a first-time licensee received by a DCA entity at any time during the period July 1 through June 30 of the year selected.

Active Licenses – A license issued by a DCA entity that was active at any time during the period July 1 through June 30 of the year selected.

New Licenses – A license issued by a DCA entity to a first-time licensee at any time during the period July 1 through June 30 of the year selected.

Renewed Licenses – A license that was renewed by a DCA entity to a first-time licensee at any time during the period July 1 through June 30 of the year selected.

Licensing Measures	Q1 FY 19/20	Q1 FY 18/19	Q1 FY 17/18
Active Licenses	120,680	116,940	112,476
Licensing Statistics - Renewed Licenses	58,219	66,273	54,559
Licensing Statistics - New Licenses	11,478	14,360	13,516
Licensing Statistics - License Applications	12,224	15,369	13,573

The data contained in this table is compiled from the Open Data Portal which uses monthly statistical reporting from DCA Boards and Bureaus. Years are based on California's fiscal year runs from July 1 through the following June 30.

Examination

Administer fair, valid, comprehensive, and relevant licensing examinations.

Examination Effectiveness			
Rating	External Stakeholders (1080*)	Board Members (12*)	Board Staff
Very effective	14%	25%	41%
Effective	63%	67%	53%
Poor	19%	8%	6%
Very poor	4%	0%	0%
Total	100%	100%	100%

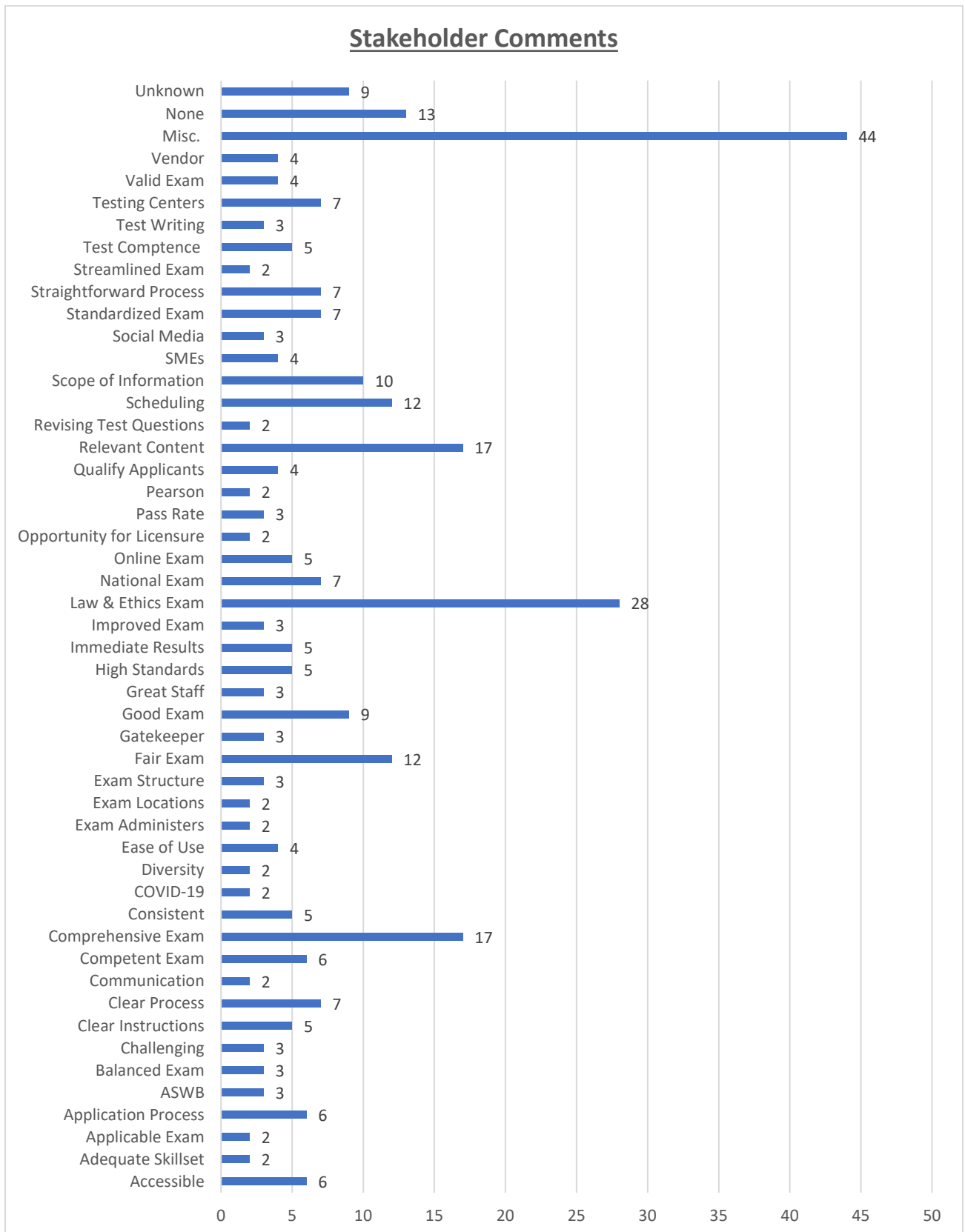
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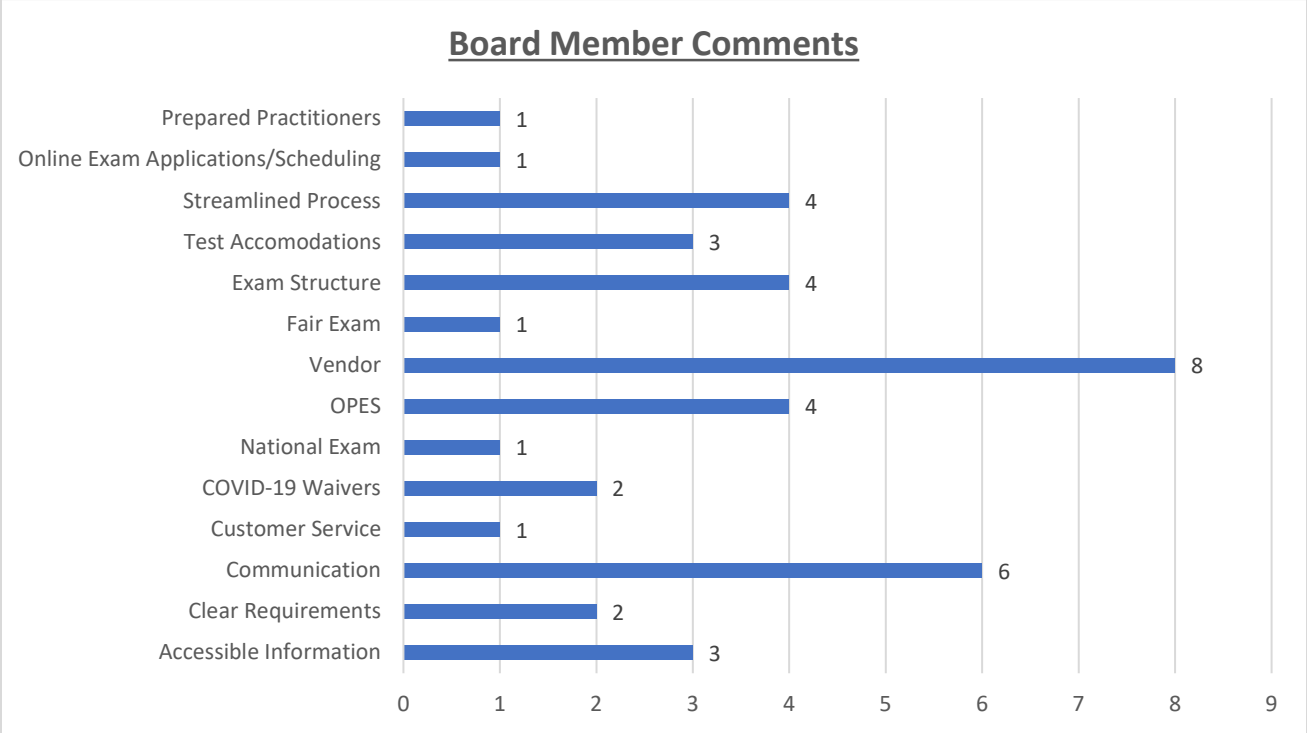
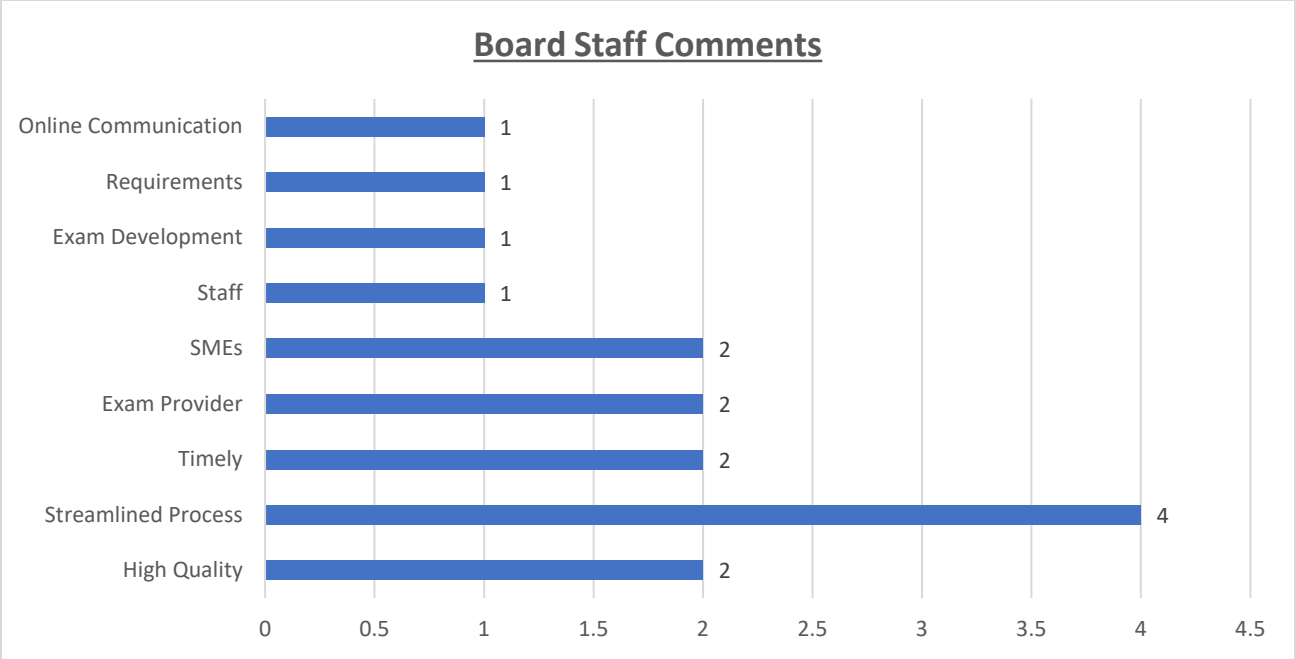
Summary of Examination Strengths

Raw comments pg. 130

1. Stakeholders commended the Board's exams, noting that the exams were comprehensive, fair, and covered relevant content to ensure practitioners were well-prepared for practice.
2. Board members and Board staff say that the new testing vendor, Pearson Vue, is a significant strength, citing excellent customer service and more accommodations for test takers.
3. Board members note that the board's examination unit does an excellent job communicating with applicants and keeping applicants well-informed.
4. Stakeholders say that scheduling of the exams is an easy process, noting that the process is accessible for both initial scheduling and rescheduling of exams.
5. Board staff say that the examination process is streamlined, efficient, and organized.

Examination Strengths – Trends



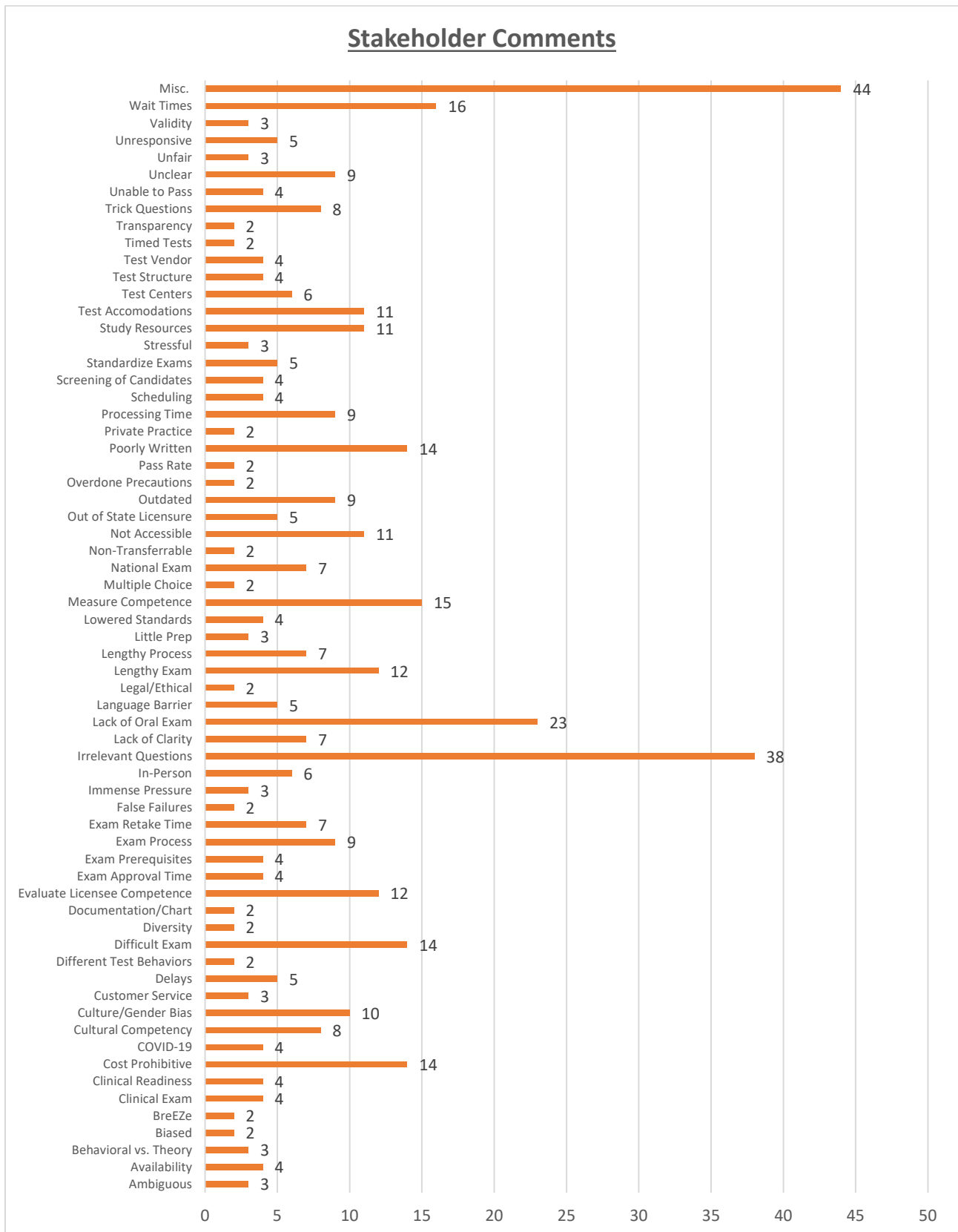


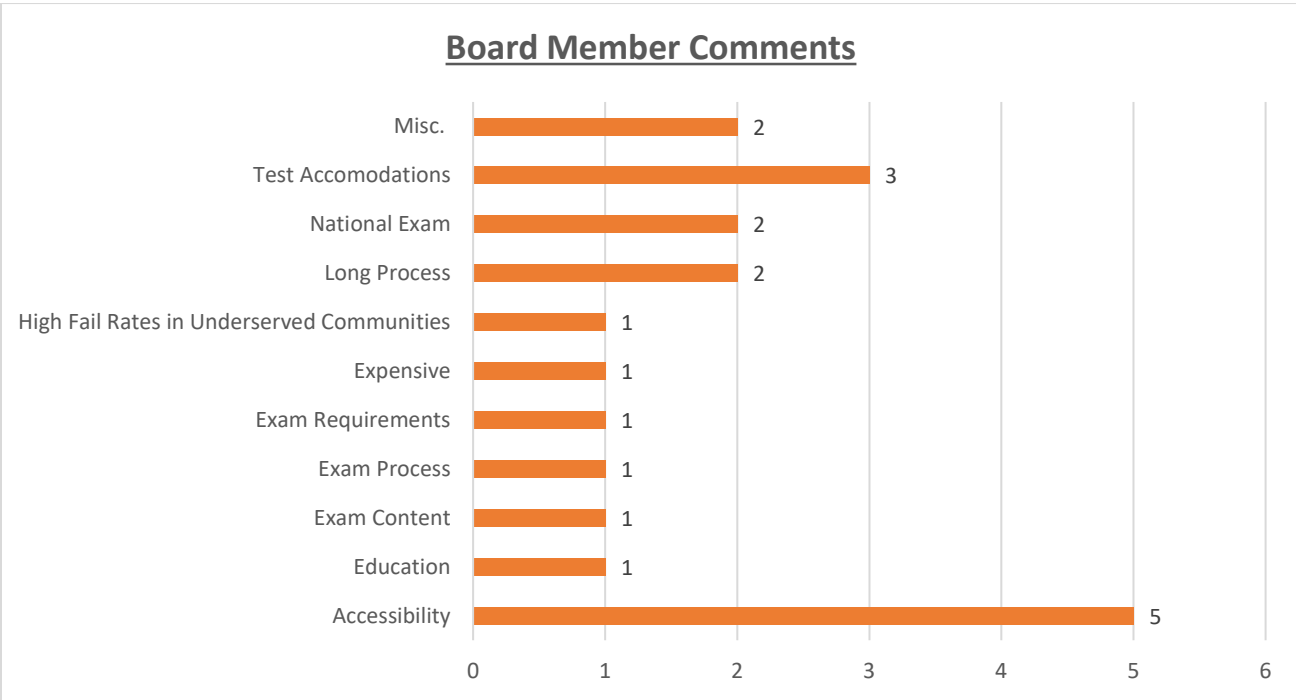
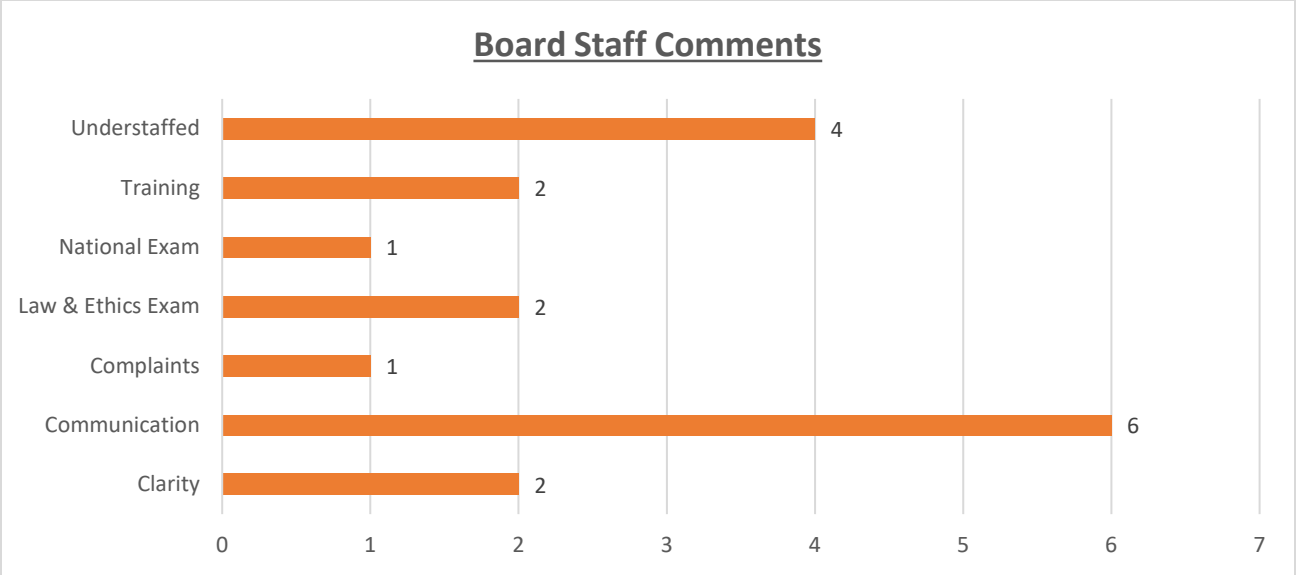
Summary of Examination Weaknesses

Raw comments pg. 146

1. Stakeholders and Board members agree that testing accommodations and accessibility could be improved, saying that there are not enough testing sites for rural locations and applicants need more test accommodations during the exams.
2. Stakeholders and Board members would like to see more exam content to include topics of culture competency, gender/sexual orientation, and trauma care as well as eliminate gender and racial bias from the test questions.
3. Stakeholders say that the exams consist of topics irrelevant to real-world practice and do not measure competence of future practitioners, citing the elimination of an oral exam as an example.
4. Stakeholders and Board staff agree that the board is understaffed to accommodate the demand of applicants and questions. Board staff believe a dedicated position to answer questions would alleviate the workload.
5. Stakeholders and Board members say that the examination process is cost prohibitive to lower socio-economic individuals, noting that study materials and examination fees are costly to the applicants.

Examination Weaknesses – Trends





Summary of Recommended Examination Objectives

Provided by Board members and Board management during interviews.

Raw comments pg. 357

1. Work with stakeholders to re-evaluate the tests to address more real-world situations including understanding of race, sexual orientation, gender identity, religious communities, and socio-economic status.
2. Increase the number of positions within the examination unit.
3. Consider AMFTRB national exam for the LMFT Clinical.
4. Reassess accessibility of the exams and accommodation needs of test takers.

Enforcement

Protect the health and safety of consumers through the enforcement of laws.

Enforcement Effectiveness			
Rating	External Stakeholders (1020*)	Board Members (13*)	Board Staff
Very effective	22%	23%	29%
Effective	68%	54%	71%
Poor	8%	23%	0%
Very poor	2%	0%	0%
Total	100%	100%	100%

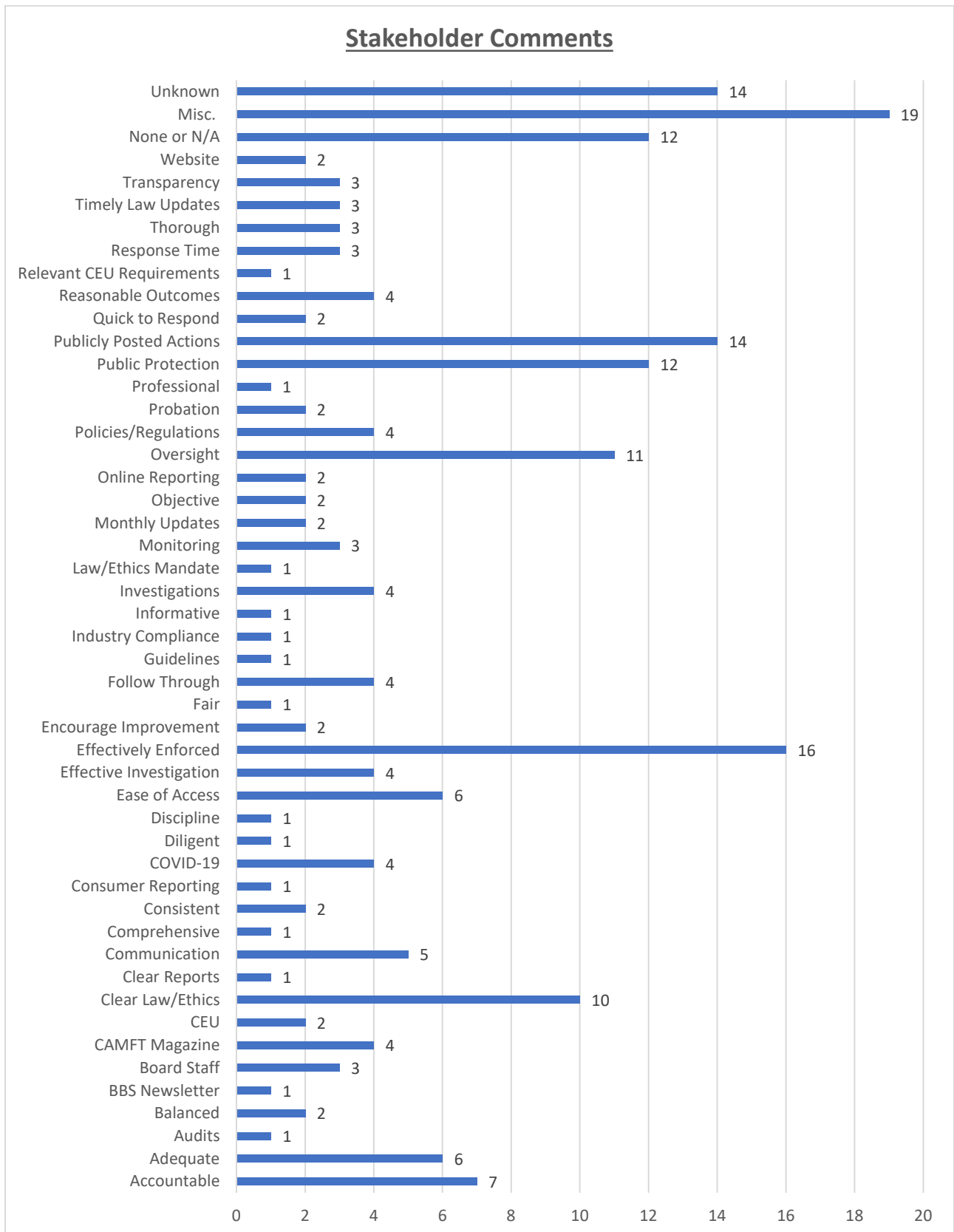
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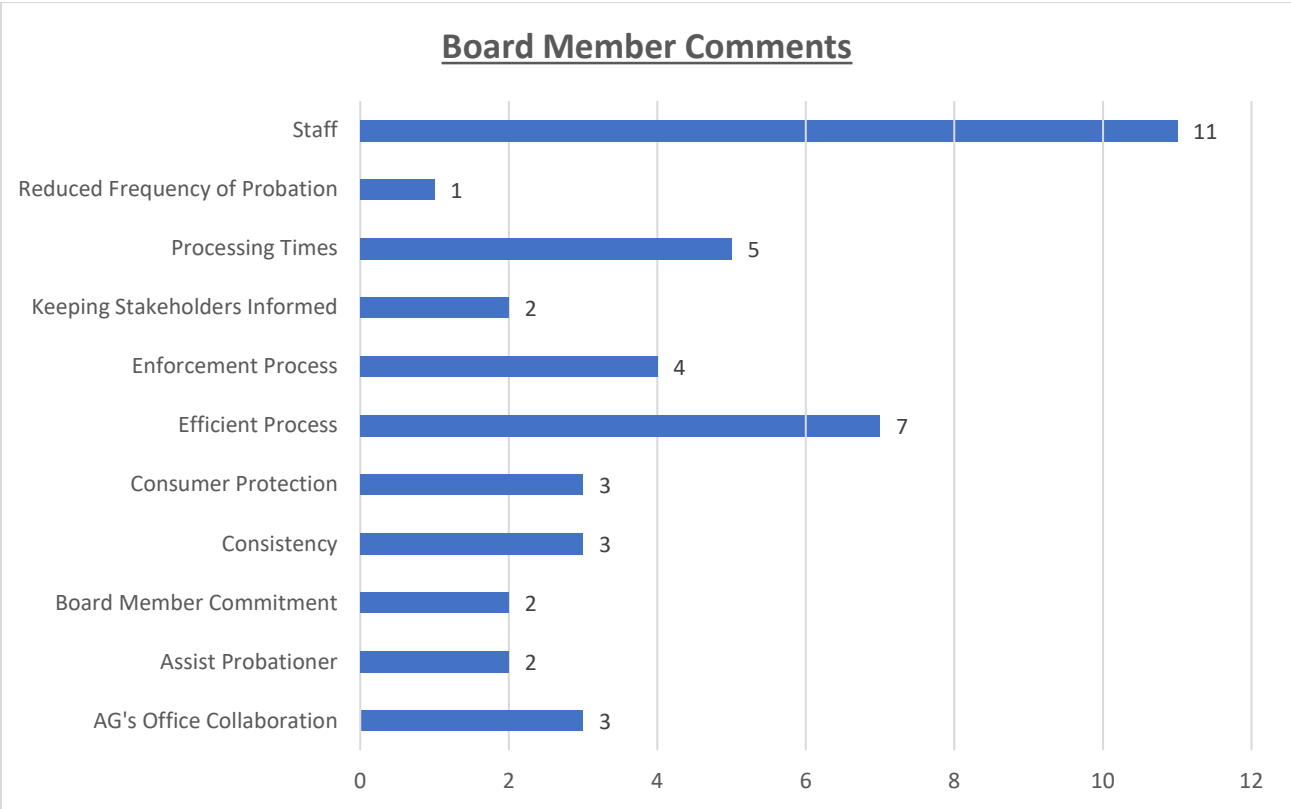
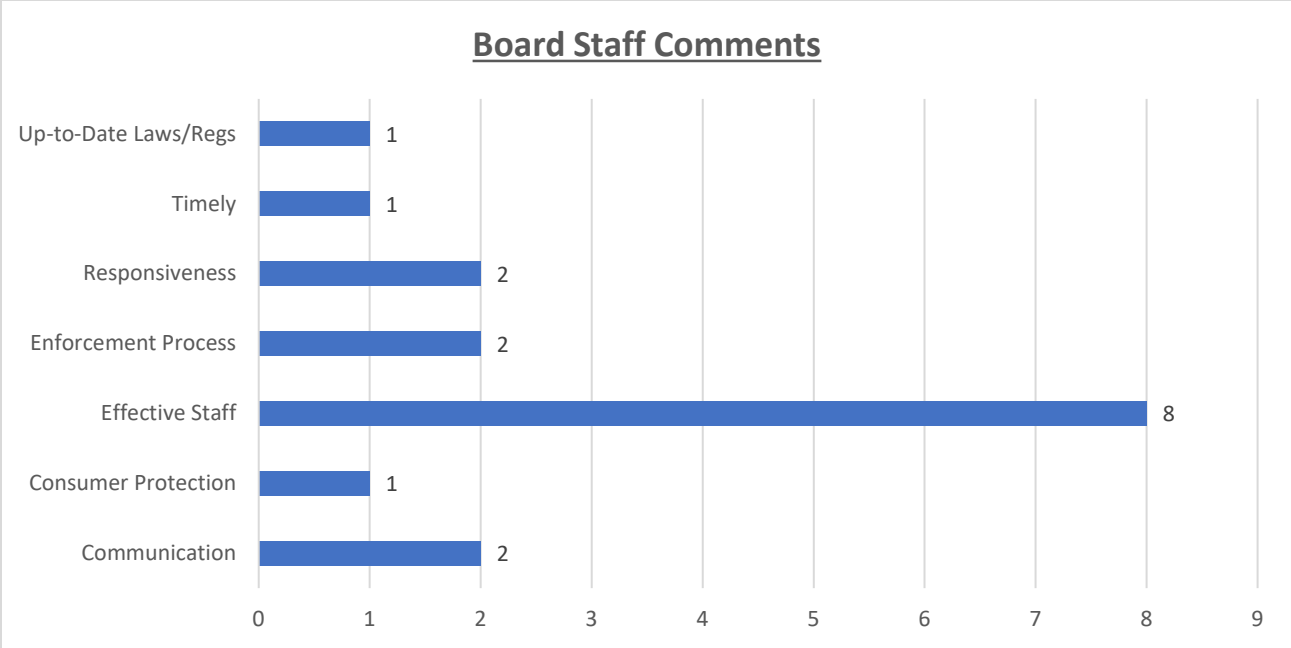
Summary of Enforcement Strengths

Raw comments pg. 176

1. Board members and Board staff commend the enforcement units, saying that staff are very effective, dedicated to their work, detail-oriented, and take public protection requirements seriously.
2. Stakeholders and Board members agree that the board holds consumer protection highly with publicly posted enforcement actions and effective oversight of licensees.
3. Stakeholders stated the board’s established laws and ethics were clear and held to a high standard.
4. Board members appreciate the quick turnaround of cases by enforcement staff, saying that timelines have significantly improved.

Enforcement Strengths - Trends



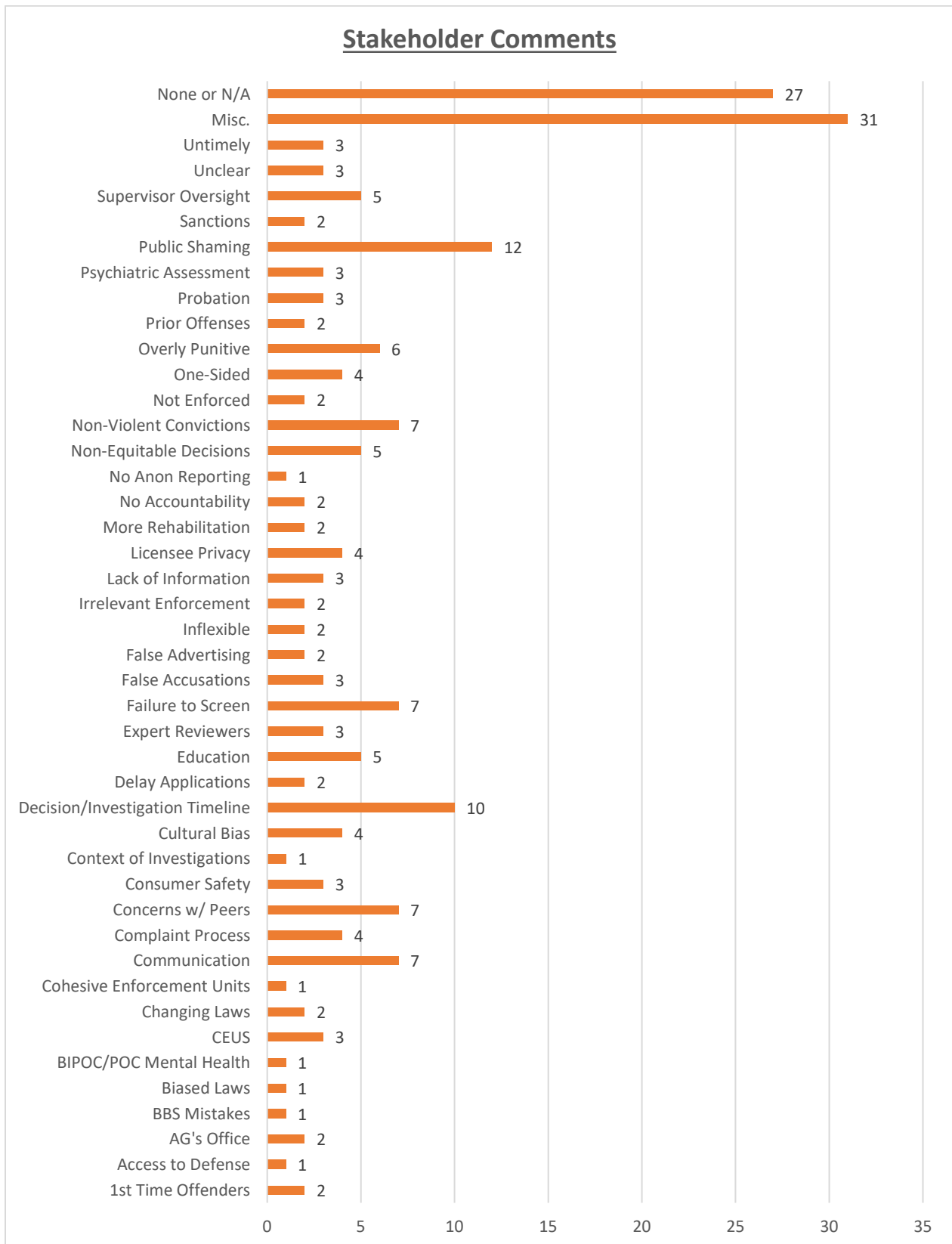


Summary of Enforcement Weaknesses

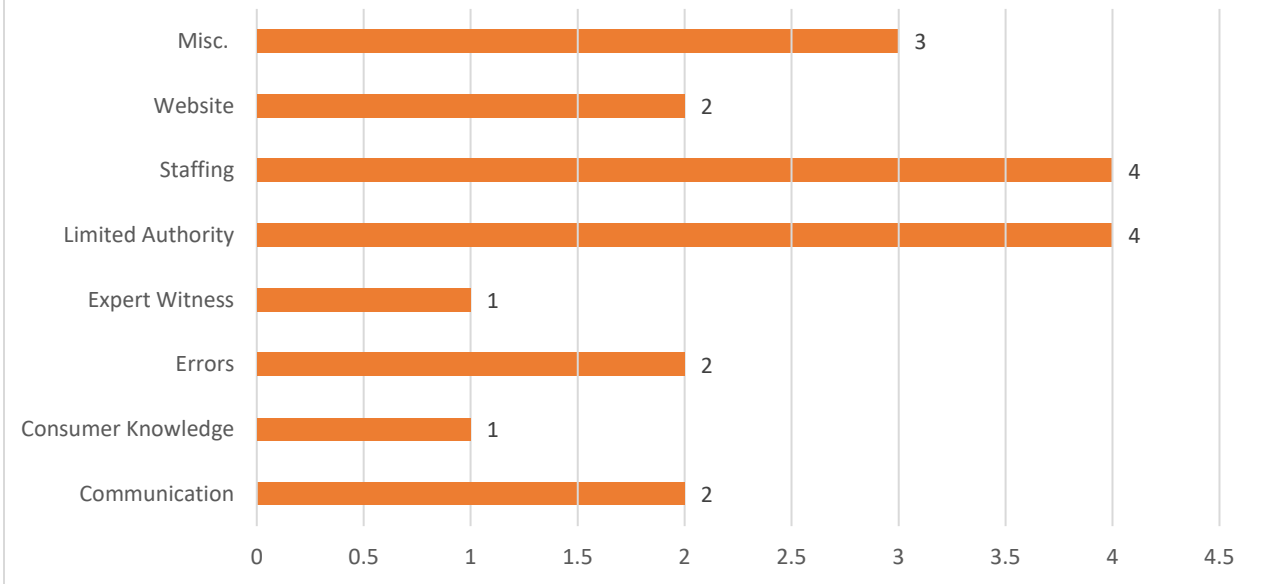
Raw comments pg. 188

1. Stakeholders and Board members would like to see more equity and consistency with disciplinary actions, especially for individuals in marginalized communities or those without access to legal representation.
2. Board staff noted that the board's limited authority of records caused significant delays in enforcement actions and hindered the process.
3. Stakeholders say that publicly posted enforcement actions, especially minor offenses, on both the board's website and CAMFT Magazine were unnecessary and shaming to the clinicians.
4. Stakeholders shared concerns about lack of guidance, resources, and anonymous reporting feature for practitioners to report unethical and illegal practices conducted by peers.

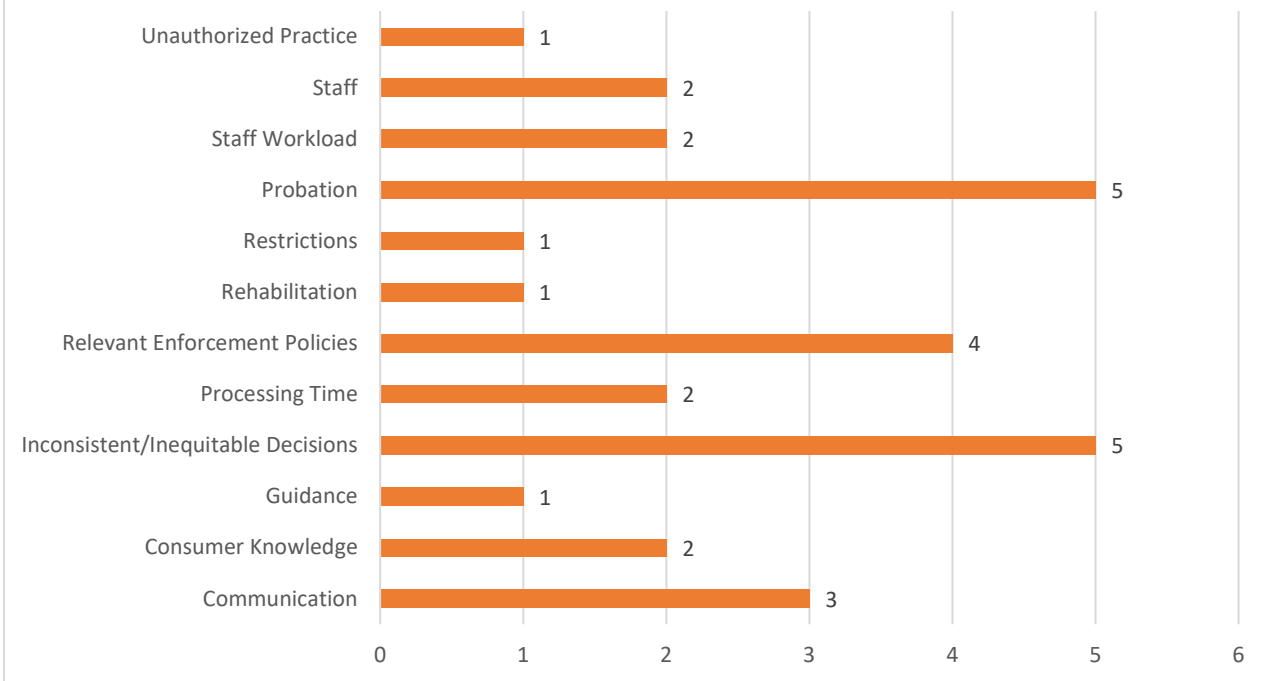
Enforcement Weaknesses – Trends



Board Staff Comments



Board Member Comments



Summary of Recommended Enforcement Objectives

Provided by Board members and Board management during interviews.

Raw comments pg. 357

1. Educate licensees, stakeholders, and consumers on aging of enforcement cases.
2. Streamline enforcement processes.
3. Promote more rehabilitation in enforcement decisions.
4. Provide resources for equal representation in court.

DCA Performance Measures Summary

The performance measures demonstrate the DCA is making the most efficient and effective use of resources. Performance measures are linked directly to an agency's mission, vision, strategic objectives, and strategic initiatives. The chart below shows the number of days between the stages of investigating a consumer complaint for the board. The column labeled “target” is the goal the board has established for itself. The remaining columns show the actual number of days to move a complaint from one step of the investigation process to the next.

Glossary of Performance Measure Terms

Volume - Number of complaints and convictions received.

Intake - Average cycle time from complaint receipt to the date the complaint was assigned to an investigator.

Intake & Investigation - Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Formal Discipline - Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the board and prosecution by the Attorney General.)

Probation Intake - Average number of days from monitor assignment to the date the monitor makes first contact with the probationer.

Probation Violation Response - Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Enforcement Performance Measures	FY 2021, Q1		FY 2020, Q1		FY 2019, Q1	
	Target	Actual	Target	Actual	Target	Actual
Complaint/Conviction/Arrest Case Volume	884		880		876	
Complaint Intake (days)	10	7	10	8	10	6
Investigation (days)	180	42	180	47	180	48
Formal Discipline (days)	540	488	540	580	540	540

The data contained in this table is compiled from the Open Data Portal which uses monthly statistical reporting from DCA Boards and Bureaus. Years are based on California’s fiscal year runs from July 1 through the following June 30.

Legislation and Regulation

Ensure the statutes, regulations, policies, and procedures strengthen the Board’s mandates and mission.

Legislation and Regulation Effectiveness			
Rating	External Stakeholders (973*)	Board Members (12*)	Board Staff
Very effective	16%	72%	50%
Effective	67%	18%	44%
Poor	14%	9%	6%
Very poor	3%	0 %	0%
Total	100%	100%	100%

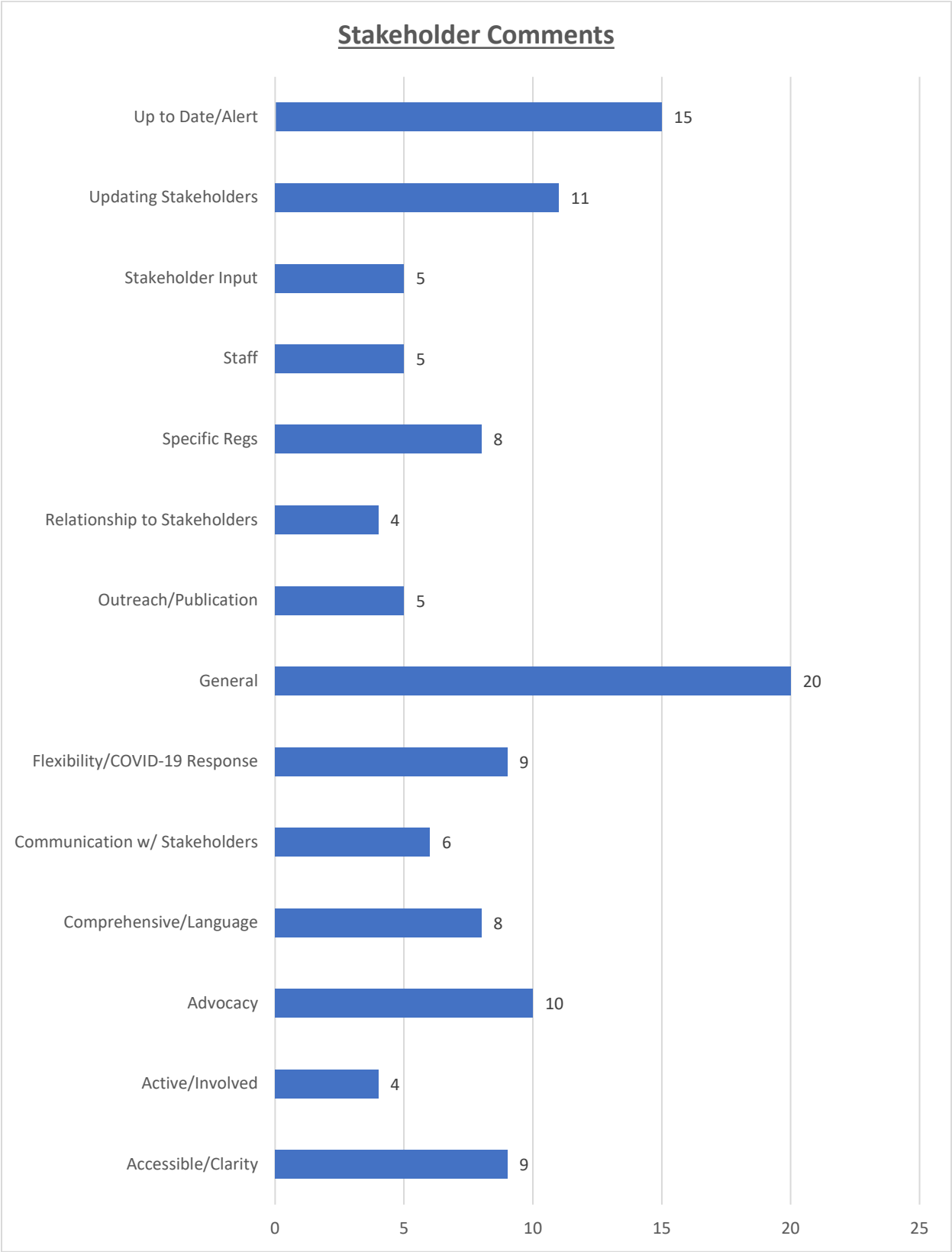
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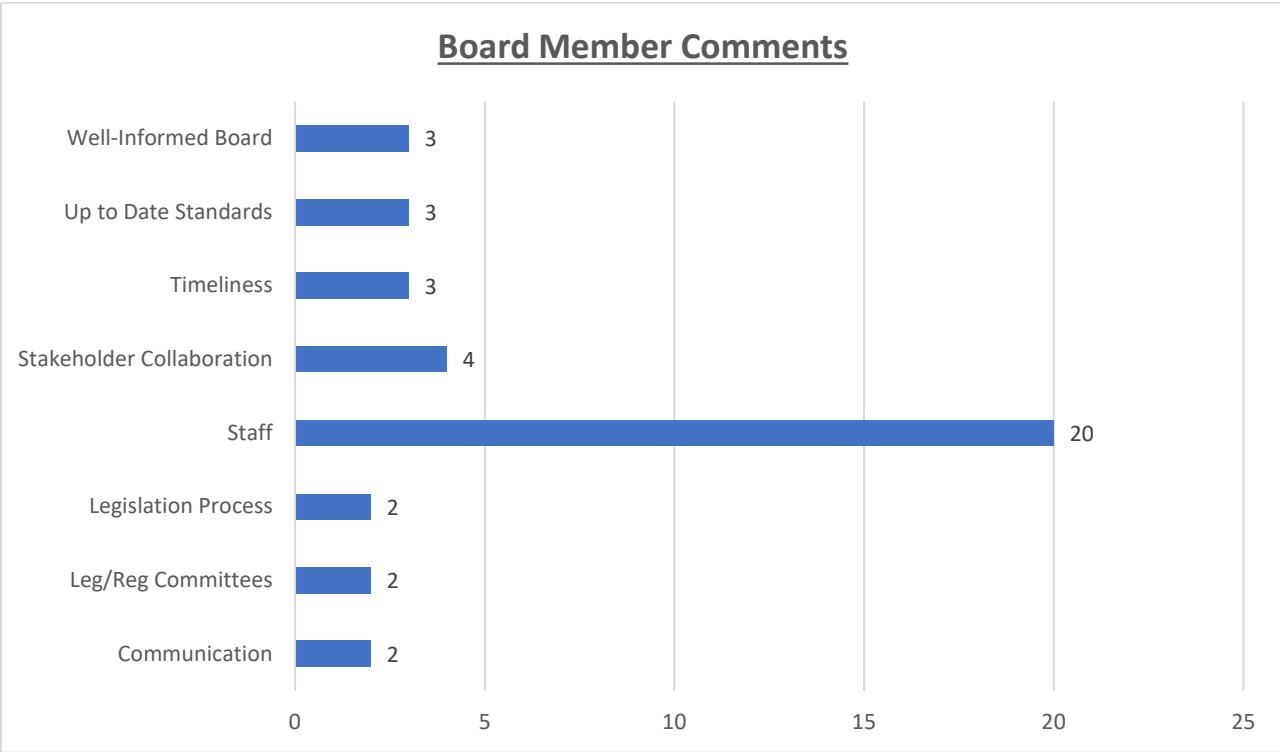
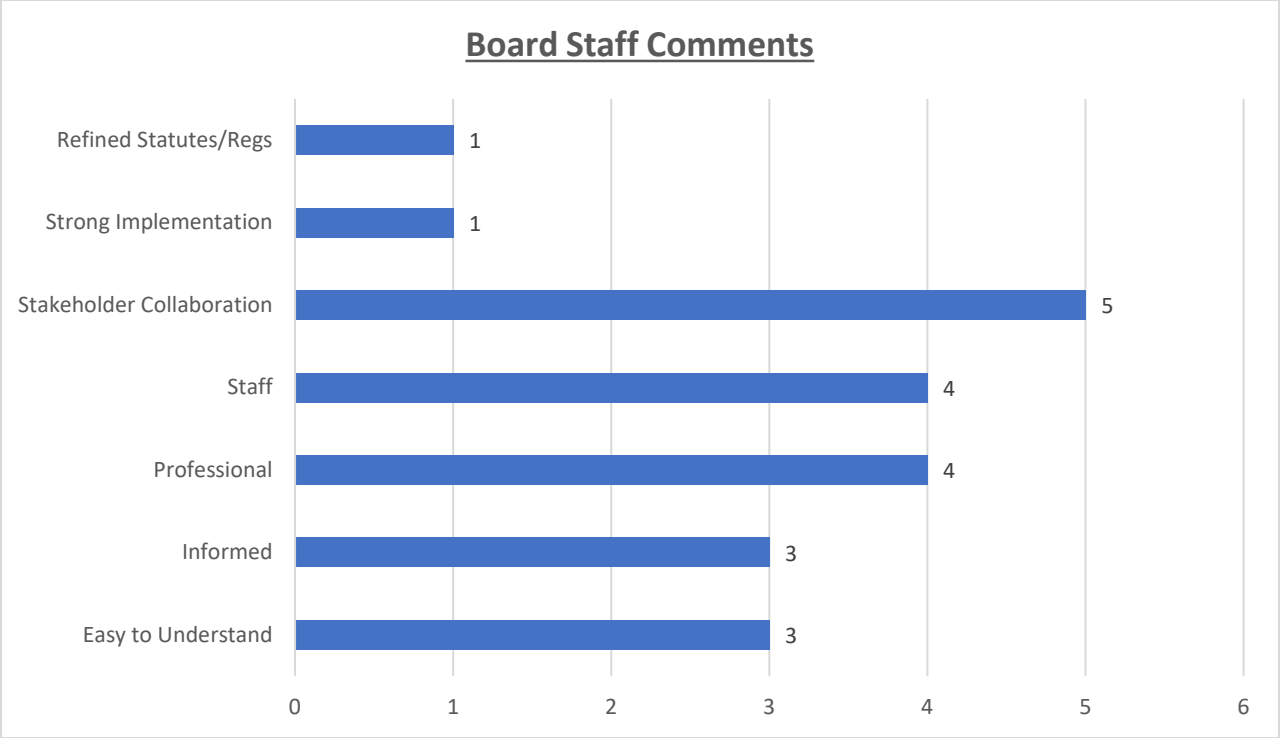
Summary of Legislation and Regulation Strengths

Raw comments pg. 206

1. Stakeholders, Board members, and Board staff are all in agreement that the board is welcoming to collaboration with stakeholders, saying that stakeholders are kept up to date on policy changes and are encouraged to participate in the legislative process.
2. Stakeholders, Board members, and Board staff all praise Legislative and Regulation staff, noting that the staff is extremely knowledgeable and allow the board to make informed decisions.
3. Stakeholders appreciated the board’s response to the COVID-19 pandemic, citing that the board was quick to act when issuing waivers.
4. Stakeholders state that the board is active in advocating for public protection in mental health services.

Legislation and Regulation Strengths – Trends



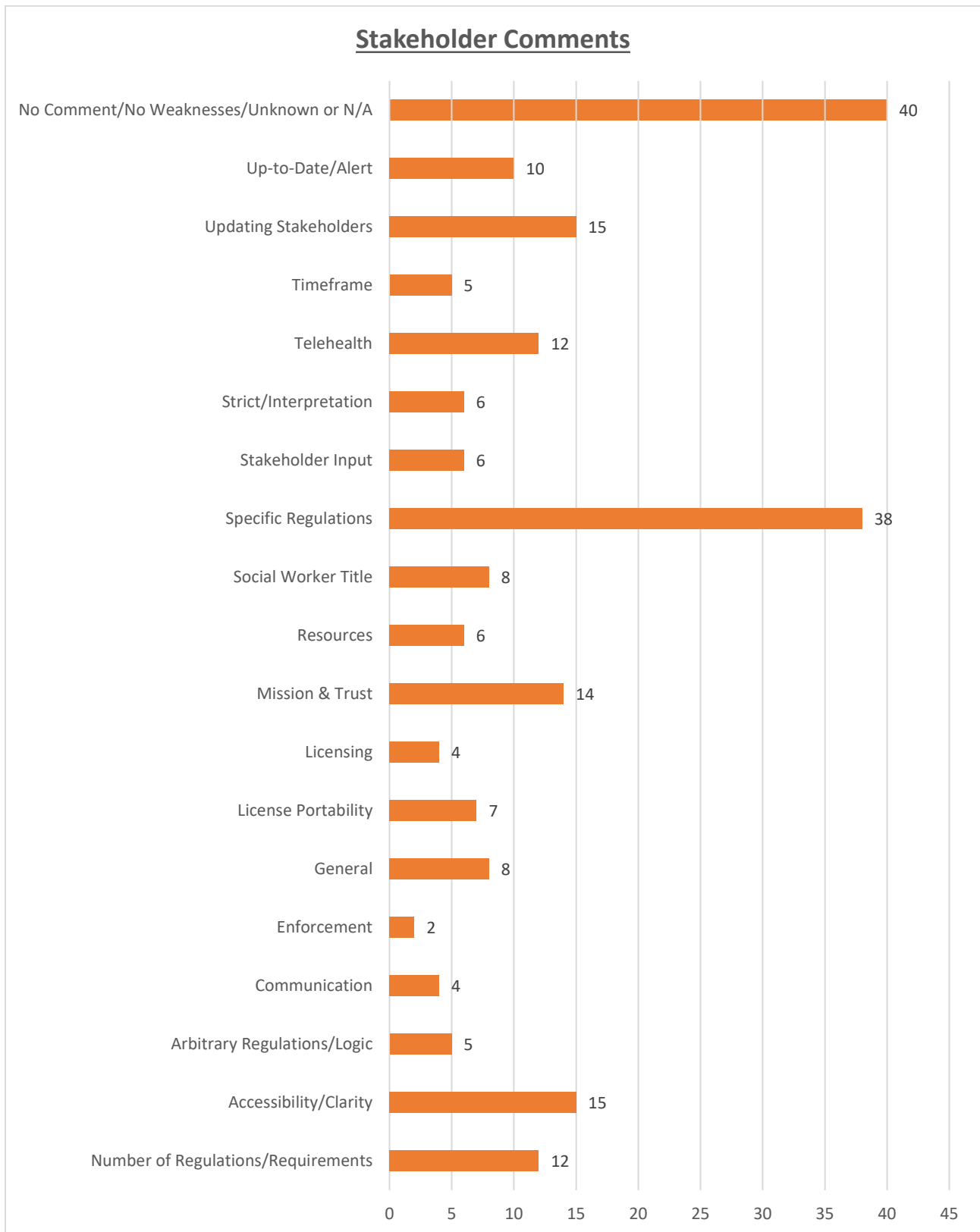


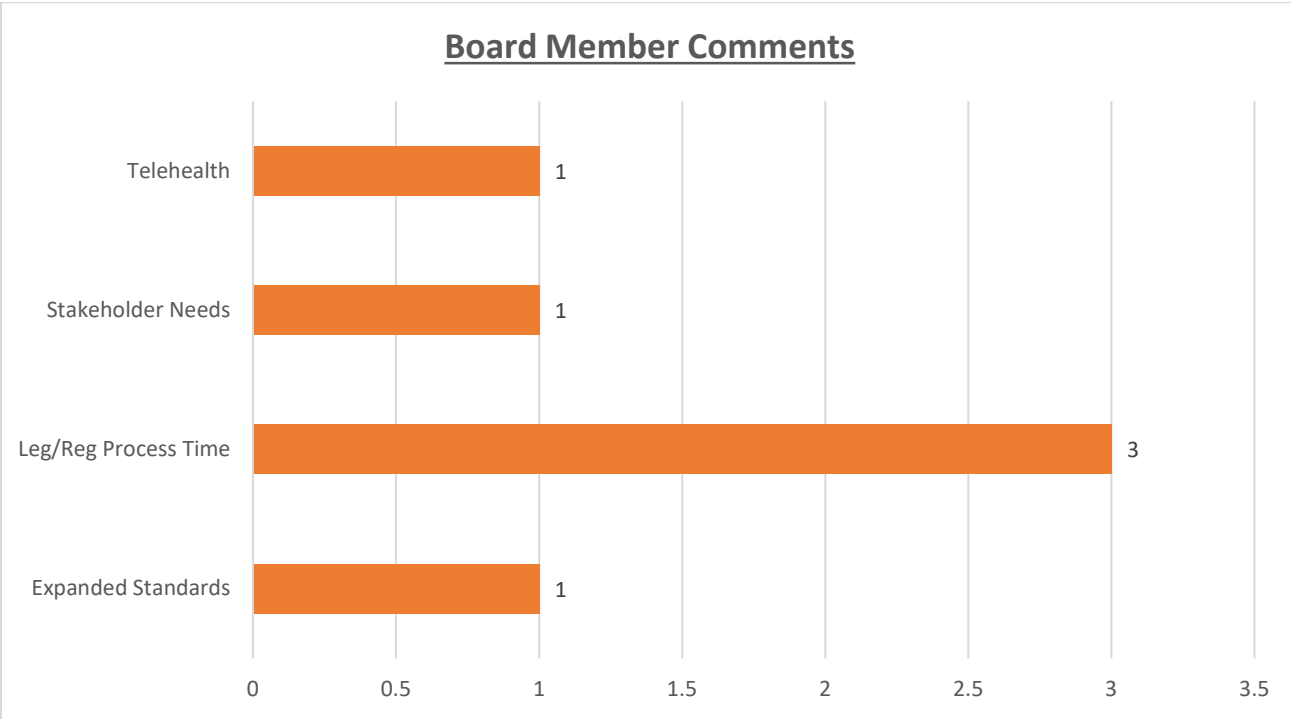
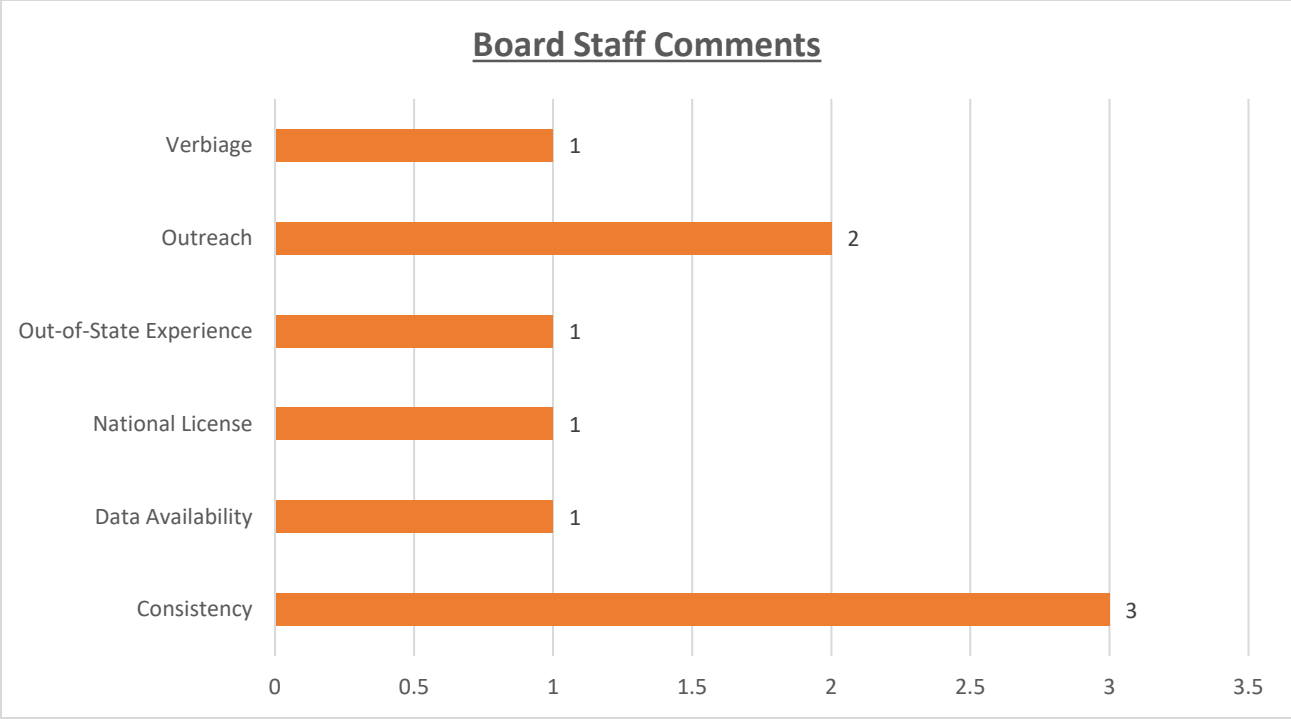
Summary of Legislation and Regulation Weaknesses

Raw comments pg. 215

1. Stakeholders would like to see improved regulations regarding telehealth and virtual supervision.
2. Stakeholders state that the board's regulations are difficult to understand and are ambiguous for certain situations.
3. Board members note that the regulation process is lengthy and would like to see better streamlining of the process as well as educating consumers on the issues in the process.
4. Board staff would like to see consistent laws and regulations across all four license types.

Legislation and Regulation Weaknesses - Trends





Summary of Recommended Legislation and Regulation Objectives

Provided by Board members and Board management during interviews.

Raw comments pg. 357

1. Implement statutes and regulations that fully address telehealth.
2. Gain increased participation in board meetings from a wider group of stakeholders.

Organizational Effectiveness

Build an excellent organization through proper Board governance, effective leadership, and responsible management.

Organizational Effectiveness			
Rating	External Stakeholders (923*)	Board Members (13*)	Board Staff
Very effective	8%	54%	23%
Effective	59%	38%	71%
Poor	25%	8%	6%
Very poor	8%	0 %	0%
Total	100%	100%	100%

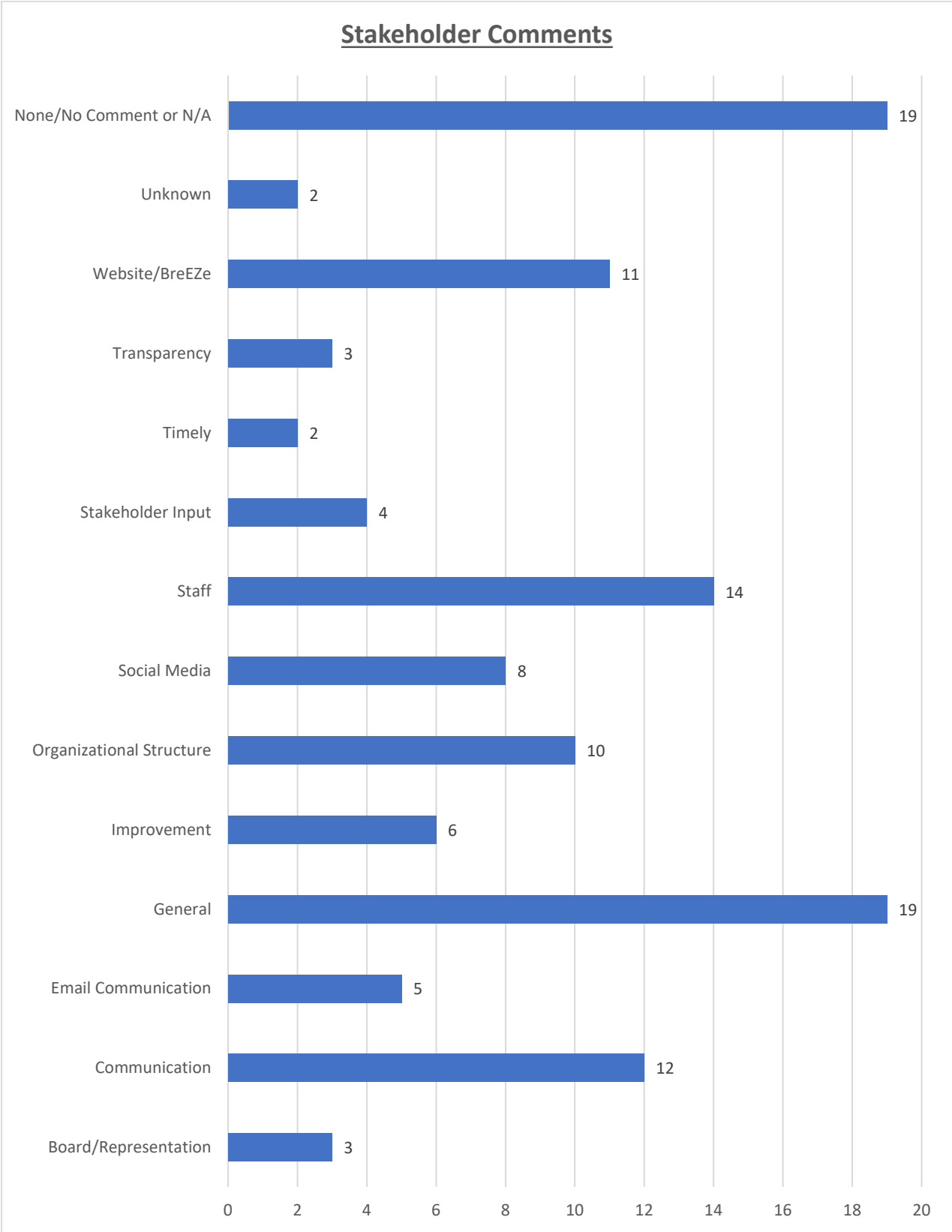
**Number of respondents*

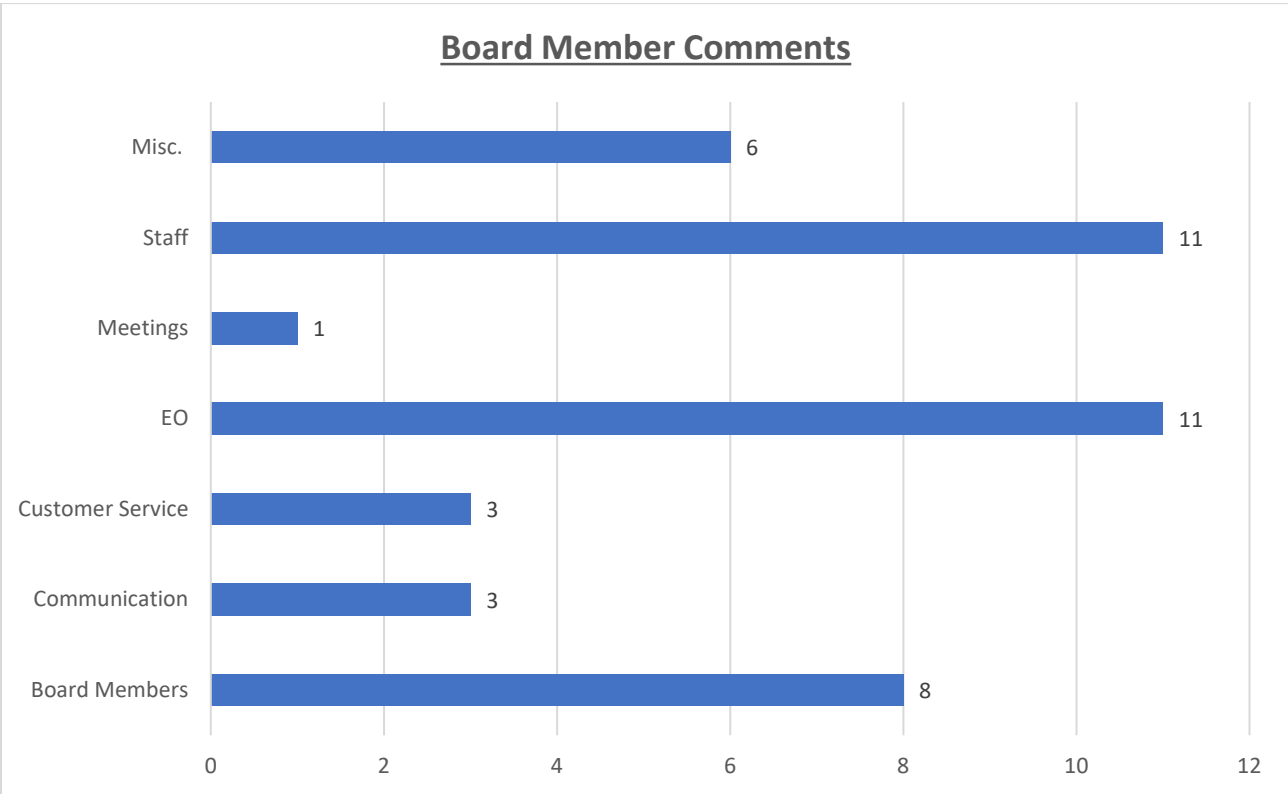
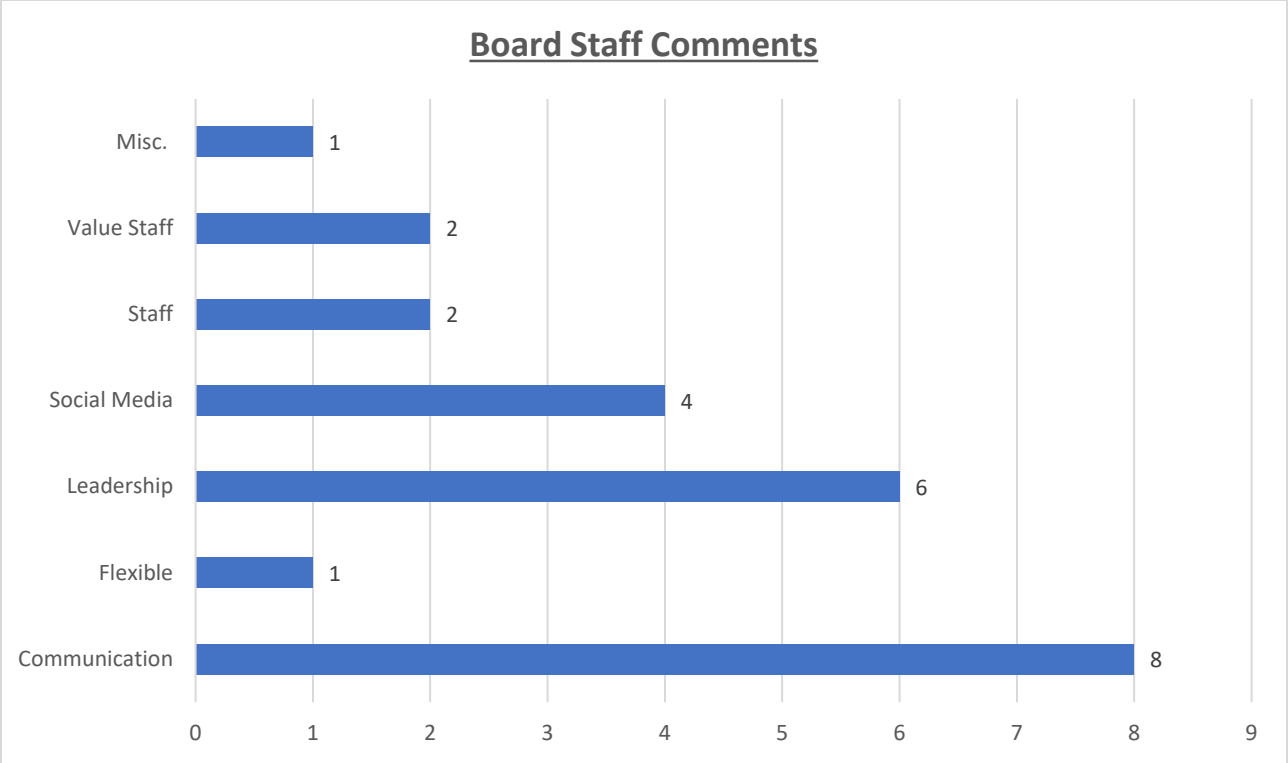
Summary of Organizational Effectiveness Strengths

Raw comments pg. 229

1. Stakeholders and Board members note that board staff is well-organized, communicative, and knowledgeable in their work.
2. Stakeholders and Board staff praise the board’s communication, specifically calling out the board’s Facebook page and email updates, saying that the updates are effective and informative.
3. Board members commend the board’s Executive Officer, noting the EO’s extensive knowledge and positive relationship between the Board members and EO.
4. Stakeholders appreciate the website updates, stating a dramatic improvement over the years.

Organizational Effectiveness – Trends



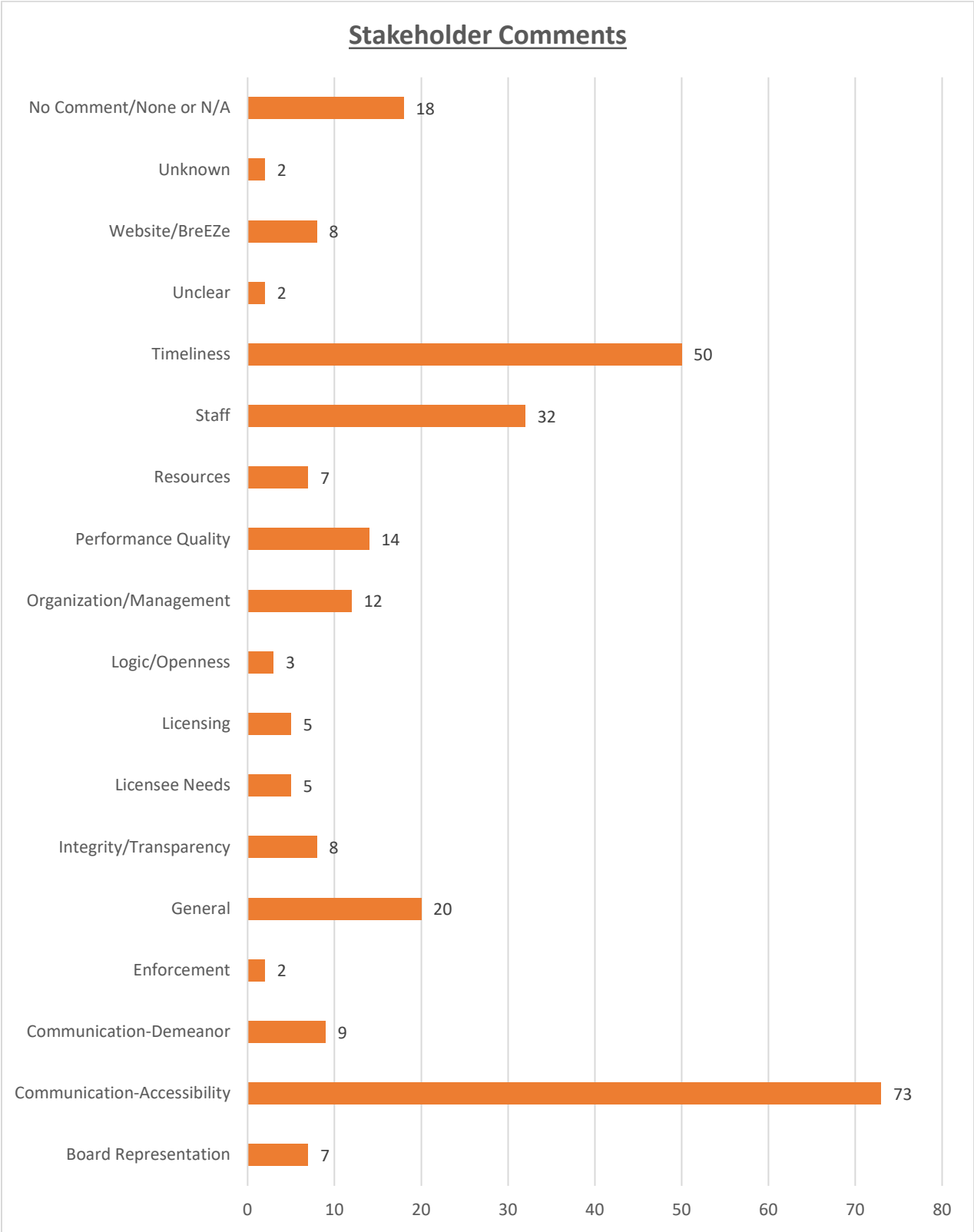


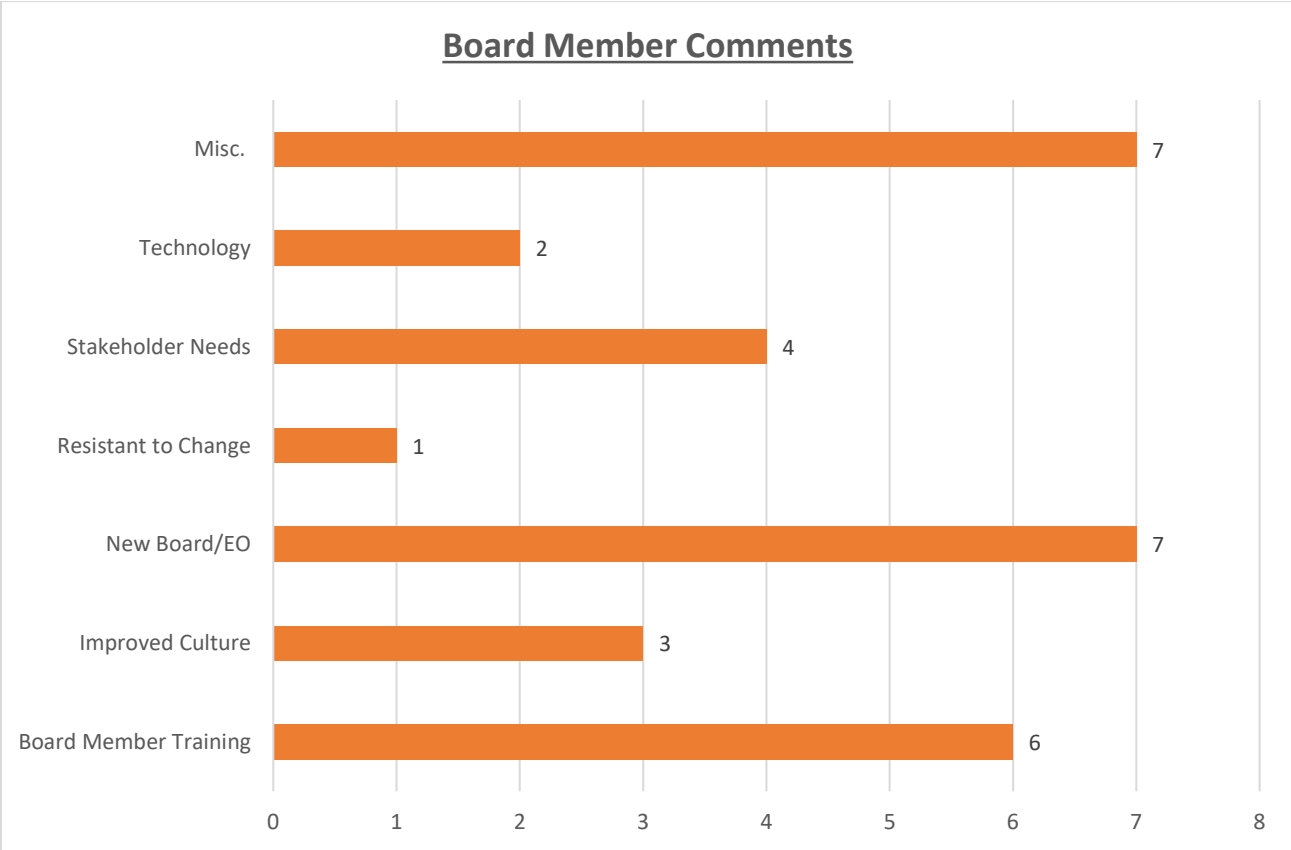
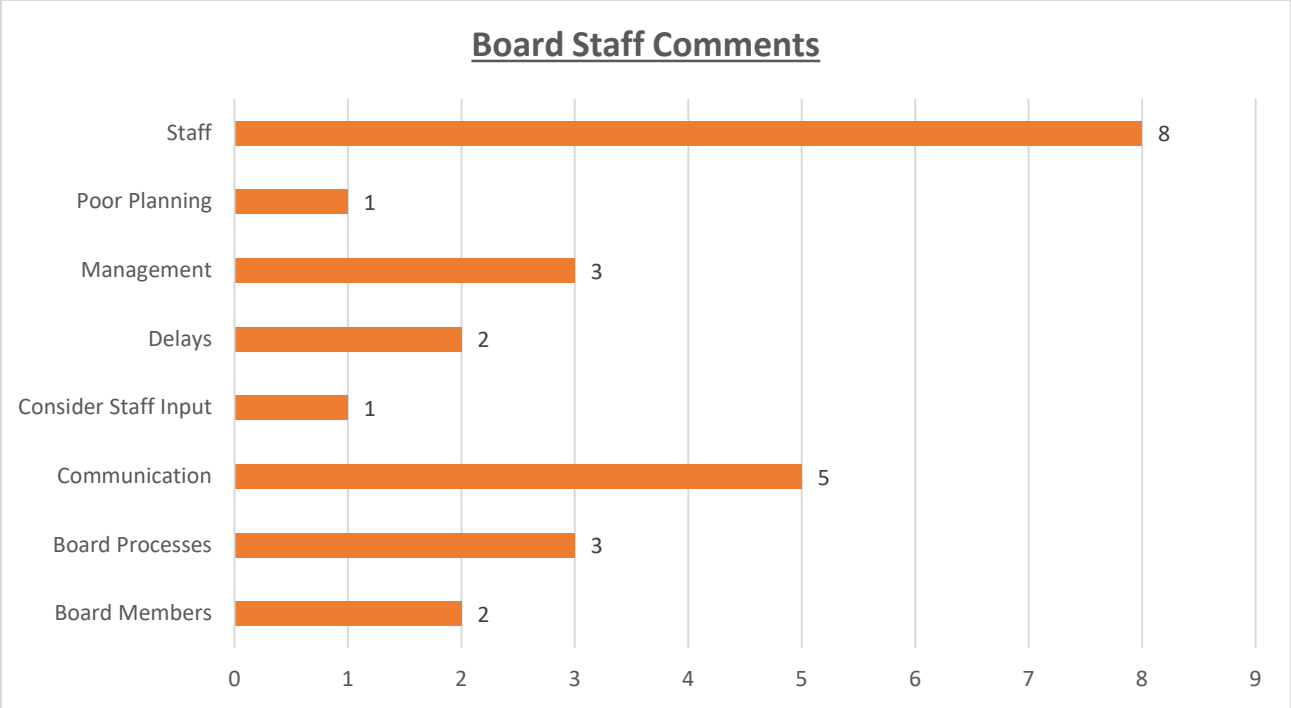
Summary of Organizational Effectiveness Weaknesses

Raw comments pg. 237

1. Stakeholders and Board staff share concerns of the board's staffing, noting that increased staffing and increased cross-training would reduce length of processing times.
2. Stakeholders would like to see improved and consistent communication from the Board, saying it's difficult to get in contact with the Board with questions.
3. Board members are concerned about the newness of the board members and executive officer, saying a lot of institutional knowledge was being lost.
4. Board members would like to see better training for Board members, noting it'd be helpful to have training on certain leadership roles as well as improved onboarding training of the organization.

Organizational Effectiveness Weaknesses – Trends





Summary of Recommended Organizational Effectiveness Objectives

Provided by Board members and Board management during interviews.

Raw comments pg. 357

1. Explore ways to reorganize staff positions to increase upward mobility.
2. Consider ways to reorganize current processes to ensure efficient workflow.
3. Ensure diversity in terms of management structure, organization, etc.

Outreach and Education

Engage stakeholders through continuous communication about the practice and regulation of the professions, and mental health care.

Outreach and Education Effectiveness			
Rating	External Stakeholders (964*)	Board Members (11*)	Board Staff
Very effective	12%	9%	38%
Effective	51%	55%	62%
Poor	28%	36%	0%
Very poor	9%	0%	0%
Total	100%	100%	100%

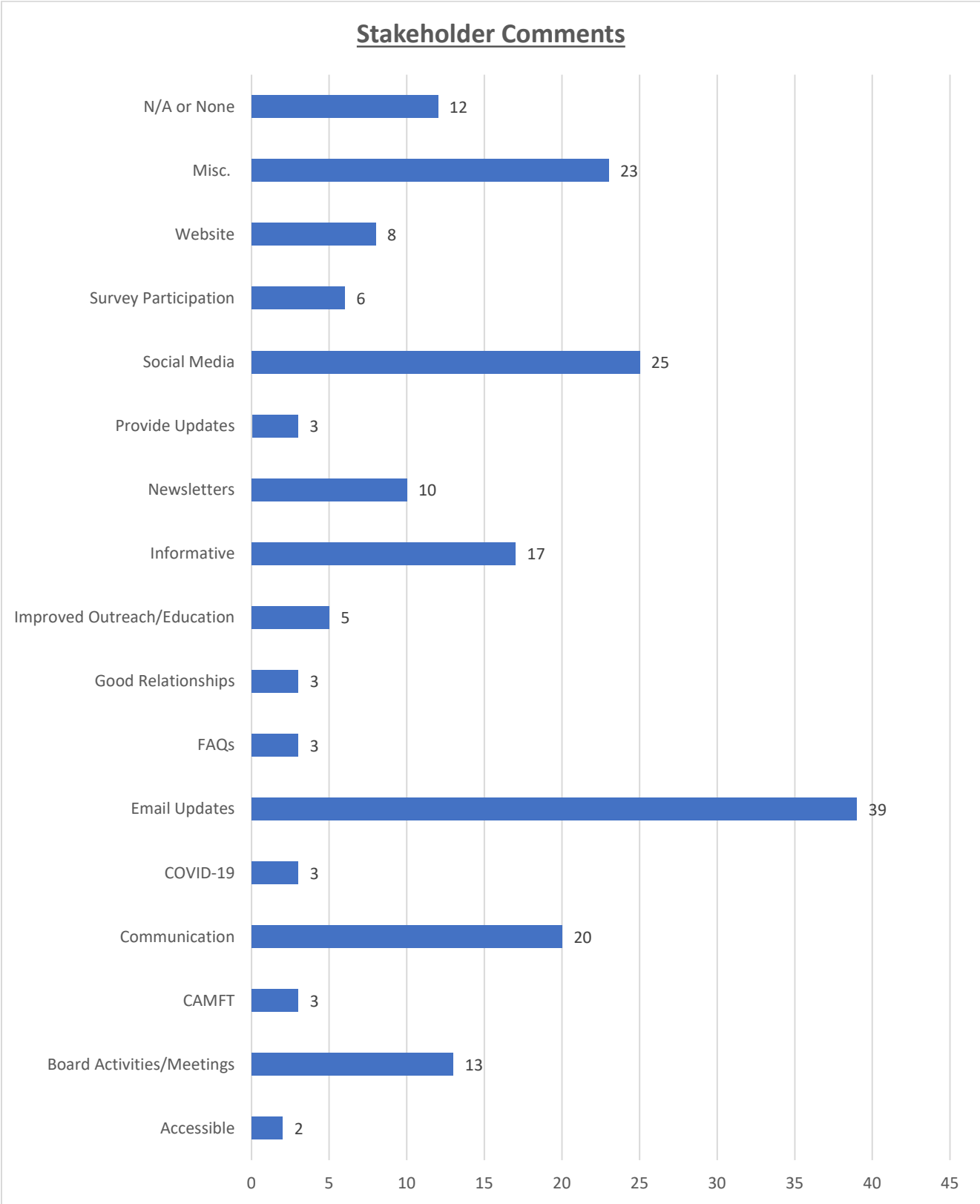
**Number of respondents*

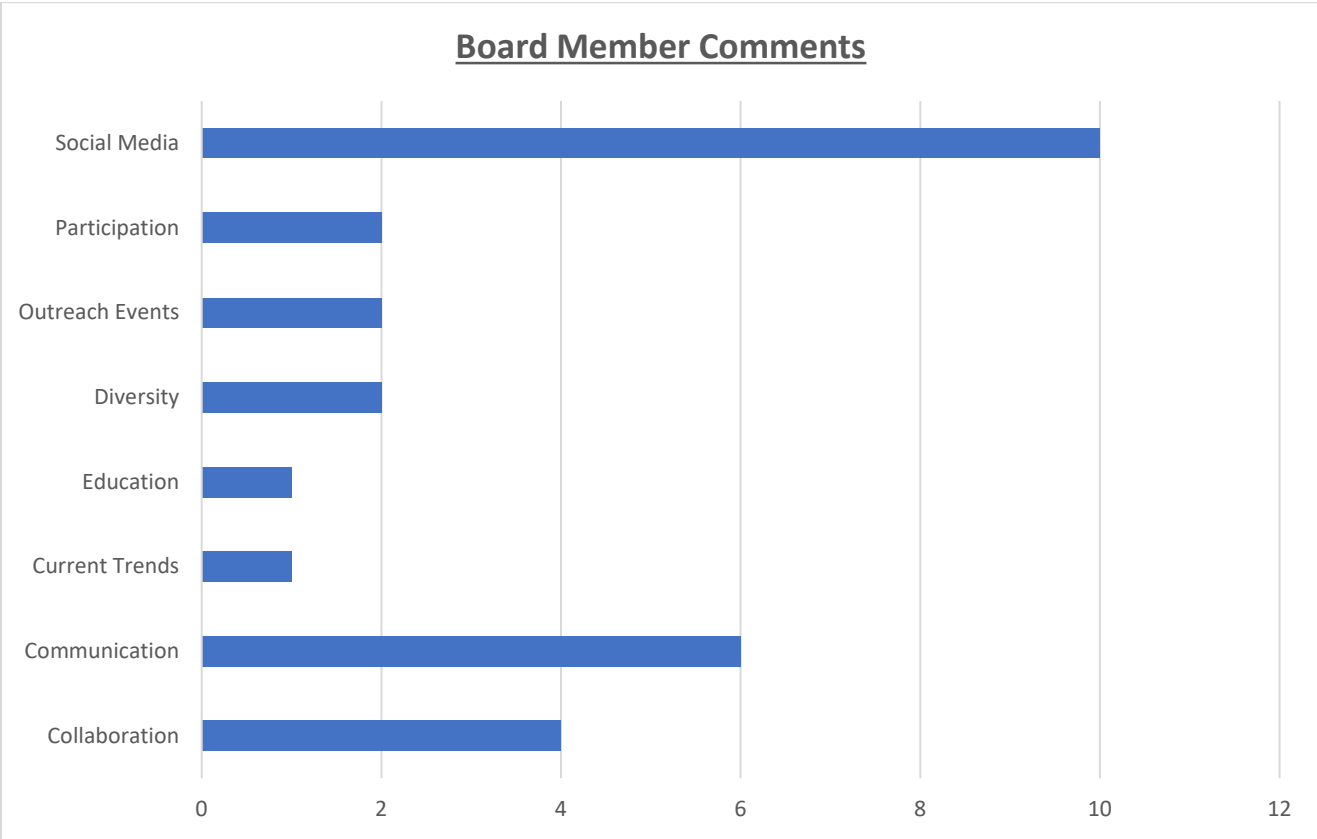
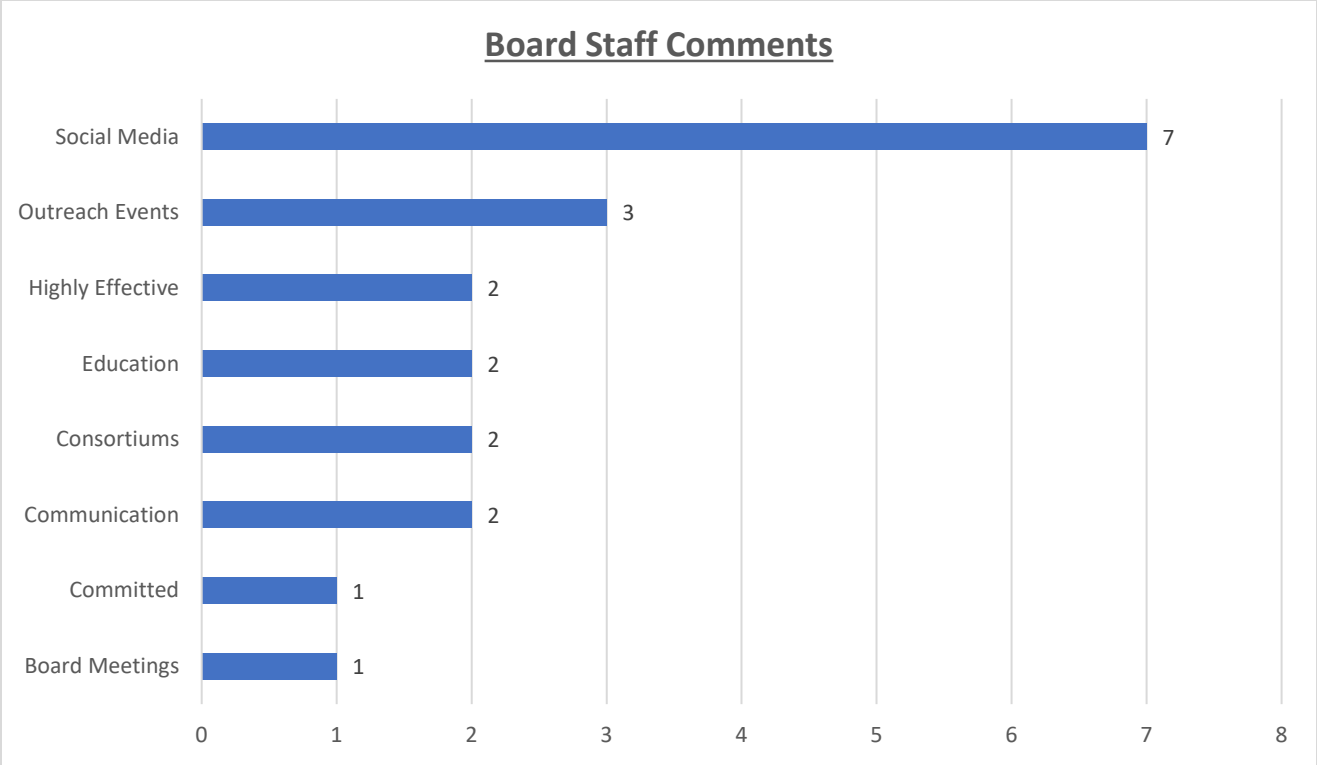
Summary of Outreach and Education Strengths

Raw comments pg. 255

1. Stakeholders, Board members, and Board staff all appreciate the board's social media presence, stating the weekly updates on Facebook have been a significant improvement in getting communication out to licensees.
2. Stakeholders and Board members appreciate the improved communication through the website, newsletters, email lists, and online board meetings.
3. Stakeholders appreciate the regular email updates provided by the board, stating they are consistently informed of updates from the board.

Outreach and Education - Trends



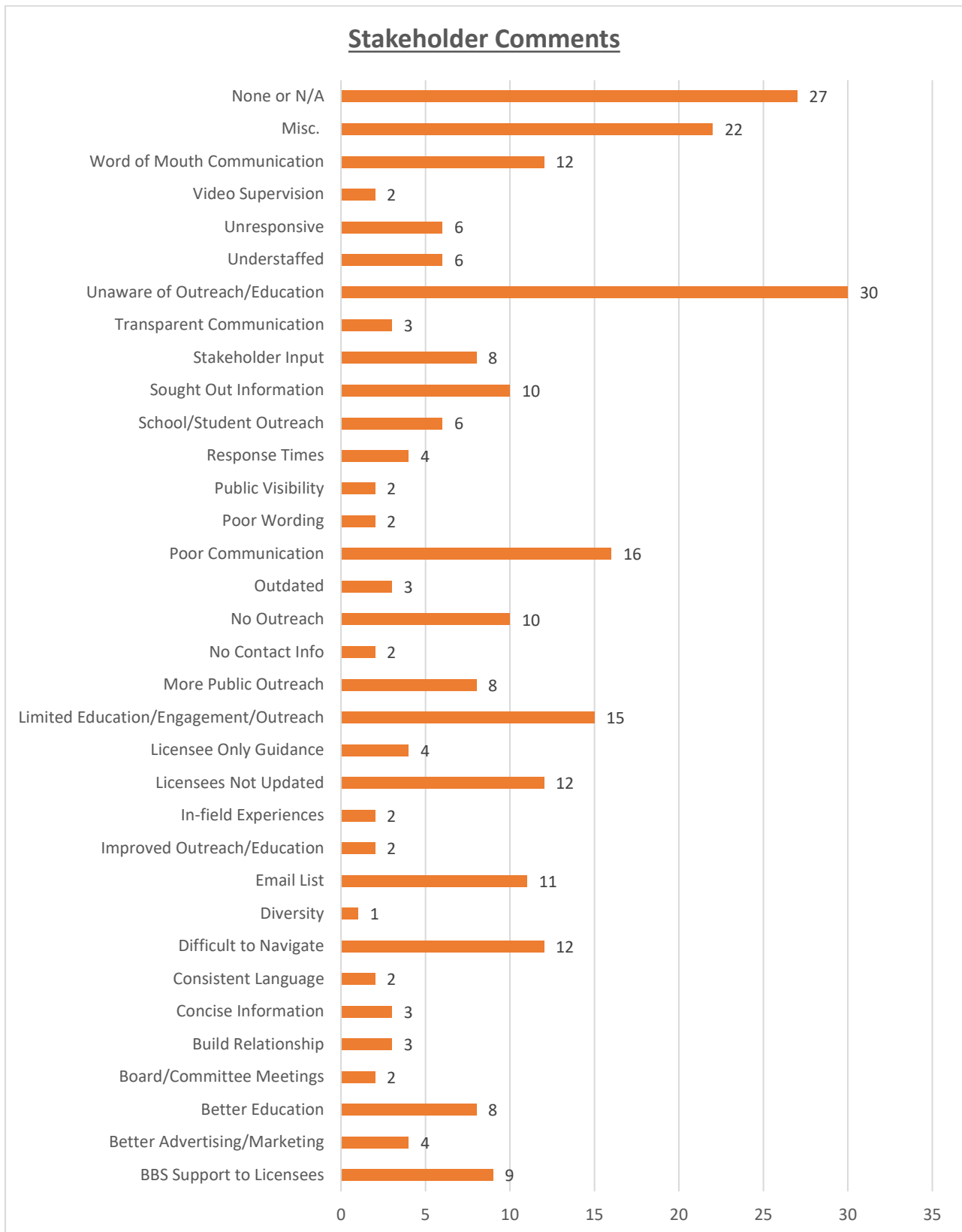


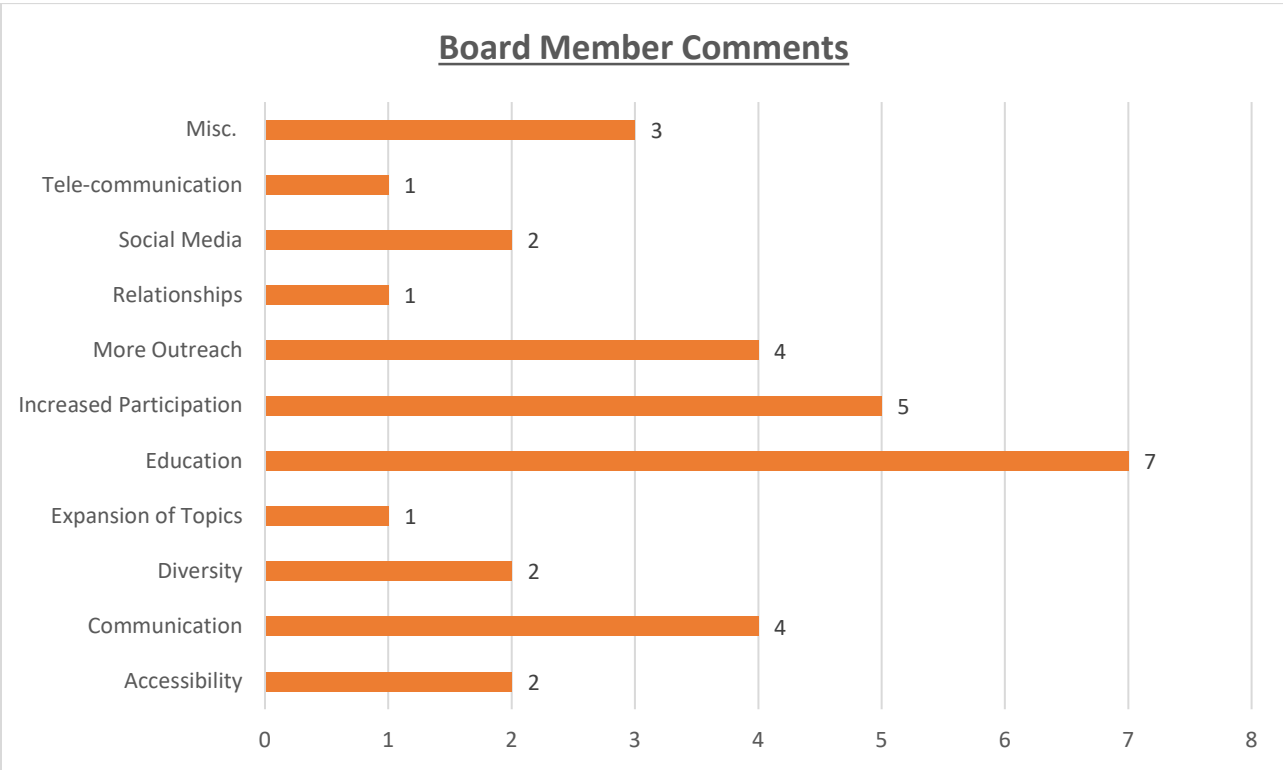
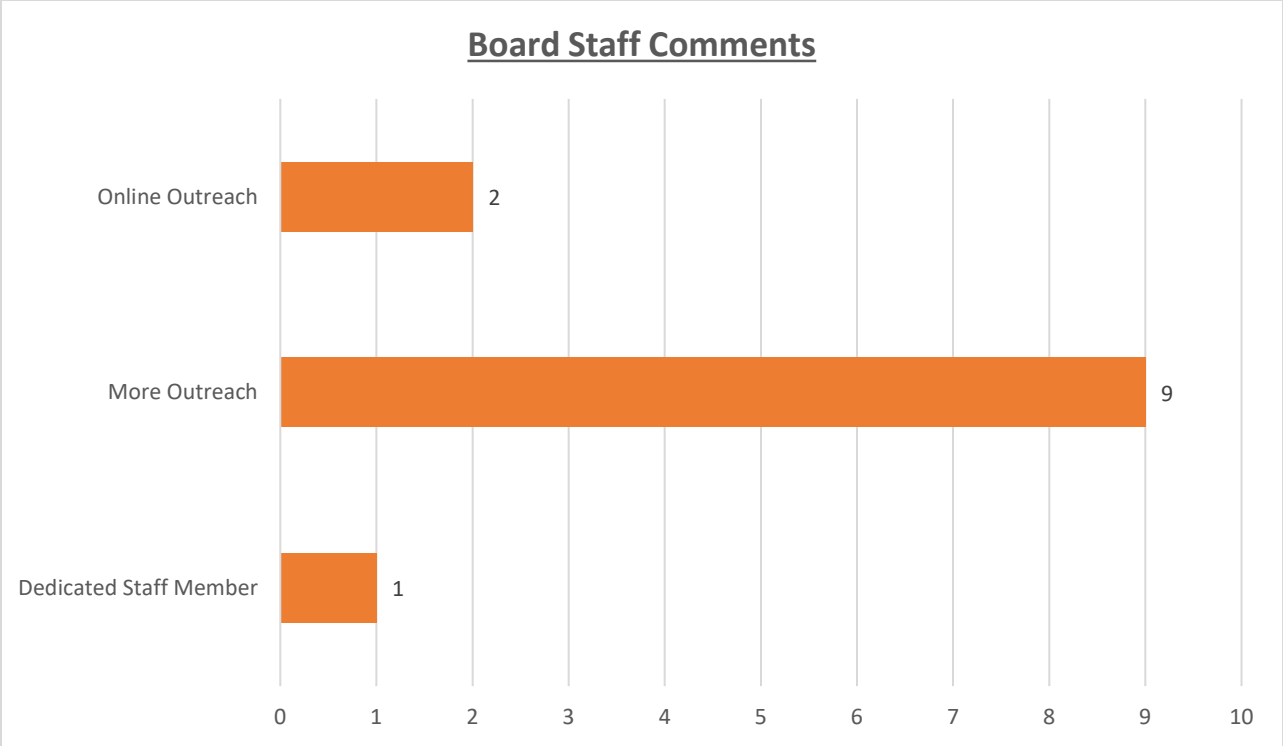
Summary of Outreach and Education Weaknesses

Raw comments pg. 266

1. Stakeholders report that they were unaware the board did any Outreach or Education, some citing that the Stakeholder Survey was the first outreach they had experienced with the board.
2. Stakeholders and Board members would like to see better communication from the board to stakeholders, saying many stakeholders only hear about updates from BBS through word-of-mouth.
3. Board members and Board staff both would like to see the board participate in more outreach events in the future.
4. Stakeholders say that it's difficult to get clear information from the board, especially on the board's website.

Outreach and Education Weaknesses – Trends





Summary of Recommended Outreach and Education Objectives

Provided by Board members and Board management during interviews.

Raw comments pg. 357

1. Create a more robust consumer and licensing education through videos and social media campaigns.
2. Develop programs to connect to rural and underserved communities.
3. Explore opportunities to increase the diversity of licensees and board members.

Opportunities and Threats

There are many factors that may impact the future direction of the behavioral sciences professions. These could be opportunities the board may want to capitalize on or threats they need to mitigate.

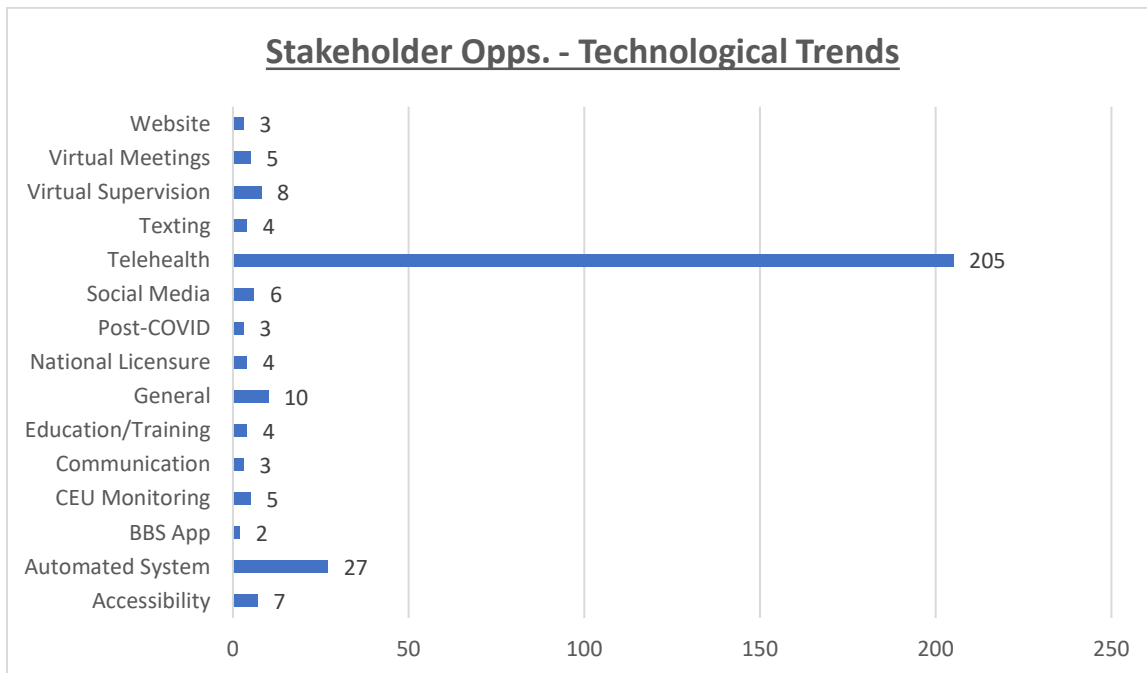
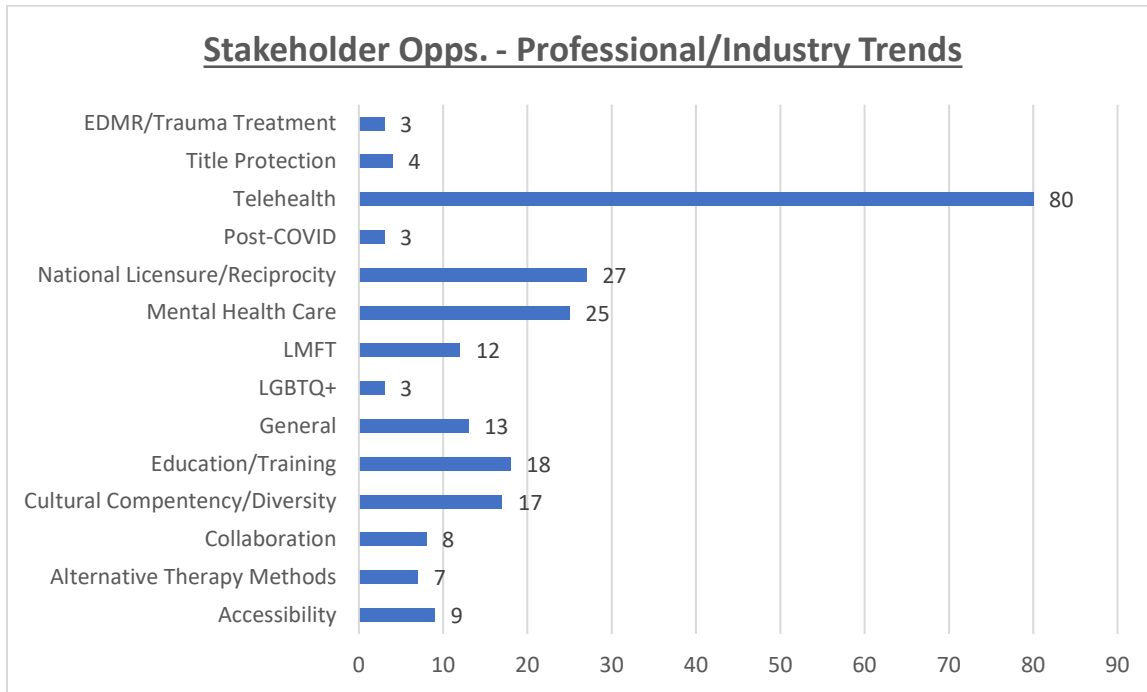
External stakeholders, Board members, and Board staff were asked to list potential opportunities and threats external to the board that they felt could impact the industry and board's regulatory role. The following are commonly made responses and/or responses that the board might reference when considering its strategic plan.

Summary of Opportunities

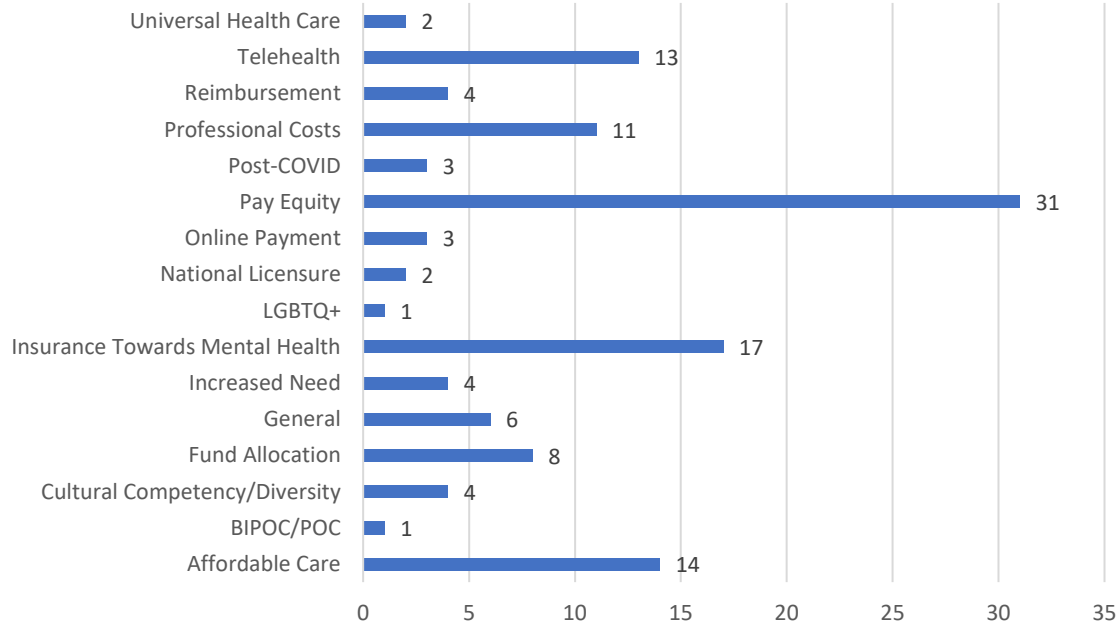
Raw comments pg. 283

1. Stakeholders, Board staff, and Board members all see telehealth services as an opportunity to increase access to underserved or rural communities and allow for clients to attend sessions virtually while traveling outside of CA.
2. Stakeholders and Board members would like to see an increase in cultural competency, diversity, and topics of gender and sexuality training and education for licensed individuals. They would also like to see an increase in diversity of licensed professionals to better serve underserved communities.
3. Stakeholders see a move to license portability or national licensure as an opportunity, citing an increased need for mental health services across the United States.
4. Stakeholders see an opportunity to advocate for increased wages within the profession to offset the increased costs of living within CA.

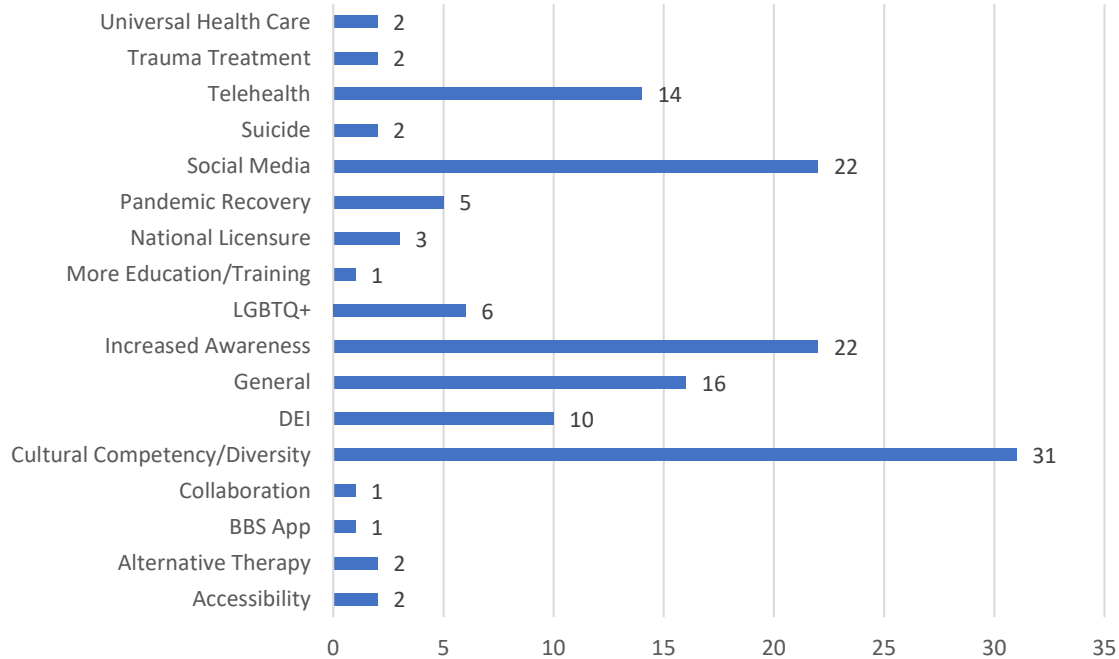
Opportunity Trends



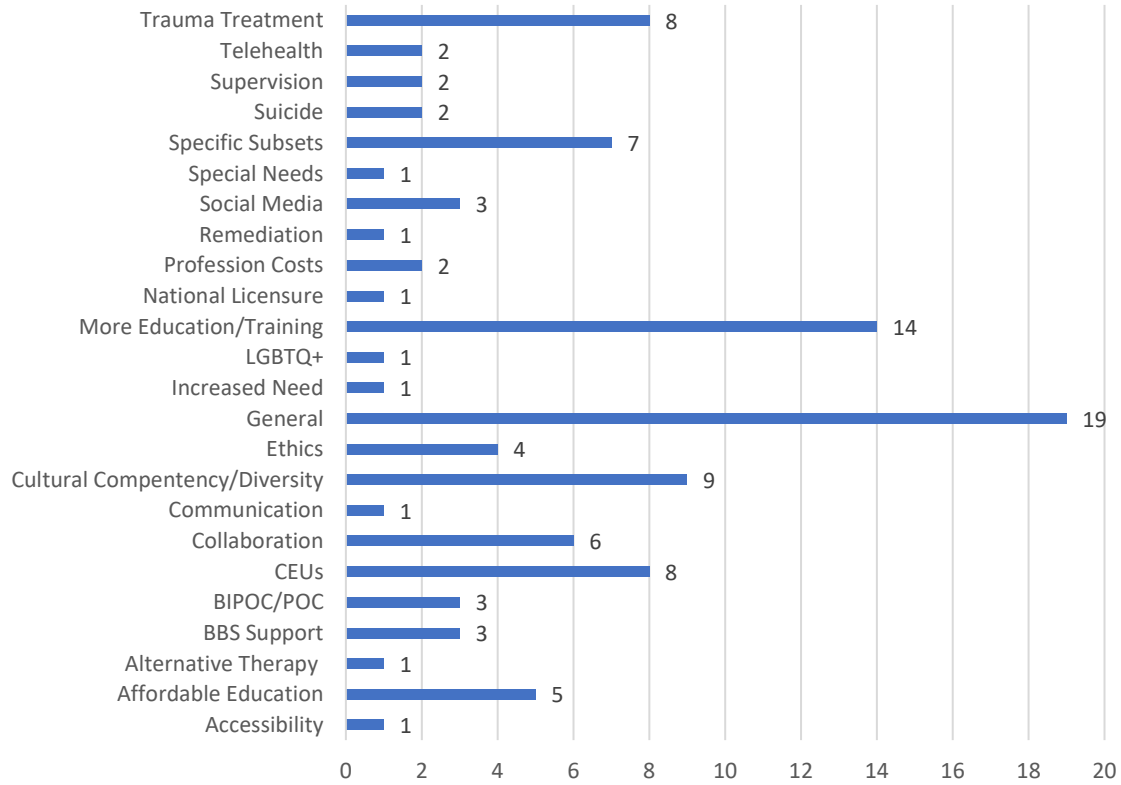
Stakeholder Opps. - Economic Trends



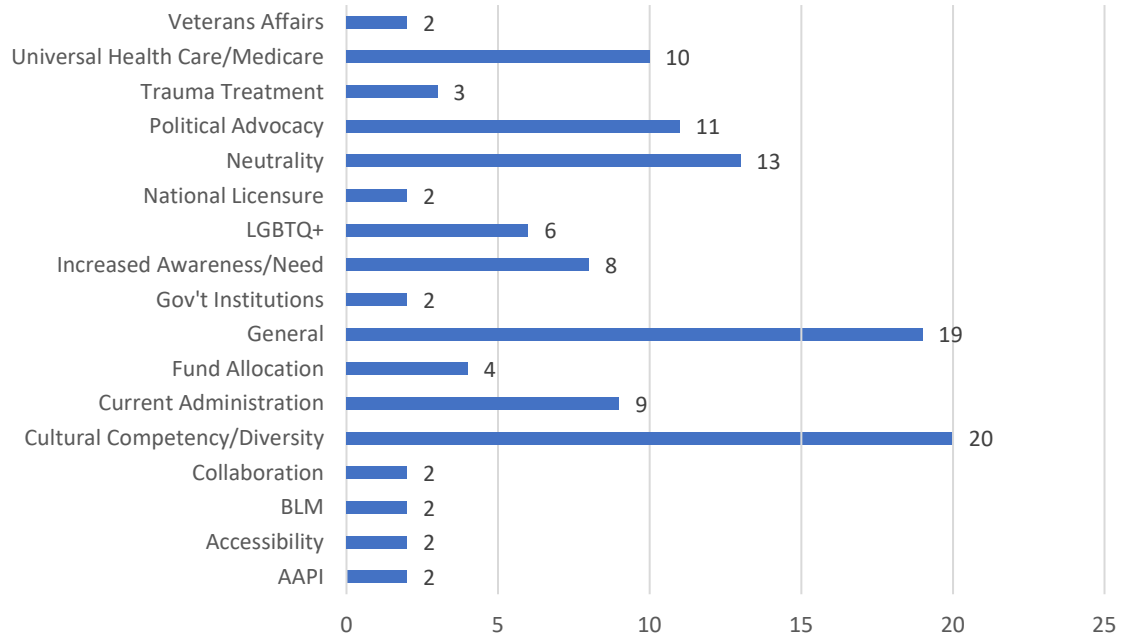
Stakeholder Opps. - Social Trends



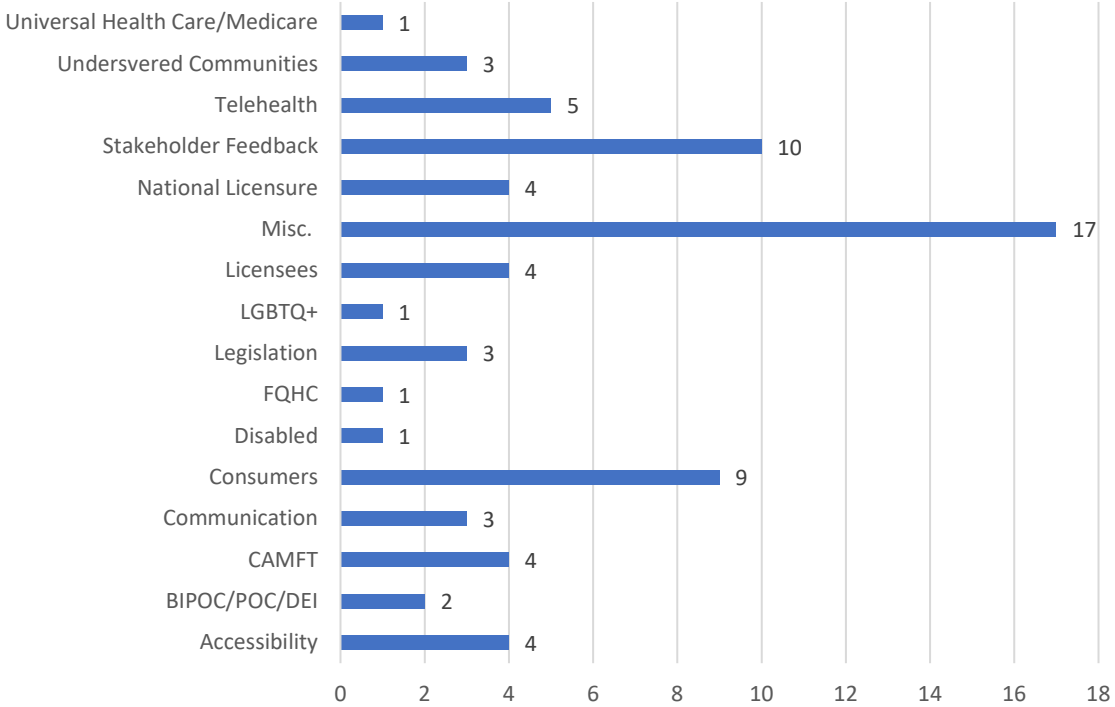
Stakeholder Opps. - Educational Trends



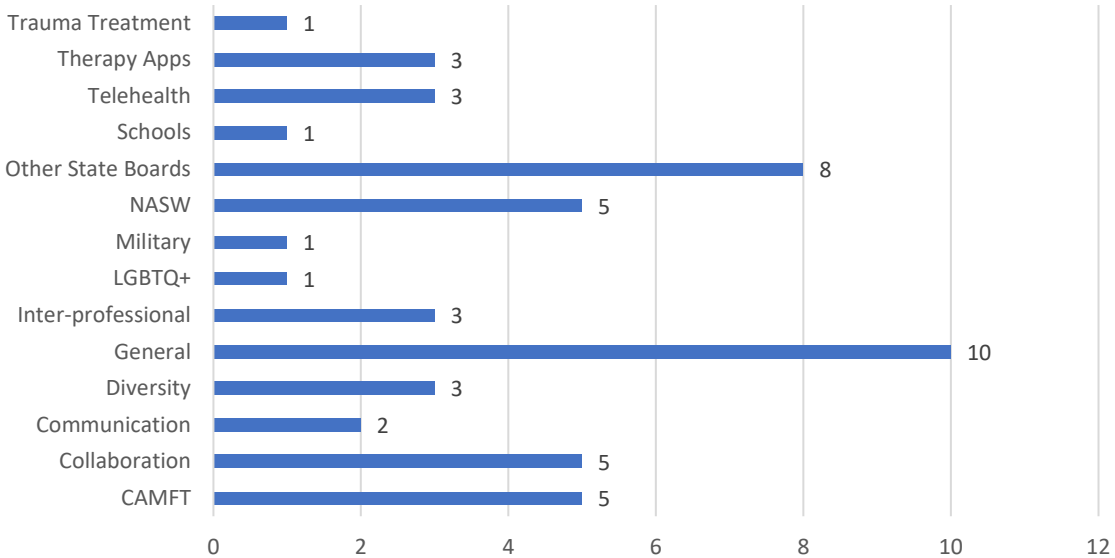
Stakeholder Opps. - Political Trends

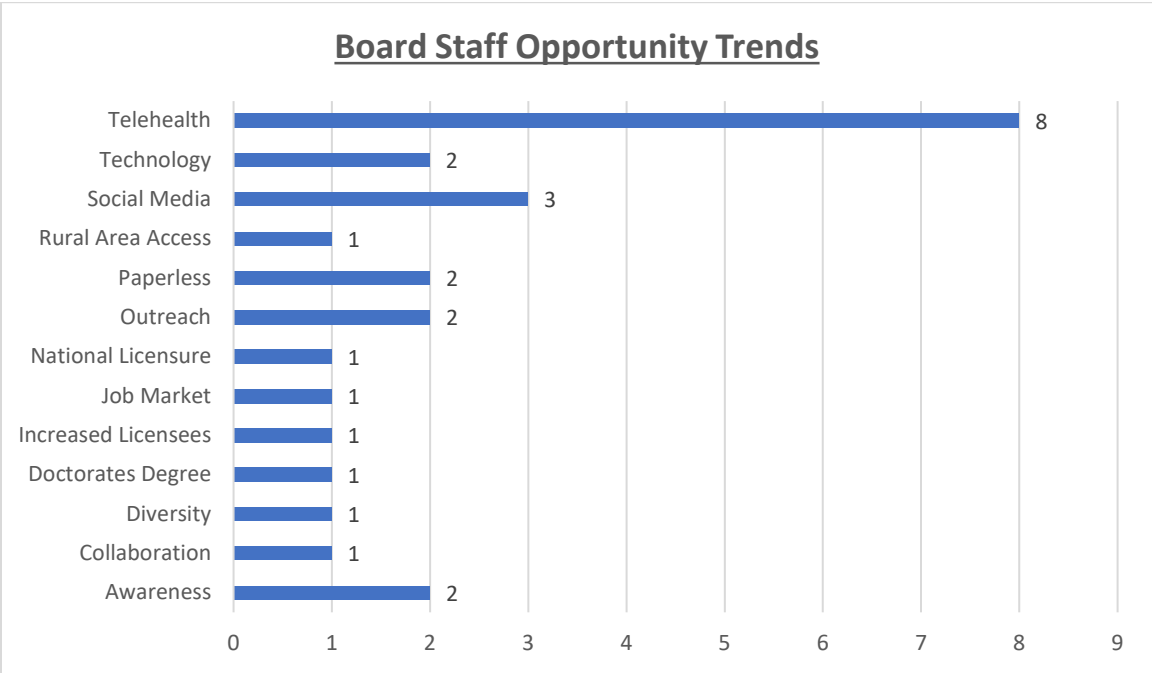
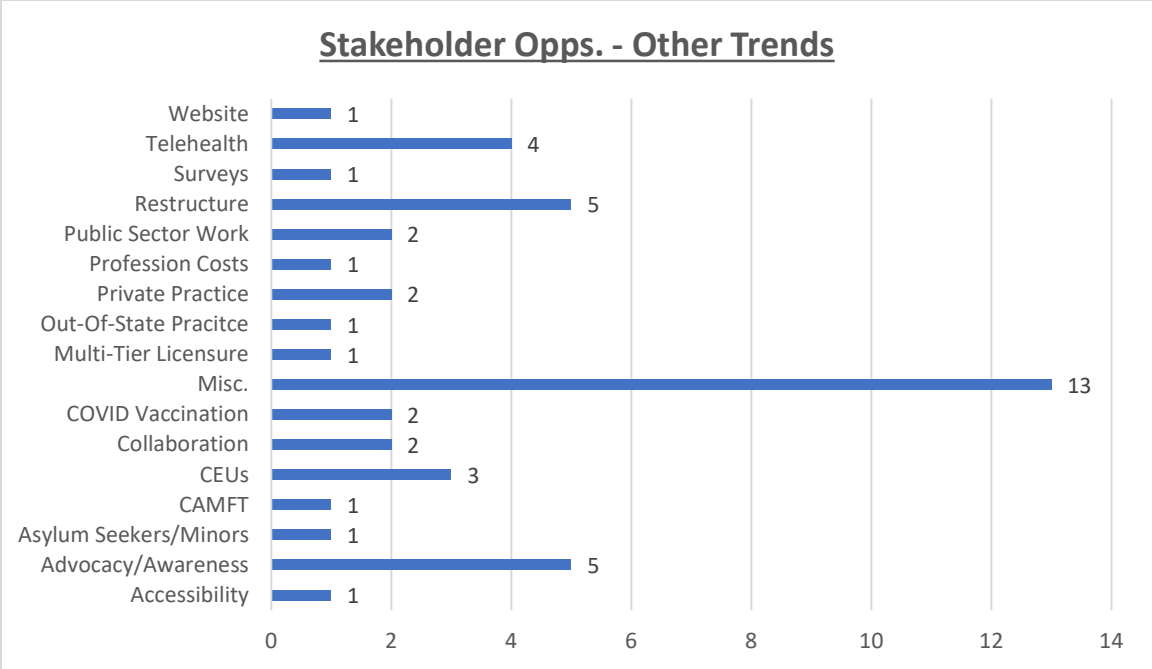


Stakeholder Opps. - Stakeholders Trends

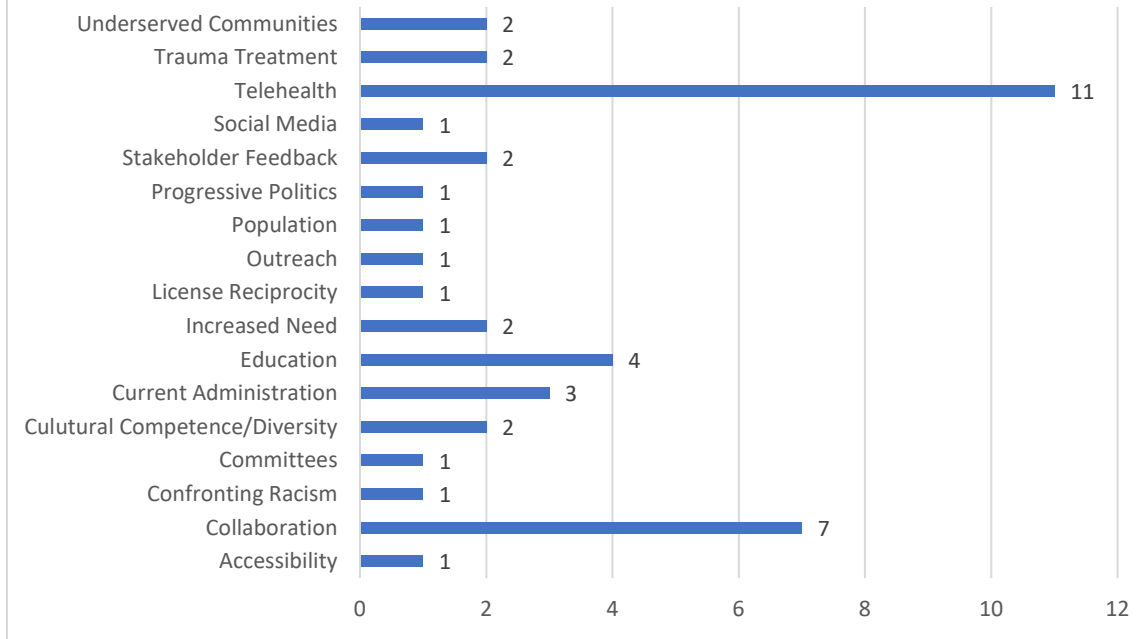


Stakeholder Opps. - Relationship Trends





Board Member Opportunity Trends

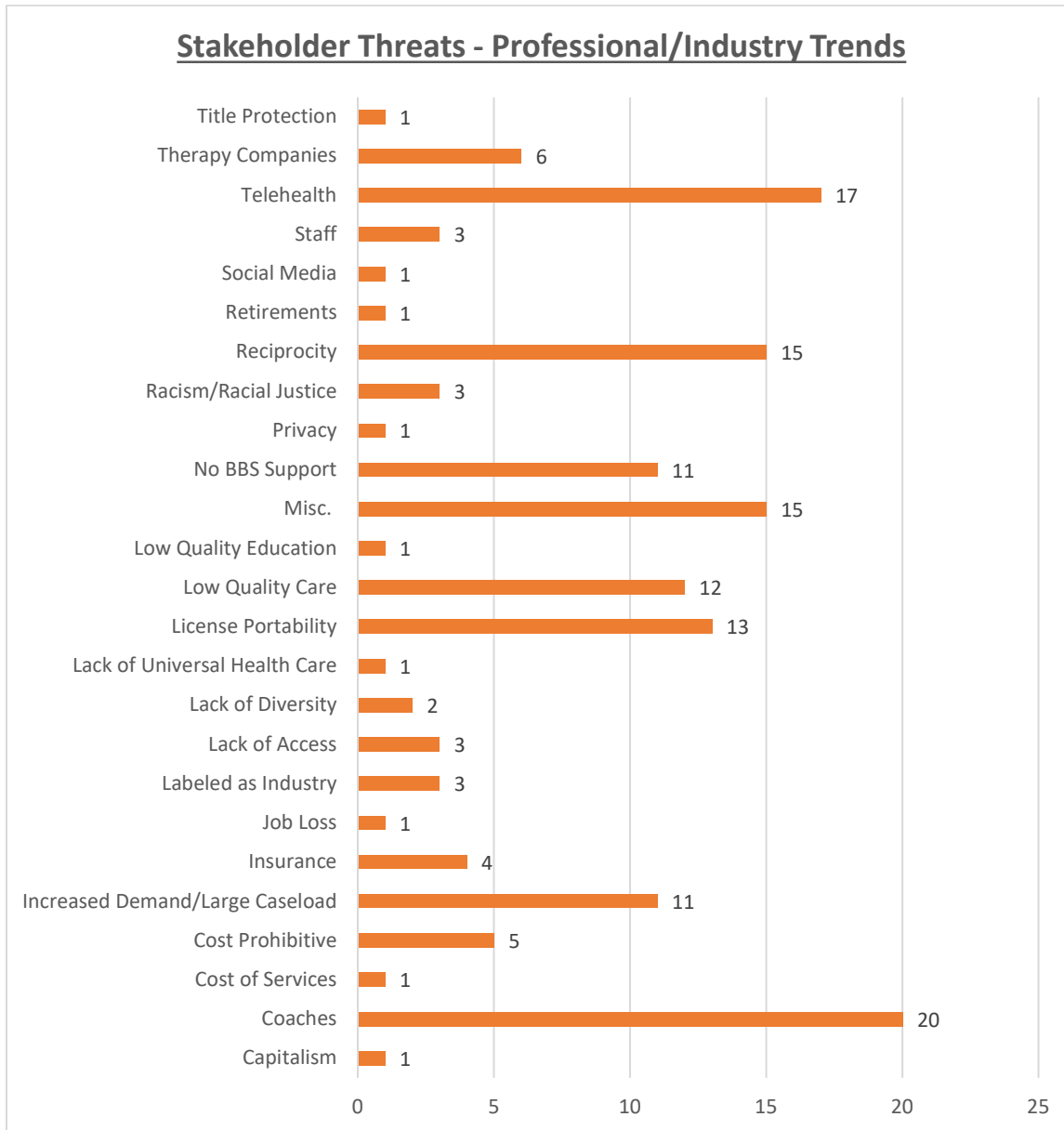


Summary of Threats

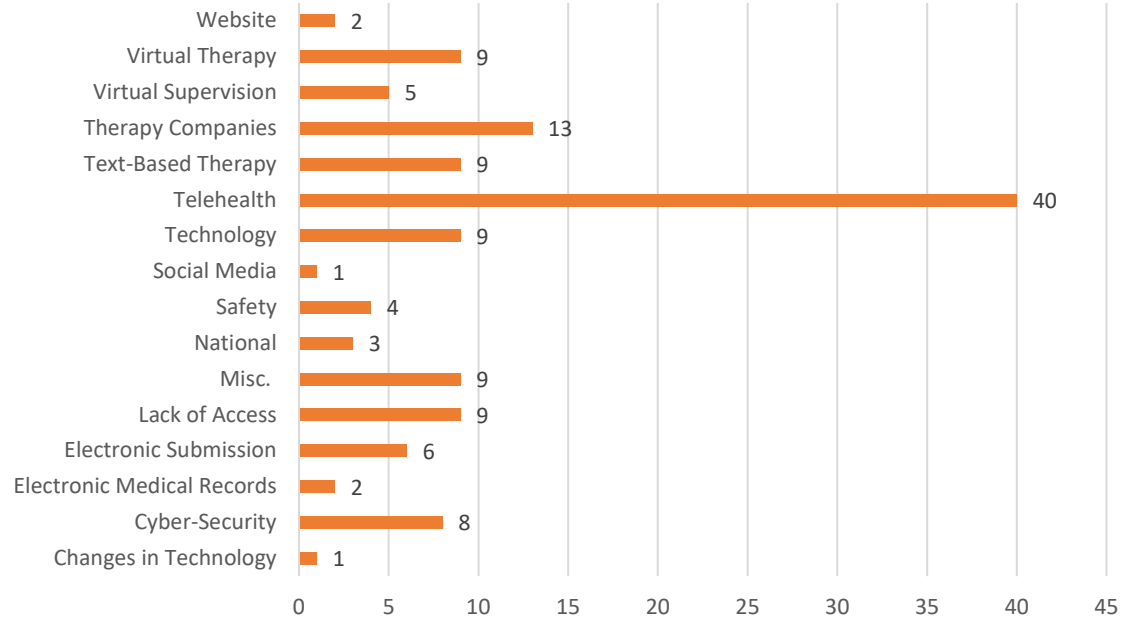
Raw comments pg. 325

1. Stakeholders, Board staff, and Board members all see Telehealth as a potential threat, stating concerns of safety, service quality, security threats, and lack of internet access to rural areas.
2. Stakeholders see the prevalence of life coaches as a threat, citing concerns of job encroachment and increase in unlicensed activities harming the reputation of licensed individuals.
3. Stakeholders and Board members see the lack of cultural and gender diversity in licensees as a threat, stating concerns that there is not enough representation for underserved communities and there needs to be a greater emphasis on education on these topics.
4. Stakeholders fear low wages and burnout could impact the profession, saying their salaries cannot support the cost of living, while also serving those in underserved communities to a high standard.

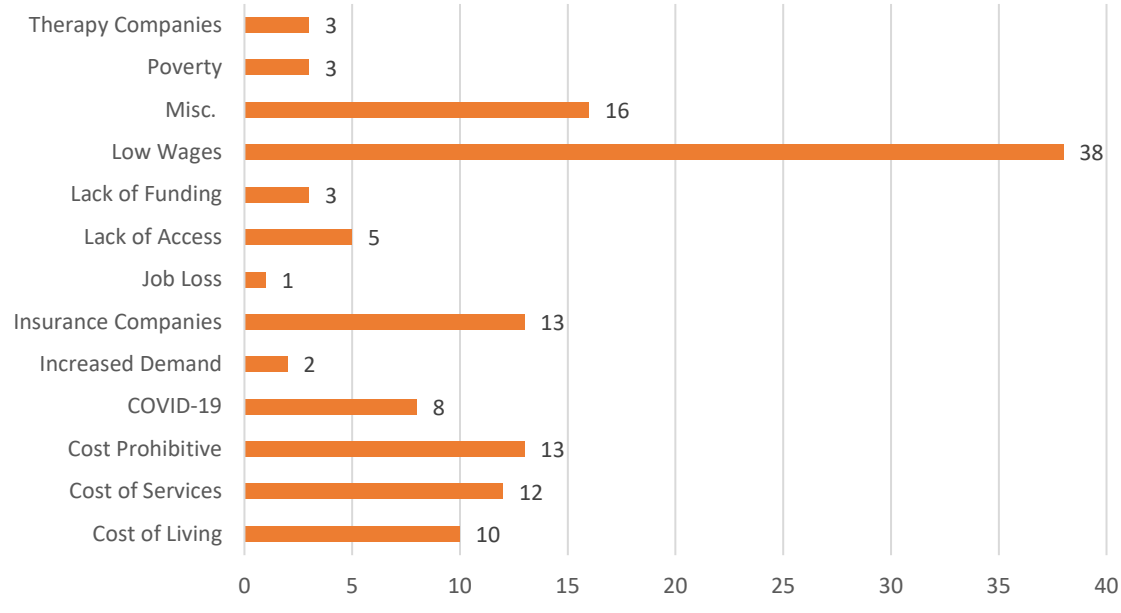
Threat Trends



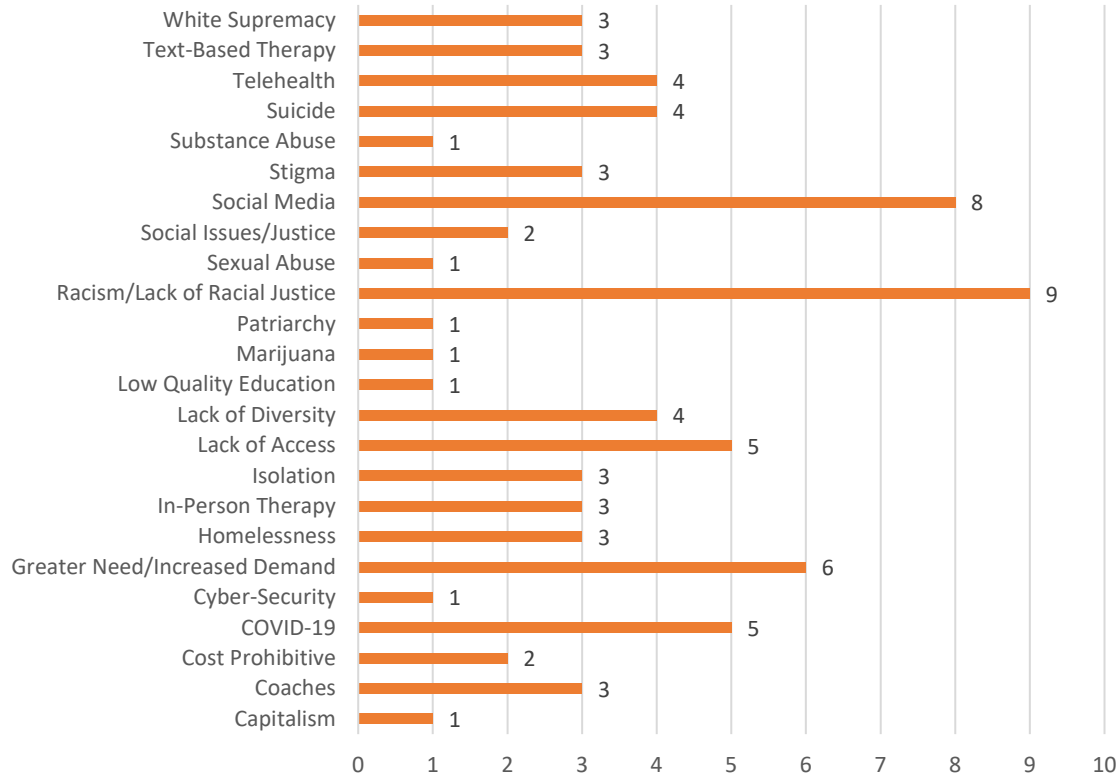
Stakeholder Threats - Technological Trends



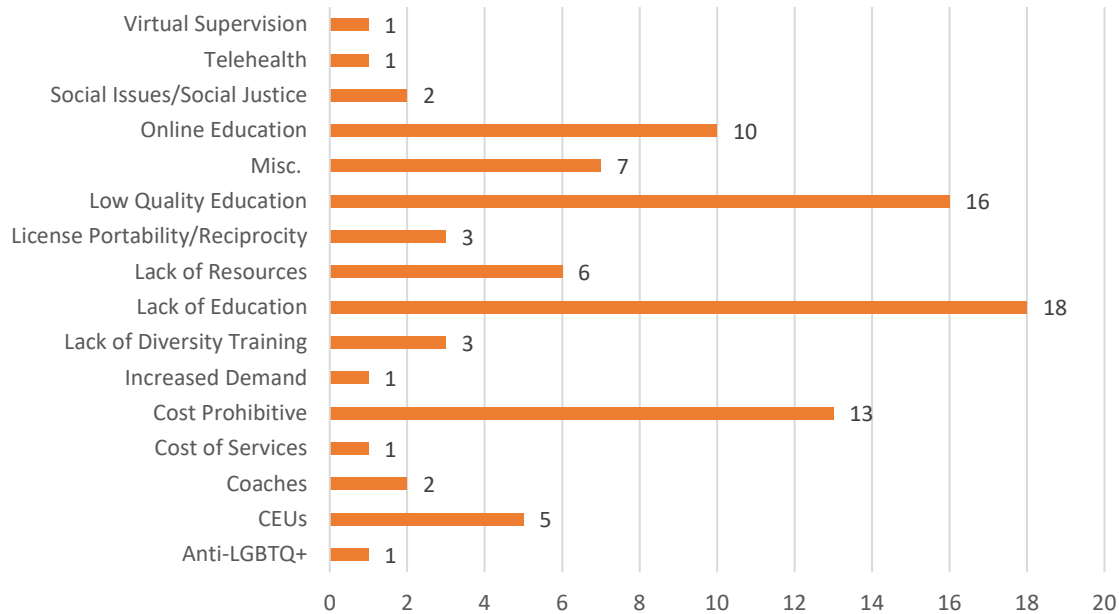
Stakeholder Threats - Economic Trends



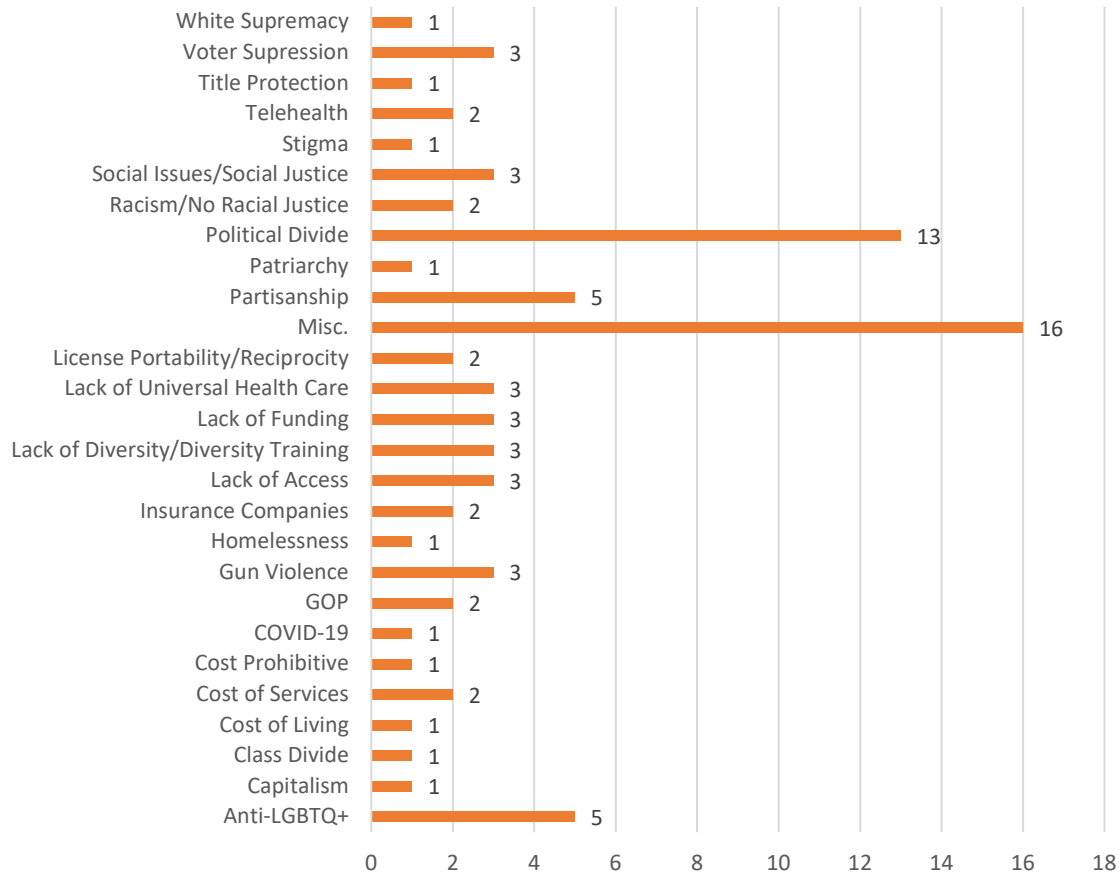
Stakeholder Threats - Social Trends



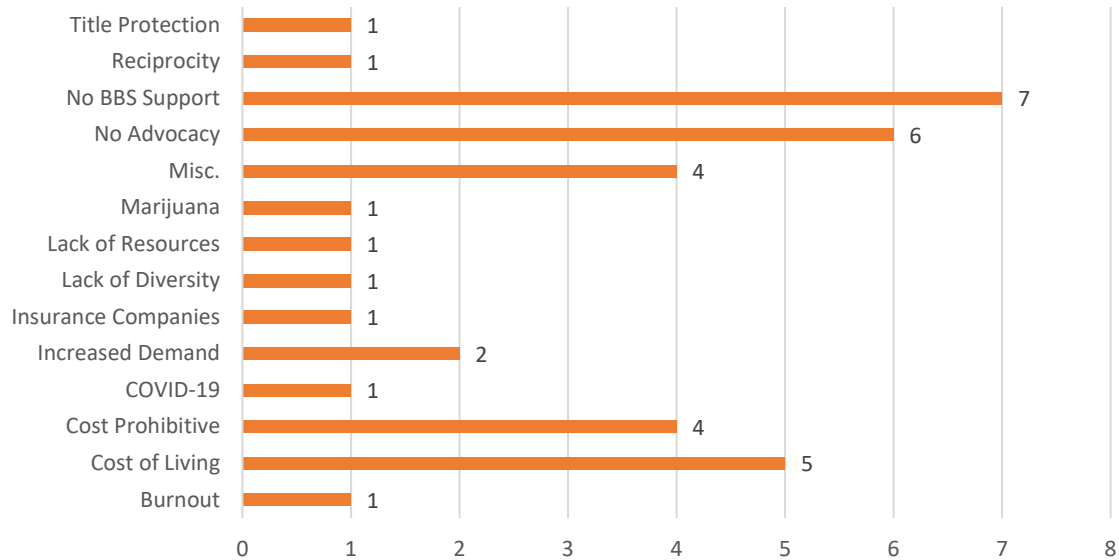
Stakeholder Threats - Educational Trends



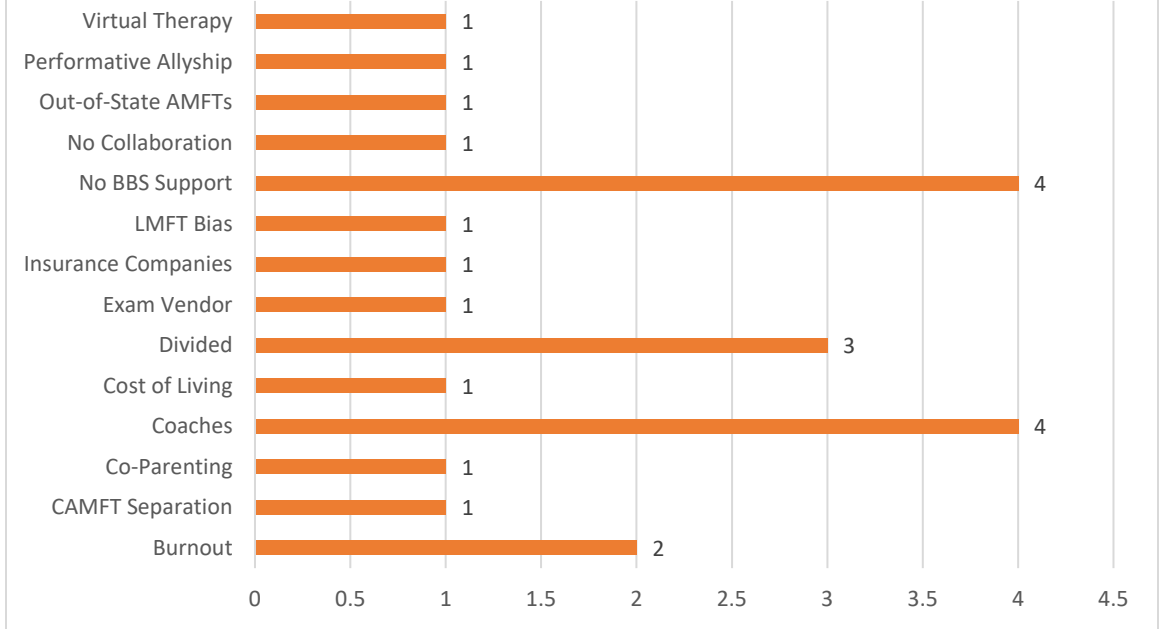
Stakeholder Threats - Political Trends



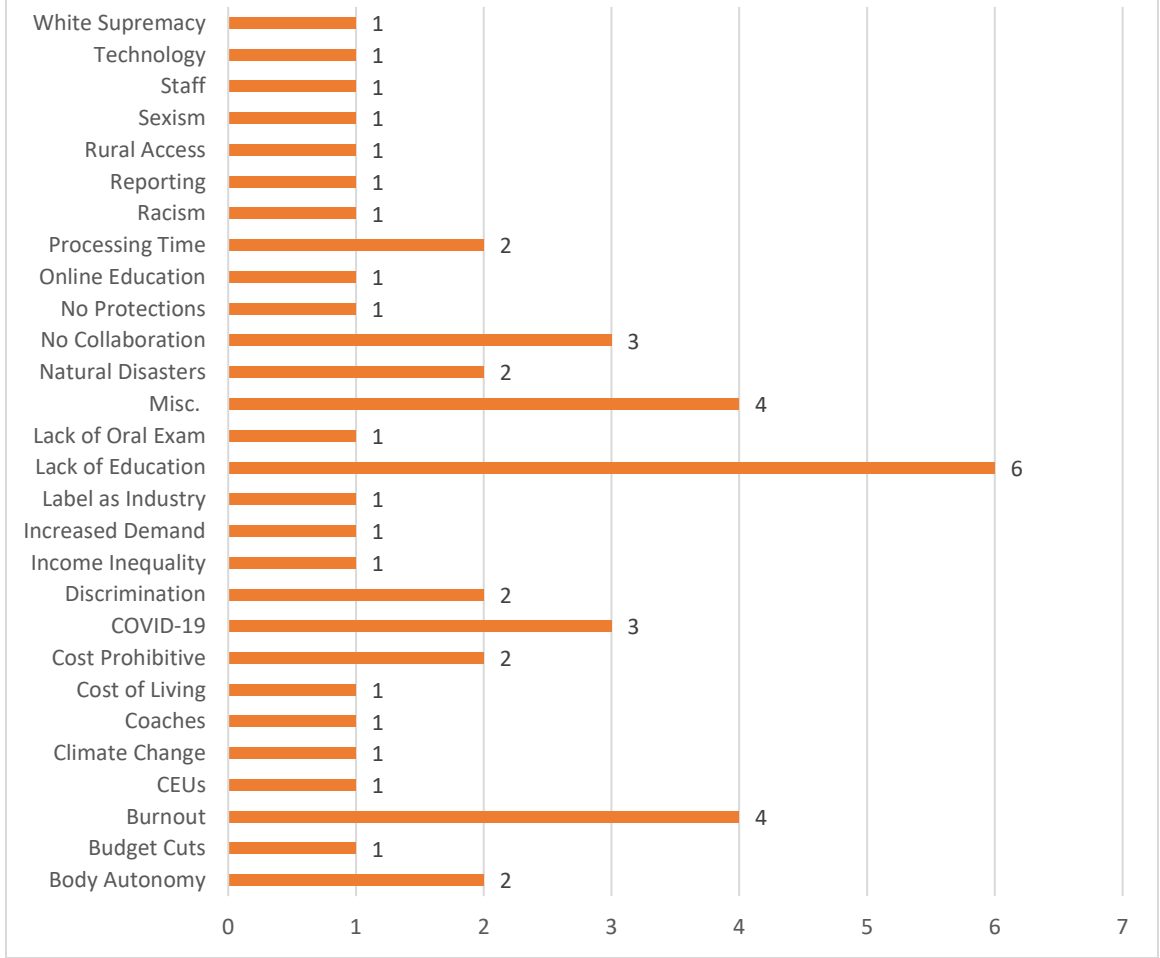
Stakeholder Threats - Stakeholder Trends



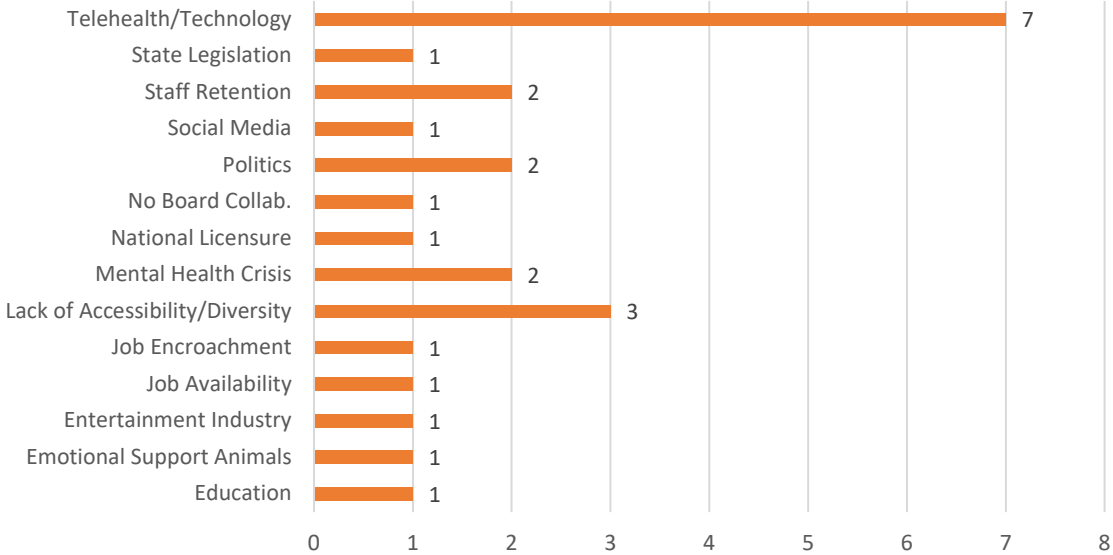
Stakeholder Threats - Relationship Trends



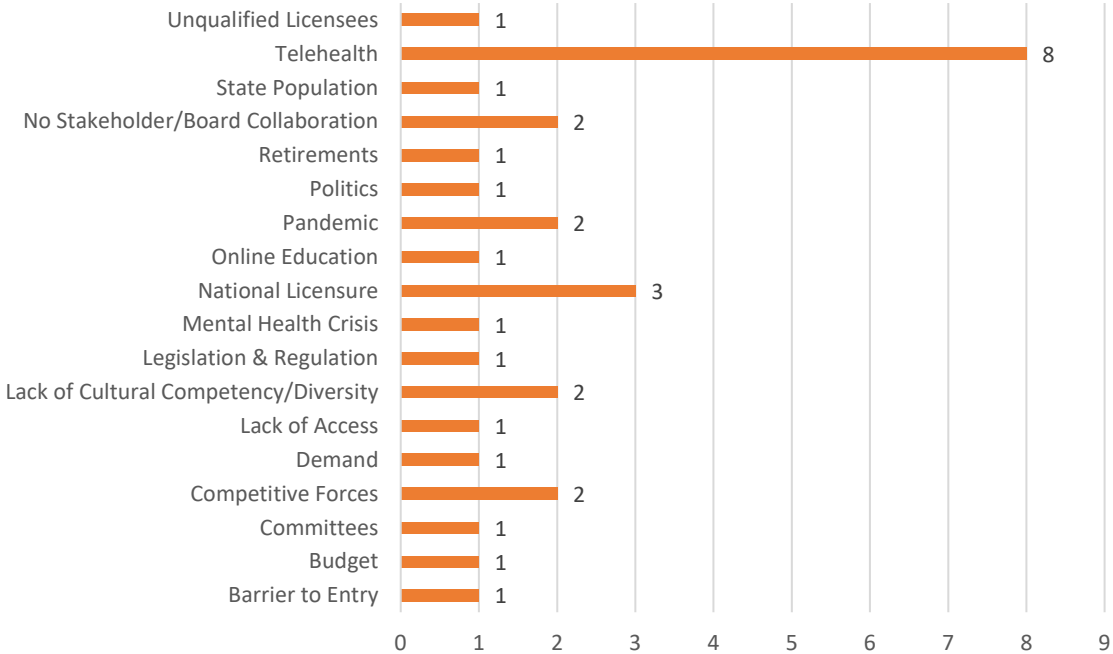
Stakeholder Threats - Other Trends



Board Staff Threat Trends



Board Member Threat Trends



Appendix A – Strengths and Weaknesses

This appendix contains the qualitative data relating to board strengths and weaknesses collected during the surveys and interviews.

The comments in this appendix are shown as provided by stakeholders. Comments that appear similar or on a specific topic have been organized into categories. Comments that were repeated multiple times are grouped with the amount shown in parentheses. The comments have not been edited for grammar or punctuation to preserve the accuracy, feeling and/or meaning the stakeholder intended when providing the comment. Profane language and confidential information in the comments was redacted.

Licensing Strengths

Stakeholders

Accessible

1. Online accessibility
2. The BBS has made access to the profession readily available within its limited resources.
3. The head of the agency has always been accessible.
4. Resources and forms are provided and available on the website, they are fairly easy to access.
5. I found the publicly available information about the licensure process to be very helpful when I was moving to California.
6. lots of materials to work with; often you can get someone via email or phone
7. Website is easy to access for stakeholders.
8. The Board does a good job of protecting consumers
9. Access is improving.
10. Precision and creating alternatives to just using paper to update your information and take exams.
11. Widely accessible.
12. Information available to license candidates is also clear and accessible.
13. Answering questions and being available
14. Board is great at updating the BBS website and provide access to documents.
15. Accessible information, updated fairly regularly
16. easy to access status
17. Easy access to verify license, online renewals, accessibility of forms.
18. Easy to use portal for checking on licensure status and complaints.
19. Requirements for obtaining licensure are clearly outlined and disseminated to licensees on the BBS website, in addition to the accessibility of calling the BBS office for clarification (pre-COVID).

Accountability

1. I think it's good we have a regulating body and that there is accountability.
2. Monitors well, accountability
3. accountability

Application Process

1. Licensing process is strenuous
2. scheduling and information to help guide licensure process
3. Licensing process is straightforward and clear.
4. The Licensing process is clearly defined.
5. My experience was overall positive and straight forward when working towards my license.
6. My students are applying for licensing and are able to get through the system with little difficulty.

7. Well ... the licensing process definitely selects for the professionals with grit and endurance.
8. I am not licensed so I am not able to speak on this at length. However, it appears to be a rigorous process in order to weed people out who might not be serious about the field.
9. The board licenses people regularly so they're doing their job.
10. Fair, rigorous, and clinically evidence based process for practice is achieved
11. Getting licensed is a thorough process.
12. Thorough investigation of all those applying for licensure.
13. Application is clear about qualifications to take the exam
14. Able to eventually process licenses and manage issues with a very small staff.
15. There is a system that seems to be getting people processed.
16. has been more clear on the licensing process
17. They are processing applications faster
18. Getting applications out and catching up on back logs. Hard working staff members. ASW works faster than AMFTs.
19. The process, although cumbersome is consistent. I understand the rigorous process in an effort to protect the public, and subsequently, our professions.
20. Standardized application process
21. My application was processed quickly.
22. The strengths is that they do allow for six years, to accommodate life happenings. They require good quality supervision throughout the process, and the exams have structured study support options available.
23. Administrative management of applicants and licensees seems to go fairly well.

BreEZe

1. Ease of using BREEZE.
2. Incorporation of online softwares
3. able to do all of it online
4. The Breeze account makes it easy to obtain information and renew your license.
5. easy to use online format
6. Breeze effective in terms of update and listing if license is encumbered
7. The Board seems proactive in recent years with incorporating Breeze and other online tracking of professional documents towards licensure congruent with recent technology.
8. BREEZE makes it very easy to manage my license
9. Breeze is helpful
10. Breeze and the ability to do the license search. The new publications on the path to licensure, as well as the updated brochure on professional therapy never includes sex.
11. Very straightforward. Breeze is amazing
12. The Breeze system...
13. Breeze seems to work and renewals have been easy.

Candidate Evaluation

1. Making sure the candidate has sufficient knowledge in the field prior to becoming licensed.
2. I believe the BBS is diligent in reviewing eligibility requirements to make sure a candidate has met the qualifications and has displayed minimum competency with passing exams.
3. Thorough examination of candidates qualifications
4. Has set criteria that applicants need to meet to become licensed, education, testing, and approved clinical hours.
5. The Board has a system that can be used to evaluate candidates and determine what qualities require examination
6. Board does a good job adhering to it's guidelines for candidates seeking to become licensed.

CE

1. Maintenance of education and experience requirements. Updating continuing education requirements consistent with societal growth and current issues. Monitoring and notification of disciplinary actions.
2. Monitoring of required preparation and maintenance/updates of skills by continuing education requirements...
3. Identifying areas of need for continuing ed

Clarity

1. The path to licensure can be understood from reading the board requirements.
2. Clearly articulated standards
3. Always able to get a clear response in a timely manner when reaching out for clarification.
4. The BBS is very clear requirements and ensuring that all candidates for licensure are competent.
5. Clear expectations guide to fulfill expectations
6. Clarity of instructions and forms.
7. Clear information related to the process.
8. Clear expectations for licensing exam. Knowledge can be learned by acquiring hours needed under supervision and degree work.
9. Clearly delineated requirements for licensure
10. clear process and guidelines
11. They have clear expectations outlined
12. The BBS has clear and direct guidelines for licensing, this is a huge strength. The paperwork provides all the necessary information to guide a professional through the process of licensing.
13. Clear requirements. Clear instructions on license forms.

Collaborate

1. entrusting CAMFT with CEPA, and collaborating/consulting with associations.
2. Stakeholder input and participation

3. Working with associations on upcoming issues and challenges.

Communication

1. Communication and specific assistance when emailing or calling with questions. Exact directions and clear guidance.
2. Getting better at posting updated information.
3. Able to communicate licensing process clearly.
4. Providing up to date information with everything, including testing, procedures, and changes to BBS.
5. Regular updates to stakeholders in the professions.
6. Have attempted to increase communication.
7. Tries to communicate information.
8. I have felt I've gotten good communication.
9. Clear instructions and communication about the licensing process
10. Standards for licensing are appropriate and well communicated.
11. Clear communication of requirements for licensure and renewal.
12. Some of their evaluators are very prompt, thorough, and good communicators.
13. Clear communication about licensing needs, policies, and procedures. Great Facebook presence when communicating what's going on.
14. Good communication & process to have questions answered
15. They make the requirements well know and hold up licensing well
16. Communication, clarity of renewal rules
17. effective and timely communication; organized and efficient process
18. Communication and availability.
19. Clear updates on processes
20. Listening to stakeholders (all of them) at meetings. Outlook on intersection of law/common sense. [Name Redacted] (you're lucky to have her).
21. BBS provides a clear mission and vision, communicates important updates, use of online system to verify a license, renew, and manage license/registration. Communicating to consumers ways to file a complaint as a required communication at onset.

Comprehensive

1. It seems to be the most comprehensive board in the US with most stringent requirements.
2. Written testing is focused, comprehensive.
3. I think the licensing requirements for LCSW are comprehensive and it really means something when you say you've been licensed in CA.

Confidentiality

1. Keeping members information safe.

Consistent

1. positive efforts to bring multiple disciplines into line with one another

2. The licensing examination administered by NASW, to make it consistent and applicable in all states.
3. Information is clearly posted and consistent on how to acquire a license.
4. You keep track of and update the licenses so thats good
5. Consistent
6. Consistent,good
7. Organized. Consistent. Transparent.
8. Have a consistent exam across the state.
9. Most things doing well.
10. I feel it does well with consistency with the standards it enforces
11. Consistent exam process

Consumer Protection

1. The BBS has a very consumer protection oriented board that focuses on considering every avenue that might compromise consumer protection and tries to rectify it.
2. making information about individual practitioners easily accessible to those with computer access.
3. They protect the consumer
4. Effective in protecting consumers
5. High standards are held to ensure providers are equipped to be competent and ensure safety of patients.
6. There are certainly lots of laws and regulations! I'm not convinced that all of these requirements actually protect the public (I know a lot of very lousy therapists who are fully licensed). If there was a way for the BBS to focus on clinical skill instead of just a laundry list of requirements, it seems that the public would be better protected. However, it's clear that the BBS does want to protect the public. In reading the notices of action taken against therapists who violate standards, I can see that the BBS does have an important function and this part is a strength for sure.
7. Standards are focused on protecting consumers
8. I do think there is sufficient addressing of protecting consumers.
9. The Board seeks to provide comprehensive regulations to protect consumers.
10. Provides consumer safety
11. Looking out for the consumer
12. Standards for consumer protection
13. Pro-active on anticipating consumer needs,
14. The Board is able to process complaints to keep the public safe.
15. It feels like there is FAR more protection for consumers than the actual mental health professionals.
16. Protective- I feel from my perspective there is a lot of care put into regulating who is practicing.
17. I imagine they care about the consumers and want to protect them
18. Consumer protection/safety is critical, particularly now.
19. Weeding out those who shouldn't be therapists, at least those not willing to put in the work.

20. Easy to look up if an individual is licensed
21. The BBS has designed the exams to promote public safety and provide therapists with the structure to be competent in protecting the public.
22. Protects the public.
23. They are careful and good at consumer protection.
24. The Board continues to improve legislation and regulations to make it safer for consumers.
25. The board does well to establish licensing standards that protect consumers.
26. Protecting the public,

COVID-19

1. I thought the Board's overall response to COVID was positive--though I would like to see the BBS add a year of licensing time for interns given that 2020 really crushed some people's ability to gather hours. I've not seen any BBS notice on this.
2. The covid affective my associate's license due to testing timing
3. They have responded with flexibility responding to Covid 19.
4. Responding to the needs of the public during Covid pandemic
5. options for licensee applying during covid
6. The BBS has attempted to mitigate the effects of the COVID pandemic by providing waivers while attempting to provide opportunities to take exams.

Customer Service

1. Good customer service to assist in getting issue resolved
2. In my experience, the woman on Facebook videos and whoever answers the Facebook messages was the most significant help I had during licensing. Answering questions in real time when she could and deferring minimally. She was specific with her answers, to the point, but not rude. She was/is amazing and should get a raise! I got my questions answered in a day, that I had sent numerous emails and phone messages asking about for weeks. Please continue this service! I honestly feel that good customer service cannot be undervalued or neglected! I hope you keep her going on there. It is the very BEST thing you have going for you as a link between the board and your clinicians/consumers. This idea could be utilized in other ways, to address other stakeholder groups. Whoever decided to do this struck gold! I also want to say that receiving my license after passing my exam went very quickly! I was so pleased! The exam process was such a nightmare, that I was expecting it to take much longer to receive my license, but it came within a few days.

Efficient

1. process by which to obtain licensure is thorough and well thought out (i.e. experience)
2. The board is extremely proficient with processing paperwork and seems to function well administratively
3. Carefully, efficiently and generally with warmth - manages a more and more complex licensing landscape.
4. Efficient and organized

5. Efficient and effective system to obtain and renew license
6. Efficient, organized, human person to talk to
7. Clear, ease of logistics, process, and expectations
8. They have up to date information. Easy to navigate for the consumer and provider
9. Effective in processing paperwork
10. Efficient turn around and electronic payment and scheduling (breeze) once hours are complete.
11. Breeze is quick to renew and when I passed my exam the issuing of my number was immediate.
12. Get back to you quickly on FB

Ethics

1. Homogenized base line appeal to ethics and law
2. This is a huge challenge for any agency. I think the movement toward a strong emphasis on ethics as part of the licensing process (as interns) has been very positive.

Exams

1. testing
2. I think the test now make sense and are less subjective
3. the test is standardized and I know what to expect
4. Testing and exams.
5. Exams reflect basic knowledge of Clinical principals and applications.
6. Standard test that one can prepare for.
7. I think that the exams are effective and appropriate in judging competency.
8. quick feedback regarding the pass/fail of licensing exams
9. exams are clear in determining capability for the profession
10. I think you have fair testing.
11. I am a SME and know how the tests are constructed and also believe the requirements for licensure are good.
12. I appreciate that you collaborate with the aswb for testing standards that are consistent in other states.
13. Having strict tests.
14. The written Exam is strong. It tests General Knowledge.
15. two exams needed to become licensed is better than one
16. The board has a monopoly over licensing for marriage and family therapists - however it provides examinations necessary to assess for safety and risk for any future therapist and ensures following of protocol
17. The Board is strong in the actual exams given for licensing
18. The Board appears to be able to establish educational & training requirements as well as continue to update and improve the examination process.
19. Exam seems fair
20. The standards and licensing exams, including law and ethics, serve the profession well.

Fair Review

1. The Board seems fair and reasonable in their decisions about administering registrations, etc. I work with students and APCC's from under-served communities who often have special challenges that they have worked hard to overcome. The BBS has been fair and reasonable in reviewing their applications.

Flexible

1. Flexible
2. Ease of the actual testing process.

High Standards

1. There is a system w/ standards
2. setting one of the highest standards in getting licensed nation wide
3. High expectations in terms of number of required experience hours and other requirements for licensure
4. Training and requirements exceed national standards and make one feel well equipped to be a clinician.
5. Challenging exams which serve as a gatekeeper for the profession.
6. Rigorous standards
7. - sets standards, go to for consumer complaints
8. There's a high bar to pass the licensing exam.
9. The board does well at holding to high supervision and testing requirements.
10. One of the strengths was when the new regulation to have AMFTs take the Law & Ethics upon their first renewal. It helps keep new therapists with a refreshed mindset of the codes & laws that need to be upheld.
11. Holding high standards
12. Recognized name and institution
13. Adhering to high standards.
14. High standards
15. Setting updated ethical standards and guidelines.
16. I feel like they've been able to hold a higher standard go CA LCSWs than the rest of the nation. Not a fan of reciprocity.
17. They are obtuse with their authority and if that is considered serving the public then I can concede this a strength.
18. I think you mean well by being very strict in making sure MFT are fully qualified since you make it extremely hard for applicants to get to work in the field.
19. Thorough vetting of candidates
20. high standards
21. Setting standards for the profession; Important gate-keeper for the consumers!

Informative

1. Standards and expectations are clear.
2. Holding meetings on important topics to the profession such as telehealth, policy and advocacy, and licensing.
3. Providing information in all areas of licensing that includes types of licenses.

4. There is a TON of information available all online.
5. The information on how to obtain a license is listed on the BBS website.
6. Keeping ore licensees informed.
7. Has all the documents, classes needed, and information needed to gain licensure.
8. Lots of information.
9. The board has the necessary information to make informed decisions
10. Clear information on the process
11. Fairly good information and guidance.
12. Having clear directions on forms is helpful
13. The website is informative
14. Good documents on website
15. documentation/instructions
16. BBS guarantees an orderly, organized, and consistent approach to the standards of for professional conduct, competency, and respect within the delivery systems.
17. clear info on how to obtain a license, quality questions people need to know to obtain a license

Law/Ethics Exam

1. Assessing for an individual's knowledge of law & ethics prior to the clinical exam.
2. I know that exams are different now than when I was licensed. What I hear from supervisees, I like that associates can take law and ethics prior to completing their 3k hours.
3. Use of national test is more generalizable and less biased; additional level of examination in law and ethics is important aspect of professional practice

License Criteria

1. Tracking the training as well as credentialing requirements for licensure.
2. Experience requirements
3. Setting criteria for licensing
4. The board offers resources for becoming licensed and is clear in outlining licensure criteria.

License Population

1. Has a large amount of mental health professionals in the state, especially considering the size of California!

License Status

1. Developed a better system for keeping track of licensing.
2. easy to check status of license
3. It seems easy to look up license status, for consumer.
4. I really like the "Verify your license" because it allows me to check on interns licensure status.

License Verification

1. The Board makes it easy to renew and to find info on who is currently licensed.
2. On line Licensing verification has been helpful

Licensing Standards

1. Upholds standards for each of the professions it manages
2. Tight and rigid standards. This can be a very good thing and I appreciate what we are able to give our clients and customers because of licensing requirements.
3. Standards pertain to active practice of the profession
4. Set standards
5. The standard for obtaining hours and documentation needed is sufficient and the process appears to be working.
6. It is clear on standards and criteria for licensing.
7. The CA BBS are basic, and adequate.
8. Licensing capable candidates and providing candidates with a structured rigorous path.
9. Changing the standards to national ones
10. Requirements are generally clear.
11. The Board sets a high bar for licensing so that professionals in CA have much more experience in specific areas than other states.
12. there is clear guidelines towards licensing.
13. Implementation of policy and standards.
14. Providing clear and concise language around what skills are required to be considered profession.
15. They serve as screeners and ensure that all paperwork is submitted; only those who have completed requirements will be licensed
16. Stringent guidelines/requirements for licensing
17. Standards are appropriate
18. I like the course and experience requirements because I think it creates good therapy providers
19. standard expectations and requirements
20. Provides requirements for applying for licensure, courses to take to fulfill them, has licensing exams to pass to demonstrate competence in tc and intervention areas.
21. I believe the strength of the Board is in implementing the standards that they expect from every licensed person.
22. Board has been a good gatekeeper for the profession
23. There's a lot of prerequisites for licensing that's necessary.
24. Good standards are held.
25. I feel that the standards are held up in all areas of the licensing procedure and other requirements that are maintained.
26. The Requirements are well spelled out, clearly defined and easy to understand.
27. Reasonable enforcement. Reasonable qualification standards.
28. The board has adequate standards for licensing.
29. There's a specific set of requirements that each person has to meet to obtain licensure.
30. There is a lot of clarity around the requirements for licensure, and the board is very effective at ensuring these requirements are met.

31. The board spells out the basic requirements of licensure
32. BBS provides a clear guideline of requirements and steps to become licensed.
33. established standards; aligned with law and professional standards; clarity in expectations; input during development and steps taken to evaluate fidelity of application in work setting.
34. Establishing and enforcing standards.
35. The standards and regulations.
36. Clear rules about what is required to progress from trainee to associate to licensed.
37. Challenging testing process that sets a high bar for entry into the profession.
38. Clear expectations for licensure and maintenance.
39. Ensures basic competencies across practitioners.

Modernized

1. Board has continued to evolve its perspective and process for regulating practitioners and keeps up with developments in field.
2. The BBS has modernized the ability to be licensed and find a licensed professional.

Organized

1. organized and feedback is thorough
2. Disciplined and organized
3. Very organized and structured process of licensing and recredentialing.

Oversight

1. BBS has the ability and authority to oversee licenses
2. Oversight
3. They offer great oversight of process.
4. They provide sufficient oversight. When I was getting licensed there were delays due to insufficient staff but it eventually came through.
5. In the area of disciplining professionals who break the rules.
6. Oversight is necessary
7. Investigative reporting from Board representative on the case is usually clear and concise
8. It is the governing board that oversees licensing.
9. It exist to conduct oversight.
10. General oversight

Professional

1. Peer professional input into state licensing exam construction.
2. Public disclosure of professional violations.
3. Professional, clear guidelines
4. maintaining the professional standards
5. Maintaining professional standards of conduct
6. Organized, strong website, high ethical and professional standards.
7. High professional standards

8. Sets and keeps a minimum standard for Professional work.
9. Provides professional standards to follow, incentives for therapist to act legally and ethically, standards held by tests for therapists knowledge.

Public Needs

1. Receptive to hearing public's need during public hearings.
2. Attention paid to consumer needs

Renewal Process

1. Reminders for renewals
2. It was easy for me to renew my license, arrange to take my exam previously.
3. They send email reminders for renewing licenses which is helpful.
4. My license is issued every two years.
5. Renewals are easy and streamlined.
6. Once you are licensed, the board is quick to renew licensees and the CEU requirements are very clear
7. Efficient set up for license renewals
8. The online renewal process is quick and effective.
9. The renewal process on line is easy to access.
10. The renewal process has been seamless.
11. Sets standards for earning CEUs to renew licensing.
12. I don't have that much to do with the Board except for my license renewals...
13. Posting the time and the amount needed to acquire a renewal
14. Online renewal process
15. The new licensing online renewal system has been great. Being able to get a license renewed in a few days has been a great improvement.

Required Coursework

1. required coursework to be eligible to sit is clearly set out for all interested in licensure.

Requirements

1. Sufficient requirements for laws, ethics and general knowledge of the field
2. Laying out requirements for licensure.
3. Solid outlining of requirements.
4. The requirements for licensure is appropriate in regards to amount of hours needed for licensure.
5. requirements and forms necessary to meet necessary qualifications for licensure
6. good requirements
7. The requirements to become an LCSW seem appropriate and well thought out.
8. The requirement to gain 3000 hrs before testing.
9. They make sure that individuals have the proper education and credentials, and they continuing education is a part of the profession.
10. Requirements are certainly rigorous.

11. I felt my own training and licensing process was adequately rigorous. Assume it has not changed too much.

Resources

1. Literature has improved to help applicants apply for licensure
2. I appreciate the written materials which outlines clearly the steps
3. Development of - publication of pre-license pathway to license booklet was very helpful.

Response Time

1. Providing I have a direct contact, responsiveness to inquiries.
2. responsive on inquiries
3. Most available when I call them with questions I need answered.
4. The Board is responsive to people seeking licensure.
5. Responds promptly to e-mails
6. Prompt in responding to questions
7. They have been better about processing licenses in a timely manner.
8. I received quick response to answers and support in submitting documents
9. Improvements in responding to questions regarding forms and questions in the recent past
10. Got fast feedback when I asked a question through email.
11. Response time
12. Quick to respond
13. Improvements in turn around times for licensing process are noted.

Rules and Regulations

1. I like having regs to refer too
2. Clear descriptions and regulations
3. Excellent oversight of regulations.
4. Maintains regulations governing the professions
5. I am so pleased with the revised forms, uniform regs and competency-based approach. Great work!
6. Having policies/regulations in place for us to follow.
7. Rules and regulations are in place

Social Media

1. Facebook social media on Fridays for updates
2. Through the facebook page the administrators do a good job of updating the process they are going through.
3. Facebook able to post what applications were currently being processed
4. Good at communicating via Facebook at wait times for license applicants.
5. Facebook on updates
6. Facebook page helps a lot Communicate
7. Facebook updates on license processing

8. Dedication to serving clinicians to the best of their ability
9. Weekly communication through Facebook Live
10. Facebook updates with licensing dates being reviewed.
11. Keeping constituents informed about timeframes via social media
12. The Facebook page correspondence. Very communicative
13. Online social media and email communication
14. Clear communication on Facebook for anxious applicants during Covid delays.
15. Facebook information page
16. FAQ for LCSW applicants and Facebook updates on licensing timeline was helpful.
17. The BBS tries to keep everyone informed (their facebook lives are very informative) about the processes and wait times.
18. Very informative and fast responses on social media accounts. Which is very helpful.
19. The Facebook live updates and the way you search a license is easy. Checking license is very simple.
20. LOVE FB checkins the most!!!
21. Have a staff person responding to questions/comments online on the Board's Facebook page providing timely updates and individualized responses to licensing
22. Also, your Facebook page updates for people in the licensing are awesome!
23. Facebook Live events are great.
24. Those videos were so helpful and send a message to her is what helped me get an answer within hours.

Staff

1. Staff is always courteous, professional, and helpful.
2. BBS staff was helpful and thorough in helping me address inconsistencies in my forms during my licensing process.
3. Nice that mostly the staff are pretty responsive to questions about what someone might find as a slightly complicated process
4. Managing a crazy amount of information and consumer/licensees' needs without too much confusion to them.
5. I have been involved in the process of obtaining my LPCC, since the grandfathering process was instituted. Unfortunately, I was unable to be grandfathered into the LPCC license because there was no eligible person willing to sign off on my years of counseling experience in Higher education. Throughout this confusing journey I have found the people whose duties include LPCCs and APCCs to be knowledgeable, quick to reply to respond to inquiries, and great facilitators to the licensure process.
6. Line staff really try to work with what they have.
7. I can imagine the volume of applicants in the state of California and demand on the BBS is tremendously high. So all things considered, I'd say they are doing the best they can do.
8. The responsiveness and quality of the staff is excellent
9. Things have been better since more staff were added a few years ago to deal with the licensing back up.

10. Your employee are incredible. Especially [Names Redacted]! They are incredibly kind and amazingly helpful. They deserve the upmost professional recognition. Without their help, my very inexperienced supervisor would had wiped out mine and my co-workers 600+ hours. Their both very sincere and bright individuals.
11. Process is explained well. Staff supportive. Scheduling easy.
12. An easy website to naviagte. Additionally, the LCSW person is very helpful and prompt responding to any questions I have.
13. Your staff is very kind and helpful
14. Staff has always reported to the board and stakeholders in a way that everyone understands. Very thorough research to help the board make decisions

Standardized System

1. Standardized testing.
2. A system requiring supervision, experience, & testing is put in place to attempt to ensure quality therapists are the outcome.
3. creating a standardized system
4. Set standards, disciplinary measures, clear directions for licensing
5. I like the system the Board developed to keep licensees and clinical supervisors informed of the date range they're reviewing licensure applicants for.

Streamlined Process

1. BBS has streamlined some of the process and made it easier to renew online.
2. The streamlined Option 1 was a very good call, makes things much simpler.
3. Quick results from exam, streamlined process
4. Doing the best they can with a small budget. Actively making improvements to increase clarity and streamlining individual profession requirements (lcsw and lmft now equal hours and opportunity to gain hours).
5. Clear path to licensing.
6. Steps to licensure/associate are clearly stated and do not usually require reading the actual legal references to understand. Adequate access to live person for guidance throughout process.
7. The process is very streamlined and clear and which help candidates to plan well.
8. Streamlined process of licensing.
9. Timeline of tracking for process of line site. Visible forms and update pertaining appropriate license such as LCSW and MFT

Structured

1. structured
2. It is fairly structured

Supervisor Standards

1. Standards for supervisors and streamlined paperwork to track hours for application.
2. Supervision requirements
3. Supervised intern hours standard, # and variety of required hours.

Testing

1. Associates all get the same level of testing and are required to have a similar knowledge base.
2. Tests for minimum knowledge
3. Long history of exploring fair & equitable testing strategies that measure readiness for independent practice. Expert at running as well as is possible while continually being underfunded.
4. Rigorous testing but way too long of a process to take exams
5. Educational requirements, testing and CEU's.
6. You have great procedures in place on how to get tested and when to get tested.
7. Board reviews applicants accumulation of hours in timely manner Board solicits input for exam questions from licensed professionals
8. Testing, verifying education
9. The test is reflective of what practice looks in the real world. It is easy to renew on line and look at all the forms needed

Thorough

1. Thorough in their reviews

Timely

1. Prior to pandemic reasonable timing towards licensing.
2. Timely access to the profession.
3. It has been timely and efficient
4. The board is quick to update test results
5. There have been noticeable effort to timely access in the area of licensing. The time frame for obtaining Associate number has shortened; clearly stated and outline with licensing process has been published. Requirement of licensee needing to post BBS contact info increase awareness to consumers.
6. Timely processing,
7. My license has always been processed in a timely manner. The fees have always been reasonable.
8. Critically and timely review of paperwork and quick response to submission.
9. The duration and time of associates to practice is a good base.
10. BBS provides the APCC in a timely way and evaluates supervised practice leading to the LPCC
11. Clear guidelines re requirements for application Lower wait times for responses than previous years
12. When I got licensed in 12/2011, the board was very quick to cash my check and issue my license. Within a few days of passing my license, it was updated online which my employer was immediately able to print it out and give me a raise.

Universal Standards

1. There are universal standards for MFTs seeking licensure (numbers of hours for licensure, supervision requirements, etc).

Website

1. Online access
2. Website with detailed information on requirements and steps to obtain license.
3. having a website with information and resources about licensure process
4. Useful information online
5. Information is clearly posted on the site
6. website easily helps you find who to contact & find written info
7. All the information is online
8. Website has improved and gives clear information re: licensing.
9. The website is helpful for up to date information.
10. Licensing requirements clearly posted online.
11. People do get licensed, and your website has easy-to-understand instructions on licensing procedures
12. Clear organization on website. Great new handbooks for future licensees/registrants!
13. The board has improved its usability over the years. It has developed a user friendly system in which licensees can search for requirements and access information.
14. provision of information on website. seeking to ensure communication and information is made available.
15. Easy to understand and follow instructions on the website
16. The Board continues to process licensing and trainee requests and to address complaints. The website is a great resource.
17. Updating the website
18. The website is quite helpful
19. The websites offers consistent licensing information
20. All forms and information needed for licensure is available on the website
21. Website
22. The website is clear in establishing requirements for new social workers
23. Very informative and easy to use website outlining requirements for licensing.
24. Pushing more things online
25. Website and renewal system.
26. Everything is up to date on the website. After paying fee, our renewed license is provided in a prompt manner.
27. The process is explained in detail on the website and all required forms and fees are posted/updated regularly.
28. pretty easy to navigate on the web
29. Friendly website
30. When information is obtained, BBS updates the website in a timely manner.
31. The website information has improved from what it used to be
32. Online interface is easy to use
33. To the end of establishing a system to track and maintain licensing standards, I think the website and BrEeze systems are a good resource that has been established or

maintained. My license was based on hours completed in two states, and the individual who helped me understand and provide documentation to prove the hours was a very good resource.

Misc.

1. The board is able to provide a copy/certificate of your license.
2. Guidelines
3. Understanding the importance of uniformity for licensure
4. Provide licensing, testing
5. You will get far less responses because you have asked for a narrative response. Everybody who designs surveys knows this.
6. Centralized licensing
7. Setting guidelines
8. Mailing out license card
9. catering to LMFTs
10. Most competent practitioners do manage to get licensed.
11. our 90 Day rule is a strength. i work with students in all states and not many have this benefit
12. Collecting fees
13. They licenses get processed.
14. It makes people take the profession seriously
15. They appear United, regimented and invisible.
16. Maintenance of licensure
17. Requiring licensees to register every two years.
18. I'm not really sure since I was licensed 20+ years ago. I would have chosen a "not sure" answer had it been an option.
19. Good procedures
20. The board provides licensure
21. Rules.
22. Being able to regulate and monitor licenses and registrations.
23. The board requires licenses.
24. Has two tests
25. It is important to maintain California as a leader in mental health care.
26. Rigid rules. Does one size still fit all?
27. They review and issue licenses
28. Accountability
29. Thorough
30. The board continues to follow protocol and have made adjustments for associates to access licensing.
31. Well-intentioned. Good people trying to fulfill their mission
32. N/A
33. Eventually the job gets done.
34. They do the licensing
35. Focusing on details and past experience

36. within the state
37. Their strength is that they have a monopoly over licensing
38. Some standards are clear
39. Broad scope of licensure for LCSWs.
40. Carefully considers any proposed changes to the licensing process in Board meetings and in Board committee meetings.

None, N/A, No Strengths

1. During covid this answer is not applicable
2. Idfk there are some bad therapist out there who somehow became licensed.
3. Na (3)
4. Cant take exams, keep getting rescheduled
5. No strenghts (2)
6. None (8)
7. Alternative EMAIL CONTACT INFO available?
8. Unaware of any.

Board Staff

Informational

1. Providing information to applicants and licensees, do good job providing information on website.
2. Being transparent.

Knowledgeable Staff

1. Senior staff has detailed knowledge of the relevant statutes, regulation and policies that pertain to their license type and can communicate this information to the public.
2. The area of Licensing very effective as the board take considerate measure in making sure the correct courses of education is being applied to their license type.
3. Education component of licensing – explain to applicants the process in order to help them through the process.

License Process

1. Applications are processes timely, and they are very helpful when it comes to issues that may arise.
2. One of the evaluators have developed the scanning process that seems to stream line the process. Also has mentioned other areas to improve the process to cut out unnecessary steps
3. Renewal process is timely. Cashiering department runs smoothly.
4. Licensing unit has improved in processing times over past few years.
5. Board has added 2 different license types in the last 5-6 years. Board has been flexible meeting the needs of California consumers as far as type of different therapies provided to the public.

Social Media

1. People especially like the Facebook Live events that describe the licensing process and standards. Makes it easier for applicants.
2. Lately have done good job with online outreach.

Staff

1. The licensing team works very hard.
2. Staff are very passionate about getting the applicants as soon as possible.
3. Evaluators are the heart of the board, especially when getting the professionals licensed. Take their jobs very seriously.
4. Believe the evaluators love their job.
5. Evaluators have accountability and care about their jobs. Great people
6. Hired a lot of new evaluators which has helped with the response time.
7. Staff transitioned to telework with licensing well, did not experience any delays in processing times.

8. Despite annual increases in applicants, staff members work hard and keep up with the demand.
9. Customer service skills of license evaluators
10. Due to the outstanding work that the board provided and getting each applicant license I cannot see any weaknesses in the performance of what each staff member bring. The staff always bring their best with dealing applicants livelihood.

Board Members

Accessibility

1. Varieties of licenses provided by the BBS create multiple levels of access from consumers.
2. Accessible and affordable to get licensed.

BreZE/Website

1. BreZE system for renewals.
2. BreZE website and verify licenses and available to the public.
3. Website is user friendly and provides all necessary information for the licensure process.

Consistency

1. The board has done more work to make requirements for all license types more equal over the years.
2. Built parity and consistency between all the license types to decrease the confusion with differing requirements.
3. Board does good job of trying to ensure that clear standards are applicable across the board.

Consumer Protection

1. Very strong of set of consumer protections.
2. Raising the licensing fees after 20 years is protecting the public and ensuring that the board has the funds to support other programs and activities.
3. Do what they are required to do with background checks.
4. Strong public protection.
5. Administer exams, looking into background
6. Take the job of public protection seriously in terms of background checks and requirements.

Current Trends

1. Good job with keeping up with trends.
2. Additional training – addictions and substance abuse are covered
3. Equity from across the mental health profession.
4. Bring lived experience to the work.
5. Not punishing people who may have committed crimes from being able to seek licensure.
6. Good communication with the different training programs. Themes with suicide, LGBTQ+, etc.

High Standards

1. Stricter standards in CA and above normal for the nation.
2. Licensing process provides qualified clinicians of a high standard.

3. When I compare the licensing system to the State Bar system, it seems dramatically more effective at preparing student-clinicians for practice.
4. The length of training is more spread out, and the requirement for supervised practice undoubtedly helps alleviate some of the pressure at practicing during their first years after graduation
5. In past 5 years, created standards of practice for licensure, making sure there are no gaps and providing an equal process for everyone.
6. Ensuring that there is enough education and other requirements required by licensees to protect consumers and ensure that we have trained our licensees.

Licensing Process

1. Streamline of licensing process by publishing forms online
2. Process is streamlined for registrants to get their applications in a timely manner.
3. Big increase in licensees.
4. Getting better and better at the licensing process because of technology
5. License a lot of people
6. Lots of different pathways to licensure.
7. Turnaround time is good for licensing.
8. Drastically improved time it takes someone to get their associate numbers license after their hours have been improved.
9. Seems that licensing has been overall pretty good.
10. During non-COVID times, licensing process has been streamlined.

Staff

1. Licensing staff are very experienced and able to reach the application processing timelines.
2. Very thorough
3. Staff is efficient and effective with their time.
4. Staff do well with the resources they have.
5. Staff did great job accommodating with COVID-19 pandemic.

Misc.

1. Previous EO did an outstanding job with connecting with stakeholders, schools, and universities to build relationships and support licensees/prospective licensees.
2. Making sure there is diversity in licensees.

Licensing Weaknesses

Stakeholders

3000 Hour Requirement

1. 3000 hour requirement is demanding.
2. The Board has a six year time frame, making it difficult, if not impossible, for some to complete their hours for licensure examination. Over 60 years of age, I had difficulty securing internships and would have completed them if the six year time frame did not hold. Ten years ago at a March hearing, it was maintained that completion within the six year time frame was possible. It was not specified how many failed to complete their hours within the six year time frame. The ideal means of doing this was to seamlessly slide into the same agency that one worked in during graduate school. If one was employed full or part time, such completion was easily done. I did not have this opportunity. The six year time frame was instituted for reasons unknown to me. It destroyed my professional career and negated my protest against it. Think about this with the mass shootings and the fact that, as a LCSW, I might have prevented it.
3. It makes it difficult for clinicians to get licensed. 3000 hours is excessive

Accessible Care

1. Ensuring those undocumented or DACAmented can have access as well
2. Rolling out new standards make it harder for clinicians to become licensed which in turn negatively impact the consumer due to limited access and clinicians available
3. the board is restrictive for no apparent reason other than to allow people to suffer who are waiting in line for months to see a professional clinician. You are more concerned with your egos than with reality or strategy.

Barrier to Entry

1. The board is tightly wound and overly restrictive with no clear explanation or strategy. Normally, overly restrictive professional entry requirements translate into bargaining power with insurers for greater reimbursement. There is no such plan or strategy in place.
2. Not enough time to complete the test when my dominant language is English but my first language was Spanish. I have to read and try to interpret the question in each language and there is not enough time. If you do not pass, you have to wait 6 months to retest. Definitely not necessary. It creates many problems with employers.
3. Passive role where employers create barriers preventing ASWs from receiving clinical supervision. It would be nice if BBS could help SWs advocate for clinical supervision or make some kind of requirement where employers wanting MSW that they must make clinical supervision accessible to all.
4. Taking into consideration the struggles, difficulties and cultural barriers of persons and veterans.
5. The weaknesses are the Boards indifference to those who come before them after they have "broken" one of the "standards."

6. Making it extremely hard for LMFT and MFT Interns to be able to be employed causes frustration and does not allow hard working applicants to enter the field they have worked so hard for,
7. Perhaps lack of flexibility in analogous classwork or requirements and being too much of a stickler for how you want it.

Biased

1. Some BBS "Handler's" seem biased and inflexible when proof of what the licensee has completed has been accurately submitted.

BIPOC/POC

1. The Board doesn't appear to be doing much to identify and address structural racism. I'm aware of affluent practitioners who have done real harm to clients and been able to return to practice while POC who have drug tracking issues in their young years find it almost impossible to overcome. We need more POC working in our communities in helping professions.
2. Process (exams, paperwork, accumulation of hours) is cumbersome and may exclude BIPOC from accessing/achieving licensing requirements.
3. Those who would like to go into this field who are not independently wealthy find the cost of graduate school overwhelming, then are faced with years of internships, which are often unpaid and always underpaid for the level of education required. This impacts people of color disproportionately, which is tragic.
4. The licensing process is horrendous, takes far too long, still allows incompetent therapists through & is grossly geared towards excluding POC & anyone who isn't privileged or able to sustain a foothold in an upper middle class socioeconomic background through their internship/licensing process.
5. The licensing process is WAY too long. It takes advantage of interns working for free or very little to run agencies. It is exclusionary for those of color and low income. They can not afford to work at such low wages for so long.
6. There isn't intentional effort to support professionals seeking licensure (or sustaining licensure) who represent marginalized communities or are of lower socioeconomic status.
7. I really wish there was a centralized/federal licensing process. It is a long, expensive process that feels like a marathon only few privileged ones can complete. I don't think it ends up serving the consumers and it excludes a lot of minorities from wanting to get licensed
8. not always clear materials; tests don't really test true skill and are more about good test taking and thus harm underprivileged folks - how can we move the tests OUT of white supremacy culture
9. The BBS always talks in pride about how they hire subject matter experts or clinicians that conduct/sit on Ethics board. I have never heard of these opportunities, and when they were sporadically advertised I was immediately shot down. Meaning, the opportunity was advertised. I reached out to the contact person (ie. I noticed it was usually a person who is in an academic position) and was told "the positions have been

filled." I mean, why advertise for 10 SME's when the opportunity was already filled. This goes against equal opportunity, and now w/the nation going through an anti-oppressive campaign, one would think what is the BBS doing to increase people of color in these capacities.

BreZE

1. I moved to another state and had to obtain evidence of my license beyond the BreZE information. It was a very difficult process, and I eventually had to arrange a phone call between two state examiners so the California system could be explained. If there was more information posted on the website explaining how ASW licenses are eliminated after an LCSW license is issued, it would save a lot of time and confusion.
2. poor online presence with BREEZE
3. confusing site Breeze, can't see exams on site.
4. Breeze is hard to understand and accepts payments, even when it should not (wrong request or box checked, applicant wasn't qualified).

CEU

1. Making demands for more than just CEUs for those already licensed
2. CEU follow up being left to the individual may not work as well as-requiring each licensee to attach certificate copies at the time of renewal.
3. Delineation of required coursework for license renewal is not clearly described and/or notification of changes made to requirements is not sent out timely to licensees.
4. There is little quality control. Most courses I've attended in my 20+ years of being licensed are not effective. I appreciated the years when reading new research was acceptable as many books/articles are well researched and provide valuable info. I've come to feel that many ceu providers are simply looking for \$. Also, possibly consider reducing the number of ceus required each renewal period, but make sure they are more rigorous
5. The CEU's need to go. What is a little workshop or certificate going to do? We receive ongoing trainings at our job and I feel that should be a requirement at any private or nonprofit. Now in terms of the hours expiring I think that also needs to go as long as you are working consistently with a 1 year break of course (for family emergencies/baby)

Clarify Terms

1. as an educational system that has been reviewed by the board for LPCC, i'm finding it difficult to navigate any changes or additions that we would need to make for LMFT. Additionally, the difference of scope between these two licenses could be clearer.
2. The board can improve in clarifying terms such as "client centered advocacy", providing examples of how to track hours with example logs, and create a reminder system of soon-to-expire licenses (giving about 6 months notice of license expiration).

Clinical Skills

1. The exam really doesn't measure clinical skills

2. The License reqs seemed geared more toward psychology, MFT, psychoanalysis, and don't necessarily reflect the clinical work of SOCIAL WORK.
3. The licensing process now lacks professional clinical evaluation and input into licensing preparation for each candidate. Having had several roles with the board over many years, including that of an oral examiner, subject matter expert, exam material contribution contributor, etc., I am well versed with the process.

Communication

1. Communicating with the board should you have questions.
2. Phone accessibility
3. Time frame. And communication
4. would like to be able to speak with representatives over and beyond information on the site.
5. It is very difficult to find communication portals within the Board - facebook seems an interesting place to go for official information. Length seems unreasonable in today's world, it could be reduced while still maintaining standards.
6. Communication via mail only can have weakness in making aware and solving discrepancies.
7. Communication with associates.
8. The delay in scheduling a test and hearing back from the board isn't consistent. Calling the BBS mainline at times is a nightmare.
9. It can be incredibly difficult to get your questions answered.
10. Newer licensees sometimes talk of the communication being harder? I haven't experienced this.
11. It is difficult to talk to a representative if needed.
12. It is extremely difficult to communicate with someone in person. Many times people have questions that only the board can answer and people struggle to manage the licensing process.
13. Communication, customer service
14. Sometimes it is hard to get comprehensive information on the website, especially as policies change. When I was getting licensed, the length of time for processing applications was very long. It is difficult to get in touch with someone in the office.
15. Very difficult to communicate with. E-mail messages were returned several weeks later to correct error in email that the Board made
16. "lack of application status update,
17. I had to rely on communication through social media"
18. It is extremely difficult to speak with knowledgeable staffers regarding licensing regulations enacted by the BBS.
19. "Communication is lacking.
20. Compared to other states licensing requirement and process are complicated "
21. Too long to get hours approved, get communication back from the board about issues.
22. Communication issues
23. Never able to connect with a person to receive information or support.
24. Poor communication regarding licensing updates

25. Limited accessibility to a real person to talk to.
26. Mixed messages and not always clear communication
27. Very hard to reach for questions
28. Not being able to reach a human being to ask questions is a problem when the website is not thorough and logical regarding renewals.
29. It's been a while since I got licensed (I passed the exam in 2016), but the weaknesses I experienced (and have since heard reported) include a lack of transparency around the ever-changing requirements and a lack of communication about timeframes and status. I have always believed this to be a result of the board not having resources, but it felt like real barriers to the process.
30. No one responds to emails or phone calls - HUGE weakness. Please improve on this, even if you need to hire someone to return calls or get one of those automated chats, although I hate those. MY solution would be to refer people to the videos on the Facebook page and to encourage people to search the feed using the search feature. You could also set it up as a YouTube since not everyone has Facebook these days. I don't have it anymore.
31. No one ever answers the phone or responds with questions in a timely manner
32. Communication and accessibility for assistance in the licensing process.
33. no one answers the phone when you call the BBS, lack of clarity on reasoning for lack of staffing, poor communication between BBS and applicant
34. Not communicating effectively to those who want to obtain licensure.
35. lack of communication.
36. Communication
37. Barriers to communicating with Board via phone/email and for those who are not on social media platforms.
38. There needs to be more clear communication from BBS when consumers have specific questions.
39. Inconsistent communication of requirements.
40. lack of prompt communication
41. not clear when trying to communicate.
42. Once application gets mailed, there is absolutely ☆☆☆NO☆☆ communication between the application and the BBS. There is no updates and no response to request for more information. And makes a long and difficult process even more treacherous.
43. In a few cases, there are confusing messages, which in my case meant that I stayed unlicensed for 10 years which I believe was unnecessary given the violation.
44. Communication w/ the BBS is often inaccessible & unclear making it easy for mishaps for the licensee to occur.
45. lack of responsiveness to any issues (including errors made by the BBS)
46. Also, it is almost impossible to speak with a human if one has questions.
47. Absolutely weak - sent in money early after calling and getting no response to the Cashier Office; no response to either email or telephone; huge delay so I found the stated as the fee and enclosed it with the form which I printed; no response = almost seven weeks later I received a message that I was late and being punished for lateness - in that no additional amount was included on the paper put out by the BBS - then

charge \$100 as a punishment for a lack of \$20. Another six weeks go by after sending in money (20) plus 100 for lateness which I was not and six more weeks go by without a license...I have been an MFT since 1975 & this is the most lack of integrity I have witnessed. I was never able to talk with anyone regarding this though in my remittal of the monies needed, I stated that I was enclosing the punitive \$100 and I would abide by the Cashier's Decision but I did not agree with it.

48. Contact with BBS is difficult.
49. Communication is lacking. The only communication that responded was through Facebook which is unprofessional in my purview.
50. There have been times when it has been difficult to get a response from program reviewers. My alumni have complained that they have problems getting feedback from the BBS regarding their registrations.

Computer Exams

1. I do not feel that computer exams are the best way to assess someone's competency as a therapist
2. Clinical work requires very extensive knowledge and expertise. This needs to be witnessed and assessed in person rather than allowing candidates to complete a masters degree online as well as take computerized tests rather than in person presentations that verify competencies in traits required for professional expertise

Confusing

1. regs are all over the place. Can't we have one set of regs in one place? Not easy to consult or ask questions related to ethics.
2. Changes can be a bit confusing. For example, the streamlined method of recording weekly hours no longer lists maximums and minimums, as did older versions. Associates often forget these when totaling their hours, leading many to think they have finished collecting their hours when they have not.
3. The process is far too lengthy, convoluted, and requiring so many original pieces of information that often seems it proves only how well organized an applicant is rather than their appropriateness for licensure.
4. The regulations for LMFT and LPCC do not have as thorough a process. The licensing test itself seemed very confusing
5. Too many hoops to jump through after already counseling prior to licensing exam.
6. Things can still be confusing and it can be difficult to get a response at times. Not helpful in regards to navigating working in places where HIPAA doesn't necessarily apply (school districts) and there are increasingly more lcsw and lmft working in that environment.
7. The language used in the licensing paperwork is confusing. It's as though it is purposely written to make licensing difficult.
8. Daunting rules, regulations, applications. The hardest thing about the test was figuring out how to qualify and how to start the censing process.
9. I feel the process of gaining licensure is confusing and complex. It seems it's always been that way and continues to be. Accessing information is difficult for new graduates.

While I've been licensed for quite a while, I feel bad for the younger individuals trying to navigate the system. Too many hoops to jump through with information not clearly stated in one place.

10. At times, some information can be confusing, such as re-applying for an exam; documentation notes you can re-apply in 90 days, however it is 120 days.
11. Confusing website access, and information/resources is very confusing at times inconsistent turn around on registrations etc (even prior to covid)
12. Process is confusing. Supervision is not allowed to be provided online which stalls the process.

Consistency

1. Lack of consistent administrative practices. Poor service.
2. I read the disciplinary actions in each The Therapist magazine, and there is no discernible pattern or consistency in the judgements for what appears to be similar charges. I've taught Law & Ethics and couldn't describe or explain how discipline is determined.

Consistent License Requirements

1. LPCC and LMFT are very similar and a lot of the paperwork and tests should just be combined.
2. More can be done and supported online. It's hard to find simplistic answers to things and there should be the same requirements to supervise interns pursuing LPCC, LMFT, and LCSW. The differences in hours of coursework required are arbitrary and should apply to all since the professions are so similar
3. Standards of licensing between mental health degrees are inconsistent. As someone who has gone through the process to get a Ph.D. and an MFT, and working with LPCC's, etc. it is harder to get an MFT license than any other program. There fundamentally no difference between the degrees since they now all cover the same materials. This lack of consistent standards creates a weakness in the industry and causes interns and associates to be abused in many settings just to earn hours.
4. Different requirements across licensing that can do the same work. Ex. LMFT v LCSWM
5. Trying to align or make comparable LCSW and the other ones.
6. Requirements are very confusing, even to the point that seasoned supervisors don't know what's allowed & not allowed.
7. Although supervision can take place across licensing areas (e.g., LMFTs can supervise ASWs), people have very minimal, if any, understanding of how that works.
8. There are different costs and requirements for hours licenses for Social Workers, MFT and LPCCs.

Consumer Protection

1. The Board sometimes tries too hard to cover every possibility that might impinge on consumer protection leading to too much oversight and regulation rather than letting licensed professionals exercise their expert judgement. Not all the professions are the same, so some may require more direction from the Board on how to practice ethically

while others such as social work don't need as much regulation as they are well trained in ethics and practice. Due to its limited resources, aided access to professionals via the BBS tends to fall into the disciplinary perspective (whether a licensee is under discipline or not). The BBS has a tendency to treat all licensed professionals as equal in terms of their methods and modalities. That approach doesn't provide consumers with the depth and variety of the professions that could help them find the best match. While they rely on the professional associations and refer to them often, more specific variety in their consumer education can help consumers in making the correct choice.

2. Protecting consumers, it is too easy for sub-par practitioners to manipulate the system and obtain hours for licensure. Supervisors being forced to sign off on hours for time worked even if sub-par contributes to this problem. In addition, these individuals can “shop around” for supervisors to get their hours.
3. I don't think the Board is aware of how many people violate licensing laws or other laws and ethical issues that create problems for consumers. It would be helpful to have some kind of process for issues to be investigated.
4. BBS does not communicate with a manner that suggests they care about the oversight of credible professionals but that their sole purpose is to serve the public and root out the bad seeds. They communicate behind a wall which leaves the professional uninformed about protocols and how to submit documents efficiently
5. Furthermore, the protection of consumers located in states other than California falls outside the jurisdiction of the BBS. A California therapist is likely better equipped to practice (not to mention less likely to do harm) than a therapist in another state. Have you actually reviewed the ridiculously lax therapy laws in some states?

Cost Prohibitive

1. For those with limited resources I can imagine that it is expensive to get licensed and therefore tends to limit the type of people that can get the training needed to pass the exam.
2. Time required to earn licensure and become approved for it has always been an enormous hurdle to those seeking to enter the profession, which is an even greater problem in a time of growing mental health crisis as the need for clinicians grows. If the board really wanted to encourage licensure perhaps it should also consider additional standards for employers to prevent trainees and associates from being underpaid and required to work grueling conditions that make achieving licensure far more arduous and inhumane than it should have to be in too many cases.
3. Need to be aware that it is difficult for financially oppressed individuals cannot afford the training materials and or able to attend seminars to prep for test.
4. The licensing process is prohibitive for economically challenging groups.
5. It is astonishingly difficult to collect the required hours in a timely fashion - particularly if the candidate needs a source of income. I was fortunate in that I was able to go without a salary while working at unpaid internships for 3 years of my post-grad/pre-licensure experience. There has to be a better way - one that doesn't have talented clinicians giving up half way through their hours because they can no longer afford to be under- or un-paid.

6. I desperately would like to get licensed but I live alone and cannot take a job that pays 20 an hour in CA, pay student loans, car note, rent, etc. So I take a job that pays more with no supervision so I can survive. Or I have had jobs that do the bait and switch: we will give you supervision and then they give you none. So I have let my ASW lapse. It's just not enough time for this who are single or single moms trying to survive. It's like it only caters to one privileged population.
7. No monetary help, no resources to help with getting licensed, no packages to make CSU's cheaper.
8. The costs of meeting requirements are high which limits access.
9. High costs for required licensing.
10. Cost - The process of gaining hours, studying for and completing licensing exams is very costly and can deter additional potential therapists from completing the process due to financial strain.
11. High and multiple fees throughout process present a barrier to progressing toward licensure for associates
12. Too expensive to become license

COVID-19

1. Length of time it has taken to be responsive to COVID 19 protocols. You don't update the new laws until the day they expire or even after
2. covid19 made it very hard to contact a person to answer questions and get support more efficiently
3. You have yet, given me a solution. I have and am working during the virus constraints with Neighborhood Counseling Center
4. crisis management (during COVID- unable to schedule tests and were not told until last minute that license would be renewed even if laws and ethics examination was not completed).
5. Raising the prices of licenses in the middle of a pandemic. The board should be ashamed
6. Processing times during the pandemic
7. Processing ASW 2nd number applications and LCSW applications are way behind. During the pandemic there were delays in getting applications processed and no waivers were issued for ASW's receiving 2nd numbers who's ASW Numbers were expiring which cost people their job and/or demotions. A waiver should have been issued as evaluators were only able to pick up mail once a week and there were not enough evaluators to process applications especially after graduation season.

Credited Hours

1. Not counting hours of person therapy towards licensure.
2. 3000 hours is too much. There should be no volunteer hours allowed except for practicum. Should be at least minimum wage. Bring back requirement that at least 25 hours of personal therapy required.
3. In addition, the BBS should include personal therapy hours to be counted for therapists, social workers, etc in their hours needed towards licensure.

4. The required hours are too high. There is little to no benefit to the last 1000 hours. It just draws out the process.
5. How the hours are compiled are not conducive for growth and the idea that they expire is outdated.
6. The hours requirement seems to be more about quantity than quality. Everything that a registered social worker needs costs that social worker 1 to 200 dollars. It feels like we are paying into a high debt to work in a field that doesn't really pay well, if you want to work in areas that have the highest need.
7. Same as above! The biggest issue is the amount of time that it takes to get licensing hours approved when this impacts people's pay and career trajectories. It is also too stringent about the ability for providers outside CA to provide continuity of care when clients are in CA temporarily.
8. BBS fails at accurately monitoring the accumulation of licensing hours by some agencies and further investigation should be conducted. An option for whistleblowers should be available to the public
9. The ASW tracking sheet is not specific enough on the breakdown of hours. I would be more helpful to have more specific boxes like the MFT tracking sheet.

Cultural Inclusivity

1. Not culturally competent. Questions &. Scoring for the LCSW exam-law & ethics do not allow for other cultures interpretation of the questions
2. the exam is bias and not culturally inclusive
3. Lack of cultural competency requirements.

Customer Service

1. BBS needs live customer service.
2. Also, no customer service. It's terrible trying to talk to someone if you have questions.
3. I am licensed in three other states that this by far is the worse process and customer service.
4. Poor customer service, hard to reach

Difficult Process

1. If the mission is about providing "reasonable and timely access to the profession" then things are not great from the perspective of someone who is trying to become licensed. The licensing requirements for the LPCC are onerous and very unfair compared to a) other states' requirements for licensing professional counselors, and b) California's requirements for licensing LMFTs. The biggest problem is that all the hours I gained as a master's student cannot be used towards my 3,000 hours for the LPCC license. Another major bummer was that I only found out at the very end of my program that I could not ever go for the LMFT with this education because it is deemed deficient in focus (even though we do have quite a bit of marriage/child/family curriculum). These are just the first two issues; there are about 3,254 other ones that I've struggled with in this path to licensure. It's really really hard. The other so-obvious weakness: Why can't we submit an application online?? There are many ways that this is way more difficult than it needs to

be on the applicant. I get it, you're protecting the public, but the number of hoops that must be jumped through is incredible.

2. The standards are adequate, however the loophole one has to go through is not. So many issues which are not necessary.
3. Where do I begin? I faced multiple obstacles in getting licensed. What is most vivid in my memory of the process 4 years ago is the person at BBS who was assigned to review my case. It seemed like she wasn't very bright. She gave rote answers, like she was reading from a list of responses. I found the process grueling.
4. Lengthy and difficult to become licensed there. Odd laws and rules concerning threshold for consideration.
5. Extreme hurdles to getting licensed in comparison with other states.
6. At what point does licensing become so complex that it feels almost like sadism, a terrible, insurmountable series of hoops to jump through (while raising kids, holding down a job, maintaining intimacy, etc).

Fees

1. Fees are too high
2. Doubling the fees required this year.
3. prices being raised in the height of COVID despite outcry from applicants
4. The fees are increasing at a rate whereas salaries are not and the turn around time for review is very long.
5. Fees are too high. Process for licensure is too complicated. Gets worse every year.
6. Unrealistic fees for services provided
7. especially the fees and amount of cost to maintain a license. especially when so many orgs will hire people without a license. not much incentive to pay so much extra when you could not have to. not too mention the fees are obnoxious, and too reoccurring. we don't make much money after all.
8. Similarly with fees it may be prudent to charge clinicians who have had more time in the field as opposed to newer clinicians as it may discourage others from getting started in the field.
9. test is made to fail, testing fees put strain on unpaid Interns.
10. The increased time to license and increased fees are unreasonable. It would also be great if they worked closer with low fee/ FQHCs.
11. increasing fees during the pandemic.
12. Wait times and fees- a lot of therapists only make \$15 to \$19 an hour, and the licensure fees (plus exam fees) can be a huge burden.

Expenses

1. No eligible fee wavier or scholarship for applicants experiencing financial hardship but still want to peruse licensure in their fields.
2. The licensing exam is more tricky than it is straight forward in testing clinician's competencies. The amount of administrative applications, fees and processing delays subjects pre-licensed clinicians to undo stress in their ability to be employed and

compensated for the services they provide, and risks compromising the quality of services that can be provided to patients.

3. It is expensive to get and keep a license. CEUs are hard to do because they cost a lot.
4. Too expensive to pay for exams and study courses.
5. It is expensive and difficult to keep up with additional CEU requirements and renewal fees.
6. I think that they should help us more with legal and ethical issues in the workplace. Some supervision placements don't do a very good job of preparing us for understanding areas we are tested on. I think if you are within 10 of passing you should not have to retake. People are struggling with finances and have to pay this fee. You do have influences on ASWB.
7. The prices to get licensed are too high.
8. The licensing process can be expensive for the therapist in training (e.g., study/exam costs, sending paperwork to the board, application fees), who often receive either no payment, little payment, or barely minimum wage.
9. Extremely expensive and time consuming
10. the expense with ongoing renewal of licenses
11. The LPCC Licensing process. Several times during the past 6 years I have seriously considered moving out of California to a state where I could legally work as a therapist. Inconsistency. I have spent thousands of dollars on Post Graduate Coursework to obtain my LPCC in CA, but if I had returned to where I lived previously after I earned my MS in 2007, I may have licensed by 2010. I read this month that the board is considering to repeal the requirement for LPCCs to have 6 units of coursework to work with couples, families, and children. This is infuriating to read. The additional Law and Ethics, Psychopharmacology, and Diagnosis, the 6 credits of Family Systems coursework required I took as a post graduate. As it stands, CA's requirements for LPCC are FAR beyond what is asked of people residing in other states. I beg the Board to please stop changing its mind. I'm going broke!

Lack of Information

1. Many applicants and prospective applicants report being unable to locate specific information on the BBS website that they need to complete the licensing process; then they post questions to the community at large which tends to provide answers with outdated or inaccurate info.
2. "Information sharing is highly lacking in the area of ease at getting questions answered.
3. some requirements are confusing."
4. There is sometimes great difficulty navigating specific forms or information

Law & Ethics Exam

1. Having taken the Law & Ethics test, and now, studying for the LCSW test, I can say that the structure of the test questions has little to do with doing social work, and confuses many people. A person who studies to do SOCIAL WORK should not be failing this test. I feel we are studying the test itself in order to pass it, not 'social work'.
2. consider a second law/ethics closer to the final licensing exam

3. LPCC process utterly and inconceivably unjust and unnecessarily complicated in comparison to LMFT, which is actually the stronger license.
4. Inconceivable lack of communication and reconciliation over a six month period of applying for Law & Ethics exam."
5. The application process is horrible. I would like for the 6 yr mark in extend as I feel some interns may need more time due to not passing their law and ethics exam and or their LCSW/MFT exam

Legislators

1. Doesn't have resources/expertise to define the profession and protect the public. Legislators should not be defining standards, regulating profession. BBS is limited because they have to keep going back to the legislature. In other states, professional organizations play more of a regulatory role, and that works better.

License Standards

1. It seems the licensing standards frequently change, making it difficult for perspective licensees to stay current with information
2. Tight and rigid standards without areas of concern for illness, impoverishment, etc. where there are those bringing such strength to psychotherapy that endure these conditions.

Licensee Qualifications

1. California has some of the toughest licensing criteria in the country. Aside from external variances in law, with which the therapist should of course be familiar, If you are licensed in California, you are fit to help people anywhere. Seriously--this has to change.
2. No oral presentation which can allow unfit candidates for licensing and a potential threat to the public.
3. Testing for licensure seems to be getting less and less stringent. Possibly people who should not be licensed are now getting a license to practice.
4. One of my friends said they were looking for resources in mental health, ie looking for therapist she said she couldn't find someone she could trust and she called me for help, the only resources available is internet with therapists' name and phone number sometimes that is not enough to pick a therapist. I think it is important to expand in information we can disclose about A therapist.
5. It does not filter weaker clinicians
6. Some incompetent practitioners also get licensed, and some competent ones have trouble passing tests.
7. Licensing exam is getting easier to pass, and many with questionable unskilled applicants pass the exam
8. They are approving tests that are passing unqualified people.
9. Maybe more screening of candidates fitness for the job
10. Doesn't necessarily weed out those that shouldn't be entering the profession
11. The requirements do not necessarily match what I believe to be aligned with what is needed for strong, competent and equitable service providers.

12. There is little insight to ensure therapy hours are truly being completed. People who have never provided therapy and getting licensure and become qualified to be therapists with little to no true therapy experience.
13. Discrimination can be weak. Excellent clinicians do not pass the exam while less talented clinicians do.
14. there are a large number of different licenses that can be confusing; qualifications keep changing/adjusting

National Exam

1. CA ought to use the National exam vs. the state specific exam; the CA licensing exam is poorly written as evidenced by the low pass rates.

No Appeals Process

1. No appeals process after coursework is rejected or not accepted.

Not Accessible

1. the lack of accessibility to get questions answered
2. Lack of flexibility.
3. The process is not at all accessible for disabled folx who need accommodations for acquiring hours.
4. not adjusting to needs in rural areas

No Board Support

1. I am retired from practice in my experience the board was always aloof to the practitioners concerns.
2. Options needed for those of us with unexpected life interruptions which deter us from yearly testing requirements.
3. The main area of weakness is once a person gets licensed the board does not provide adequate support to the clinician, The board focuses on how it can protect clients from unprofessional and unethical behaviors, but there is zero protection for clinicians who can be abused by clients, wrongly accused especially those with Axis 2 issues,
4. No support to agencies providing 3000 hours of clinical experience Not enough advocacy toward insurance companies to pay for services provided as students and AMFT's Need more advocacy for sustainable income for students and agencies providing necessary hours for licensure
5. The BBS does a terrible job of supporting the associates in their licensure journey. Too many people good therapists get burned out and leave the profession.
6. BBS creates helplessness and this contradicts the profession. BBS should also be held to "Do No Harm."
7. No mentorship at all.
8. They approve/deny without providing any further assistance

Not Efficient

1. Efficiency in being able to process paperwork/etc electronically.

2. timeliness is not efficient or predictable
3. does not complete paperwork time efficiently. Need a unified licensing process for all states
4. The licensing process could be more efficient. Provide as much information as the board is able to release to the licensees - those who are in the process of being licensed.
5. I feel systems and processes in Sacramento are way behind from Silicon Valley, where I live. Instead of saying this is how things have been handled/BBS job security, step back and think how to make the process efficient.

Paper Applications

1. The board is outdated. The paper form is old school. The board is not keeping up with the times and to have waivers for online therapy is ridiculous. Times are changing and methods for receiving information has changed. How is the bbs still using old school form?
2. Paper application process
3. Pen and paper applications are archaic and slow, causing unnecessary and career inhibiting delays for applicants while prompting associates to abandon licensure because it s excessively rigorous without just cause.
4. Old fashioned process paper applications via the mail and incredibly slow. Peoples lives are on hold bc of not enough staff and old processes
5. Applications should be digital and licenses should be national vs state based.
6. The licensing process could be done online. The paperwork process is slow and inefficient. Documents can be uploaded securely and digitally.
7. The lack of turnaround for applications. The strict ridged nature of licensure makes it difficult to get licensed. Paperwork is a hassle and the system used to calculate hours is outdated and poorly integrated because it is using physical papers rather than online. The licensing process allows for associates to be taken advantage of by low wage jobs and lack of living income.

Poor Response

1. poor response times
2. The BBS office itself is slow, poor responsiveness
3. Poor response time from BBS
4. poor response to constituents
5. Providing support and responsiveness throughout licensing process. Sometimes publications are not clear or next steps arent clear

Processing Time

1. The time it takes to process applications
2. Very slow processing of applications
3. Extremely long turnaround time,
4. slow management
5. Processing time
6. Long processing times for applications.

7. Processing time is delayed and confusing
8. Overly long time frames
9. Takes way too long to act on applications for licensure.
10. Time frame to process applications is slow and there is no feedback on your status. It would be great if there was an online process where you could track how far out you are from licensing
11. the process time is long and it should be absolutely unethical to place pilot items on the test that take away time from questions that actually affect the test taker
12. The licensing applications and communication with the board can take very long.
13. Processing times. Lack of follow through on reports by clients and colleagues about licensed members
14. processing time is insanely long
15. The review process of the LCSW application packet takes an exorbitant amount of time to review, not allowing reasonable and timely access to the profession.
16. BBS can be unprofessional regarding the processing time.
17. processing time for applications is excessive;
18. Wait times are unreasonable long
19. By taking so many months to approve the hours, I would like to let you know I know at least two AMFT are working as sex workers to make their living. Make the process shorter. Charge more fees. AMFT would love to pay more if you guys shorten the approval process.
20. Faster processing times.
21. Another weakness is processing times. Over 7 months to acquire licensing is costly in lost wages and opportunities to the registrant.
22. the process takes a very long time and considering it's also based on a test for licensure it makes it hard for the vast amount of us professionals who are not good test takers.
23. Time that it takes for issuing of AMFT numbers and licensing exam dates
24. Processing times are very slow and delayed. Also, retesting is a barrier. Wait time is unreasonable. The opportunity to retest is limited that prevents associated from obtaining their licensure ASAP.
25. It still takes far too long to approve people's hours. We pay yearly fees and I truly don't understand where that money is going. They need more employees and more effective communication.
26. time in responding, time in receiving license, even after payment has been accepted
27. Shamefully slow processes that are dehumanizing and discouraging to applicants.
28. Not timely in their processing of applications.
29. The process, paperwork, time, lack of clarity around hours
30. The boards inability to process applications and associated paperwork in a timely manner impacts individuals ability to enter the workforce, slows the growth of accessible clinicians to provide services. This impacts our overall economy.
31. It can take a long time to get through the process due to long processing times.
32. Licensing processing times are significant, the wait time impacts clinicians directly and immediately, such as keeping them at a lower pay scale for longer, while waiting on license number to come through.

33. Lengthy processing time
34. Processing times for submitting hours to get accepted to sit for the exam.
35. Takes too long to process
36. Often takes too long for a person hour application to be processed. When I applied took over a year.
37. It takes too long for licensure applications to be processed.
38. Delay in applications being processed.
39. Delays are difficult for people whose livelihood is in the balance
40. Takes a long time to process paperwork
41. Delay in processing, and if any errors, additional delays
42. Completing applications in a timely manner; not losing paperwork.
43. the processing times are out of control. it should not take so long to get AMFT registration and/or approval for licensure exam
44. I think the timeliness of the processing of a licensure application can be an area of weakness, specifically when a person has completed their hours and needs to take the licensing test. The rest of the process seems to be fairly quick.
45. Processing times can be lengthy.
46. Timeliness to review application
47. Managing volume and system changes. Took me more than 9 months to receive approval of my hours when I was initially licensed.
48. I would say the wait times to process everything is time consuming. Interns shouldn't have to wait 120 days to take exams. I do understand that evaluators are working hard but they need support and more personnel to help them.
49. Delayed
50. Your wait to get licensed is way to long. Everything at this point Also, a brand new licensed professional without any experience can become a supervisor who has the power to sign or not sign your work. They have to much power. You should grant the a licensed individual the supervision rights on a letter from an agency requesting the licensed professional to become their agency supervisor along with other previous history supervision experience in other settings . Not wait for the two year policy. This allows for freshly licensees inexperienced supervisor to hold that level of power. That is just very problematic.
51. Slow to process
52. The process takes FOREVER.
53. Length of processing
54. Length of time to count and validate hours for licensing, often leading to discrediting hours that extend the process of registration .
55. Way too long in the processing of applications
56. Well I guess the time it takes to get things reviewed, but it is COVID days so completely understandable.
57. Long backlog in processing applications to take clinical exam
58. Need to have quicker review of hours and applications
59. It takes a long time to get licensed.
60. Too much wait times and turnaround times to process application.

61. Difficulty in processing applications, etc. in a timely manner.
62. Long wait times to process applications
63. Processing the information to obtain each step to move forward from intern to taking final test.
64. The process time can be quite long at times
65. Processing times are just REALLY long. 4mos to be approved for the test is a long time, but before the pandemic it had started to get better
66. The process of becoming a licensed Therapist is way too long in the number of years it takes from start to end. The pay does not reflect the years we did for Master degree and then to collect hours. My personal experience was traumatizing due to what I now can say I was exploited. The processor requirements is not practical or human for individuals to complete practicum hours while working full time jobs and balance a family. I did it my practicum prior to having a family. But looking back there will be no way I could have done it if I had a family. I was working full time and doing my practicum for master program. Monday to Saturday getting home at 9pm and stay up to 11pm or 12am to complete do documentation and Sundays was documentation that did not get completed during the week. My body broke out with hives from head to toe when I completed my practicum due to the high intense stress (Cortisol) and over work I put my body to accomplish this requirement. Reflecting back this is how professionals created disease and burnout because we follow the requirements that are NOT natural for humans to do while already working full-time jobs or have families. In looking back I can professionally say I torture my health to accomplish this goal. The requirements should be a set up for work life balance. Burn out comes extremely easy in this field especially when collecting our 3000 hours in non profit workforce. One day I will write a book of my experience and how collecting hours was traumatizing to my physical body and Soul.
67. Time to process app and they just increase fees while we are in a pandemic and they are taking a while to transition to electronic records
68. Poor delivery and timeliness of registrations, exam dates, licensing, etc.
69. Takes time to get through
70. I was licensed 12 years ago and at the time it took close to 7 months to verify hours etc.. and this made me miss the opportunity to get grandfathered in to the LPCC by 1 month.
71. SLOW!!! It takes way too long to process paperwork for licensing.
72. Taking too long to process. Cannot get a hold by phone without long waits.
73. The duration of the process itself was overwhelmingly long.
74. Sometimes the deadlines and application take too long to process.
75. There can be delays in processing applications
76. Processing time delays.
77. Length of time to process
78. The time it takes to finalize the process and get our documentation back after it is submitted.
79. Licensing takes way too long to process. I appreciate external factors that slow things down but this is people's livelihood, their families depend on the income and ability to move forward in the profession. I waited 8 months for my application to be reviewed.

80. The leads should help out on applications when there is a back log. There is a manager in that unit now and the leads were supposed to hand harder applications.
81. It takes so long that it is really disrespectful to the applicants who have already put in years of low/unpaid work.
82. The time for new Licensees to receive their license is lengthy and also delays related promotions.
83. Taking over 4 months to review and respond to AMFT applications
84. Takes way too long to review hours
85. Length of processing times for applications for licensure, exams etc.
86. Being able to process applications in a timely manner.
87. They take a very long time to review applications. I moved from a different state and it took over three months for my application to be approved.
88. It takes the BBS an excessive amount of time to approve paperwork for licensure, negatively impacting therapists' ability to progress in their careers.
89. Seems like it still takes a long time for associates to be approved once their hours are complete.
90. The time it takes for clearance for each phase as a student moves toward licensure.
91. clarity of requirements; timeliness of processing applications;
92. So many delays, even before the pandemic. Too long to review hours. Too long to issue license. All due to staffing issues.
93. Processing time of applications
94. Delay in processing applications
95. Licensing process is ridiculously long particularly given the amount of help CA needs.
96. Timeframe to get applications through the process.
97. Inordinate length of time to process new applications - especially for new associates who depend on timely responses for their livelihood

Online Accessibility

1. Access and timeliness needs to increase and be more and more available online.
2. Despite useful information I line, it is in MANY different places and a bit hard to find
3. Streamline online information.
4. More flexibility in the digital age - e.g., non-wet signatures, which many still stress about during COVID-19.
5. Having a paper-based application process for several types of applications has led to people's applications getting lost, spending hours and so much many to send paper-based application to BBS and the processing time/process and to communicate deficiencies or other needs for the application is inefficient. Everything should be through an electronic means to lead to a more efficient, effective and transparent way to communicate and get licensed.
6. The application process would be faster and more efficient if it was an online application.
7. Online availability is lacking and clarity of process is nightmarish.

Outdated

1. One line associate applications with on-line back and forth. Sending in a packet is very 1995: it's a waste of time. Yes: Technology can verify identity (unemployment does it/get the same rule change)
2. Consideration / anticipation of changing landscape of how behavioral health services are organized and reimbursed
3. Lack of automation makes the service better suited to the 19 th century
4. Programs to achieve licensure need to be updated to include new thinking about neurological basis for conditions relating to systemic problems.
5. Some written materials need to be updated to reflect what is capable online. For example, the LCSW packet states that you must fill out a paper form to request your first license when it can also be done (much more quickly) online. I also think that they process needs to be faster; I understand difficulties of staff working from home but, if I am being honest, the wait times have always been an issue WAY before COVID.
6. Some of the laws are a bit outdated, such as HIV training. An assessment of need should be conducted to ensure that all training requirements are relevant to practice today.
7. Lack of use of technology, requiring paper documentation slows the process. Technology could assist in tracking information and help improve processing times.
8. Antiquated, archaic system that does not prevent poorly performing therapists to become licensed.
9. Processing is antiquated, slow and inefficient
10. lack of up to date procedures (mail in vs. submit online)
11. -paperwork has to be printed- lack of technology advancement

Reciprocity

1. Unrealistic, unreasonable requirements for interstate transfer of licensure, at least prior to Nov 2019.
2. Lack of reciprocity with out of state experience, education, etc
3. Non transferable licensing
4. Continue to take steps to make it easier to get licensed in the state when coming from another state/location. Consider creating a joint-state licensing agreement with states close to CA so providers can legally see clients who travel to nearby states and will not be considered to be practicing without a license.
5. My license is not reciprocated in other states
6. The process designed by the Board makes it difficult (time-consuming, expensive, multiple steps) to get a license from out-of-state.
7. Out of state applicants who already have a license experience great difficulty here due to not accepting the national exam.
8. "No pushing for reciprocity between states regarding licensing.
9. as far as I know the board has not contacted LPCCs to regarding the benefits of the requirements the BBS set to become licensed. (i.e. start at 0 hours once obtain masters Degree, require community type setting for LPCCs)."
10. No effort to allow transfer of licenses from other States.
11. I wish there was Universal reciprocity throughout all states.

12. Not as clear how to become licensed in CA when already licensed or in process from another state. Assumes a goal of facilitating individuals from diverse backgrounds and skill sets.
13. We should have a national license for MFTs, or a way to practice with patients out-of-state
14. I think CA should be more open to allowing people that are licensed in other states to obtain licensure here as long as the education and experience requirements are met.
15. not accepting licenses from other states
16. across state licensure/portability
17. "1) Less effective with those transferring licenses from different states; more stringent in their reviews, even if educated in California, e.g., familiarity with CA's diverse populations
18. 2) Additional coursework requirements that are not prevalent for licensure or transfers in other states"
19. Lack of portability of license across other states, with BBS establishing standards that do not align with other states; application processing times are slow

Response Time

1. Responsiveness to inquiries is quite varied.
2. Response time could be quicker.
3. Slow in response to questions, registration of new interns, at times unable to reach anyone to answer questions
4. Poor response times to applicants.
5. Funding limitations make staff response time difficult
6. Response times for every aspect of licensure and renewal are way too long
7. delayed response times
8. emails are not answered quickly
9. Very slow response to emails and phone calls.
10. The fact that the only form of communication is email and no one responds to voice messages or emails in a timely manner is disheartening. The efforts to keep people informed via Facebook and Instagram has been helpful but still doesn't truly resolve issues when people are waiting on responses for their livelihood.
11. Poor response time to licensee inquiries, long response times, difficult to talk to a person
12. Poor communication/responsiveness to applicants.
13. Length of time for responses to inquiries, ability to speak to someone is at time shockingly poor.
14. Lack of responsiveness
15. My challenge with the board was getting support with questions & procedures. But as mentioned above I saw significant improvement in 2018
16. Be more responsive
17. Response time to applications for associate numbers and review of clinical hours is unacceptably long

18. Response time from the board with regards to information about process, procedures, laws, and other information. It appears that every hurdle possible at work with the timely processing of licensing. There is no oversight for the board or its employees. There should be some kind of oversight to include check and balance for licensees.
19. Response time to inquiries
20. time response
21. Slow response to questions posed by potential licensees.
22. timeliness of response
23. Responding to questions in timely manner
24. The time it takes to respond to applicants
25. Poor response with returning calls
26. The response time for folks who are waiting to receive their licenses. There is not a "help center" for folks preparing to become licensed. The communication to consumers is not accessible.
27. The Board is weak on response time for approving hours to take exams, weak on response time to licensees and weak on ensuring communication with licensees. There should be an email and then the person should get a ticket and they can check on the status of that ticket so they know when they will get a response.
28. Pre-license associates express great difficulty in getting questions answered regarding unusual hours accumulation and exam registration issues.
29. Time of responses or clear information regarding licenses.
30. Responsiveness to email/phone calls could continue to improve
31. it is difficult to receive a timely response to emails.
32. Takes time to get an answer, some steps are not clear, some answers are confusing. Especially during COVID-19 some steps are extra confusing.
33. Serving the associates. Responding in a timely manner to emails
34. LPCCs have to pay more than other professions for licensure. Response time via email was lagging and required follow up. LPCCs are treated less than by the board.
35. Takes a very long time to go through the process; there are no individuals who will talk to applicants over the phone which results in long email chains .
36. Response time when there is a question. Overall turnover time on anything required from the BBS is pretty long.
37. Slow responsiveness at times to student inquiries. Slow processing at times.
38. Reponding to LMFTs, supervision requirements to be in same location.
39. Difficulty with contracting or receiving responses in a timely manner.

Slow

1. Particularly slow turnaround even prior to pandemic. Prevents access and discouragement to accessing an already impacted and poorly compensated profession.
2. Slow turn-around and response times to testing request once hours are complete
3. The Board is not timely in the management of applicants
4. also we can never get ahold of anyone life at the BBS unless you go in IF you can go in person. then many of your questions will still be left unanswered.

5. "Delays in approving hours for licensure applicants mean qualified candidates have to wait unduly lengthy periods of time after completing their hours before being able to sit for the exam, which affects livelihood and career opportunities.
6. So many AMFTs accruing hours under Option 2 forms were told to submit their forms in December 2020 even if they were 1000 hours short of the required 3000 hours, and now AMFTs who have already completed 3000 hours but submitted under option 1 in January and February are being penalized by being made to wait until hundreds of applications which the BBS has stated it KNOWS will be deficient are counted first. There should have been some way to correct this and separate out the applications that are well short of 3000 hours. I realize this is an exceptional situation, as the forms are not changing every year, but it is completely unprofessional and disorganized, and is harming people who have submitted 3000 hours in 2021 but now have to wait extra months, in a time when many of our families are struggling financially."
7. Too slow. Too much bureaucracy
8. Slow (2)
9. slow process time
10. Turn around time can be slow
11. Really slow response times to inquiries
12. They are a big cumbersome organization that needs to listen to the people they are licensing- slow, arbitrary, and a MONOPOLIZING force
13. It is very slow. This hinders consumer access to qualified personnel.
14. Sloooooow! Has been this way for at least 10/11 years
15. I hear that there's always a backlog and issues are dealt with at a snail's pace.
16. The BBS is at times ridiculously slow in processing exam applications. This was true even long before the pandemic. I suggest employing more reviewers. I had to wait almost a year!
17. Slow in providing tests
18. -It takes many months to process hours toward licensure and there is no transparency about where your application is in the process. This is stressful because applicants don't know when to start studying for exams and causes delays. From the time I submitted my application to the date I took the exam was 6 months- 6 months of lost pay and stress.
19. Sometimes the information is slow to come. As in the case with Covid- which partially was due to every changing information being presented, but as our main place for up to date information, it was slow.

Social Work

1. Since social work is such a broad profession, it can sometimes be difficult to navigate the licensing process as a social worker in a field other than direct mental health counseling. For example, a hospital or foster care social worker determining which hours were clinical vs case management, face-to-face contact hours are on a different scale and different focus vs a therapeutic client.
2. social work values lived experience, the board does not when it has resulted in a conviction history, there is no data to support the assumption that any conviction no

matter how old and no matter what steps toward rehabilitation have been taken, poses a risk to the public

Staff Availability

1. inaccessibility to staff
2. limited personnel for responding to applicants questions and needs
3. Weaknesses include, a deficiency in the number of employees working to support phone calls and paperwork of potential licensees. Hire more people
4. Short staffed
5. The BBS is likely understaffed and causes practitioners to have to wait to take the exam, prolonging earning potential.
6. They need more people to be able to handle the amount of work. I can't imagine that it's easy for the people who are being worked to death to handle all of the paperwork that comes in to be processed.
7. Lack of efficiency administratively which could be easily improved with more staff to assist with registrations, approval of hours, etc.... even if seasonal additional help.
8. Not enough reviewers for applications: they should not take 4+months to get approval for licensure
9. Lack of staffing to help out with questions
10. Staffing shortages causing delays in review of licensing applications
11. Please hire more people.
12. Not enough staff to answer within a reasonable amount of time.
13. Lack of availability. Difficult to get basic questions addressed. Someone / people should be available by phone.
14. Staffing must always be an issue, although recently, it appears the BBS is rapidly processing licenses, etc. Not being a State Dept., the Board may be hampered in making change due to State laws that are enacted or need to be enacted. Although unlikely, would the BBS have more flexibility if they were a part of a State Dept.?
15. Staff is not available to answer questions from applicants; unreturned emails/calls
16. Can get backed up due to limited staffing
17. sometimes not enough staff
18. As far as processing licenses, there seem to be frequent vacancies that slow down the process. Also, during peak graduation times, the board staff falls behind.
19. I have gotten a sense from colleagues, particularly ASW colleagues, that they were confused about some standards or particular questions. I know it is essentially impossible to answer all possible questions to all possible scenarios on the website and equally problematic to have possibly a limited budget, but a person or phone number to call when the specific application of a rule to a situation is unclear would be a great additional resource.
20. Lack of staffing
21. Lack of staff to respond to applicants in a timely manner
22. Access to someone to ask questions and get clarification
23. Punitive Slow in responding Understaffed
24. Not enough staff (3)

25. Absolutely dismal performance in aiding professionals in need to obtain documents and responding to queries. Hire more staff. Offer telephone assistance.
26. Access to talk with live people. Length of time to processing applications due to understaffing.
27. Possibly having a low number of staff to expedite processes in a more timely manner.
28. Needs more staff for the amount of therapists and consumers
29. Lack of adequate staff and timeliness as it relates to refunds. I never received one of my refunds for an application submitted in error.
30. They are understaffed
31. Understaffing the office has caused delays for people in getting licensed, but I attribute this more to state budget issues than the board
32. Under Staff
33. Slow to respond. Understaffed. Difficult to get clarifications for registration for supervisees etc.
34. Seems it is still understaff with Q&A, licensing process is still over 3 months.
35. It may be better now, but when I got my license, there were not enough employees and it too much too long to process.
36. Not enuf employees
37. Just currently overworked with the surge of applications.
38. A possibility of more staff and more material for public use
39. Staffing - has been an impediment to timely applications in the past 2 years. "
40. Length of time for licensing paperwork review, too few people conducting paperwork reviews and able to answer questions
41. Processing can be very slow (even pre-Covid), not enough staff to review hours and other materials for those who are preparing for test approval
42. Additional staffing is needed to reduce processing time.
43. The BBS has historically been woefully understaffed and under-resourced, leading to serious delays.

Streamline Process

1. Timeliness due to volunteer roles, processes could be more automated that requiring mail for applications.
2. Too many steps, needs to be streamlined and modernized.
3. The process often feels overly rigid. I think digitizing the process could make it more streamlined and user-friendly. The BOard should consider a system where associate's count their hours and verify supervision continuously as opposed to waiting until the end.
4. It is far too long of a process. It should be streamlined and done in a quicker way.

Supervisor/Supervision Policies

1. The board should require evaluations of registratrants by their supervisors. It's not enough to participate in supervision, the board needs to give supervisors some ability to require more hours, require change in behavior or corrections in work.
2. Triadic clinical supervision is a bad idea that shorchanges the supervisees.

3. No one is holding therapist's accountable to grow in their own work to limit countertransference. Associates are treated poorly and like free labor without true care being put into their growth. How do supervisors get held accountable?
4. Might be better to put more emphasis on supervised client contact hours.
5. limiting supervisors to 3 supervisees hinders many ASWs from getting the best clinical supervision, as there are not enough supervisors locally
6. It is very difficult to get a supervisor also should consider other ideas for hours, such as leading AA meetings, working with children, program research.
7. Better oversight and accountability on LCSW's or supervisors who sign off hours. Supervisors should not supervise more than certain number of supervises and how is Board is currently monitoring this area is unknown.
8. I also think many of the supervision policies and forms are unnecessarily strict and rigid. For example, supervisors can have emergencies, and I think it would be acceptable for clinicians to be able to "make up" supervision the following week if a supervisor had to be out unexpectedly one week, instead of tying the supervision exactly to that one week of experience (perhaps there could be a cap on how many times this could occur per year, but I think this is practical and reasonable). Also, the different licensure requirements for each license type seem totally arbitrary, as we all end up working in similar job positions (why should LCSWs need LCSW supervision, when LPCCs often work as case managers and have equal skill / competency in many of the areas? This could be relevant only re. medical social work practice instead of applying to all LCSWs).
9. inflexibility for deceased supervisors

Telehealth

1. The BBS seems a bit out of touch with the profession at times. Some regulations seem more in place to hinder the professional growth of licensees than to protect the consumer. A great example of this is the BBS preventing MFTs from engaging in telehealth with clients located outside of the state of California. Why? Seriously--why? I have heard all the arguments and none of it benefits the consumer in any way.
2. With the pandemic and the rapid rise of telehealth the Board is behind the curve on providing regulations in this area. I see this as a result of the times. None of us were ready for such a dramatic shift in operating.
3. The lack of leadership in researching current trends is the Board's greatest weakness, one example online therapy like Talkspace and other such companies, not looking at the long term implications of digital therapy.
4. Reluctantly changing. We need to make Telehealth permanent for Trainees and Supervision.
5. Since the board must work with the legislature to make changes, time sensitive issues like reciprocity of state licensure for the purpose of continuity of care and clarity of tele mental health standards (and reasoning for those standards) take time. Communications from the board are often obtuse and appear to be written by a committee of lawyers. There are rarely examples and rationale for policy changes need a Dick Tracy Decoder ring to figure out.

Unclear

1. The Profession still lacks clearer defined competencies, affordable access to organized, taught courses for the promotion of effective skills and interventions and a better standing in many US-States, at varied settings and among other professionals.
2. Process to completing hours is also unclear, and very old school especially considering the ease of technology that could be used to speed the process of communication with the BBS.
3. Lack of transparency about BBS regulations when contacted for support with licensing process (ie. not elaborating on a regulation or helping associates determine if certain experiences will meet requirements)
4. There is no proper guidance when you are new to the process. If you have questions, you have to email the board and then get a response two to three weeks later. That's too long to get a response.
5. Some of the language is "legalese" that may confuse some people or be lost in meaning.
6. At times unclear or conflicting information on requirements.
7. licensure process can be very confusing. Would be nice to have some organized checklist or guide that can be referred to.
8. website is confusing and the process can be somewhat unclear; removed area that tells which week the board is currently reviewing applications so there's no way to tell length of time for the process
9. Ambiguous language
10. Can be a bit confusing on requirements
11. Certain forms and instructions are unclear and at time contradict each other.
12. Lack of assistance for those trying to become licensed. For example, I am working to get my ASW reinstated and start supervision hours towards my LCSW. The verbiage is unclear so I am unsure if the attending LCSW that manages interns can also supervise my hours. I have called for months to try and get clarification. I have emailed and read the legislation. I am unclear and still have questions and I can't seem to access help for.
13. Clarity regarding supervision standards while license is pending posting, after licensure, and other general related support for licensees.
14. Not letting us know what the violations were
15. BBS policies sometimes seem like a moving target. When we applied to name our degree Clinical Counseling we were told we couldn't. So, we had to re-do our proposal. Then they reversed decision a couple months later to accept Clinical Counseling and we are still stuck with a title that looks like it is only a degree for Marriage and Family Therapists--when it qualifies for PCC also.
16. The MFT, LCSW and LPCC pathways are so similar and unclear.
17. unclear guidelines for certain requirements
18. Some confusion about what courses will be accepted for the LPCC. My students are in an approved program, but former students also apply for the LPCC and are sometimes turned away unfairly.
19. Sometimes unclear guidance in publications

20. It was hard to determine if I needed to do additional coursework for my LCSW. I was informed that students who took the MSW program at San Diego State University didn't have to take additional coursework.
21. Board could do better with describing how could be counted towards licensure. Board needs to be more informed on current social work trends and field work.
22. lack of clear processes for applicants
23. Some of the documentation is not clear how to correctly complete.

Unresponsive

1. The office is unreachable when needed. Information is convoluted and not clear.
2. Board is not responsive enough to requests via email - hard to contact a specific person - must be understaffed.
3. Impossible to contact for clarity and/or questions that can't be answered from the information on the website
4. Unable to reach an individual to clarify questions during the licensing process in a timely manner.
5. I hear from others that it is difficult to reach anyone on email and by phone.
6. Lack of timely follow up from staff on specific questions by phone and email.
7. It is difficult to contact people and get a response from someone at BBS. I have sent several emails in the past and not received any response.
8. Difficult to reach other than online.
9. But good luck trying to locate a staff member, get an email answered in 48 hours... even before the pandemic.
10. lack of responsiveness to direct email inquiries
11. At times does not respond to email questions regarding licensing process and other similar concerns.
12. Lack of communication with staff at BBS.
13. Lack of communication. If I have questions there's no one to call. If I email no one writes back.
14. It is very difficult to get in touch with anyone, esp. by phone when an urgent question in the area of licensing occur.
15. A horrible process from start to end. There are no available resources --no one responds to calls or emails. No one can provide updates, if you can connect with someone, they often give incorrect information. It's so challenging that some Social Workers have had to reach out to elected officials for assistance. One of the worst experiences ever was getting a license through this board.
16. Not able to EVER talk to the BBS about anything in any mode of communication.
17. Difficulty getting a hold of anybody at the BBS when there are situations in which licensees assistance, BBS is not responsive to calls or emails
18. Sometimes I think calrification is hard to obtain. It has been months and I still haven't heard back from a request for information. Business hours and phone numbers also are short and have few to no people on hand to answer questions.

19. It is almost impossible to get ahold of people if you have any questions. I tried calling and never received phone calls back emails not just g. It was rather frustrating which added unnecessary stress.
20. I submitted all the required documentation for Licensure by Credential in December 2020. In Feb2021 I got a letter saying the transcripts had not been submitted; I sent proof to the board that they had been read by the Board, but also sent another request to the University to send a 2nd set of transcripts; The University sent email saying they had been submitted to the board (again) but There has been no "read receipt " for those yet. I am now seeking work elsewhere now .
21. Consistently emails and phone calls are not answered or returned.
22. I hear that people going through the licensing process continue to have difficulty getting responses from the BBS about their applications. I recently heard that someone found the Facebook group a more effective way of getting their questions answered.
23. Hard to reach anyone, not very accessible or helpful.
24. It feels like no one is accessible at the BBS. It definitely does not feel supportive to the professionals it serves.
25. The Board is understaffed and there have been many delays in licensing people over many years. It is also quite difficult to reach a person at the Board in order to obtain information.
26. Lack of response to emails - I had sent three emails via the requested email channels but never heard back "

Wait Times

1. There are also too many steps that involve submission of applications with the wait for a response delaying and inconveniencing many new ASW's & LCSW's and LCSW transferring from out of state.
2. I feel the long wait times for registrations and licenses to be processed are egregious, and highly detrimental to the careers of budding clinicians.
3. The waiting time was terrible
4. -licensure time takes over 4 months -waiting times to talk to a representative or no email responses when emailed- why is it easier to talk with the BBS on Facebook or Twitter?!
5. Long wait times
6. Timely access is an issue for most of the people that I supervise including attempting to get their renewal forms for interns and having to pay for them multiple times because the form is not arriving. If this had only happened to 1 clinician I wouldn't be saying this but it has happened to at least 3 clinicians this year alone.
7. The length of time it takes to have hours approved to be eligible for licensing.
8. Huge delays when licensee candidates submit hour for approval.
9. Turnaround time for approval of hours and assigning associate numbers is way too long. While I know it has improved, it is not right that the turnaround time is still months.
10. Everything takes long. Diffi
11. It takes too long to get an AMFT number, for hours turned in to be approved.

12. I waited 5 months for approval to take my exam (I had no deficiencies in my application). Five months! And after waiting five months I had to wait another 72 hours to be able to register for my licensing exam.
13. Long waiting periods
14. Timeliness (but Covid, so maybe that shouldn't count!)
15. The time it takes to get hours approved and take the test feels so punitive! It takes a lot of hard hard work to earn all those hours with low pay. Then we have to wait months? Just awful.
16. Length of time waiting for response
17. There can be a significant wait time and sometimes lack of communication from evaluators.
18. The board is not timely when reviewing hours towards licensure, which results in delays to scheduling license tests and meeting our career goals.
19. It is unreasonable to expect such a small team to work quickly while managing much. However, the wait times for processing are unreasonable for professionals who invest so much time, money and effort into licensure. Speed is a huge weakness.
20. The time to get licensure support, info
21. Disorganized, confusing, long wait periods
22. Processing paperwork can take a long time.
23. The BBS takes month to update licensure status. The way that we have to sign up for the exam is already costly. They immediately take your money but take well over a month to update the application status. When reaching out to the BBS, they are not helpful.
24. length of time
25. Receiving the actual LCSW license (required by my employer) after submitting payment for renewal took a long time. Despite renewing early, I received my license after my employer's required due date. However, this may be a result of the pandemic.
26. Poor customer service, long wait times
27. I believe that hiring more application reviewers could expedite the waiting process.
28. They do not process information in a way that serves the consumer and the purpose of the board. Wait times are too long and there is no easy way to get questions answered
29. At times very long wait times to get a test date even when COVID did not exist, losing paperwork, no one available to talk to about issues
30. Lack of personnel. Too long of wait times. Insufficient staff.
31. Not enough employees to process application for licensure in a timely manner. When a therapist has already spent years in education and getting hours, they should not have to wait 6 additional months with financial strain for the paperwork to be processed. This puts an undue burden on people doing difficult work for less money than they will receive when licensed, and this can be extremely difficult to experience.
32. paperwork delays - the amount of time it takes to review and approve applications, perhaps they are understaffed?
33. the board is consistently grossly behind in replying to emails, and at times it's impossible to contact them.
34. long wait times

Website

1. Website is difficult to navigate
2. the website and steps for licensure is confusing.
3. Review of licensing hours and approval for an Associate license or sitting for Licensure is quite slow. The website is not always clear or specific enough and can be confusing.
4. some areas of the website and paperwork are confusing
5. sometimes difficult to navigate on the web, could be easier for the user
6. Make website simpler to understand and documents to be completed electronically. In the past it is a challenge and confusing.
7. Difficult to navigate the website. Lots of layers when looking for answers.
8. It is still hard to find the info you need on the website, it takes too long to get licenses/registrations approved or to get questions answered.
9. The Board's licensing pages, instructions, etc. are very confusing. Not intuitive and are a barrier to people seeking licensure.
10. The site is confusing to understand licensed process... need a quick video to make process flow better. The paperwork looks outdated and unclear
11. Sometimes confusing and hard to access information. A simpler website would help.
12. The BBS needs to make sure the information on their website and the information all employees provide is correct and up to date (pertaining to the licensing process for LCSWs). The BBS has provided me with incorrect information, answers that have changed based on the person providing the information, and information that differs from what is written on their website.
13. The way the website is now, is not user friendly. So difficult to do a basic search on a topic. BBS is also making the licensing process too easy, practically giving away the license & it shows with the pool of people that are interviewing or are hired.
14. The licensing renewal website can be hard to navigate due to it's user interface. It is not visually friendly for those who have visual impairments. The BBS website has many items that make it hard to navigate. That is, the content of the pages is good, but hard to see due to poor overlay and page presentation. This can make it hard for professionals and consumers to access the information they need.
15. Also, the BBS should update their website with all of the pieces of information shared in facebook live as many people don't have the time (or access) to watch the video. It can be incredibly difficult to track all of the changes being made (LMFT Option 2 vs. Option 1 and the pandemic changes are a great example of this).
16. Additionally, I've noticed some improvements with the website, however, there are so many opportunities to still improve the usability, ways to find resources and information, and even tailoring information with more visual representations or workflows to assist people with navigating a complex process.
17. Additionally, the website and instructions are not always clear.
18. Poor explanation of requirements, poor web resources, poor explanation of the process and excessive wait times. The increased cost of getting licensed should cover some more timely processes. There is no face to face interview or review of a candidate for licensure only a test which does not review the true morals and values of a clinician.

Misc.

1. renewal every two years is unnecessary. it should be every four years
2. Quality issues
3. "Auditing documentation of associate's pre-licensing forms and supervision (I'm sure this would be time-intensive).
4. Investigating trends related to graduate school programs and the legal/ethical violations in which their graduates become involved."
5. The Board is not able or willing to screen the therapists who are committing fraud with their license. I have worked with many licensed therapists who committed Medical fraud or Medicare fraud or other insurance fraud. Many many therapists are involved in scams in the community. Many therapists are scamming clients and the public.
6. Bureaucracy
7. Complaints that have been resolved remain on public display for indefinite amount of time, incl. details of complaints without opportunity for practitioner's rebuttal or context. This might be justified for clinical violations, but seems excessive for administrative-type errors.
8. I have found that the attorneys representing the Board in hearings to vary in competence and strength in presenting the Board's case.
9. I believe associates should have more of their own individual therapy, as it affects their judgment and practices.
10. Too many questions here. One question at a time.
11. Too many idiosyncratic requirements.
12. Too many bureaucratic hurdles.
13. I think the BBS should work closer with the IHEs
14. Veering away from basics based on outside non-professional influence. A long term view should prevail.
15. Board applicant audit rates may not be high enough to deter sub-optimal behavior.
16. During covid this question is not applicable
17. It is not user friendly. Not very forgiven when things are done exactly right.
18. Poor preplanning; reactive rather than proactive
19. For those who are poor test takers there are no other options for obtaining licensure.
20. I hate that my address is made public. The medical board along w/other white collar professions do not have the clinician's address visible to the public; I know of this because majority of my networks are RN's, MD's, NP's, LCSW's, etc. I find this appalling and why do we MFT's always have to go above and beyond for transparency, and not feel protected by BBS. I worked w/high crises families (i.e. Medi-cal, homeless) and majority of them are very eager to know where I live -- not sure if it was because of the strong rapport built or these are just curious patients who are flirting w/me. Some of these patients have began to infiltrate and shop in my locale, which is uncontrollable and uncomfortable, but they can easily look me up via my NPI... and then a few clicks later can find my address. In the clinic where I worked a patient did this and found the clinician's address, and knocked on the clinician's door. In another similar situation, the client/family began to treat it as a "open door policy" by visiting the clinician. Even though teh clinician has stated many times that her home is not a "business place to

drop by for therapy, or be friends. There have been times where I could not get a PO Box or list my employer's address (i.e. university on the east coast) so I have no choice but to list my personal address. I find this very vulnerable to letting the public know where to find me, especially as I have had males (and their fathers) flirt w/me and have had intentions to find me personally. I did have a patient inform me that "I know where you live... ### on XXX Street, would you be home on Fridays?" I didn't know that the patient went to that extreme and made me uncomfortable. If an applicant is found to have consequences tied to their license, it would benefit to just have a standard definition. And if a employer/third party wants to find out more info about the details then they would request the info. There is a childhood friend who had a multiple incidences of being 'driving under influence' and her license was stripped from her. I didn't know about this until she was published in CAMFT and all her BBS records were made public. I know this person personally but did not know she let alcohol impair her professional judgement and end her MFT career goals. I have law enforcement family members. Many of them say that a DUI is a very minor infraction. When they read my CAMFT magazine and looked up the issues via BBS, they were appalled that the Board harshly penalized applicants. In the eyes of the law from a law enforcement professional's perspective, many of them stated that BBS is overly scrutinizing and charging applicants zealous investigative fees. It goes to say that BBS tends to reinforce "shame" which is a very critical component. It would benefit to see the BBS collaborate, or post jobs, that have do with mental health. I have never seen BBS post jobs that are about MHSOAC, Victim of Crime, etc. I would think that MHSOAC or Victim of Crime fall in hiring LMFTs but I notice the state treats each of these agencies are singular entities. Please explain, or have CAMFT publish, why an applicant needs to call BBS within 15 days when one is in legal trouble (i.e. DUI). I do read CAMFT's magazine religiously but BBS always mentions this initially for an applicant in the initial investigation process but never explains it.

21. Technology can also hinder in accomplishing the Board's mission.
22. The timeline is very slow to obtain an exam date to become licensed.
23. The flexibility of allowing inactive licenses to jump right back into private practice is alarming. People who have been out of the profession for years have begun to charge \$180-200 a session.
24. There are too many professions. I don't think that LPCC's are skilled enough to provide psychotherapy, nor do I think the scope of LMFTs includes hospital work.
25. Way too many requirements for additional coursework for applicants who went to school out of state.
26. maybe survey the clinical supervisors to find out which areas of deficiencies they are seeing in their supervisees
27. survey on quality of educational programs; some programs are just pumping out MSW's and may not really preparing them to provide the best clinical care
28. Using exams that are not national, which reduces CA LMFTs mobility.
29. Coaching is not regulated
30. Lack of professionalism. Ineptitude, lack of commitment to the community. Very low self esteem in most of its representatives

31. I think there needs to be more advocacy related to fair, equitable pay for therapists that is related to other medical fields (such as nursing), and recommendations or regulations re. for-profit masters' programs for therapy, where a lot of clinicians seem to come out under-prepared and with a lot of debt (100k).
32. Many schools have dropped in standards and become diploma mills. Most new clinicians graduate not having a good grasp on evidence-based practices or treatment planning. While the allowance to stay pre-licensed and under supervision adds to the amount of providers available, there is widespread issues with this in practice. There are many unlicensed providers who have no intention of ever becoming licensed and abuse the system, skirting the standards and expectations of licensed providers, including never having to prove that one has a good level of understanding of the practice of behavioral sciences and the legal and ethical standards associated with it like one who has taken/passed the exam has.
33. making licensing more difficult even after years of schooling
34. Licensing should be comprehensive and exacting. Politics and trending "facts" should not enter into examinations. All that should be considered is if the candidate has learned enough to practice safely and well. Those standards don't change with the weather.
35. It's time to automate review process of clinical hours. BBS could purchase Trackyourhours.com or make them affiliated. The point is to use software to track clinical hours, have supervisor approve online, and submit approved hours online. Please it's 2021. No more paper
36. Depth and breadth of testing questions were not as current and timely as they could be.
37. Rejecting or not accepting previous coursework after a graduate degree to obtain licensure.
38. Bad oversight
39. social workers were once respected for having advanced training and experience that outdistanced the MFT or counselor degrees, the licensing board does not seem to identify or consider the difference in training when setting up the licensing exams

No Weaknesses

1. None that I have experienced. They have been accommodating.
2. None (10)
3. Can't think of anything

Board Staff

Communication

1. It would be helpful if the evaluator made a note in the Breeze licensing tab for other staff to be aware if the clinical exam is required or if the applicant can apply for licensure upon passing the law and ethics exam.
2. Responsiveness is a problem.
3. Sometimes communication can be lost. Notes and modifiers that should be put in the system are sometimes left out.
4. takes long time to implement new ideas, some evaluators hinder there applications and prevent other evaluators from working at a faster speed. and do not like change and do not want to do the faster process.
5. Instant communication of deficiencies in application processing.
6. Questions and response time
7. Ensure that staff respond to (mainly)emails and phone calls in a timely manner.
8. Contacting the applicants/registrants when they have questions. Better responding to applicants/registrants.
9. Ensuring that all registrants and licensees understand law changes.

Confusing Requirements

1. Statutory requirements can be confusing – making sure that requirements are
2. For the Licensing and exam applications, the evaluation process is tedious and somewhat confusing which can require a lot of training.

Consistency

1. Quality control of applications, small audit of the applications to ensure that they are processed correctly.
2. Consistency for the processes for all the different evaluators over the different license types. (4 separate groups of evaluators)
3. 4 different license types – consistency across the license types and how we do things.
4. All evaluators need to be on the same page, especially with policy changes.
5. Processes could be more efficient, difficult to get all evaluators to commit to allowing online-only submissions.

High Workload

1. Over 120,000 licensees in CA are being overseen from graduation until licensure. Process to licensure is multi-faceted, and high amounts of workload

Knowledge Base

1. Junior staff need to increase their knowledge of the Board's statutes, regulations and policies so they can communicate this information to the public.
2. There is not a clear internal understanding of what path the applicant has applied for and if the clinical exam is required.

3. Difficult to get evaluators to help assist with processes that they are not comfortable/proficient in.

Processing Times

1. Improve processing time for applications.
2. Processing times could be improved overall.

Training

1. Provide better training for new staff.
2. New staff not getting the training they need due to the licensing manager position being vacant for so long.

Understaffed

1. It would be nice to have one person in the licensing unit dedicated to answering questions.
2. understaffed with LMFT Evaluators
3. Delays in processing licenses due to the staffing levels.
4. need a dedicated person who can respond to licensing questions and freeing up evaluators times to evaluate applications.
5. Need positions filled
6. Too many positions to fill
7. If one license type has a lot of openings, it's hard to get other evaluators to help assist, due to the processes being different.
8. Not enough staff to accommodate the needs, and number of candidates increase each year.
9. Licensing Manager position has been vacant for over a year.

Board Members

CE Requirements

1. Trauma and cultural competence training could be improved
2. All license types should require some form of therapy (mental health) as part of continuing education/renewal requirements.
3. Re-evaluation of educational requirements for licenses.
4. Include trauma and racial and gender topics in education requirements or CE requirements for licensees to put into practice.
5. A licensee should emerge into his supervised practice with a thorough understanding of systemic racism and historical trauma, and how these barriers affect therapy and the therapist. Existing examination structures may or may not accomplish this task.

Clarity

1. Making sure that consumers are clear on the differences between the licenses.
2. Sometimes potential licensees don't know the differences between the different license types.

Consistency

1. Need to standardize hour requirements for license types. LCSW (hours in school do not count for licensing) and MFT (hours for school count for licensing) specifically.

Cross-Training

1. Better cross-training of staff when there is turnover to help assist with processing times.

Diversity

1. Diversity of mental health practitioners.
2. Board can take a stronger role in building and supporting diversity in the workforce/field.
3. Continue to ensure that the board reflects the states diversity.
4. Looking for BIPOC/POC board members.

Reciprocity

1. Out of state licenses – ongoing concern of upholding CA standards.
2. Need and urgency due to COVID.
3. Need to look into a license similar to social workers. (LPCC does not have national exam currently). Big push to move to a national exam.
4. Continue to work on reciprocity with other states and make the process less burdensome for the applicants.

Responsiveness

1. Response time to applicants and licensees could be improved. LEP population is small, but on monthly basis there are still complaints about response time.
2. Waiver to practice with telehealth in another state – there was a long wait time to practice in other states.

3. COVID has caused issues with time for tests times and dates, exam locations, licensing, etc.
4. Response time/availability to licensee/applicant questions could be improved. Most questions must be answered by email.
5. Being licensed could be faster and quicker.
6. Processing times, especially with higher demand (LMFT), are delayed, however big improvement from over the years.

Staff

1. Vacancies in staff have created a backlog in the licensing process.
2. Not enough staff.

Underserved Communities

1. More licensees for underserved communities
2. Major access challenges for licensees in communities of color, or lower social economic status.
3. Rural and underprivileged licensees (including licensee applicants who are from communities of color) continue to be needed in the mental health arena.
4. Examining how the licensing scheme disenfranchises these applicants may be useful to understanding barriers to entry into the profession.

Misc.

1. Not all 100% online. Might be a generational thing
2. Better education on online licensing process
3. Design of licenses is not always current to what the population may need.
4. Older license types are not strategically designed/created to provide best access of care to the people they serve.
5. Getting up to date with social media presence.
6. Continue creating a stronger presence on social media.

Examination Strengths

Stakeholders

Accessible

1. Widely accessible.
2. The exam seems thorough and is available throughout the year.
3. The company who provides testing is effective at what it does with testing done at regular intervals in relatively accessible places.
4. Easy access to testing sites with multiple dates times and location
5. testing options
6. Local testing. Collaboration with preparation agencies.

Adequate Skillset

1. exams seem to be a good gatekeeper method to ensure clinicians have adequate clinical and ethical/legal knowledge
2. The exams tests whether the associate has general knowledge.

Applicable Exam

1. Both exams provide an evaluation of skills and knowledge that LPCCs will need.
2. The exam is about the application of facts and principles. It does not Require the memorization of rote detail

Application Process

1. Once the paperwork is processed, it seems like it's a streamline to get to the actual exam.
2. The examination process is uniformly and reliably administered.
3. Processing time
4. Homogeneous testing procedures
5. The board is very successful in administering exams and the application process for these exams.
6. Process is pretty simple

ASWB

1. The ASWB prep guide was very helpful But she'd be made available free for those with limited financial resources.
2. I appreciate the switch to ASWB exams.
3. Finally using ASWB.

Balanced Exam

1. I know the BBS uses the Office of Examinations to assist with formulating the Legal exam and a national (NASW) exam to determine clinical competency.
2. Clear questions
3. Good coverage of material. Balanced test.

Challenging

1. The test was challenging, yet do able.
2. rigorous
3. I firmly believe the test should be challenging and thorough, which describes it well.

Clear Instructions

1. clear instructions
2. Instructions are clear for how someone needs to prepare for the exam
3. Clearly articulates things.
4. Exam dates and instructions are posted.
5. clear guidelines; opportunity for preparation for reasonable cost, includes supportive process

Clear Process

1. Clear on what we need to know.
2. The examination process is fair and contains a credible method to vet.
3. Thorough plans for exams and information on what to study.
4. Testing was relatively straightforward.
5. clear exam requirements
6. It is concrete about the requirements for examination
7. Clear process about signing up for exams and process afterwards for receiving license

Communication

1. Clear communication on progress with applications and dates of service.
2. Expertise in advising

Competent Exam

1. Important areas of competency are tested and required me to complete a comprehensive review of law and ethics, theories, diagnoses, assessment and treatment planning.
2. The exam requires people to study to make sure that people who pass have a strong foundation in clinical issues.
3. If you honorably complete your required license hours to sit for exams you should be well prepared to pass.
4. The LCSW licensing test helped me feel more competent in my area.
5. Since I sat for examination, the exams have dramatically changed. However, I believe the Board is still creating exams that admit competent professionals and limit individuals still requiring oversight(s).
6. Exam cover a wide range of areas to not only protect the consumer but to test the competency of the Therapist

Comprehensive Exam

1. exam appears to be very thorough and I appreciate that associates are required to take law and ethics while still accruing their hours

2. The licensing tests have been fair, the content has been relevant to the field, and have a level of comprehension.
3. Fairly comprehensive in scope.
4. Comprehensive (4)
5. The exam measures appropriate knowledge areas - just not sufficient for licensure.
6. It covers broad areas. I was working with an MFT licensed therapist he brought me the book he studied for the exam when he got his license about 40 years ago yes 40 years ago it was less than 70 pages. Compared to now in hundreds of pages.
7. Exam is comprehensive with theories and case examples
8. content is managed well, especially in terms of consumer protection
9. Exam was comprehensive and complete. I studied for about 6 months and took tons of online tests. It was appropriately difficult but not ridiculous.
10. I have not seen recent updates to examination questions, but when I tested, the questions were clear, comprehensive, and relevant to issues that arise in my field of therapeutic services.
11. I think the exam is very comprehensive and fair. The job is to make sure the clinician is capable
12. comprehensive coverage in tests
13. comprehensive examination process engenders confidence that peers practicing within the state have adequate depth of knowledge to practice independently
14. Exams are comprehensive and appropriately challenging given importance of our work.
15. The exam is robust
16. The exams are comprehensive.
17. The exam is comprehensive.

Consistent

1. Working hard at building a consistent way of determining what clinical information needed to be licensed
2. Consistency
3. Standards are consistent with most other states . Questions on tests are relevant to current issues and topics that new social workers will use when starting out their work. Questions change appropriately.
4. Consistent expectations
5. Now the the board has shifted to the same testing nation wide, it feels consistent across state lines.

COVID-19

1. Flexibility during covid
2. standard exams, did well with COVID-19 implications for testing, DCA Breeze has made things so much better in terms of being able to apply online

Diversity

1. Thorough and includes some diversity
2. diversity/culture

Ease of Use

1. Easy to sign up once registered
2. I found it easy to get to the site.
3. Ease of use of software, strict testing procedures
4. It is easy to get my check cashed at the BBS when I mail in for testing.

Exam Administrators

1. Outsourced and methodically conducted.
2. thorough vetting of those that administer exam

Exam Locations

1. The location for the exam and the process in taking the exam was great.
2. great locations

Exam Structure

1. I am very happy with new structure of examinations.
2. I like the change of having one test earlier in the process.
3. I feel the exam is strong in formulations and structure.

Fair Exam

1. The exam seems fair, however everyone seems to pass it. When I took the exam, it was rare to pass first time. I'm not sure if this is good or bad.
2. The board provides a fair process towards licensing in the area of testing.
3. The questions themselves seem "fair" - they follow a formula that becomes clear when you use study prep materials (e.g., TDC, AATBS, GG, BCL).
4. strong effort to be fair
5. I felt the exam was fair. Of course, I passed, so I'm likely not the best person to answer this question.
6. Fair process.
7. The examination seems fair.
8. It's fair inasmuch as standardized testing is fair.
9. Fair test
10. I believe that the licensing exams were fair and relevant to the profession.
11. Testing procedures both fair and challenging
12. The board seems reasonable and fair.

Gatekeeper

1. You are a good gatekeeper, but ...
2. The examination is a positive screening process for new therapists in the profession.
3. Rules out weak candidates

Good Exam

1. Tests are great but why does it have to be 4 hours?

2. The board provides a good exam.
3. Good examinations.
4. Well organized, researched exam
5. The first written exam is adequate.
6. The 1st part written exam was just fine
7. Good exams
8. Provides enough time in between examinations and up to date information.
9. Maybe in a basic way, it covers some fundamentals

Great Staff

1. Communicative staff who offer timely answers
2. Focused and competent staff. Challenging tests at Master level encourage studying
3. Mary Coto is a big strength for the unit she is excellent at what she does and she communicates well. There is an active manager over the unit and that helps too.

High Standards

1. The board has a standard in their process.
2. The Board goes to great lengths (as it should) to assure fairness, objectivity and psychometrically valid exams. It works hard to secure exam security. It thoroughly checks the work of national exam organizations to maintain these standards.
3. Upholding strong standards in the field is important.
4. BBS maintain high standards for examinations and licensing.
5. Higher standards than most licensing areas in the country

Immediate Results

1. Immediate results
2. Good system for taking the exam. Expectations were clear. Results given immediately
3. It was certainly an exam. I passed on my first try and I was grateful to know that moment that I had succeeded. That was a huge triumph.
4. quick to give results
5. Got rid of oral portion. More objective and immediate results

Improved Exam

1. Have looked at the area of licensing and Made appropriate changes. As a LCSW licensed in 1990 many colleagues could not pass and not due to competence but due to the oral exam. The board looked at the stats and improved testing for ASW and AMFT and more are able to obtain licensing. In addition the focus on the first exam was so needed as ethics and legal issues are so important to follow so providers will not harm the people they are trying to help.
2. I would say the exams are much better than they were before when you had to sit in front of a board and subjectively answer vignette questions.
3. it has changed over the years so it is less subjective

Law & Ethics Exam

1. The board seems to test for therapist knowledge in various situations to make sure therapists understand ethical and legal ramifications to situations.
2. well the law and ethics is applicable. I do not know about licensing as I have not reached that milestone yet.
3. I've only taken L&E during Covid, this seemed fair, though I wish one could see their results to see where they could develop in this area.
4. Separating Law and Ethics and requiring passing score during Associate training.
5. I think that the ethics exam is a good tool.
6. I've only taken the law and ethics exam, which I passed. It's tedious but very effective and extremely important to know the information.
7. Having law abs ethics before finishing hours has been a beneficial change.
8. The legal and ethical exam is better
9. Law and Ethics exam
10. Moving the law and ethics exam to the time following graduation was smart. I feel much more confident as an employer that my clinicians won't miss reporting issues.
11. The exam does a good job covering ethics and laws.
12. I received the information about the Law and Ethics exam in a timely manner
13. additional level of examination in law and ethics,
14. The law and ethics exam seems fair (my students are passing at expected rates). I'm impressed when the Board discovers cheating and am happy that changes are made when that happens.
15. L&E exam is reasonable.
16. Assessing for an individual's knowledge of law & ethics prior to the clinical exam, and including these questions in the clinical exam. We cannot stress enough the importance of law & ethics in our field.
17. I believe the prioritizing of ethical and legal aspects in most of the vignettes is crucial, and the Board does this.
18. Uses dilemmas. Includes legal obligations for reporting abuse.
19. The California exam is hard compared to the rest of the states licensing exams and law and ethics exams. I've taken law and ethics for Texas and it's open book versus needing to study and really know our laws for California
20. Adheres to Ethical standards and scope of the profession.
21. Strengths in testing law and ethics, vignettes and other info are apparent.
22. Important emphasis on law & ethics.
23. emphasis on legal and ethical is a positive step
24. -assessing areas of knowledge required for legal and ethical aspects and theory base
25. The BBS employs thoughtful questions on recall and application to ensure comprehensive study and practice in following the code of ethics and professional training and practice.
26. Good ethical questions to ensure people are aware of the ethical dilemmas etc
27. law vs ethics
28. The exams do a good job of testing on laws and procedures

National Exam

1. This is a tough question to answer based on my limited experience. I have taken the NCMHCE which is a tough test, but it wasn't "administered" through the BBS. Still, I think it's a better choice to require the NCMHCE than the NCE for clinical counselors, so I'll call this a strength. I have no idea about the test for LMFTs nor have I taken the Law & Ethics Exam yet.
2. using national license exam for better transferability to other states
3. Using some national resources
4. You use the nationwide
5. Finally adopted national LCSW test
6. national test; diversity/culture
7. It is better since using the national LCSW exam.

Online Exam

1. Automated/computerized exams are associated with both strengths and weaknesses. Strengths: process a large number of applicants and ensuring the very basics of providing for a clinician that is safe.
2. Computer testing
3. Excellent administration; computerized exams is a positive.
4. Online exam with sufficient time
5. Its all very clear online

Opportunity for Licensure

1. It's a decent opportunity for everyone trying to get licenses.
2. opportunities for already licenced clinicians to be involved in examination

Pass Rate

1. I like that BBS is now publishing data from each university and the applicants passing rate. This was not made available during my day/licensure. I now teach and see this as valuable informative info, so that I know how to tailor and teach the grad courses.
2. Publishes pass rates
3. efficient in knowing pass fail. publishes current pass rate

Pearson

1. Pearson Vue is OUTSTANDING!! (2)
2. The board has done well by partnering with pearson view as an exam proctor.

Qualify Applicants

1. The board is always looking to improve quality for licensees
2. High quality test which increase caliber of CA MFT
3. Questions are tricky and thought provoking insuring the tester is knowledgeable of material required to know.
4. Rules out weak candidates

Relevant Content

1. Examinations provide overview of scenarios related to profession targeting assessment of critical thinking skills.
2. Clinically relevant questions that cover law, ethics and clinical care.
3. The content you are advised to be familiar with prior to testing is relevant to being a quality provider.
4. It is straight forward and relates to direct practice ethics and safety of consumers.
5. Exams clearly directed to those with the required training and experience - people not in the field would not be able to pass the exams, as is appropriate.
6. Exams are relevant
7. Exams are aligned with content that is relevant for the specific area the exam is being given in.
8. Exams are current
9. Board uses a National testing entity for LCSWs and ensures that CA clinicians have a voice in creating relevant questions that reflect our state's challenges and needs.
10. The board has included questions that are relevant to the practice.
11. Test content is relevant
12. The exams are relevant and they seem to work hard to keep them up-to-date
13. The board constructs realistic scenarios and fact questions to reflect what it's like in practice
14. Up to date questions and topics.
15. material is relevant and reinforces necessary learning points
16. Exams do feel relevant to the profession, and seem to be somewhat successful in assessing competency.
17. content of the examination is appropriate and relevant.

Revising Test Questions

1. Continuous review of questions on exams
2. Continual revision of the exam questions to assess their validity in terms of real-world practice

Scheduling

1. Ease of scheduling exams
2. Easy to schedule and find locations for testing
3. Easy to schedule online
4. Easy registration
5. They definitely get you ready to where you get to sign up for the exam by clearing you.
6. Administering the exams twice a year.
7. Relatively easy to schedule exams.
8. Easy to apply for exam and to schedule examination. Very quick email responses when a question is asked.
9. Process is easily accessible and schedule and reschedule is perfect
10. Allowing examinees to retake the exam
11. Expansion of testing sites, easy to schedule
12. Easy to schedule

Scope of Information

1. It's been some time since I studied for the exam, however, I do remember that the scope of the information was good.
2. Covering different areas of our profession
3. Test questions are rotated through and tested before they "count." The test is broad and covers a wide range of practice areas and knowledge needs.
4. covers all areas in the exam
5. Exams cover a variety of topics.
6. Wide breadth of knowledge.
7. Test is lengthy with and covers various topics which help hold those in our field to high standards.
8. The exams cover a lot of potential issues
9. The Board intends to develop an exam to cover a large spectrum of practice which is good theoretically as we work in many different environments throughout our careers
10. Creating written material that covers a spectrum of questions pertaining to a professional preparation and training.

SMEs

1. Bringing in SMEs to help build the test
2. The board involves actual practitioners in development of its exams.
3. Before COVID, there was active recruitment of a more diverse group of Sub Matter Experts for the creation and evaluation of exam questions.
4. Board solicits input from licensed providers and community mental health leaders

Social Media

1. In my experience, the woman on Facebook videos and whoever answers the Facebook messages was the most significant help I had during licensing. Answering questions in real time when she could and deferring minimally. She was specific with her answers, to the point, but not rude. She was/is amazing and should get a raise! I got my questions answered in a day, that I had sent numerous emails and phone messages asking about for weeks. Please continue this service! I honestly feel that good customer service cannot be undervalued or neglected! I hope you keep her going on there. It is the very BEST thing you have going for you as a link between the board and your clinicians/consumers. This idea could be utilized in other ways, to address other stakeholder groups. Whoever decided to do this struck gold!
2. Communication on wait times via Facebook was helpful, could be more prevalent on website.
3. Having a person on Facebook helps to contact on examination issues.

Standardized Exam

1. Standardized testing.
2. standardized, clear requirement, easy online system
3. There is a standardized test

4. Using a standardized test
5. These exams are standardized and given in multiple locations throughout the state
6. I believe strongly in the standardized testing and feel the BBS does a good job of testing the basic competencies. I fear that the general anti-testing stance that is popular right now will detract from this, but hope the BBS continues to require a standardized test.
7. Better information about whether the test is standardized or not etc.

Straightforward Process

1. BBS has a good system to develop and administering licensing examinations
2. The process is clear and straight forward. I found many resources available to support the process.
3. The use of vendors to schedule and administer the exam makes for a seamless process.
4. The licensing process from registration to day of testing was straight forward.
5. Working with the exam locations and scheduling exams is straight forward.
6. The examinations are thorough and the cooperation of the board with the educational exam material producers such as AATBS is helpful.
7. Go through thorough process.

Streamlined Exam

1. streamlined exams, quick results are a plus
2. It never used to be fair and reasonable but now it is lot more streamlined

Test Competence

1. I find the exams to be an excellent means for testing the know-how. Somehow they have managed to test for "what's your experience-based, intuitive hit on this one?"
2. I think it's great that there are exams to test the knowledge and capabilities of potential licensees.
3. Exams appear to determine quality in knowing what is needed to be a professional
4. The questions are hard so I guess that's good.
5. The exams are well designed to test competence in the structure of our profession.

Test Writing

1. I'm a part of test writing, it's an impressive process and I consider that a strength.
2. I feel the text is acceptable for myself, but I am a very strong test taker so that is not a fair statement against another.
3. The examinations are administered fairly well. Some of the exams are well crafted.

Testing Centers

1. Once approved, finding a facility that accommodates testing, it's comfortable environment, and and again, the content of the exam itself.
2. Easy test sites
3. I like that there are many testing agencies near by, as I do not have to go to just one location. For example, I could have tested in Rancho Cordova which was where I lived close by. Or go back home to the Central Valley and take my test at Merced.

4. The testing site was nice
5. Contracted testing facilities are generally well run. See previous question.
6. Good use of testing centers
7. The testing centers are well staffed, clean, and serve their purpose well.

Valid Exam

1. providing different/new exam every four-month
2. Valid examination material
3. i know the exams are relevant, consistent and valid
4. the exams I took seemed appropriate in validity and fairness

Vendor

1. Whichever vendor they use seems like a good fit.
2. Test administration set up.
3. Examinations are effectively outsourced.
4. I would encourage the Board to continue to work with the testing company to ensure safety and equity for test takers.

Misc.

1. Having resources and sample questions one can take on the BBS website was helpful.
2. Provides exams and appeals
3. The content of the clinical exam is excellent.
4. Again, I believe the board cares about consumers
5. The exams are lengthy and security is maintained.
6. I believe everyone who wishes to be licensed needs to be examined. Especially face-to-face. In this way the results of the examination can be trusted.
7. The regulations for the LCSW seem appropriate.
8. Very committed to your California exam!
9. The current written exams are likely more objective methods toward licensure than when the BBS (and BOP) had one written exam and one oral exam. I do not know this factually but that is my assumption based on personal experiences with the oral exams.
10. More research required.
11. Its required
12. It is what it is
13. Thorough and carefully monitored question writing and test construction.
14. People who have taken the exam lately seem to prepare well and learn a lot.
15. The exams happen, the board is doing its job.
16. Collecting fees and charges.
17. Moved to paperless notifications.
18. It's done as well as it can be done
19. Thank you for allowing some degree of reciprocity finally.
20. Promotes case conceptualization/ planning.
21. Same old examination development process
22. They have a system in place for examination

23. It exist.
24. I have limited knowledge of this area however I believe exams are appropriate and examine necessary content and process areas.
25. Years of experience
26. You point us to exams.
27. Provide licensing options in examination
28. Opportunities
29. Occupational surveys
30. Exams
31. Require everybody to take the same exam
32. checking ID
33. It's organized.
34. Keeping us humble in the experience of not knowing whether we are accurate in our responses.
35. They take their oversight responsibilities seriously.
36. You learn things you did not learn on school. LPCC and LMFT should not be so different.
37. There is an exam
38. Doing well.
39. Good use of technology.
40. Transparency
41. Uniformity
42. I passed the exam 34 years ago. I can't provide any relevant input.
43. I have not had to take a license exam lately.
44. I took the exam 20+ years ago when it was both oral and written. I have understandably not seen a copy of the current exam, so how could I accurately respond?

No Strengths

1. None (5)
2. I do not have a comment on this.
3. None. The state is woefully incompetent in this area.
4. No strengths
5. None you suck
6. Basically none.
7. There are none that I'm aware of
8. None. Beyond horrible and slow

Unknown

1. I'm not sure.
2. I have only taken the examination in California therefore, I am unable to critique.
3. Not sure
4. i don't feel i can honestly answer as i took the exam in 1989
5. Not sure, since I took my exams 20+ years ago.
6. (it has been years - I cannot speak to the current exam)
7. Unaware of any.

8. I have little to share as my exam experience was under a different system and I no longer provide supervision
9. Unknown

Board Staff

High Quality

1. The Board utilizes the high quality LMFT Clinical Exam for its LMFT licensure applicants.
2. The Board's strength is very well effective, due to the changes and challenges that comes with the job, and the high volume of examinations that is administer with very few errors.

Streamlined Process

1. Process is organized from time examination is written to when a candidate sits for an exam.
2. Getting people into exams efficiently.
3. Very strong in how program is run for examinations.
4. Runs pretty smoothly.

Timely

1. Scores are always up to date, and applications are processed timely.
2. Have done a good job offering the exams despite the COVID slowdowns.

Exam Provider

1. Board changed the provider who administers the exams and it appears to be much more efficient.
2. Several vendors who administer exams who know BBS's processes.

SMEs

1. Consult with SMEs who write exams, review exams, and conduct occupational analysis on the professions.
2. SMEs are very strong

Staff

1. Staff is conscious in assisting exam candidates through the process.

Exam Development

1. Development and development process of the exams are good.

Requirements

1. Keep up with requirements from the public with ongoing societal needs.

Online Communication

1. IT person does great job putting out communication on Board's website and social media accounts.

Board Members

Accessible Information

1. Have information on licensure process readily available on the BBS website.
2. BBS does a great job of providing worksheets on their website.
3. Easily accessible.

Clear Requirements

1. Established clear requirements on the licensure process.
2. Being able to create a relationship with stakeholders to share the protocols and expectations.

Communication

1. Maintain communication with applicants on the process of licensure.
2. BBS does a great job of telling applicants/licensees what the requirements for licensure/renewal are.
3. Respond well when problems arise. – Overcome struggles quickly.
4. Communication about the examination process is strong.
5. Communication with Pearson and stakeholders for those who needed testing during COVID.
6. Communicate with the licensees well about the requirements and scheduling.

Customer Service

1. Continued customer service surveys going out.

COVID-19 Waivers

1. Implementing waivers during COVID-19 to help with delays in application process.
2. Quick to respond to waivers during COVID-19 pandemic

National Exam

1. Adopted national board's examination with social workers.

OPES

1. Partnership with OPES – very consistent, occupational analysis has been very helpful in keeping the exams current.
2. OPES always invites the board to see how the exams are created.
3. Very knowledgeable.
4. Updated the board quarterly on changes to the examinations.

Vendor

1. Partnered with Pearson VUE for administering exams. Responsive with concerns BBS and applicants have had regarding COVID-19 restrictions.
2. New vendor – Pearson VUE is providing great service for the test takers.
3. Contract with new vendors, having more testing sites.

4. Identifying the new vendor – Pearson VUE
5. Higher quality testing company.
6. Revisiting the questions on the exam and the examination vendor.
7. Vendor who administers the exams goes out of their way to ensure that special needs are accommodated, and all relevant information is being tested and processes in place that ensure new content, laws, and practice strategies are being added to the tests.
8. Pearson VUE vendor is a strength.

Fair Exam

1. Test was reviewed in fairness to ensure that the test is testing what applicants have learned and practical skills they will be using.

Exam Structure

1. Restructure of examination has improved since 2015 and has provided a viable pathway to licensure.
2. Test has been standardized with structure of law and ethics and comprehensive clinical exam. Accomplishes the goal of consumer protection.
3. Solid testing materials
4. Providers are given a well-rounded exam.

Test Accommodations

1. Accommodations improved partly in due to the pandemic, allowed for more testing places.
2. Extensions on timelines for testing.
3. Provide a lot of opportunities to access the exams.

Streamlined Process

1. Efficiency and processing times were streamlined for online exam applications.
2. The board continues to use technology to streamline the process.
3. Licensing process is done well.
4. Good turnaround time.

Online Exam Applications/Scheduling

1. Online platform for exam applications and scheduling exams.

Prepared Practitioners

1. I think that one of the great strengths of the examination system is that it ensures that practitioners truly have a foundational body of knowledge before they are “set”

Examination Weaknesses

Stakeholders

Ambiguous

1. The questions on the exam could be more straight forward and less ambiguous. Questions that require the best of the worst answer should be eliminated. Also, be more upfront with the intention of the exam, i.e. consumer protection
2. Redundant questions. Ambiguous questions.
3. Ambiguous exam questions do not test the candidates knowledge or skills

Availability

1. More testing centers being available in order to take the tests.
2. At times, people have difficulty signing up in a timely manner due to availability of testing site appointments
3. Not switching to remote testing during Covid.
4. It's difficult to GET IT (COVID notwithstanding)

Behavioral vs. Theory

1. There appears to be an overemphasis on behavioral models (CBT, DBT, exposure therapy, behavior mod) and not enough emphasis on developmental theories (psychodynamic, attachment, trauma theory, family therapy theories.)
2. The exams do not test if the associates know any theory in depth.
3. Should have more therapy questions and theories

Biased

1. there are some people who practice in this profession who are biased and judgmental. Not ok
2. Too rigid and bias

BreEZe

1. No one responds to emails or phone calls - HUGE weakness. Breeze is hard to understand and accepts payments, even when it should not (wrong request or box checked, applicant wasn't qualified). Please improve on this, even if you need to hire someone to return calls or get one of those automated chats, although I hate those. MY solution would be to refer people to the videos on the Facebook page and to encourage people to search the feed using the search feature. You could also set it up as a YouTube since not everyone has Facebook these days. I don't have it anymore. Those videos were a lifesaver for me.
2. The Breezy interface and billing is unreliable and not user friendly. It should be a 1 step process. Sign up, pick a test date, pay.

Clinical Exam

1. Clinical exam

2. Clinical exam is not a measure of therapeutic techniques and knowledge. It is solely tested towards giving the board answers they want, vs what actually happened in real life. Also the clinical exam for mft & CSW is not fairly written especially when CSW can work in the same positions as MFTs. In that case they should also be tested heavily on theory and treatment planning or align the mft clinical exam with the CSW.
3. The MFT clinical exam the way it is designed is a ridiculous requirement that tests completely different skills (i.e. being a good exam taker) than those required to be a good clinician. It doesn't at all reflect the reality of working as a psychotherapist. E.g.: A therapist doesn't get only 1min. 25 sec. to hear someone's case and decide what to do and they often take multiple actions without much importance which one was done first and which one second. They also don't get to decide only among bad options having to choose the less bad one. This exam is a completely ineffective tool in protecting the public from bad clinicians getting licensed.
4. The entire clinical mft exam is a mess

Clinical Readiness

1. It's way too easy to pass and doesn't determine one's true clinical readiness
2. Per feedback from associates who have taken the latest exam administered April 2021, questions/answers do not reflect clinical data necessary for practice.
3. The test doesn't measure the quality of clinical knowledge, the best answer isn't a great answer all the time. The test should not be timed. Time will not give clinicians the answers to the test.
4. Unclear as to what you are really testing. It is clearly not our knowledge of law and ethics, or clinical expertise. It seems to be more about trying to figure out exactly what it is you want and second-guessing ourselves in our instinctual responses. In short, it is about learning to take the exam, not learning the material required, and this is a horrible way of testing people.

Cost Prohibitive

1. Not accessible. More resources should be provided to study that do not require a high fee.
2. Because of the intrinsic weaknesses in testing, sometimes it is necessary to study to the test, especially for folks who have more test anxiety. Unfortunately, the most effective ways to do this have commensurate cost, which means candidates who already have some resources are more likely to succeed which may skew access to practicing in the profession.
3. No free comprehensive exam study guide, the scarcity in exam dates, expense of exam/licensing process,
4. It would be nice if the BBS provided study materials instead of licensees having to pay for study materials, it sets an unfair standard for those who cannot afford to buy the best materials.
5. Obtaining a passing score often requires paying hundreds of dollars for exam preparation, which is a barrier for lower income associates and many clinicians of color.

6. Examination Fee Increase in times of crisis. No fee program to help examinees who are low income
7. High cost and exam requires in depth studying (you have to study for how to take the exam rather than how to actually perform client care)
8. Raising fees
9. As trainee and associates the cost of Law & ethics and clinical examinations are way expensive. Most agencies do not want to pay associates BBS should penalize them.
10. Very costly process - both to test and to find and purchase study materials to pass both exams (L&E and Clinical). I believe, especially during COVID, the BBS could have used the opportunity to expand testing to be virtual rather than in person with online proctored exams.
11. Signing up for exams is such a complicated and costly process.
12. Study materials are all costly. Practice exams and other materials should be free (as other boards provide to their registrants). This system of payment for study programs and exams is unequitable and is another barrier to licensing.
13. Making the exam accessible to everyone in terms of pricing. It is expensive to purchase a study program and pay for the exam and then pay for the license.
14. The exam information, expectations and practice are a weakness. Because of the lack of clear understandable information, associates pay hundreds of not thousands of dollars to pass the test.

COVID-19

1. Testing conditions amid COVID-19 were atrocious and inequitable. Individuals were treated inequitably, safety precautions were not take, and BBS has a role to play in intervening when these accounts are shared, even if the exams are administered by a third party.
2. Due to the COVID pandemic many testing opportunities had to be cancelled.
3. The board did not handle the licensure during the covid issues
4. With the pandemic and changing over the agency administering the test it really wasn't handled well and effectively.

Cultural Competency

1. Cultural competency
2. Limited cultural competency requirements and current cultural competency is incredibly biased.
3. It can be not culturally competent
4. Not culturally sensitive in questions & scoring. Limited testing sites pre pandemic. Time between failed test & next opportunity
5. The exams are not always as rooted in reality or attentive to variations in how the work can be best accomplished, especially when it comes to issues of culture. This is underscored when thinking about how the exams might inadvertently continue racist or prejudiced standards.
6. always room for improvement in culturally humble/responsive examination practices
7. Cultural issues

8. overgeneralization of diverse groups/cultures

Culture/Gender Bias

1. I think it is also testing to weed out foreign borns.
2. my last comment addressed this - i believe the tests replicate the power dynamics in culture and that white folks will do better. i don't think they really get to true skill and practice
3. The tests are culturally and gender biased.
4. Taking into account the cultural, physical and mental challenges of persons and veterans.
5. The majority of questions are from the perspective of White, middle-upper aged people
6. The exams are racially skewed toward Anglos making it difficult for people of color to pass.
7. The exams do not reflect content that is included in the prep material. Needs more cultural diverse questions for communities in non-profit organizations.
8. A lot of licensed clinicians are culturally incompetent regarding interactions and treatment with LGBT and BIPOC. Need better tools, item writers, requirements etc to mitigate this problem
9. Limited racial/ethnic diversity. In this day and age of examining white supremacy and systemic racism, more diverse perspectives are sorely needed. Limited discourse re: how Governor appointees are identified and appointed. It looks like an inside job.
10. The information tested on in the clinical exam centers the white male history of the field of psychology without fully exploring the breadth of contributions by women and people of color. It emphasizes the history of our field rather than its current state.

Customer Service

1. It would be great if the board provided very clear steps and a phone number to call to answer questions.
2. Better customer service, accept forms online, fees
3. Your staff has not stopped getting paid; however, the level of service when allowed to work from home has decreased significantly and it is embarrassing to get paid and lower the level of service so much.

Delays

1. Change of provider for testing created delays
2. Since they contract it out then delay to get things solved tends to occur more
3. Excessive delays in paperwork processing and travel necessitated to reach a testing center results in time away from work, thus away from clients. If I'm putting in this level of work, I should at least be able to take the exam within a reasonable time frame and not travel several hours from home to do so.
4. Exam date delays are burdensome to applicants
5. Delays

Different Test Behaviors

1. I question whether or not the exams account for people who have different learning styles.
2. The examination process does not effectively take into account individual differences in test taking behavior.

Difficult Exam

1. Your [redacted] test. I know a lot of good people who gave up because you don't test the value of the therapist. It is insane that people take your [redacted] test 6-7 times and still can't pass.
2. Some of the licensing exam questions can seem ambiguous, with multiple possible "best" answers
3. You don't care about the money professionals need to spend to become licensed. An associate degree holder can get an AOD certificate and work making more money than a Master degree holder trying to pass a [redacted] test
4. a clinical exam that is far more difficult than necessary, particularly as it includes content that is not relevant to most actual clinical situations or real-life practice
5. exam is difficult to pass
6. The mft clinical exam is the worst exam ever designed everybody is failing it because it was made too hard and reasoning based which is less effective than fact based tests and people have lost jobs due to being able to get licensed because they can't pass this test.
7. The material is difficult to interpret.
8. The steps between submitting the application to waiting for the green light to take the exam are confusing.
9. Sometimes confusing steps to get to registration
10. It appears to me that the exams questions are quite convoluted and even difficult to understand. I could be wrong, but I hear a lot of complaints even from those who have passed.
11. The process to get to the examination is inconsistently applied and too many applications seem to be returned for minor issues causing a delay.
12. Some questions are convoluted and difficult to choose an answer. This is no reflection on the knowledge of the student taking the test, it is a game of words and interpretation
13. Process feels disorganized and that not everyone has the understanding
14. An exam is a poor method of gatekeeping. Please also ask for evaluations from supervisors.

Diversity

1. people are diverse, they need diverse testing. who decides who will be a great therapist, you, and based on what? cognitive regurgitation?
2. Need more diversity in the pool of SMEs with more variation in experiences, work place settings, therapy practice models, mode of service delivery perspectives.

Documentation/Chart

1. There is not enough emphasis on documentation and charting. I believe this lack in licensing negatively impacts teaching of these necessary skills.
2. However, I'm seeing therapists come through that have almost no training in documentation, some that don't even know we are supposed to document sessions. This needs to be on the Exam.

Evaluate Licensee Competence

1. I don't feel like the licensing exam effectively evaluates a clinician's skills in any real way, but I understand the need for a comprehensive exam.
2. The exam should be testing a person's knowledge, not being tricked! It does hurt the test taker's self-esteem and self-confidence.
3. While it is in the Board's interest in protecting consumers to put its faith in the exam regime and structure, it needs to consider other methods to evaluate licensee competence in addition to the exams such as the process used in Colorado. Resource limitations promote an over reliance on exams thus constraining considering other approaches.
4. Assessments are not indicative of good therapist
5. I'm not sure if the exam truly assesses what therapists need to be effective. Many people pass the exam and are horrible therapists.
6. At best the test assesses one's reasoning under duress. And, the exam does not weight questions as other professional licenses. We practice an art yet are tested as a science.
7. The exam does not do an adequate job of accessing an effecting counselor.
8. Test questions could modified to measure if a person would be a good therapist. Now it doesn't seem to measure this.
9. As stated earlier, the lack of professional clinical input and direct evaluation of licensee candidates diminishes the ability to make sure that those licensed are ready to practice independently.
10. Testing doesn't necessarily show who may be a good Practitioner
11. The exams are horrible and have very little to do with actually ensuring that providers will be knowledgeable, ethical, and proficient. Almost none.
12. The exam is an exam on exam taking skills and less on actually being an effective clinician

Exam Approval Time

1. It would be helpful for a candidate to know the expectations of when the BBS will respond to a request to sit for exams. Is it 30 days? 3 months? This has been a source of distress and anxiety for candidates. This warrants improvement. Please define "reasonable and timely access"
2. The board is insufficient and completing necessary tasks to help with licensure, e.g. waiting for over 5 months to receive approval to take exam and or send necessary paperwork in order to complete the exam
3. Time it takes to get approval to take the exam.
4. Times from application submissions to approving testing is very poor.

Exam Prerequisites

1. You keep adding requirements.
2. Would be better to communicate more effectively about requirements.
3. The exam prerequisites & exams are not appearing competitive any more. To see a new graduate be half way through licensing after 1 year post registration with the board is incredulous. They are not taking it seriously & find it “easy” to just take a “few law & ethics questions” that before were already imbedded in a very rigorous & challenging exam.
4. Let students in Masters program (MSW) gain hours. Right now MSW students are not allowed to gain hours while in school. The more they work, the more ready they can get for the exam.

Exam Process

1. Turnaround time for processing applications for exams
2. The examination process, associate’s procedure, and other intricacies are challenging to navigate as an individual person.
3. Long times to get to testing which delays licensing
4. Exam process
5. I don't think that the licensing exams are valid or reliable measures of who is qualified to be an MFT. In my experience the exam may delay licensing but nearly everyone I have know in 40 plus years has gotten their license eventually.
6. length of time from submission of hours to approval for exam is extremely
7. The test questions for the test that are administered are not congruent with the work that is actually being done. The idea that it is a timed test is also not congruent with the helping profession.
8. Although the board has moved to a different testing regiment, the process was crueling and some of us were kept waiting for several months to be approved for testing.
9. I was always a good student and finished tests quickly. The LCSW licensing exam was the only time I used the entirety of my allotted time and could have used more time. I think everyone needs more time allotted on the exam.

Exam Retake Time

1. There shouldn't be a 6 months wait in between tests. I don't understand why it's so long.
2. Having to wait 6 months to retake is a long time, national times are 3 months which appears to be a fairer time frame
3. The licensing process is cumbersome, if one fails an exam it is very difficult to get through to reschedule. It would be nice if there were standardized exams or if the national exam was recognized in all states. I never understood why the experience for an MSW and MFT were so different.
4. length of time in between retaking an exam if you do not pass. the process is confusing about how to get registered for the exam as its through a different provider than BBS.

5. 1) the waiting period for re-take the LMFT exam is 120 days plus due to pandemic, lot of testing center is not available, it delays at least 6 months to take one exam. Instead of 3 times a year now only 2 times a year. it is very frustrated.
6. retakes of exams are only every 6 months, national exams are every 3 months which seems to be fair
7. Wait time if you don't pass.

False Failures

1. They examination systems have failed and provided false failures which creates stress.
2. It has been a while since I have taken the examination but when I did there was a person at the testing center that stated that they had taken the exam and due to a computer error they had to failed by 1 point. The board (according to this person) was requiring the person to take the exam again.

Immense Pressure

1. The state somehow believes that applying immense pressure on test candidates is a good test of their fitness to practice. This is of course not the case (we are not ER doctors, forced to make split decisions to save lives in seconds), and actually does significant harm to the candidates. I find it ironic the BBS is responsible for so much stress and emotional trauma in test-takers. I have been through the immigration process, married, raised two kids, divorced, bought and sold businesses and homes, gone back to grad school as a working adult, worked with high-conflict couples in distress, and nothing has ever come close to the levels of stress and anxiety I experienced while preparing for and taking the exam. Some questions are irrelevant or intentionally vague/deceptive and seem like trick questions, with all offered answers being correct in some way. Is an answer that is 90% correct not sufficient when another answer is 95% correct? --The answer to this question isn't the point; having to decide between them under immense time pressure renders this question inherently unfair and therefore not a valid measure of competence. In no real-world scenario is a therapist asked to make a significant clinical decision without the opportunity to properly consider the options and conceptualize the case properly--to do so in a snap decision the way the test asks you to would be irresponsible and dangerous. The MFT testing process is ABSURD. It needs to be fixed, badly. Please do not dismiss this as the rantings of a disgruntled previous test taker--I passed the first time and I aced it, because I prepared properly. Go spend time in the Facebook groups for pre-licensed therapists. Listen to the tales of heartache, stress, depression, and anxiety, all caused by the BBS exams. Of course the exams should be rigorous. But they don't need to do THIS much harm.
2. It was grueling and seemingly unduly painful to study and then sit for the exam. Somehow I passed. But it was the hardest thing I've ever done and I birthed a child.
3. I study 3 programs (expensive) to ensure I master this exam. and understood this words of question that were not 100% reflective of what I did while collecting my 3,000 hours. I want to say 20% of the exam was reflective in terms of managing crisis. The 20

experimental questions made me want to run out of the room while I took my exam that how terrible and confused I felt while taking the exam.

In-Person

1. No "in person" opportunity to interview a candidate prior to sitting for testing.
2. The exam no longer involves an in-person (or virtual) component which I think is necessary for licensing people who will be working directly with people.
3. The board should offer in person trainings for this in order to assist individuals who do not do well in a monitor.
4. A weakness of the Board was eliminating face-to-face examinations. I assume it was done to save money.
5. I have little to express in this area. I just wish that the exam wasn't computer based, this often tests for test taking ability rather than knowledge and skill
6. I think no formal in person testing allows for people not appropriate to the field to slip through.

Irrelevant Questions

1. It has nothing to do with what we were taught in grad school. If this is what the board wants us to know that needs to be communicated to graduate schools
2. the questions are not on par with real life situations that relate to the MFT's / LCSWs the idea that it is timed is ridiculous
3. Depending on the settings the applicant gained their hours in, some questions are unrelated to the experience and are difficult to answer correctly despite their adequate training and experience.
4. The questions (at least in 2016) were verbose, confusing and often irrelevant to my work as a private practice therapist. But the exam was passable because of the TDC training program--not because of my masters program or 3000 hours of internship. It felt divorced from the actual clinical work I was doing and continue to do.
5. This is a difficult one, I realize, but it is difficult for a clinical exam to truly reflect an individual's practical skills
6. the exam does not represent actual field-based working decisions. The testing structure of not allowing food does not allow for proper nutrition when taking a rigorous 4 hour test.
7. Questions do not focus on most relevant, evidence based practices and do not encompass the entire field. Timeliness of approval to test is very poor.
8. The test measures how well someone studied- not the quality of the practitioner.
9. There are so many theories and models being used, not everyone will receive the same training specifically with children and adolescents so the exam isn't relevant to new models or young population. Additionally, it would be helpful for the BBS to release past exams not currently used to study from, or provide a list of reliable study courses
10. I don't believe these exams really tell us much or predict who will be a good therapist.
11. I believe it could do better with testing the mezzo and macro skills of my profession.
12. Exam questions tend to be written where it is difficult to clearly recognize the correct responses. It measures more of how good of a test taker someone is than how good of a

therapist they are. Some of the responses are not reflective of what some agencies or organizations practice, or what the policies are, causing confusion.

13. I rated this as "poor" because I honestly don't know how the BBS (or any board, for that matter) can determine a therapist's suitability for licensure in a "comprehensive" manner with a test like the one administered. In the real world, therapists can take their time conceptualizing a case. This test does not reflect the real world, and probably never will.
14. Be sure to keep 'timely and relevant' to the profession
15. Exam doesn't always reflect all work she's do.
16. Too heavily focused on theoretical approaches. Lack of the ability to evaluate innovative and creative solutions.
17. Some questions are not in line with the practices in the field.
18. From what I understand (although it has been quite some years since I got licensed), questions are still primarily written from the perspective of a private practice practitioner. A more balanced approach that considered scenarios likely encountered in community-based/ public/ government settings would likely benefit the community at large by ensuring practitioners are competent to practice in these settings.
19. Exams asking questions outside licensees area of practice. I.e someone working only with adults receiving exam about child practice
20. I took the exam many years ago but at the time my experience was it was learning to take the test not adequately reflecting our knowledge.
21. Associates have to pay money to learn how to take the test because it is confusing and seems meant to confuse rather than assess knowledge
22. exam questions do not feel relevant to the practice
23. First of all, the exam does not MATCH 100% what we in Real Life in the workforce while collecting our 3,000 hours. In terms of Law and Ethics yes. Exam and what we actually do as therapist are 2 different words. BBS has a Facebook page ask there and you will get your honest response. Facebook has hundreds of Mental Therapist groups you can also ask there to get real time facts about the exams. I just don't see the natural correlation from being an Associate working to taking exams they are 2 different words. And we have to pay money to understand the world of the exam questions its not practical process. The exam is already way to long then you add 20 experimental questions that are Not realistic in the real workforce 🙄. Who ever implemented this policy was not aware of the torture we already experience in preparing and taking this long exam. Its not realistic and practical.
24. You don't administer the exam really, so you can't get credit for that. The exam itself is also terrible. It definitely feels written by someone who hasn't seen clients in a while or who only sees mild severity clients. There's a clear disconnect between exam questions, answer choices, and responses and real work
25. Licensing exam does not reflect how social workers currently practice. Most LCSWs provide mental health services in the field, not an office. Most follow a harm reduction philosophy, so they actively work with people who are abusing substances, most service recipients have experienced severe and repeated trauma, which becomes the

- dominating force in their symptoms. Clinical social work is very different than when I entered the profession 40 years ago, and the licensing exam does not reflect that.
26. You have not effectively tested licensees on patient abuse and you do not follow through when licensees violate your code of ethics.
 27. Very poor when candidates need to study to pass the test and understand test logic vs knowing how to practised in real world.
 28. Not real world practices for theoretical formulation and sensical treatment intrrventions
 29. Questions are not relevant
 30. Much of exam is not relevant
 31. The questions are confusing and should be written more clearly. The test focuses too much on theory and not enough on actual counseling skills. It is not necessary to test on on all the different styles of therapy. Once you have your style, and you should by the time you take the exam, there is no need to explore other modalities. It's just confusing.
 32. The tests do not match material that social workers face on a daily basis.
 33. Exams do not reflect real life treatment and makes it difficult to pass.
 34. No real way to test for moral development
 35. Exams do not reflect real world practices.
 36. Some of the answers on the exam are not in line with the actual practices used in the field.
 37. Licensing exam does not accurately reflect current social work practice.
 38. The clinical exams are not representative of real world processes

Lack of Clarity

1. There is much lacking clarity around the exam: what is a passing score, & I see that many people pay invest hundreds of dollars on test prep & don't pass multiple times. Further, the number of questions one is given to complete, couple with their level of complexity does not seem reasonable to be completed within the amount of time provided.
2. Lack of clarity regarding hours & consistent information provided to applicants
3. Some clarity issues
4. Disorganized. Lack of clarity.
5. Last minute rescheduling if testing, broad categories for testing, The test covers nuanced and opinion based ethical dilemmas which can have many "mostly correct" outcomes but we must decipher, divine and speculate which answer is the "most correct".
6. The exams are comprehensive and relevant but there are many situational questions on the examinations that are too subjective due to the cultural dynamics of the testers.
7. Clarifying exam and licensing procedures in a more concise manner and dispaly them on website as billeted items.

Lack of Oral Exam

1. The lack of an oral exam has let to a lack of good qualified licensees.

2. I do believe the oral examination was the best and most effective tool in screening fully prepared individuals for practice. Written examinations are not as effective in my opinion and the quality of new licensees have declined.
3. Eliminating the oral exam.
4. The Oral exam was a legitimate chance to see if candidates could interact with strangers (as in intakes) and think on their feet. It's the Board's last chance to see how they work.
5. There is a second written exam in place of the Orals. I will keep repeating this is the error of the BBS that hurts the public and reflects poorly on the profession.
6. Bring back the oral exam
7. the examine would better reflect the field if it was an oral exam
8. Having had to take the oral exam back in the day, I really would urge the board to return to that as it is a much more accurate reflection than an written exam
9. Oral exam should be re-implemented. Provides an angle of a practitioner that is not conveyed in a written exam.
10. I feel the Oral Exam was a stronger exam format because applicants could not pick from preselected answers and had to learn the material more thoroughly.
11. Although I understand the financial reasons for eliminating the oral exam years ago, licensing clinicians without a face to face exam for a profession that involves interpersonal interaction has always concerned me.
12. Getting rid of the oral exam. I think it is way too easy to become licensed and I am concerned the quality of care for LCSWs has gone down.
13. Not having the ORAL section as part of the licensing exam. You can be book smart but our profession is communicating with others and the ORAL exam is an essential part of discussing a case.
14. Removal of oral panel challenge as part of the licensing testing procedures, in my opinion, weakens the ability to screen individuals who may be good test takers from those who may be good therapists.
15. Should reinstate the oral exams. Too many unqualified people are being licensed.
16. No longer having an oral exam.
17. Should have an oral component to licensure to demonstrate verbally to examiners competence in assessment, interventions, theoretical framework, and legal and ethical areas which need to be addressed with each client!
18. In doing away with the Orals, the board does not see how well the associate thinks under pressure. They do know know the associates prejudices and their safety.
19. The elimination of the oral.exams
20. No ORAL EXAM Now we have people who could not pass the written in 5 tries, and the Oral in 6, are licensed once the Oral is gone. The quality of therapists in the MFT field and now the LPC etc additions have harmed the public, imo.
21. Need to bring back the orals to screen out the people in the profession that are harmful
22. The oral exam should be put back in place. A written exam is important but having a candidate be able to speak and answer questions regarding cases is necessary to assess their ability to diagnose and treat on the spot - especially if it is a crisis or dangerous situation.
23. Eliminating oral exams allowed for licensing of ineffective or unethical clinicians.

Language Barrier

1. I still feel the exam has a long way to go. It is more fair now, however the comprehension is not completely culturally sensitive for those who's primary language is not english.
2. More accommodations and attention should be devoted to supporting Bilingual applicants in the examination itself.
3. More flexible accommodations for exam takers who have English as second language. Consumers who are non-native English speakers are increasing in number in California and need professionals who "speak their language."
4. Exam should be offered in Spanish; not culturally responsive
5. Not providing the exam in any other language than English is a deterrent to the licensing of those whom English is a second language and in communities that are in dire need of bilingual clinicians.

Legal/Ethical

1. Clinical questions tend to be framed in terms of legal and ethical best practices (ie; when asking what is the "first" thing a clinician should do), rather than actual clinical practice.
2. Therapists should be tested on law and ethics AND their clinical skills shortly after graduation and registration as an associate in order to ensure they are competent to practice.

Lengthy Exam

1. The clinical exam being 4 hours.
2. A 4 hour long licensing exam is quite excessive.
3. Length of exams seems long.
4. Exam should not be so lengthy. I personally feel the 3000 hours required are sufficient. This is a beautiful hard career and to worry about test instead of clients is not what we should be worrying about
5. The exam is a reading comprehension exam honestly! questions are extremely long and weaved sometimes It is not testing our knowledge but testing us how fast we could read and understand the questions.
6. the questions are too long and ppl. tend to lose focus around the 85 question. Maybe having shorter questions.
7. Make the exam shorter
8. Too long. I wonder if there are studies on how long the brain can focus and how long tests are optimal.
9. The test length and time and pace is unnecessarily stressful and inhumane. The same quality of examination could be completed in alternative ways.
10. Test was very long.
11. The exam is too long. The same thing could be accomplished with 50 fewer questions.
12. Exams are too long without allowed breaks where the clock stops.

Lengthy Process

1. The process to even GET to PearsonVue is horrendous. The length of time it takes to get people to their exams is nuts. Hire more people, please!
2. Again, waiting periods have been too long, even before the pandemic, to get applications approved to even be allowed to take exams. This wreaks havoc on exam study planning for applicants.
3. Process is long and drawn out.
4. long process
5. Time to process applications
6. Takes way too long to process eligibility to test.
7. many unclear questions and examination process is too long and not enough locations

Little Prep

1. Little preparation to help candidates. Test does not really help connect what candidates know versus what they do.
2. Board does not help prepare us for the exam.
3. assertional resources for exam prep in the specific areas the topic (i.e. crisis management, treatment planning, law & ethics, etc)

Lowered Standards

1. The examination are have gradually been downgraded and are being made easier for associates to pass
2. Lowered standards for testing
3. No in person exams any more. Bad therapists who test well can get leciensed
4. Due to it being less subjective, multiple choice since I became licensed, you can't screen out problem candidates.

Measure Competence

1. The exams teach you how to pass an exam, but it doesn't really measure the competence of the therapist in a subjective way
2. hard to evaluate beyond knowledge of content, therapeutic presence and approach are untested
3. -lack of evidence acquired by in person witnessing of expertise in-therapy situations
4. Written exams are not an accurate measure of therapeutic practice. You need to see a therapist in action to get an accurate picture of how they practice.
5. I don't understand the point of the exam. It is designed to be a hard test for the sake of making it a hard test. Why? does anyone have an actual answer that relates to developing practical skills and competencies?
6. Not sure the exam effectively assesses competencies
7. Exams don't necessarily reflect one's ability to practice.
8. the exam tests ability to take exams not ability as a clinician
9. Objectivity is a great way to measure a persons capability, but is also inherently limiting as we are all so different. Not everyone is a concrete thinker.

10. I feel so many amazing therapist are not good at test taking and this exam is an awful way of proving how it why someone should be licensed. The beauty of people is how we're all different. I feel the test should factor some of that in versus a multiple tricked question exam.
11. basically measures assessment and knowledge, limited evaluation of communication skills or engagement skills
12. The tests are too easy and don't involve evaluation of the person as a therapist.
13. Exams don't necessarily translate to better therapists
14. An effective therapist shouldn't be based on their ability to answer questions on a written exam.
15. It is one thing to have standards to prove knowledge and experience; it is another to place obstacles to prevent them from attaining their goal.

Multiple Choice

1. The overall idea of multiple choice answers being about choosing either the most correct or most wrong answer does not seem the best way to determine knowledge.
2. Multiple choice does not always demonstrate a person's capabilities or ethics.

National Exam

1. No consideration of grandfathering/option for those who have been licensed for years in CA prior to the change to a National exam for LCSW.
2. CA should use the national exam
3. Again, requiring examination for our os state applicants who already have a license. And now allowing people who have completed their experience to take the clinical Exam until after the ethics exam. Those two exams should be combined, and California must begin accepting the national exam. The current job market creates great hurdles to qualified therapists in the us when states don't accept the national exam
4. The BBS should strongly consider using the national MFT licensing exam. Rural parts of the state should have better access to testing. As it is, the current clinical exam for MFTs is not well crafted. It is confusing and, I would argue, does not test what it means to test. As an educator, I am given no support from the BBS in how to best prepare my students for this exam.
5. "We need more reciprocity with other states. CA needs to stop being an island - nationalize our exam so our license is portable or at least in the current climate of Telehealth to be able to practice nationwide with a national exam.
6. Testing should be national vs state based.
7. Hard to use nationally; need national exam.

Non-Transferable

1. Using a CA specific clinical exam is a major weakness. This reduces mobility of CA LMFTs when they move to another state.
2. Not transferrable enough into / out of state.

Not Accessible

1. The shift to a new examination provider has been difficult. My employees now have to travel to other cities to take the exam. It's not as accessible as it was.
2. Even though the number of questions decreased to 170 the long and wordy and weaved questions is not really helping. After so many times taking the test I still don't understand if I am being tested on my knowledge or reading competition or whether I am a foreigner? I am scored over 90% on practice questions. Sometimes I regret for not getting clinical psychology PHD program and get myself out of getting test by BBS I believe I would have already gotten my license under a different board of examination. Sad but true. "
3. Again access to the path towards licensure examinations is limited.
4. Lack of readily available access to tests. People have to wait months after already having waited months for the board to approve hours.
5. Access
6. The information can only be found if a visitor is willing to dig around quite a bit.
7. They are difficult to gain access to, however very quick to demand your attention when needed.
8. Ability to be reached by phone.
9. Lack of access for question; delay response;; the board minimizes access by its very own standards and red tape
10. so many steps, not all available online and harder to access. takes a long time for processing.
11. Poor access by phone

Out of State Licensure

1. When there is a really high need for therapists all over the US during a pandemic, it's still extremely tough to transfer to another state.
2. CA exam frustrates inter-state license portability. CA is the monkey wrench in the gears for the whole MFT profession in the US because of its insistence on sticking with its own exam.
3. Should screen out of state applicants before issuing numbers
4. The only state requiring 2 exams which makes licensure by endorsement the most difficult in the country
5. Again, lack of portability with a different exam structure than most of the other U.S. states

Outdated

1. You should get rid of the theories section because you're incredibly behind the times in terms of what clinicians are actually doing in sessions.
2. Exams to not properly reflect the number of clients seen to be qualified for licensing. Seems dated and can lead to a lot of testing stress
3. same OLD examination development process
4. Not always up to date with current trends in our profession
5. LPCC and LMFT totally different. Does not make sense. LPCC is out of date info and some is incorrect.

6. The exams are very archaic, and weird. They do not offer real-world accurate scenarios and are often misleading and contradictory. Most therapists say that the "correct" answer on the BBS tests match what they would actually do in real life. It is a poor way of getting therapists ready for real life practice.
7. I am genuinely not sure how valid these are with respect to relevance and competence. The tests are based on older core competencies, not what is needed in today's market place of psychotherapy (e.g. being skilled in evidence based practices).
8. Option to offer taking exams online. Pearson offers online proctoring and other licensing board are already using the feature. Here is their info:
<https://home.pearsonvue.com/Test-Owner/Deliver/Online-proctored.aspx>
9. During the worst times in Los Angeles for COVID, anyone taking their test was forced to take their test in person. Why was there no concern for health? Why was taking an online test not an option?

Overdone Precautions

1. Over-done precautions when examinees enter the testing site (not having your wallet, cell, etc.). I would like to see this relaxed.
2. Overly stringent.

Pass Rate

1. The test is constantly changing, it does not reflect actual issues faced in work, and the percentage to pass is low.
2. It could also be helpful if the board is able to provide regular updates to MFT programs on the examination, passing rates, and changes if any.

Poorly Written

1. Having various people submitting questions for the exam, resulting in frequent formatting changes throughout the exam. As well as misspellings and grammar issues.
2. Questions are poorly written. The scope of the test is unclear.
3. Need proof reading, one of mine contained 2 questions with mistakes (wrong wording, question repeated twice)
4. Sometimes poorly worded almost to trick someone and have them miss questions.
5. The exam is poorly written.
6. I had to take the California Law & Ethics exam 4 years ago. Many of the questions were poorly written. If I hadn't purchased the study guides available online I don't think I would have passed. I happened to get lucky with the timing of my test, if I had taken it a few weeks sooner (or later) the test wouldn't have counted because certain exams were being used to examine the testing process. That seemed absurd to me. I was beginning to feel like the BBS was trying to prevent me from getting licensed.
7. Some questions, which could have been part of experimental test questions, seemed poorly worded, unclear & at times very long. I don't think it is necessary to make the test so difficult & unclear to measure knowledge
8. I don't know if the difficulty of exam questions is demonstrated in sample questions on registration booklet.

9. The way the questions are written are not the way people work in the real clinical world. Throwing additional questions into the exam we are not graded on adds a layer of anxiety
10. Questions are quite poorly written. Some questions seem to not have any good possible responses. Coming in to it with a 4.0 GPA, having taken a rigorous and prominent prep course, and rich clinical experience, I still felt unsure I was even going to pass while taking it. I am a confident test taker, but the exam was unrealistically and unnecessarily confusing. With many years of licensure now, I still feel unsure about the exams appropriateness and effectiveness.
11. The licensing exam is poorly written and just an exercise in defeating the exam--it does not really test knowledge useful in the profession.
12. For the LCSW exam, if a medical SW question is on it and the student has no experience with that area it will be difficult to answer the question unless by elimination of choices, by chance.
13. Better question formulation
14. The licensure exam is very, very poorly written. Also it is hard to reach anyone at the bbs if one has a problem.

Private Practice

1. Caters to private practice, not agency work.
2. Questions on exam skewed towards private practice and not practical practice (community mental health, inpatient facilities, medical facilities)

Processing Time

1. Mailing in everything is so slow and takes a long time to get a response
2. processing time for exam applications
3. Time to process applications
4. Amount of time for an application to be processed.
5. Extreme delay in processing applicants in order to take licensing exam.
6. Difficult to know when the board has approved an application- often delay between receiving word from BBS and hearing from Pearson. Confusing to applicant.
7. the time it takes to register and sit for exams, and to hear back from BBS is a long time
8. From reports of colleagues, timeliness of processing applications to take exams has been problematic - leading to unduly long periods of inability to work in field.
9. Unable to stand with the amount of people registering for licensure and experiencing significant delays that affect people's lives- e.g. potential patients are unable to see their chosen therapist as they are unable to get licensure

Scheduling

1. Hard to get scheduled for exams, internal confusion on the best method of payment, asking for checks to be mailed but not opening the mail
2. unnecessarily monitoring scheduling of exam which leads to further delays
3. difficulty scheduling and available testing, long wait times for processing paperwork for applicants

4. Hard to schedule.

Screening of Candidates

1. Years ago, candidates had to pass both a written and oral exam. Now, just a Law and Ethics and one multiple choice exam. May not be effective in screening out those who should not practice independently.
2. Failure to address adequately the therapists who are involved in dishonest and fraudulent activity in the community. The exams do not adequately evaluate those who are unethical and dishonest
3. A few years ago, when I tested to be re-licensed in California, the fail rate was way too high. The test challenged people in a way that would exclude many people who would be good therapists. There's no way that nearly half the people went through all that training and experience were too defective to serve as therapists. All I could think of was "guild." If the testing is still that exclusive, this needs to change.
4. Not enough in-person screening of applicants.

Standardize Exams

1. Should standardize this exam for all states that it is recognized when you go from state to state
2. As an educator and supervisor, I oversee AMFTs, ASWs, and APCCs and help them prepare for the licensing exam. I find it disappointing that the exam for LPCCs is the only one that really is reflective of a course of treatment and yet is more expensive, and less time is given for the exam despite it being far more challenging than the other exams.
3. Maybe all the licenses should have the same examination and qualifications?
4. why is there a difference between examinations of an LPCC, MFT, and LCSW if they can all perform the same function?
5. Not clear whether the test a standardized

Stressful

1. The licensing exam puts undo stress onto providers
2. Test is too long and anxiety triggering
3. I really hope that the people who are in this board have taken the exam themselves. Its very unhumane.

Study Resources

1. Lack of free study resources.
2. study materials and practice exams should be provided
3. Free training courses to prepare for exams.
4. The examination is based more on a money making venture than what you know and how how you are as a clinician. The board should also provide effective study materials that help people pass.
5. Wish there were free, easily accessible, detailed and thorough study materials from the BBS. This way consumers would not have to pay out of pocket third parties in order to study for the exams.

6. Not a lot of study material recommendations for exams
7. poor explanation of how to study or approved studying materials provided by the BBS.
8. Have to buy study course to pass exams
9. You still need to pay for the prep test, ect.
10. review courses need to be free, so people can get the information without needing to pay
11. Needs to offer free classes/webinars to prepare for board exams.

Test Accommodations

1. BBS contracts with testing providers such as Pearson who fail to provide adequate accommodations to individuals with disabilities. I spent several hours advocating on behalf of a disabled colleague to get accommodations request handled properly.
2. The time limit and strict rules at testing facilities are terrible. I was not even allowed to bring in a refillable water bottle from home. I had to go to the bathroom because my stomach was in knots (due to the stress of this horrific experience), and I had exactly 5 minutes to do it. Any more and I would forfeit the test. What the hell?? How is this helpful? I am not exaggerating. Are you TRYING to do harm to the applicants? Because this testing process absolutely does. I am not kidding. I know people who have fainted during or after the exam because they were too anxious to eat that day, or were afraid to take a break to leave the testing room so they could have water or a snack because they feared it would cause them to fail.
3. For those who struggle with test taking a verbal option may be nice.
4. not being allowed a bottle of water during the exam,
5. With the camera on me, having to not have food, having the check out to go to the toilet, etc. I would have applied for accommodations but that seemed too hard on top of the exam.
6. Not being accommodating. NOT allow food or water breaks for people with special needs
7. No ability for breaks for breastfeeding or pumping mothers.
8. The process is paper intensive and a bit archaic therefore keeping some potentially good candidates away. I know of many candidates who are good in practice and poor test takers who have Dyslexia who have not been able to pass the exam.
9. Need better access to accommodations for folks with disabilities.
10. The BBS could revisit and possibly improve policies related to examination time or language accommodations. An individual may not have needed supports these during their graduate program, and yet the examination is not a graduate program and it is not recommended that this is a requirement for this type of accommodation.
11. For an agency that is supposed to pride itself on inclusive and equity, it is absolutely crazy that you need a doctor's note to be able to eat during a 4 hour exam. I have heard of SO SO many people (including people with medical conditions) who chose to forgo applying for accommodations for their exams because the process was so complicated/difficult. THIS NEEDS TO CHANGE.

Test Centers

1. I haven't been able to pass the law and ethics exam. I have ADD. The testing centers are awful, loud, and crowded. I have failed twice, and going to test for the third time. Too many questions seem repetitive. So many questions seem like you could choose at least two answers at times. I also do not understand the need for the questions where there could be two possible correct responses, but one is a "little" better. It's really frustrating, and makes me want to change my mind about getting licensed.
2. The company selected does not have enough testing sites for the licensees trying to take the test. Several companies should be contracted to administer the testing for licensure.
3. I wish there was more testing sites as the nearest one in my area is an hour away but I really only need to do the test once so it's not that big a deal
4. Could use more exam locations
5. Testing site locations, just look at San Francisco as one example of poor site locations.
6. Poor test sites. Exam is created to fail examiners.

Test Structure

1. I feel we are being tested on your question structures rather than actual social work issues. People are failing the test after getting degrees, fulfilling extensive/exhaustive work experience requirements, then studying (often paying special companies to assist in helping us understand the question structure) ... Hmm. It seems the whole test process is about saving test correction time and money, when that is the area money should be supporting! Answers should not only be 'multiple choice' but short essay as well. You, as test givers, should be making an attempt to understand the social worker's cognitions about social work.
2. Process and procedure should be model from the National organization!
3. The exams should not be set up to determine if you know how to take a test but rather they should be concerned more on knowing the material.
4. Timeliness of scheduling. Structure of tests- testing ability to test rather than knowledge base.

Test Vendor

1. The exam appears to be effective, the testing sites or partners lack in many areas. This reflects poorly on the BBS.
2. The Board doesn't offer examinations so that's a major weakness THEN the current group the Board allows to administer the examination is even worse
3. Current vendor is unable to meet demand, exams are ineffective measures of competence, no regulation for predatory exam study companies
4. Pearson Vue stinks as a proctor for exams.

Timed Tests

1. Timed standardized tests do not show a candidate knows something but that they can guess between 4 answers quickly.
2. Timed tests are not culturally appropriate for everyone.

Transparency

1. Not having transparency in how the test is built. I never knew the SMEs were a part of it or how many different phases the test went through until I became one.
2. Lack of transparency about types of questions on exam.

Trick Questions

1. It is understandable that the design of the exam is difficult. But some questions only show the symptoms without duration or onset, it becomes a trick question. For example, if a client show psychosis symptoms and I have to pick between Schizophrenia (1-6months), Brief Psychotic Disorder (within first month), or Schizophrenia (over 6 months).
2. The manner of the examination is weak. Questions shouldn't be designed to trick test takers, but instead should be a measure of one's knowledge, especially keeping them as close to re-life situations as possible.
3. Some questions have multiple choice answers that seem similar and therefore seems to be "trick" questions.
4. Not enough time with trick questions. The field desperately needs mental health workers and the board has established way too many hoops to jump through, makes the pursuing a clinical social worker career unattractive in addition to the dismal pay.
5. I am disheartened by the exam process. It is not straightforward and it appears to be more of a tricky reading comprehension test.
6. Questions seem to attempt to "trick" the taker, not draw forth the taker's ability to conceptualize and treat clients.
7. The tests are sometimes trick wording testing abilities to read carefully rather than know.
8. Questions are designed to trip people up - you shouldn't have to learn how up to pass the exam - you should just need to learn the material.

Unable to Pass

1. Too many good therapists are unable to pass the test for licensure.
2. The pass rate reflects a problem with the questions rather than a problem with the applicants knowledge.
3. Exam is set up to fail applicants, it's way too lengthy
4. The licensing exam is a TERRIBLE exam. This should be obvious to the BBS, because when multiple people who have a Master's degree and 3000+ hours of supervision can't pass the exam that indicates a problem with the exam, not the test takers. I passed on the first try, but only because I'm good at taking tests. I know several brilliant colleagues and friends (who are better clinicians than myself, and who I turn to for theory specific questions at times) who have taken it multiple times and not passed. I don't know why it is taking so long for the BBS to address this!

Unclear

1. Questions are not always straightforward requiring test prep to involve test taking strategies that are not directly connected to providing good therapy.

2. . Numerous questions and answers lack clarity that allows clinicians to demonstrate knowledge and clarity. The time allowed to read, understand and answer 170 vignette-based questions puts undo stress on the provider. Including scheduled breaks or more time to take breaks is needed. I felt prepared going into the exam and passed it, but experienced four hours of distress feeling uncertain about many of the questions due to the unclear wording, and exhausted working to keep focus to complete all questions.
3. Wording of the questions has confused some of my supervisees.
4. The instructions for how to register are poor and hard to figure out for a lot of the interns/associates I work with.
5. confusing messaging about exam sites, exam providers, wait times
6. The exams are not worded clearly, and do not represent actual scenarios that allow therapists to use their skills
7. Some questions could be more clear and precise.
8. the list of requirements for licensure was difficult to read and at times redundant. I looked at other states and saw much more streamlined instructions.
9. Not adequate information to exam takers. I felt like I was solving a mystery.

Unfair

1. How exam is scored does not seem fair
2. Not fair or comprehensive
3. They are slow and unfair.

Unresponsive

1. Attempting to get a hold of the board with questions/concerns.
2. Weakness - The Testing sites are too comfortable with that they won't lose their contract or something. They treat you like a criminal going in, taking a break to go to the bathroom takes two minutes, but going through their over-the-top security takes another 5-7 minutes. They are very loud with talking and playing their personal videos/internet, but then reprimand/threaten you when you ask them if they can turn it down. They were very unprofessional. When asking the Board for assistance with the problem, I did not receive any. I was told to NOT return to the location, but later told that had I gone back their to talk with the supervisor I would have been allowed to re-take the exam. This was extremely distressing.
3. I was given a wrong date to take my law and ethics exam (one year incorrect). I attempted to contact the BBS multiple times without any response. When I finally got ahold of someone, they told me it was a system error. My law and ethics test was cancelled without me knowing.
4. Poor response in responding to emails/messages
5. Associates have too difficult a time getting information from the board as it relates to the licensure process.

Validity

1. not sure it really has face validity - doesn't guarantee ethical licensees

2. Exams are not fair or valid for all. Studying for exams is not based on actually knowing the information but based on ability to take state exam and understand how questions are asked.
3. Not enough expertise/resources. Board has to defer to OPES, who construct exam based on job survey. That's okay, but the actual multiple choice questions that result may be statistically valid, but if you correlate junk with junk, you get more junk.

Wait Times

1. The wait of 6 months in between tests makes it really difficult.
2. Another weakness - people should not have to wait 90 days when they have missed passing by less than 3 - 5 questions. For many people that is the difference between losing a job. Failing is not the problem, it's having to wait so long to take it again.
3. Again, wait times to qualify for exams
4. The time it takes to get approved and set up a test is completely inappropriate. As therapist we work so hard to get to this point, and to have to wait because the BBS doesn't have sufficient staffing is unexpected.
5. I have been waiting for an exam date for 4 months
6. A score should always be available after an exam is taken. No one should have to wait for their results to be mailed.
7. The amount of time required to go through approval to sit for Examination seems very long -- this does not have to do with the pandemic.
8. In some cases, the wait time for results can be excessive.
9. Please let people know their scores no matter if they passes or failed.
10. time response
11. Applicant's are often kept waiting a seemingly unreasonable amount of time to have hours approved or being eligible to test.
12. Timeline. Candidates have to wait a long time to even receive approval to schedule the exam.
13. I waited months (more than 45 days) of an application I completed.
14. The wait times to take the exam are also a weakness.
15. Wait times are toooo long after submission of hours.
16. Having to wait months to take the exam is ridiculous. Why can't we have online at home exams like other professions?

Misc.

1. Both L&E and Clinical Licensing exams should be combined. Testing should be made/required much earlier during Associates collection of hours. This would improve supervision and the applicant's training experience while collecting hours. It would also lead to a quicker smoother process for Associates to begin earning a living after gaining the requisite number of hours.
2. Unfriendly employees at the testing sites, I failed law and ethics three times and I studied a lot. I think the test is too rigid and bias
3. Unsure
4. Haven't sat yet. I'll get back to you!

5. difficult to respond as 1) it has been a long time since I took the exam
6. Not sure of any at this time.
7. As above, I do not have recent exposure to current testing material, so I do not have a basis for a critique of any weaknesses.
8. I can not think of any at this moment
9. This unit is just coming together and it would be nice if they could hire everyone soon. It makes it hard on the only staff member there now.
10. Need to get more input from stakeholders
11. Automated/computerized exams are associated with both strengths and weaknesses. Weaknesses: processing too many applicants, creating a large number of practitioners, lowering clinical quality of each practitioner and not ensuring the very basics of providing for a clinician that is effective.
12. Lack of professionalism in most of its members.
13. In my view, and this may not be responsive to this question, assessment should be a required area in the regulations for MFTs as well as Research Methods
14. Processes could be more automated and not require mail.
15. I went through the test-prep agencies and some of their Q&A were the same ones asked on the examination. Copying much? This lets me know intuitively that the BBS and these test-prep companies have some kind of buy-in or trade of information. I HATE how MFT vs. LCSW's are not on the same page. Meaning, for example MFT's are given 88/100 to pass an exam while LCSW's are given 84/100. LCSW's have been historically given a lower # score to pass but have been made known in the profession since 1950s and more employable all around. However, MFT's are held to a higher pass rate on the exams but we all know MFTs do not have much employable opportunities. This reinforces the MFT vs LCSW fight ongoing, even on exams, which is ludicrous. CA really needs to use the national MFT exam so that licensures are portable. I know this for a fact because I looked up the stats and the other 49 states complain how/why CA is on their stand-alone island of designing a state exam. A clinician never knows where life would take one's career out of CA so it would make sense for CA to use the national MFT exam; I get that the current law & ethics exam could be CA focused as it is specific to our state. It would make sense for applicants to take the national MFT exam since the Veteran's Admin Hospital is hiring MFT's as one can easily get a job elsewhere outside of CA. May need to look up MN's MFT applicant process, they keep the integrity of MFT's very guarded and protected. And even has colleagues vouch/write a Rec Letter on one's competency. It doesn't make sense to keep tacking on additional mandatory CEU's. In 2021 we are now required to have education, training or CEU in Suicidality. My former Clinical Supervisor has now deceased, it's not like I would go ask him. I have contacts w/my Program Manager but having them write a letter that I had suicidality training is a little much. I ended up doing the CEU instead. I am voicing this because I have colleagues who are RN/MD's, they do not have ""mandated"" CEU's reoccurring as much as MFT's. I have been licensed for 13 years and there are now 6 mandates, I am predicint a new CEU mandate to occur at least every 3 years. This is getting a little out of hand in the rquired CEU mandates.

16. It does not seem fair to all Applicants to test If experiencing financial hardship while still interested in advancing profession. Fee waiver or scholarships should be available to those who would qualify.
17. The rigidity perhaps - but I also understand that laws are laws and don't offer much flexibility.
18. Beta questions that are not helpful to the actual test and harm mental health of applicants
19. Board can help improve the administration of the licensing process before the licensee takes the exam. Because learning is different for everyone, recommend an approach that is conducive to learning the material in "chunks" rather than all at one time.
20. I believe the stipend should be increase for those who are involved with writing/formulating questions.
21. see previous question.
22. See previous comments
23. LMFT and LPCC tests are identical when it comes to the law and ethics and very similar when it comes to the second portion and if someone passes one they should not have to pay again and retake the same test.
24. Maybe less emphasis on testing and more on supervised client contact hours.
25. See above
26. The waivers and postponing examination applications has made it difficult. Also, people are having the computer shut down and if you get a report from Pearson Vue and BBS is slow to act.
27. Potential risk for fidelity of examinations
28. When taking the test I never felt confident about how to answer the questions on the test
29. See previous answer A
30. Connecting with clinical training programs to begin shaping expectations for new grads
31. Please see previous responses
32. Maybe more work on case conceptualization
33. You are the weakness
34. I wish the exam was administered at the end of graduate school and before we start seeing clients. I really think this could help prepare clinicians for their work with clients. Then, we could accrue hours and get licensed once approved. I don't understand why we are sent to the field for years without having taken the exam.
35. Not showing scored or areas that need more work. It can be beneficial to assist in growth of clinician
36. See earlier comment
37. "Tests are arbitrary and meant to fake clinicians out by splitting hairs.
38. Current requirements cost applicants too much money between supervision, sub standard wages and extended wait times.
39. Not being transparent about available testing dates/sites and safety for future licensees
40. Not having a face-to-face allows some inappropriate people through as licensed.
41. For years the exam has all been on the computer. I wish we had a process again for in-person discussion of (3) cases.

42. The processing time for applicants regarding the licensing exam process for both the law and ethics and final exam.
43. The test taking companies by ensuring there are enough failures to support the revenue they plan for from re-takes. Nice work Board- what is your actual business acumen?
44. It should reflect like nursing exams. Which is a passing progression. That the more questions you respond accurately you will pass.

Board Staff

Clarity

1. Some things about exams are not clear
2. Make sure that the laws for the exams are more clear

Communication

1. Communication with examination candidates could be improved in response times.
2. Just making sure each applicant is aware of their testing date.
3. Provide more information for exams to reduce the number of complaints
4. Respond to emails and phone calls regarding exams in the timely manner.
5. Eligibility communication between BBS and vendors is not standardized.
6. Notification to candidates for exam eligibility or eligibility expiration.

Complaints

1. Receive lots of complaints regarding exams

Law & Ethics Exam

1. I believe when it comes to the Law and Ethics Exam all applicants should pass it before being issued a registration. This could cut out the course work for law and ethics also other states require exams before they can be registered with their board. NBCC takes way to long to submit scores and that is holding up those applicants at the licensing level.
2. Revisiting the requirements of taking the Law and Ethics exam as a requirement for renewals.

National Exam

1. The Board does not recognize the LMFT national exam, which creates issues for CA licensees going to other states. Most other states use the national exam.

Training

1. Cross training so all staff is familiar with the process for all license types and exams.
2. Update and finalize procedure manuals.

Understaffed

1. Positions need to be filled.
2. Could benefit from a dedicated position to answer questions.
3. Need additional staffing.
4. Short staffing is the only weakness i see. But even with the shortness of staff, they seem to pull through and work hard

Board Members

Accessibility

1. Expanding access for testing venues for applicants that live in rural areas or need accommodations.
2. There aren't enough testing sites in rural areas.
3. Access to testing, including languages, disabilities, rural communities, and testing sites.
4. I think we should focus on ensuring that examinations are available (and the process explained) to underprivileged and non-traditional applicants, as well as available in rural communities.
5. Don't have enough testing sites. Lot of remote places in CA where people have to travel a great distance to test. During COVID, it's even more of a burden.

Education

1. Schools should be required to go over how to get licensed by the board. Guide and encourage students to pass the licensing exams. Making sure that students and future therapists are better prepared.

Exam Content

1. Current exams do not address the needs of the communities that the licensees are supposed to be serving, including understanding of race, sexual orientation, gender identity, religious communities, and socio-economic status.

Exam Process

1. Examination process could be streamlined – potentially with using a national exam or just 1 law & ethic exam.

Exam Requirements

1. Requirements for multiple ethics exams – there is a lot of concern from the public why there are 2 separate exams.

Expensive

1. Exams are very expensive.

High Fail Rates in Underserved Communities

1. Continues to be high fail rate amongst black and underserved communities. The Board needs to evaluate the pass/fail rate in the underserved communities and how to help support them.

Long Process

1. Process for registrants to submit application for eligibility for examination depends on the staffing and can cause the process to be fairly long.
2. Wait time it takes for applicants to get their exams scheduled.

National Exam

1. Re-examining and re-evaluate the AMFTRB national examination.
2. Monitor efficacy of AMFTRB to determine appropriate use for CA.

Test Accommodations

1. Make sure that board is cognizant with issues that applicants are experiencing with exams and to make testing as accessible as possible.
2. Lots of people go undetected for special needs, could improve on identifying people that need accommodations for long testing times.
3. Need to look at ways to accommodate people who cannot or do not want to take the exam in person.

Misc.

1. The board has not done anything with the pass/fail rates data.
2. A Business Continuity Plan need to be put in place for the next emergency.

Enforcement Strengths

Stakeholders

Accountable

1. Accountability (2)
2. There is a mechanism for licensees to attest that they have completed required CE's for renewals. Good for holding people accountable.
3. holds mental health providers accountable
4. Punishments and accountability for therapists
5. Accountability and helpful info for consumers
6. They do what they say.
7. Taking it seriously.

Adequate

1. Adequate, not great at monitoring clinicians.
2. The BBS provides adequate, realistic consequences for violations.
3. Great
4. OK
5. As someone who hasn't had to interact with the board regarding enforcement, my outside perspective is that the system works.
6. it follows guidelines

Audits

1. The process of auditing appears to identify discrepancies and verification of a person's practices. I am not familiar with all that entails the enforcement process and quite frankly I don't ever want to be on that end either.

Balanced

1. I see that there is not a "cookie cutter" approach to issues that may appear similar.
2. Seem to weigh violation of law with empathy for individual situations.

BBS Newsletter

1. Appreciate the BBS newsletter listing the various reinforcements.

Board Staff

1. It is good that there is an Enforcement unit.
2. Staff responds to emails quickly.
3. Board staff are fair and reasonable. They adapted, responsive and able to guide the professions through the COVID emergency. A model for other state agencies,

CAMFT Magazine

1. I can only report on what is published in the back of the CAMFT magazine and what I read is scary and legitamite.

2. The board clearly investigates complaints, as evidenced by its publications and the Disciplinary Actions section published in the CAMFT magazine.
3. I have not had experience other than to read about cases enforced in the CAMFT magazine.
4. Every issue of The Therapists goes through the ways clinicians abuse the privilege of the process of licensing and how they enforce the laws.

CEU

1. enforcing taking CEU's
2. emphasis on legal matters through CEU and curriculum

Clear Law/Ethics

1. Law and Ethics are clear, concise, and making sure all candidates are well versed in it.
2. Established laws and ethics are valuable guidelines to protect the health and safety of consumers.
3. very good at establishing protective health and safety laws for therapist to follow and also have clients respect.
4. Having high standards legally and ethically is crucial. Consultancy in the Enforcing laws is a strength.
5. I think the law and ethic of the profession are strong and clear.
6. The rules are clear
7. Rules are clear
8. The laws are effective and ensures clinicians are following the law and ethical.
9. The most critical impactful legal & ethics issues are being addressed with associates and licensees (DUI, financial and sexual violations, etc.)
10. Clarity of rules

Clear Reports

1. Written reports submitted by the Board in the area of enforcement are clear and concise

Communication

1. Forward communication
2. Very communicative
3. Great management team and effective communication. The laws are straight forward.
4. Ongoing communication and education provided
5. Regular communications re: ethical violations, professional misconduct, and loss of licensure

Community Input

1. The Board encourages the community to make comments regarding their experience.

Comprehensive

1. Seems comprehensive and appropriate when I read reports of what others are disciplined for.

Consistent

1. Consistent (2)

Consumer Reporting

1. Recent laws seem to be targeted toward increasing consumer awareness of how to report

COVID-19

1. A huge plus was approval to do telehealth during this time in our history (COVID-19) and allow for approval of those hours to be counted for associates. I felt very supported by the BBS and also felt our client's best interest was taken into account.
2. The fast response to alternatives during pandemic
3. Requirements are clear. Updates regarding waivers due to covid are given timely.
4. Taking a lead role in policies regarding issues related to Covid 19.

Diligent

1. You do seem somewhat diligent, but...

Discipline

1. Appropriate discipline and publishing specific remedies.

Ease of Access

1. It is easy for a consumer to verify a clinician prior to engaging in services.
2. Clear goal and easy access to concerns and resources regarding goal
3. The process is easy to seek help for consumers
4. There is a mechanism for filing complaints and it is easily accessed
5. Again, clear written statements online and easily accessible.
6. Easy to access and familiarize which laws and ethical codes are important.

Effective Investigation

1. i believe the board investigates complaints fairly
2. I believe the Board effectively investigates complaints
3. Gathers relevant information regarding complaints
4. BBS is always very quick to investigate and find out an applicant's deficient behaviors (i.e. DUI, drug use, stealing). BBS feels like ""big brother"" to me because it publishes info that gives them an advantage to know of one's poor behaviors. There seems to be enough warning letters to let the applicant know when their license/intern status will be revoked.

Effectively Enforced

1. Everyone knows you will lose your license in California if you break rules. Period. That is very effectively enforced.

2. The rules that everyone must follow are strictly enforced. And, I mean strictly!
3. The Board has a reputation as a body to be feared/respected.
4. I appreciate enforcement of infractions.
5. Some dangerous practitioners do receive penalties
6. Take action when a licensee is accessed of unethical behavior
7. Enforcement seems to effectively sanction therapists who are conducting illegal and/or unethical activities.
8. Years ago I had a Board violation. I believe the Board handled my case effectively. I took responsibility for my actions and its made me a better therapist.
9. I filed a serious complaint and it was sent to the AG's office where an Accusation was filed. My former therapist surrendered her license.
10. The Board may be placing focus on enforcement and it is necessary and the right thing to do; but
11. People get punished so that seems normal
12. The Board presents measured steps and procedures that appear to be effective.
13. Effective actions that remove clinicians from the field who have committed serious criminal acts against consumers.
14. I don't have a lot of knowledge of this area, but I recognize the board works pretty hard to enforce and regulate.
15. I am assuming evil doers are punished
16. Very good at enforcement.

Encourage Improvement

1. Having worked in forensic psychology for over 30 years I find the boards approach to complaints in this area has allowed MFTs to continue improving training and practice rather than discouraging therapists from helping highly conflicted families.
2. allows licensees to redeem themselves and earn their status to practice again

Expectations

1. I believe that the BBS framework gives therapist guidance and helps thoughts who are new with understanding expectations.

Expert Witness Review

1. I know the BBS has professionals who review and respond to complaints. I have no idea on the procedures
2. Seems like they do a good job with hiring people to examine complaints.
3. From what I know, the system is set up well, with experienced therapists evaluating cases.

Fair

1. Laws seem fair.

Follow Through

1. Follow through with consumer's complaints.

2. The follow up and access to consumers for complaints.
3. Following up on complaints and ethical issues
4. Follow through

Guidelines

1. Guidelines Rules

Industry Compliance

1. Trying to keep the industry in compliance and therapists in line and professional.

Informative

1. They keep us inform

Investigations

1. The board is effective in terms of investigating and publishing the results of investigations.
2. Investigations are thorough.
3. Seem to be fair in their investigation
4. Individuals with ethical and legal breaches are investigated

Law/Ethics Mandate

1. It would appear based on what I read in the Walk of Shame pages of The Therapist that the board works hard to enforce. I also believe the ongoing L & E mandate is a great form of law enforcement because the day to day practice of therapy can pull us towards wanting to bend rules. I might suggest an annual mandate with less content that varies from year to year. My most recent was 350, black and white, dry pages of laws/statutes/codes. Is it possible to make learning L & E more attractive?

Monitoring

1. I appreciate the board working to monitor unethical behavior
2. -apparently closely monitoring of those who have broken rules and mandates is a priority and funding is directed to this issue above other needs of licensees
3. Monitoring seems good.

Monthly Updates

1. Provides regular emails from those that broke the laws and what laws were broken.
2. Monthly updates of licensees with infractions.

Objective

1. The Board has a well tried and tested, systematic and legally defensible process and procedure in its Enforcement program. It is objective and allows for due process.
2. Have a reputation for fairness and objectivity when investigating complaints. Reports dispositions of investigations directly and forthrightly.

Online Reporting

1. Utilizing an online reporting system is an important customer safety feature.
2. There are things in place to make accusations?

Oversight

1. They have oversight all licensees
2. You have a lot of oversee and I'm sure the complaints that should rise to your attention do.
3. The BBS is charged with enforcing laws, and appears to do a good job.
4. This is the purpose of the Board, and they do it well.
5. You make sure we are certified
6. The Board appears to be able to handle and evaluate complaints.
7. That you have enforcement at all
8. Appears to take corrective actions well.
9. Good with enforcement
10. Regulates licensees, remains available for legal and ethical concerns related to licenses
11. Good watch on Licensed therapists

Policies/Regulations

1. I appreciate that there are laws and regulations that protect both consumers and clinicians.
2. Guidelines
3. There are polices/regulations in place.
4. The standard of practice is well enforced by the BBS and surrounding policy.

Probation

1. Enforcing probation opportunity is a strength
2. Strict and disciplined with probation and diversion

Professional

1. From my limited knowledge, violations that come to the attention of the board seem to be handled in a diligent and professional fashion.

Public Protection

1. Due process results in appropriate enforcement and protection of the public, such as license suspension or revocation.
2. Seems to keep consumers safe for most of the laws
3. The desire to protect the public is commendable.
4. The consumer is very protected.
5. The Board is very strict which is good for the consumer.
6. Tries to protect the consumer
7. aware of consumer safety issues
8. The board does what it can to create a protocol that will keep patients and therapists safe and practice and ethical and is very clear about guidelines

9. Very good with protecting the welfare of clients by addressing ethical and legal issues.
10. keeps population safe
11. I guess they help protect people
12. The Board assesses for safety to practice to protect consumers in making these decisions. I know some individuals on probation feel that probation is harsh, but it's important for practitioners to be healthy enough to see clients.

Publicly Posted Actions

1. Seems like this is done appropriately but again, impossible for me to say based on limited information. I appreciate that the actions are posted publicly as it is educational for me to read them.
2. The information posted next to each license is helpful to provide license status.
3. Providing the public with access to Enforcement actions.
4. publishing accusations and disciplinary actions
5. Everyone reads these
6. Meetings and materials involving disciplinary action publicly available by video and on website
7. Publication of current offenses/corrective action
8. Based on publicly posted infractions and consequences, the enforcement appears appropriate.
9. The BBS publishes lists of clinicians whose licenses are suspended or terminated.
10. I have very little information other than seeing enforcement actions on BBS web site, but they seem to be doing an okay job.
11. Description of issues in the website. As an employer of licensed clinicians it is important to see actions.
12. I supposed it is good that enforcement actions are published as a means to educate providers and the public.
13. I think when the CAMFT newsletter publishes the names of those the board sanctions is great. I think the BBS could post these sanctions on their website as well. It's both a deterrent to violate ethics and a teaching tool.
14. Making information public about infractions, allowing licensees to learn from others' mistakes.

Quick to Respond

1. They do enforce when an issue is brought to their attention
2. Quick handling of clinicians who break laws and ethics codes and should sustain this.

Reasonable Outcomes

1. I also feel that the board does give second chances when someone has made a mistake, such as a dui, but can show recovery.
2. They seem to offer reasonable outcomes. Based upon CAMFT's reporting of violations in their magazine.

3. The Board is very effective at looking at complaints and are fair in their sanctions. The Board also takes into consideration those who struggle with SUD for example and allow them to get into recovery and when stable could return to practice.
4. Over last 20 years board has developed broader sense of possible outcomes for enforcement actions. More open to settlement and reviewing mitigating evidence

Relevant CEU Requirements

1. Providing requirements on continued professional training courses that are relevant to current practice trends.

Response Time

1. notifies of enforcement actions in a timely manner
2. Appropriate and responsive.
3. Response is fast and measures are taken.

Thorough

1. The board's activities seems very thorough in this area.
2. Takes time to consider each enforcement
3. I'm glad that they do a thorough job of researching any problems brought to their attention

Timely Law Updates

1. The BBS ensures that new or revised statutes and laws are shared in a timely manner.
2. My colleagues and I are careful to monitor changes in regulations and adapt accordingly.
3. The BBS is constantly engaged in keeping up with the laws as their respond to our every changing fabric of society.

Transparency

1. There's transparency when it comes to consumer's rights. Provides overall timely updates/notices for consumers.
2. Transparency; continuous sharing of practitioner findings
3. Transparency regarding consequences when laws are broken

Website

1. Website set up to take complaints from consumers
2. The website is very instructive.

Misc.

1. Enforcement is reasonably maintained.
2. The board enforces its laws.
3. DUIs
4. Verifying adequate supervision of practicum hours of trainees and associates.
5. Rigorous requirements
6. I think there is potential to do this.

7. The board is conducting a survey.
8. Has the authority to have associations paid accordingly especially from state and county agencies.
9. Doing well.
10. Given the volume, I am impressed that the BBS can monitor at all.
11. Proactive
12. BBS has a strong process to investigate and enforce licensure infractions
13. It's sad to see the problems we have with alcohol and drugs, but you've got to enforce!
14. Giving the option of "telesupervision" to keep staff safe while still serving clients and getting the supervision they need.
15. thorough vetting of applicants
16. The laws are very well written and easy to follow.
17. I believe the Board does a good job
18. I am not sure what the enforcement process is for the board and I don't want to find out either. I see that you provide a list of individuals who have had their license suspended or revoked and that's enough for me to walk the straight line and avoid any repercussions.
19. So far, I think they're doing a great job

None or N/A

1. N/A (9)
2. None
3. No strengths

Unknown

1. I'm not really aware of how they enforce anything
2. Not enough information to assess.
3. I do not have enough information to have an opinion so I assume that you are at least "effective."
4. I don't have enough information or experience in this area to provide feedback.
5. I read the reports in can't but don't have personal experience with this
6. I assume it's effective, I've never had to test it.
7. I don't know a lot about the process
8. I don't know
9. Don't know (2)
10. I can not think of anything specific, they appear to be following up on complaints
11. I have no issues with the Board's enforcement practices.
12. Unknown
13. Unsure.
14. Not Sure (6)

Board Staff

Communication

1. Applications are always returned quickly for processing once a case is closed. They communicate well with other staff.
2. Communication between DCA attorneys and the DAGs is good.

Consumer Protection

1. Truly take the client/public's interest at heart.

Effective Staff

1. Effective enforcement staff who value consumer protection and maintain the integrity of the program.
2. the enforcement unit seems to be effective and strong team
3. The strengths of the Enforcement area is very highly effective case workload and response time is the best. From Court documents to Attorney General document is always handle with dignity and clarity even going before a Judge.
4. Good managers and staff who are knowledgeable in the laws, which leads to effective enforcement of the laws.
5. Team is strong and has lots of institutional knowledge.
6. Criminal Conviction and Fingerprint Unit open applicant and subsequent arrest cases within business 1 day of receipt.
7. Efficient unit.
8. Structure of enforcement unit works well.

Enforcement Process

1. Processes and procedures are very strong
2. Processes are documented thoroughly.

Responsiveness

1. Very responsive to complainant.
2. Criminal Conviction and Fingerprint Unit is very good with responding to emails and phone calls (responding within 24 hours)

Timely

1. Criminal Conviction and Fingerprint Unit review cases and close them out in a timely manner. 1 week timeframe for opening and closing cases.

Up-to-Date Laws/Regs

1. Laws, Statutes, and Regulations all keep up in the needs and demands with the trends in the profession.

Board Members

AG's Office Collaboration

1. Collaboration with AG's office has improved.
2. ALJ's reports have been greatly improved.
3. The board gets to review and assess cases and it's helpful to read the recommendations from the ALJ and AG's office.

Assist Probationer

1. Providing a case manager that guides the probationer through the process.
2. Give second chances, for instance providing alternatives if someone is unable to acquire an attorney.

Board Member Commitment

1. Board members put a lot of time and energy in discussing the cases brought before them.
2. Board is held accountable in consistent discipline.

Consistency

1. Consistent enforcement actions.
2. Consistency of judges who oversee the cases and have experience with the Board. ALJ's are high quality and highly competent.
3. Uniformed enforcement policy to any conduct that could be dangerous to consumers.

Consumer Protection

1. Emphasis on non-punitive enforcement. Reminds the board and petitioners of consumer protection. Has helped with clarity of steps.
2. Important for the board to emphasize consumer protection.
3. Board likes to ensure that the health and safety of consumers is protected through enforcement.

Efficient Process

1. Establishment of uniformed policies has made enforcement process more efficient.
2. Adopted DCA's uniformed standards and templates for SMEs.
3. Streamlined process – board members use time well during the board meetings to make decisions.
4. Do have identifiable pathways to deal with different enforcement issues. Processes are streamlined
5. Supporting and advocating legislation that is structurally changing the ways licensees/associates are being treated based on prior infractions.
6. I think that the enforcement procedure of BBS is very good.
7. Board does a great job with enforcement process in general.

Enforcement Process

1. Strength in multi-disciplinary approach.

2. Don't just provide a cookie-cutter response to each enforcement case.
3. Get through a lot of enforcement issues/cases.
4. Fair and equitable process that exist for associates and licensees to have their day in court when they are subjected to enforcement actions.

Keeping Stakeholders Informed

1. Great job with previous EO to collaborate with stakeholders to get their voice and inform legislation and make informed decisions.
2. Board has good communication with those with enforcement actions.

Processing Times

1. Staff has worked hard to decrease processing time of enforcement cases.
2. Timeline for internal processing has decreased, board has done effective job in streamlining the process.
3. Board is timely with enforcement.
4. Enforcement decision timelines have greatly improved from 4 years to 3-4 months.
5. Staff have done a great job improving the timelines on the BBS end for processing cases.

Reduced Frequency of Probation

1. Internal mechanism to reduce the frequencies of probations.

Staff

1. Really experienced staff.
2. Staff goes above and beyond.
3. Staff does a really good job providing the board with information when the board is making decisions to allow the board to make informed decisions.
4. Very dedicated team.
5. The enforcement team does an outstanding job ensuring that the licensees on probation are provided with services, tested regularly, and that this information is communicated to the court on a regular basis.
6. The case managers do an excellent job at maintaining good oversight over their probationers.
7. Very thorough and detailed.
8. Take their public protection requirements very seriously.
9. Staff have done a good job managing enforcement cases that do not need to be elevated to the Board.
10. Attorney is very helpful and very thorough with supporting the board. Gives confidence to the board members.
11. Having a dedicated attorney is a great asset.

Enforcement Weaknesses

Stakeholders

1st Time Offender

1. The standard probation terms across the board can in some ways negatively affect 1st time offenders. Case by case reviews should give an opportunity for modification or early termination as reviewed by the board rather waiting/expecting the petitioner to apply and advocate for self. Enforcement can improve to ensure consumer and professional well-being.
2. The blood alcohol level in CA is very strict and it could be easy to not realize one is over the limit. I would hate to see a peer lose their license for a first time offense if the blood alcohol level is close to the minimum limit. It may not be indicative of a greater problem warranting protection of the public.

Access to Defense

1. A frightening experience if you don't have the money to appropriately defend yourself.

AG's Office

1. Due to large resource limitations, particularly in the Attorney General's office, the process is too slow in investigating and adjudicating complaints. This hampers the goal of "swift justice." "Swift justice" should apply to civil proceedings as well as criminal ones.
2. The BBS needs to train judges and DAGs about addiction and how a high BAC is evidence of alcohol abuse, and not just a one time bad decision with DUIs.

BBS Mistakes

1. Fines for audits that are at the fault of the BBS misplacing documents that were mailed or submitted in person.

Biased Laws

1. There are so many bias laws, its difficult. Some I strongly disagree with. We report way to much, do to fears of licensure. There should be a different system, where there are more leeway's and choices.

BIPOC/POC Mental Health

1. More emphasis on addressing the mental health needs of people of color of all ages.

CEUs

1. While the idea of CEUs is good, the way it is carried out is a waste of time and just a money maker for some providers
2. I dealt with a CEU audit issue and am puzzled why it took over a year to receive information that it had been resolved. Now there's information noted on breeze

indicating there was an issue and I have no idea how long that notation will be there and I wasn't informed it would be there in the first place.

3. Making all of us retake Law and Ethics or Suicide Prevention doesn't actually make us better clinicians. It forces us to spend time on something we may already be quite familiar with, and we could be spending that time serving clients, writing notes, etc, etc. It doesn't make sense to force everybody into certain courses for CEs because a few therapists (forgot???) that sex with clients is NEVER ok. It also prevents us from being able to spend that time learning something we really want to learn, such as a new technique, in order to better serve our clients. If the BBS is truly about protecting the public and not just covering themselves when a handful of therapists misbehave, then the BBS should reconsider this "stance."

Changing Laws

1. Laws change frequently
2. Some laws seem outdated and need re-examining.

Cohesive Enforcement Units

1. The lack of all the enforcement units working together sometimes. It is really one large enforcement unit with different managers. I don't think we should have to communicate through our manager to another staff member or manager. We are all grown ups and know what we are doing.

Communication

1. -new mandates such as providing clients with notification of ways to report problems with the therapist. the single regular communication with licensed professionals is that of posting notification of those who have broken rules and mandates. communication with licensed professionals is limited, professionals are expected to weed through the website which is limited
2. Communicating to the therapist in a timely manner (too much time in limbo). Doesn't provide information for the therapist regarding the process and resources available
3. Contacting the board with questions/concerns
4. Hard to gain contact with support / live human
5. The BBS is woefully unresponsive to consumers and to the workforce. Wait times are long and consumers are bounced around to the community-based associations without clear direction. And there is very little follow through in repercussions for the professionals who cause harm on individuals and communities.
6. No communication with me. And it took seventeen months. Being abused and/or mistreated by a therapist for years is traumatic. To be fully ignored for a year and a half doesn't feel great.
7. Had not communication on my licensure status even after emailing and calling the board many times

Complaint Process

1. Your review process for complaints against license holders does not serve the consumer well. It takes years for complaints to be reviewed while you allow abusive practitioners to continue with no consequences while rubber-stamping their work with vulnerable populations.
2. Difficult to report a bad therapist -
3. Be clear/transparent on the process of reviewing complaints
4. Board does not provide any updates to those who file complaints

Concerns with Peers

1. Does not enforce it's own standards. Ignored my written complaint about an ASW who was representing herself as, and was practicing as a ""Clinical Supervisor"" for 5 years! I was the Clinical Director of this program. The BBS found nothing wrong with this. I lost respect for the licensing board. Although I love my profession. So difficult to speak to a person.
2. The inability to share with the Board concerns about fellow providers results in a system that puts the burden upon patients/clients or that requires that something bad happens or happens again before it is surfaced to the Board. I'm scared to know how much has failed to reach the board because of a process like this.
3. When asking for guidance with complaints against peers there is no guidance or resources. As an employer I hire therapists who have proven to be unethical in their business practices, but there is no format for this type of complaint.
4. The BBS could benefit from updating their reporting webpage. For example, there is currently no way to report a coworker or supervisor. Rather, there is only an option for a client to report or complain about a provider.
5. Many poor and even dangerous practitioners fly under your radar. There is no process for a peer to initiate a complaint, and clients are often afraid to do so
6. I think it would be beneficial if we knew about other practitioners doing illegal or unethical practices that it should be reportable.
7. Focus on consumer reports. Many consumers are unaware of the laws and ethics of the profession. It would be nice to have a streamlined way for providers to anonymously report other providers who we have seen violating laws or ethics.

Consumer Safety

1. I have not seen actions to protect health and safety of consumers through the enforcement of laws.
2. not enough oversight to actually protect consumers
3. Overworked and underpaid associations at agency that serve the highest risk population can have an indirect impact on clients health and safety.

Context of Investigations

1. Clinicians would benefit from context in the reporting of investigations. Is there a decrease in inappropriate sexual relationships with clients over years? Insurance fraud claims? Where was their misunderstandings of our laws, regulations and ethics that led

to investigation and disposition? Where should professional societies focus their L&E trainings to counter problematic trends?

Cultural Bias

1. I also see 'laws and ethics' that are culturally biased.
2. Does not have a systemic or cultural lens to understand the issues pertaining to therapists working in small/insular communities that they belong to as well (including marginalized groups & subcultures.)
3. This comes from the "old school" way of dealing with mistakes which is outdated and most likely came from people that have privilege. This method also has racial bias behind it. Think how much more likely people of color are pulled over due to their skin which makes it more likely to be stopped by a cop which is more likely to then lead to a disciplinary action.
4. Lengthy probationary periods and rehab requirements for clinicians with minor infractions that disproportionately burden low income clinicians and clinicians of color.

Decision/Investigation Timeline

1. It took 2 years after an accusation for the board to come up with a decision. That is way too long and put my life on hold.
2. The timeline between complaint and the final discipline appears very long, which may result in undue risk to the public in the meantime.
3. It does seem like there's a significant delay (a year or more) with publishing the outcomes of certain investigations.
4. My Dad who had severe dementia and was under a conservatorship was harmed by a psychologist. The first consumer complaint was denied by the Board because of his illness. It took calls and letter to the board. They did open a case and have been investigating for years. My Dad died this month and we've never heard if there was any outcome to the complaint. This psychologist worked w a realtor in her office bldg to sell me dad's house, canceled my Dad's medial appts, and release private info to this realtor etc.
5. Again, the posted information about enforcement may be delayed, and not reflect the timely response of the Board in those decisions, but the postings appear to reflect significant delays between the identification of the infractions and the imposition of consequences.
6. The timing of some enforcements are too long. I know of a particular individual who needed to stop providing clinical/counseling services but because BBS took so long to investigate the individual as able to continue to see clients. Which was extremely risky for clients and community. The individual has since lost his license but the process should not take that long.
7. The time it takes for an investigation and resolution
8. From the details publicly posted of infractions and criminal behaviors by licensees and registered interns, there appears to be a significant delay from the acknowledgment of the alleged behaviors and the imposition of consequences.
9. Long times for investigations and Board decisions.

10. It should take less time to investigate a complaint especially if it involves a youth who was injured. A detail oriented investigation (due diligence) interviewing other staff aware of the situation should be interviewed so the story doesn't change due to pressure from colleagues who know of the pending investigation. BBS case ""Handlers"" really need better oversight by his/her superior to be sure if 1 handler prior has the documentation from the licensee or associate, so that the new ""handler"" assigned can continue vs. documents being lost or a handler having a serious lack of responsiveness when the licensee or associate makes many efforts to speak with a handler. "

Delay Applications

1. Required completion prior to application submission where as the intense enforcement accidentally hinders some applicants from completing in an appropriate manner and delaying application submission (sometimes so long it seems to be "abandoned." Relevant real life experience and field would should could as training courses and be counted appropriately.
2. Again, it's the time it takes to let the applicants know of a deficit. It's horrible, waiting and waiting to hear something and then, when you finally hear something, it's that there's a mistake that needs correcting. And then THAT takes even longer to correct once the correction is sent in.

Education

1. How is the BBS supporting mental health providers? If the BBS would focus more on teaching, supporting, and having a conversation with the providers it regulates, then enforcement would be easier. Leaving other regulatory agencies to teach what the BBS should be teaching, well, then that leaves the BBS with the role of rule enforcer. This is a huge weakness, the BBS should be focusing on teaching as part of the enforcement for it's laws. This would bring a sense of connection between the BBS and the providers it regulates. A BBS sponsored yearly training that is included with the licensing fee may perhaps be an idea to consider. If everyone is getting the same information from the same source may perhaps bring all into the same page.
2. Outreach fir agencies trying to stay compliant
3. For some pre-licensed or licensed, the area of enforcement could be less punitive and more about a learning opportunity.
4. lack of educational opportunities offered to licensed professionals to increase awareness of areas of enforcement
5. I would like to see the board more effectively publish how the enforcement process goes so that members are aware of mistakes that other professionals are making. This is educational and also helps us know that our profession is being monitored for misconduct.

Expert Reviewers

1. Poor experts and the interviewers at the DCA are inept.
2. Sometimes the experts used seem to make arbitrary statements on what's legal/ethical.

3. You need to respond promptly to complaints and engage more expert panels to evaluate the issue. Do you have an investigator? If you do not how can you be effective in protecting consumers?

Failure to Screen

1. Failure to adequately screen dishonest and unethical behavior in the therapist.
2. Wouldn't have to enforce if we could look at people's morals and values before licensure but that's kind of impossible
3. [Name Redacted] is a criminal and should not be allowed to practice.
4. seems like some people who shouldn't be practicing are allowed to practice again
5. There is no enforcement. You allow abusive, unethical practitioners to practice for years with no consequences and ignore please for help from complainants.
6. I personally know someone who has a criminal history who is still licensed.
7. There are way too many unethical and incompetent therapists out there. it is a stain on the profession.

False Accusations

1. A licensed clinician can also be accused of things they did not do. It all gets lumped into conclusions that should be investigated in more detail on both sides. (I hope this makes sense)
2. I am aware that clinicians have to now print a signage so that patients can make a formal complaint to the board. This does not give the clinician leverage to discuss the complaint firsthand and then move it up the chain of command (Supervisor at work). I know of this because I have heard of psychologists complain about that signage; they specialize in treating personality disorders and patients have made false accusations as a complaint.
3. Not enough advocacy for the licensed professional from the client who makes false accusation and destroys reputation through social media and the like

False Advertising

1. Changing INTERN to ASSOCIATE is confusing the public. Allowing NUMEROUS people to use MFTI or now AMFT and they do, without spelling it out, without noting they are an intern and under the supervision of another is HARMFUL. Go to psychology today see it there, see it in ""signatures"" on 'professional list serve', see it in advertising See it so incredibly misleadingly in ""years of practice"" when a person is not even licensed yet, they say X # of years, not being clear that the ""count"" begins with the license. This is a very very weak area. People should be fined \$50, then \$100, then suspended for ANY kind of false advertising. Same with getting a Ph.D, but not pursuing licensure, and then calling self ""doctor"" including in their email drjulie@ etc. This is dirty and I do hope you clean it up.
2. Would be nice if rules around advertising and asking for testimonials were loosened.

Inflexible

1. Has to enforce regulations that are harmful to the profession in their inflexibility and focus.
2. may be inflexible to minor offenses

Irrelevant Enforcement

1. They enforce things that don't have anything to do with the clients
2. I'm a bit concerned about the new trend towards including EVERYTHING a person does, connected to or not connected to the practice of therapy in an ethical and legal manner

Lack of Information

1. Lack of concise information
2. Publication of current offences not available for the general public?
3. A website or place that clearly has laws posted would be helpful

Licensee Privacy

1. Often I see that the social worker is unprotected, and this is not what we need from you. Our privacy should be maintained, for example.
2. I'm not positive if this means consumers of services that are overseen by the Board or consumers as in people licensed by the Board. If it's the latter, then I would say that the policy to publish addresses of licensees does not protect the health and safety of licensed professionals.
3. There should be more consideration for therapist's privacy, especially when it is only an accusation.
4. By rejecting or not accepting previous coursework, they are limited opportunities to potentially qualified candidates for licensure. It makes no sense. If a person obtains a graduate degree, then decides to pursue licensure by taking extra courses, in what world do licensing boards reject that person's application? Only the CA BBS...they continue to give government employees a bad name.

Little Public Knowledge

1. I'm not really aware of how they enforce anything, or where that information would be obtained
2. General public has little knowledge about the board.
3. The public does not know of the existence of the board. Generally speaking, of course.
4. I am not sure I am clear on how this is done. I do not think it is necessarily poor, just not sure I am fully informed on this.
5. Need more education of the public
6. im not sure what the board actually does to address this
7. Patients do not seem to know about BBS and their rights as patients.
8. Enforcement of what? Requirements? This is unclear.

More Rehabilitation

1. The extent to which some clinicians are punished for a DUI often seems out of proportion or not helpful to remediation.

2. Seems like they could do a better job at being less punitive on smaller issues and more rehabilitative on those issues.

No Accountability

1. I reported a therapist for gross negligence and abuse of power and the results were “we cannot determine a legal issue, so this case is closed
2. There is no accountability of therapists and how they treat clients once they are licensed. My husband is severely traumatized by this interaction and I’m so disappointed in the reporting process. There’s no protection for people using the term “social worker.” No companies, media, individuals are held accountable for using what is suppose to be a protected field.

No Anon Reporting

1. Anonymous reports are not allowed. This can stop reports due to fear of retaliation.

Non-Equitable Decisions

1. Some of the board’s laws are ridiculous. licensed professionals who have sex with their clients get less harsh punishment than a young ASW who has a DUI.
2. There seems to be a very uneven distribution of enforcement of the rules when reading the enforcement actions.
3. The punishment is draconian. The length & amount of servitude respondents are put through is beyond unfair.
4. Sometimes it seems all to random who does and doesn’t get disciplined
5. I read The Therapist disciplinary actions each issue. I am aghast at some of the cases where license revocation is stayed, for what I consider egregious acts, while at the same time a DUI gets a draconian judgement. How is anyone to know the parameters of what is acceptable or not?

Non-Violent Convictions

1. Board can seem inflexible in enforcement of issues that have to do with impaired practitioners or single incident substance related issues. Requirements for pre- licensing hours is excessively high
2. Weed is legal, therapists should be allowed to smoke
3. Dangerous and harmful providers face no consequences for their negative impact on clients and community. Unethical providers are allowed to continue performing therapy. The only enforcement is around shaming providers with DUIs. Nonviolent criminal backgrounds should not be a matter the board is concerned with.
4. In recent years I’ve seen criminals against the State walk free, yet licensees with a DUI continue to be bled dry by the BBS. The whole thing needs to be overhauled.
5. Actions regarding DUI are extremely punitive and do not support recovery and rehabilitation of clinicians.
6. I don’t appreciate that clinicians livelihood is threatened by a DUI or domestic violence incident. An engineer doesn’t have to worry about their livelihood if faced with the same situation.

7. Your diligence I believe is misplaced. I wonder why by far the most cited violations have nothing to do with the counseling process or licensing. It seems like 90% of issues are about DUI's. Why would that be the main focus of enforcement? Huge waste of time, energy and resources. People with DUI's deal with that outside the counseling arena and they pay enough of a price without have int their licenses affected!!!

Not Enforced

1. Not enforced.
2. There are many laws on the books. I don't believe many are enforced, especially in the area of experience verification.

One-Sided

1. It feels like the Board is adversarial at times and antagonistic to the licensees—you are guilty until proven innocent
2. Investigation process remains extremely one sided and adversarial and intimidating. Enforcement process would improve with addition of mediation alternative to admin hearing in certain instances
3. Poor because it is one sided. The law needs to protect the client and the therapist. There are many therapists who live in fear of being wrongly accused, because the board is biased towards the client. This is not reasonable. Board needs to make some laws and regulations to also protect the therapist. Last thing we need are insecure therapists.
4. Far too much reliance on consumer complaints

Overly Punitive

1. Can be overly punitive with fines and citations length of time i.e. administrative citations lasting 5 years on license
2. I have heard from different licensed therapist who said to me before you are licensed it is a different field when you get your license it is all different game. And I wonder why? Why is it that after your license everything changes I thought it has to be better. One person said you Just have to save your license because for every little mistake you could loose it. I am not sure why because I am not licensed yet, but the board should protect licensed therapist.
3. On occasion, overly punitive, especially where there has been rehabilitation. Very costly for misdemeanor infractions
4. Too rigid at times
5. Lacks written policies or standards. Very punitive and focused on punishment rather than rehabilitation.
6. I know there have been times when members have been nitpicked by small discrepancies and seem targeted for harassment!

Prior Offenses

1. Again, I think some of the rigidity around some past offenses--where it pertains to POC--actually impair the health and safety of consumers by artificially limiting consumers' access to more diverse professional support.
2. There needs to be a clear and achievable pathway for individuals seeking licensure who have been charged with criminal offenses prior to application for licensure.

Probation

1. Penalizes associates and licensees for a long length of time, making probation very costly and difficult to complete. More strenuous requirements than any other professional license.
2. Too many people are put on probation.
3. the board fails to recognize that not all convictions of licensed practitioners are substantially related to practice, the system of probation in which practitioners are allowed to practice but required to pay fees to the board and often are required to pay for services required bar the board

Psychiatric Assessment

1. Personal psychotherapy should be a requirement for all applicants. A psychiatric assessment should be required for all applicants.
2. One of the requirements for a licensee who is given probation say for a DUI, is to have ongoing, regular psychotherapy. It also requires that the psychotherapist who provides this to the licensee must not be the same therapist that the probationer has already had an ongoing relationship with. Disruption of the continuity of care is counter productive to the recovery of the licensee.
3. so many in this field that I would never refer any of my friends or family to as they have personality disorders or too many personal problems themselves.

Public Shaming

1. Their oversight also comes from a shame based model. There is no longer a need to publish disciplinary actions in a magazine.
2. The board makes enforcement actions readily accessible to the public in a way that seems unjust compared to other professions, such as medicine.
3. I cannot stand the public shaming! Any professional that has done something wrong is already going through some sort of disciplinary action. Then we have to see the whole story in the therapist magazine AND an email. Not cool. Our profession is based in confidentiality and helping others and yet that doesn't apply to the professionals.
4. The "investigation findings" should be requested through a release of info w/general info tied to the applicant's info on the "Verify my license" portal. As previously mentioned, my friend's deficient behaviors was published in CAMFT and I was able to read all of BBS's findings. It revealed very unpleasant details about her severe drinking habits and this has created a deep sense of shame from her. Even though I have tried to maintain a personal relationship and not mention any thing about the BBS incident, she has shyed away from our friendship. It is because she knows the incident has been made public on BBS website.

5. Due to the high quantity of "wall of shame" reports on my monthly camft magazine it seems there should be additional testing even after licensure in addition to CE
6. I don't think it's appropriate to post publicly names and details of licensees/associates' enforcements. It's shaming.
7. In addition, I don't understand the purpose of publicizing the names and violations of clinicians in the magazine the therapist. Is it to publicly shame them? Is it to alert consumers to stay away from them? I think as clinicians we must walk the talk on believing in people's capacity to change.
8. Taking it too seriously. Brutal and non-contextual public humiliation of those who have somehow contravened the law (or ethically strayed) or been accuse of doing so. This never brings any good, and constitutes an environment of hostility, reactivity, and fear of power.
9. The Walk of Shame pages as a form of law enforcement. But perhaps a good deterrent.
10. I think it's pretty disgusting that you post the details about people's dui's in The Therapist. How awfully abusive and shaming.
11. I also don't thing that information on cases should be made public until a judgement has been made. This embarasses an individual (and impacts their career) who may in fact be innocent.
12. The fact that they make allegations public prior to proving them true, the fact that they punish clinicians with MH issues. There seems to be no room for clinicians to experience mental health issues.

Sanctions

1. Examples of enforcement should be widely disseminated to discourage violators through an effective communication of sanctions.
2. Lack of clear info on this. I get the emails with the lists of sanctions but it all seems very mysterious.

Supervisor Oversight

1. How does board provide oversight on supervisors who supervise associates? Supervisors are providing supervision over the
2. BBS needs better oversight of licensure supervisors
3. How does the board provide oversight on supervisors who supervise associates? Non-profit supervisors are providing supervision more than the recommended number of supervises.
4. I think the rules around clinical supervision in the private sector are excessive and makes it almost impossible for Clinical supervisors to take on associates. There should be more equity between non-profit and private practice.
5. There is no protection for students, associates, or interns. Many trainees run into ethical issues with their supervisors and are penalized because the supervisor will not sign hours or the board waits on other agencies before taking action themselves.

Unclear

1. Some of our laws don't always make sense but once you know them it's fine.

2. Process may not be clear to consumers. High rate of licensees who don't meet CE requirements. This is likely due to not having to submit CE materials to renew the license.
3. It is difficult to find information about reasons someone can be 'disciplined' or lose a license etc... and what outcomes/consequences are. As a professional this is rather unsettling.

Understaffed

1. difficult to find a live person to speak in regards to enforcement related questions and concerns. more staff would also be critical for ensuring that all enforcement and compliant concerns are thoroughly reviewed and thoroughly investigated.
2. High turnover rate of personnel at the Board. Limited resources appear to make enforcement activity difficult at times.
3. Staffing is ineffective
4. Don't know, but I am guessing there is inadequate staffing for proper oversight and action
5. It appears that the Enforcement Unit is not staffed well enough to follow up on issues that are reported.

Untimely

1. Failure to follow up in a timely manner.
2. Respond faster
3. It takes too long to give answers

Volume of Complaints

1. My guess is that there are so many clinicians in CA now that it's not possible for the board to truly monitor and respond to all that is happening.
2. Also concerned given the volume how the BBS can effectively monitor

Misc.

1. I don't think the Board is aware of all of the violations that therapists are guilty of. I have many clients that complain about therapists who violated boundaries via social media or in other ways but didn't report those issues.
2. Too stringent
3. The disciplinary actions are too lenient for substantiated charges and ruling
4. too easy to file a complaint against a clinician and the amount of time wasted on complaints that are unfounded and normally at a loss of income towards the clinician. Their failure in overseeing the work environments for clinicians.
5. Why so may sex assault crimes?
6. I apologize if I'm uneducated in this area... I'm wondering if there are opportunities for restitution when laws are enforced. Perhaps someone who broke a law can create a video talking about their infraction and their experience in a way that benefits other therapist?
7. There should be a photo of the individual provided next to their license.

8. Did not see much response from BBS to help enforce rules with covid. many therapists unprotected in early covid
9. "Honor system" leaves room for dishonesty
10. Routinely sharing information in the aggregate about trends and patterns found in enforcement activities
11. Expensive
12. It would help if the BBSE worked together with the AFCC and required more training before therapists get involved in high conflict custody cases. In the past thirty years much new information and research has informed treatment but many therapists have little training specific to this area.
13. Lack of commitment.
14. Too many regulations to work as a therapist, but those laws and regulations may be in the Legislature's hands? We need to streamline and make it easier for people to practice as a business.
15. I am not sure the board seeks positive comments - this might give us more information on what is helpful to clients.
16. Very poor
17. Determining if a person has the proper immigration documentation to work in our country.
18. Duh...
19. Too many regulations too many waivers, meetings that create a new rule, collect more money and place additional obstacles in the way.
20. the board isn't going to share back with us what people have to say. They will covet the information and ignore the comments that enable them to continue in a state of business denial. No question about strong clinicians but what is the actual evidence to support your purpose? Why aren't there alternative paths to licensing instead of a test? How about clinical hours???
21. My manager and I have tried multiple times to speak with BBS staff about how regulations affect social workers in a hospital/clinic setting. We've been referred to FACEBOOK.
22. Standard of Care / Quality of Care doesn't seem to be an ongoing topic being addressed.
23. In my experience, much on the edge behavior gets overlooked by organizations...I wish there was a way to bring orgs more into the area of respo, other than the legal system , which many consumers aren't interested in.
24. variety of work settings challenge full coverage of legal strategies or considerations
25. Needs to improve
26. Need more money for mental health. Need to advocate politically due more funding.
27. The board can only enforce what's reported but they need to use common sense
28. I feel that it is still a very subjective process to determining if someone's recovery is proof enough for a second chance. However I am not sure that is a bad thing to look at it case by case.
29. I have participated in your investigations of local therapists and unfortunately, at least one got away due to dual citizenship.
30. When reported to the board action is taken

31. Y'all most definitely enforce rules as far as I can tell. It's all BBS seems to talk about, anyway.

None or N/A

1. I do not have a comment on this.
2. I don't have enough information or experience in this area to provide feedback.
3. I don't know. N/A
4. N/A (13)
5. None in my opinion
6. None that I can think of (2)
7. None. (5)
8. The Board has no weakness in this area.
9. None noted at this time.
10. none noted

Board Staff

Communication

1. Need more communication between the 3 enforcement units in the program.
2. Communication between the enforcement units could be improved.

Consumer Knowledge

1. not everyone is submitting to enforcement when they know registrants are working on a delinquent number, yes will increase work flow but it protects consumers and holds the registrant liable

Errors

1. Disciplinary decisions that are being sent out contain errors.
2. Should be more oversight over the probation program – some files should be audited for correctness.

Expert Witnesses

1. Not enough Experts in the pool to conduct psychological evaluations and mental health evaluations.

Limited Authority

1. The Board lacks full inspection authority of records by being required to obtain releases prior to requesting records.
2. Other state departments' enforcement programs have access to personal health information/confidential records without the need for a release per statutory provisions.
3. Having to obtain a release slows the process, notifies parties of the complaint prematurely, and (if a release is not provided) prevents the Board from obtaining necessary information to protect the public.
4. The weakness for the Enforcement area is limited on what is expected, everything is forth coming to what is needed not to show any weakness in the performance of any of the staff.

Staffing

1. Vacant positions need to be filled.
2. Increase number of positions in enforcement – probation.
3. Review and revise the duty statements of the positions under enforcement – change the duty descriptions to be more relevant and effective to the current positions.
4. New staff are not properly trained in Discipline Unit.

Website

1. Need to provide more information on the enforcement process on the website – what the process is, what to expect, how long the process takes.
2. Posting of discipline information on website is not accurate.

Misc.

1. Sometimes puts the unit at a disadvantage with the board members. Board members typically only hear the licensee's side, more lenient on the licensees due to not hearing the complainant's side.
2. Not getting sufficient advice overall from DCA council. Mainly for discipline and probation.
3. Review of current processes to make sure that we're following the best practices.

Board Members

Communication

1. Have not done well with communicating with the public regarding the consumer protection. Although decisions are not punitive, they feel punitive to the applicant/licensee.
2. Better communication of enforcement policies.
3. Better communication between probation officer and licensee.

Consumer Knowledge

1. The public needs to be informed that they have a responsibility to report of wrongs with the service they are receiving. (For example: drinking or drug-use use, sexual misconduct, unwanted sexual behavior)
2. Complicated for reporting if complainant does not have a computer or do not know how to file a complaint online.

Guidance

1. The Board needs to provide more guidance on the probation process to help those who cannot afford attorneys.

Inconsistent/Inequitable Decisions

1. Inconsistency in ALJ terms and decisions among similar infractions.
2. Enforcement tends to be stricter with marginalized communities.
3. Lack of consistent standards in rulings/decisions.
4. Board needs to make a diverse board to advocate and make equitable enforcement decisions.
5. Hard for Board members to understand differing probationary timelines for similar offenses.

Processing Time

1. Enforcement cases/issues take a long time to completion. Could be years before there is an outcome.
2. Enforcement process takes a long time.

Relevant Enforcement Policies

1. Reviewing the uniformed enforcement policies to ensure that they are relevant in terms of changing laws.
2. Update the uniformed standards and templates to make sure that new law is evident in those reports and that the board members understand what they can and cannot do.
3. Making sure that the board is not creating additional barriers to licensure for those with certain convictions. The board needs better understanding of the standards when putting a person on probation for DUI charges.
4. Creating more transparency in the process of appeals for the petitioners in regards to the petitioner rights, what the petitioner or the board can/cannot do.

Rehabilitation

1. Board should focus on rehabilitation not punishment with enforcement decisions.

Restrictions

1. Due to HIPAA, board members are unable to see personal health records as part of petition packet and are unable to determine rehabilitation efforts. Continue to keep board members informed on rehabilitation efforts of petitioners.

Probation

1. Board needs to be more educated on the outcome of probations – factors such as social economic factors, race, etc. Board does not want to be a part of systematic racism.
2. See some kind of revision of standard terms or conditions of probation.
3. Minimum probationary terms can seem too much.
4. Relook at criteria for probation (i.e. alcohol vs. drugs, additionally offenses made during private time vs. on the job)
5. Are punishments being made correctly?

Staff Workload

1. Keep an eye on staff workload regarding probations.
2. Are unable to get through the number of cases quickly enough.

Staff

1. Lack of training, levels, and direction of enforcement.
2. Shortage of amount of money to hire investigators.

Unauthorized Practice

1. I would like to see enforcement look at the “grey areas” of unauthorized practice which occur on social media, and through telehealth, and perhaps develop an enforcement plan which focuses on online unauthorized practice.

Legislation and Regulation Strengths

Stakeholders

Accessible/Clarity

1. Access to information is easy and relatively straightforward to find compared to other licensing boards.
2. openness to community feedback
3. It is easy to check for updates.
4. Translating the regulations into simple FAQ/MFT Handbook PDFs.
5. Publications are regular and accessible
6. there is a clarity to what the mandates and regulations ARE and it is reinforced to retain license
7. There are clear regulations
8. I'm glad we have these makes it very clear when and if we need to report something.
9. Easy to read policies

Active/Involved

1. They are very active with governmental efforts
2. Presence at the state level
3. Work seems aligned with state level legislation and regulation.
4. They are very involved in working towards legislation.

Advocacy

1. Very good at advocacy and giving input on legislation
2. The Board does a great job of advocating for appropriate legislation for providers
3. I think all the policies are client centered.
4. it appears the BBS is very active in advocating for consumers
5. Some of the rules clearly are effective in following the mission.
6. BBS advocates for legislation to support mental health
7. The statutes and regulations are appropriate and serve as protection for the public.
8. Effectively advocates for legislation that supports clinicians and the public.
9. Make it a mission to support the mental health providers getting fair pay.
10. A good voice for our mission

Comprehensive/Language

1. Lots of regs - that cover many areas.
2. does a very good job of translating state and federal legislation into policy for providers.
3. Many regulations
4. Thorough referencing of legislation.
5. I believe the Statutes and Regulations document contains quite a bit of specific information.
6. We had good, comprehensive laws and regulations for at least 25 years.
7. Board is thorough

8. I'm impressed with the updates the BBS does to ensure the language is accurate. The changes in law that have been made in the last ten years have all been strong.

Communication w/ Stakeholders

1. Maintain continuous feedback and dialogue with different professionals' associations.
2. Have increased feedback and support to the licenses over the last few years.
3. Very good communication with the professionals affiliated with the BBS relative to legislation and regulation.
4. They've been fast at responding emails
5. The board seems to be open to all reasonable requests and legislation coming down the pipeline.
6. alignment of all areas with legal requirements and core values; alignment openly stated and pointed out in variety of online training courses

Flexibility/COVID-19 Response

1. Change can happen. Some waivers have been timely.
2. Flexibility. Covid is a great example. The board acted quickly by using waivers to meet the needs of consumers and professionals
3. There has been good effort to respond to challenges of COVID, flexibility with licensing requirements has been helpful
4. Quick to provide alternatives
5. keeping up with the times and ever changing and fluid state of things, specially now given the pandemic, is a strength.
6. Have done a good job around waivers during the covid pandemic
7. I have noticed a proactive approach to the pandemic.
8. Good jockeying around covid-19.
9. Waiver for in-person clinical supervision

General

1. seems fair
2. I'm sure it does whatever it's supposed to.
3. Good process
4. There is a board making sure we are represented with legislative needs
5. I haven't heard of any problems.
6. Well the CA board is by far the strictest in the country so this could be at times both a strength and/or a weakness.
7. Good
8. This is done well.
9. Has started including discussion on diversity, equity
10. For a profession of many self employed people who have a difficult job more is required of them than MD's or priests—ethically.
11. It is doing a great job. The laws are there.
12. I am sure some of the policies are useful and reasonable.
13. Effective within the state

14. Effectiveness
15. Good Ipcc was put in.
16. I believe this is really under control and it is better then it has been in years.
17. This is an important gatekeeping's responsibility - to keep high standards for the profession.
18. We rely on NASW to inform us re: legislation and expect the BBS to apply related regulations
19. Legislation and regulations are adhered to.
20. Nothing seems amiss. Would love it if LMFTs could accept Medicare. Reciprocity with other states in the age of telehealth would also help.

Outreach/Publication

1. I believe the BBS newsletter for clinicians is helpful to keep abreast of new laws/changes. I am assuming that there is representation to State committees that impact the professions under the BBS umbrella.
2. I deeply appreciate BBS staff's presentations on how to understand and avoid unprofessional conduct.
3. I appreciate the consistent exposure to Law and Ethics.
4. Newsletters are very concise and easy to read.
5. Yearly updated BBS publication of the statues and regulations

Relationship to Stakeholders

1. The Board has a good relationship with the Legislature and policy making thus allowing relatively smooth policy changes and corrections. Most of these are technical but on occaison
2. I am noticing that the board is willing to work with other organizations to bring legislative issues to fruition
3. With support from professional organizations, Board does bring new regulations, etc, to appropriate legislative bodies.
4. Good relationships with stakeholder organizations.

Specific Regs.

1. The new legislation requiring associates to be paid hourly is a valuable development to protect providers while pre-licensed yet providing valuable services.
2. I have no idea how to answer this. I'm grateful that there are some changes on the table for consideration to the rules for LPCCs around possibly doing away with the additional training/hours required for treating couples/families, and also the community agency hour requirements. I hope this passes in order to have the LPCC treated more equitably with the LMFT.
3. Aligning LSW, MFT and LPCC law.
4. I think it is important, that the new policies require suicide training, but this should be rather incorporated into all counseling masters programs hopefully.
5. It is good to have requirements for supervisors, associates, and licensed professionals
6. added training requirements help to keep licensees current.

7. I was grateful to see the illegalization of "conversion therapy" but I don't know if the BBS played a part in advocating for that.
8. Some of the regulations, such as around professional boundaries and required training, make a lot of sense

Staff

1. It looks like the Board is on top of understanding and interpreting legislation and regulation.
2. Staff is very knowledgeable on legislation and regulation.
3. Strong teams, especially Rosanne in analyzing legislation and helping the board to understand the changes
4. Amazing team. Very upfront and through.
5. Board staff are familiar and knowledgeable about laws and regulations. A trusted source for information.

Stakeholder Input

1. The Board works closely with constituents including the professional associations.
2. Utilizing NASW and other stakeholders to inform policy.
3. Clear guidelines
4. Regular review and discussion with public access.
5. The Policy and Advocacy committee thoroughly review potential legislation and invite input from stakeholders.

Updating Stakeholders

1. Receiving and reading updates on updates received from the Board.
2. keeps members informed of updates.
3. Provides timely updates through emails. Website has helpful information.
4. Regular emails describing changes in policies is helpful.
5. The communication of regulations and regulation changes is very effective, since this has been a time of constant change.
6. posting updates on the website
7. You provide updates and post them on the site.
8. Good communication about changes in the law, new requirements and meeting community/legislative needs.
9. Provides up to date guidelines
10. regular email updates on new legislation and regulation
11. provide updates.

Up to Date/Alert

1. Compared to other areas, the board is more progressive in addressing new trends in the field but can do better.
2. Up to date requirements and standards of mental health counseling for everchanging populations.
3. Regulations do their best to follow current laws and case law.

4. BBS stays current
5. There seems to be a team in place that is regularly checking the latest information.
6. Alertness regarding policies
7. Continual review of rules to keep up with societal changes.
8. Attentive and up to date
9. Keeping up with regs etc,
10. The Board appears to be attentive to the positive evolution of the practice, and the anticipated changes in legislation.
11. Seems to stay current on issues of concern and professional development.
12. Ongoing changes are in line with current cultural and social issues.
13. Seem to be able to address needs efficiently.
14. The Board updates regulations regularly and works to ensure timely appropriate legislation is added, such as Telehealth regulations and waivers this last year.
15. The board has tried to respond to the growth of the field and the changing face of psychotherapy (e.g., Telehealth)

No Comment

1. Again, I have no real idea how they do this?
2. I do not have a comment on this.
3. Don't know yet
4. No comment (2)
5. Not sure
6. I don't know
7. I must admit I'm not up on current activities in legislation and regulation.
8. I am not too familiar with legislation and regulations.
9. I have nothing specific to offer
10. I have no idea.
11. Unsure.

No Experience

1. I don't have enough information or experience in this area to provide feedback.
2. No first hand experience with this.
3. I don't have experience here.
4. Not enough information or experience to provide.

N/A or None

1. N/A (11)
2. None
3. Zero

Board Staff

Easy to Understand

1. staff is able to explain the details to others in laymen's terms.
2. SB Bills is always explain and administer in a professional way to staff and law makers.
3. We know we can go to staff with any questions and have them answered fast and in detail.

Informed

1. We are always kept up to date on new laws and regs.
2. Staying up to date with the industry and industry/consumer protection trends.
3. Good communication from Legislation manager regarding new Leg and Reg.

Professional

1. The strength in the area of Legislation and Regulation is one of the board best. Legislation and Regulation is always presented in a professional way.
2. Legislation and Regulation has limited weaknesses, they are good at what they do, and you will never know if there was a weakness as the manner of weaknesses will be modified before anyone notices it.
3. Maintain good relationship with Legislators so when the board needs an author for a bill, they are able to find one.
4. Identifying problems and working towards Legislative and Regulatory solutions to improve them.

Staff

1. Knowledgeable and effective Legislative Manager. Very engaged with legislative process and the board's needs with changing profession.
2. SSMI Specialist and AGPA who do Leg/Reg(respectively) have a great success rate in getting bills passed and regulations enacted.
3. Legislation person is really good and does a good job with contacting everyone if there are questions. Goes over pros and cons. Goes through the whole process.
4. Excellent Leg. & Reg. Analysts

Stakeholder Collaboration

1. Board is very proficient at getting information from stakeholders. Frequently will get emails, set up meetings, to address stakeholders who want to make or add changes to the laws and statutes.
2. Meet individually with stakeholders, and schools to address issues.
3. Let's stakeholders know the board is open to get feedback and make changes.
4. Good job of being responsive to stakeholders.
5. Excellent working relationships with stakeholders

Strong Implementation

1. Strong implementation of existing laws/regulations.

Refined Statutes/Regs

1. The Board continues to develop and refine the statutes and regulations that regulate the different license types the Board oversees.

Board Members

Communication

1. Communication – in Facebook Fridays, FAQs on website, information that's distributed out.
2. Communication between board and stakeholders in the communities. Always a BBS rep there to give updates/changes to laws and regs.

Leg/Reg Committees

1. Committees that work on Leg/Reg
2. The board develop and implement sub-committees to gather more information on a legislation/regulation to give the board an informed voice.

Legislation Process

1. Clear procedures in legislation and policy creation.
2. Highly impressed with internal legislative process.

Staff

1. Staff is exemplary in research to allow the board to make informed decisions.
2. Staff is fantastic.
3. Staff walks board members through the process with pros and cons of each piece of legislation and provides suggestions for the board members when making decisions.
4. Board staff are amazing. Very knowledgeable and bill analysis is wonderful.
5. Board staff represents the board well during the legislation season.
6. The Legislation Manager does an amazing job.
7. By creating a legislation manager, this has shown that the board believes this to be an important aspect of what the board does.
8. Amazing Legislative Team – especially Leg/Reg Analysts.
9. Awesome legislative analyst team at the board.
10. How the team interprets and brings the information to the board is fantastic.
11. Staff helps let the board make education decisions.
12. Staff allow the board to share concerns with legislation/legislator.
13. I have only been through one legislative session but I found it outstanding, and I think the work of the staff, particularly the legislative analysts is excellent.
14. Legislation Liaison is extremely knowledgeable and follows very closely with technical things when it goes into legislation and language.
15. Staff keep the board members up to date with the process.
16. Board members feel very confident in the analysts' legislation descriptions.
17. Do really great job.
18. Staff is excellent and very effective and very knowledgeable.
19. Good at providing all the information needed for board members to make a decision.
20. Staff are able to answer any questions. Provide recommendations to the board.

Stakeholder Collaboration

1. Stakeholders have plenty of opportunities due to the board meetings and sub-committees.
2. Great job with previous EO to collaborate with stakeholders to get their voice and inform legislation and make informed decisions.
3. History of collaboration with stakeholders and members of the community.
4. Stakeholders are very appreciated of having their voice heard and participating in the Leg/Reg process.

Timeliness

1. Response when there are questions from stakeholders is great.
2. Quick response time to questions.
3. Timeliness

Up-to-Date Standards

1. Tries to keep up with most updated standards, especially with COVID providing standards for telehealth. Board responded appropriately and efficiently for needs of community.
2. Reorganized the statutes and regulations specific to each Board license type to improve understanding of applicable statutes and regulations.
3. Explored the feasibility of improving the law and ethics renewal requirements to inform licensees about updates in relevant laws.

Well-Informed Board

1. Board is well informed on laws and regulations that will be impacting consumers.
2. When things are identified as needing to be fixed/adjusted/initiated, the board works quickly on Leg/Reg.
3. Amending and reviewing key legislation thoroughly to come to a unified decision.

Legislation and Regulation Weaknesses

Stakeholders

Accessibility/Clarity

1. Also, please use plain English in all presented information. Following convoluted legal language is not accessible. We are mental health providers not lawyers.
2. Policy and regulation is difficult for consumers and the average licensee to understand.
3. Sometimes the regs are somewhat difficult to understand.
4. Sometimes a little more layman's terms would be helpful. Sometimes reading through regulations is still a bit heavy with legal terminology that can be difficult for providers to fully translate into their own practice.
5. Sometimes the language in the mandates is wonky and difficult to see whom it applies.
6. Unfortunately, this is another case of "having to dig around" for the information. Also, once you find a statute or regulation, it's not always clear what that means for specific situations (e.g., does 108 weeks of experience mean "Sunday - Saturday" weeks?). I have heard of BBS evaluators interpreting certain statutes and regulations differently as a result of the ambiguity.
7. Lacks of clarity
8. Website sometimes lacks clarity in updates
9. It is hard to discern a clear intention to work with your constituency to streamline information and use plain English.
10. "perhaps more info is needed in how to best support therapists as they navigate the mandates and make decisions
11. Way too complicated to find the applicable regulation. You shouldn't need a law degree to understand the rules. Also, they are constantly revised and keeping up with the latest changes is arduous.
12. Too confusing, not consistently applied.
13. Some confusions in conveying rules beyond the Board. Regulations are convoluted and opaque, especially for licensure.
14. Also, it would be nice if the BBS streamlined their regulations- how many people can read through 300+ pages that govern their practice? A lot of the BBS forms related to supervision could also be made available digitally / tracked virtually, which could lessen the workload for clinicians and supervisors.
15. Movement to on line, especially for Supervision and Board processes would increase accessibility.

Arbitrary Regulations/Logic

1. Chances are there are a lot of idiosyncratic policies that were written to address the exceptions rather than to improve quality. Its a bad apple approach that is punitive without any strategy for advancing educational or training quality.
2. some unnecessary regulation in lieu of more necessary regulation
3. The policies and procedures are often arbitrary and create artificial boundaries that deter potential candidates.

4. There is too much social justice and actions are taken based on political leanings and not evidence-based elements.
5. Tends to respond to the loudest voices in the room, rather than a broad consideration of what is best for consumers.

Communication

1. Have better and direct communication with the providers the BBS regulates. This is a huge weakness. Please make sure providers understand how the BBS provider legislation and regulates. If the people you regulate don't understand how you work then that is problematic.
2. It is too difficult to communicate with the board, and they never ANSWER questions, they just refer you to a webpage or document that does not answer the question.
3. Have a staff member dedicated to discussing Regulations with licensees, rather than having a Facebook "forum"
4. There is no personal contact.

Enforcement

1. Lack of publications informing clinicians of common legal and regulatory errors made and how to avoid them. This information could also inform the public about what to expect from their providers.
2. The punishments enforced by the BBS are borderline extortion for a clinician who has already managed to get in trouble. You would think a behavioral science agency would have more effective interventions to maintain healthy well functioning clinicians.

General

1. Good process
2. there has not been enough done to provide the support in getting legislation passed
3. I'm overall disappointed by this system.. I wish for better advancements in the future.
4. The board has not addressed my situation
5. I'm not sure if this fits here but as a therapist I wanted to be more informed early on about what the board is doing towards getting mental health professionals on the front lines vaccinated.
6. Needs improvement
7. Definitely a weakness.
8. I don't like when the Board takes on areas that shouldn't be of concern. Trusting the members discretion should be prioritized (i.e. being politically correct in areas where good people differ).

License Portability

1. My license is not reciprocated in other states
2. The process to get licensed in this state when you hold an active license in another state is absurd.
3. Does not take a leadership role in welcoming out of state individuals, moving toward equivalence.

4. Need interstate license portability.
5. work on national licensing to make it easier for out of state to obtain a license and consistent across the country
6. The state should work towards national licensure and easier Portability
7. In general, California codes are cumbersome, need cleaning up, need to be more in line with other states for portability.

Licensing

1. The differences in requirements for each license.
2. The process for licensing. Is too confusing leading to too many emails sent to the board. Fees for licensing should be refundable if application is incomplete.
3. It all starts with the initial licensing process. As the caliber of the licensing process does not seem to have the level of professional input into each licensing applicant's readiness for independent practice In comparison to the past, it does not seem possible that the professions can be regulated with the level of professional competence as once was the case.
4. I find it egregious that the Board implemented fee increases this year for licensing fees

Mission & Trust

1. What in the world is the board's mission? So far, it's just to have us pay for certificates and receive them.
2. I wish I could trust the system that governs us
3. Please see previous response re: the board being out of touch with the actual needs of the consumer. In no other state are therapists subjected to as much regulation and hinderance to their ability to practice.
4. To much and they seem to work against the licensed professionals. Not enough support and or protection.
5. The board lost trust and credibility with the legislature over the Conversion Therapy fiasco. How can licenseees help earn that trust back?
6. The BBS tends to be very policy oriented and pro-consumer/patient. Even as an intern I never got the idea about BBS being pro-clinician, and how it advances the profession to uphold integrity among clinicians. Even my colleagues frame BBS as "big brother".
7. it appears to me that the board views itself as a law enforcement agency NOT a public service and acts in a retributive rather than restorative manner
8. There is not much transparency around how the BBS is adapting to new legislation
9. Rules, especially in relation to private practices, seem to undermine the mission
10. I have seen no evidence that the BBS has any interest in protecting consumers, only protecting the predators that you license.
11. There's so much focus on mandates and "scaring" people that we often don't know what we CAN do or even how the board is here to *help* us, professionally.
12. There is so much burden on providers and so little recognition of how hard it is to get educated, licensed, and to continue practicing.
13. Due to the high volume of registrants and licensees working in community mental and behavioral health centers, there is a disconnect between the expectations set out by the

board regarding the parameters of practice and the monitoring of these agencies that utilize the services of the registrants/licensees. There is little accountability for the integrity of the profession(s) and respective license(s) when the largest employers/contractors often have toxic workplace environments that are not always conducive to moving the profession forward in positive manner for the common good of the public. There must be better and increased regulation and communication between the government funded healthcare system and the board.

14. The board only allows for associates to be taken advantage of, and is archaic in providing quality service to its members.

Number of Regulations/Requirements

1. The pandemic revealed how over-regulated we are - we don't have the flexibility to adapt to changing circumstances.
2. Too many regulations creates tyranny,
3. Over-regulation/idiotic requirements that fail to meet contemporary situations,
4. Overburdened with excessive requirements for interstate transfer of credentials, at least prior to Nov 2019.
5. however, some of the added requirements can be redundant/overkill. For example, suicide is usually addressed throughout school and training, yet now have to take 6 hour course too.
6. It tries to overregulate everything and places more and more burdens on the profession.
7. There are laws enough to regulate the profession. Yet new ones creep in whenever there is a "new idea". Non-professional legislators who are pushing personal agendas should be resisted.
8. Compared to other states too much of regulation on licensing
9. Need to have few good strong regulations (in the area of sex, substance abuse, continued education) but trying to regulate every small thing just makes it cramped up..and hard to follow
10. Over regulation.
11. Over-legislation because of a handful of therapists not behaving themselves is a waste of time and resources.
12. sometimes too many regulations get in the way

Resources

1. Hire more people
2. Resource constraints limit the Board's efforts to inform, educate and seek out input from consumers and licensees. Professional associations help out with licensees but also don't have resources to educate consumers and the public. Some education happens with health related state and local agencies but not enough (also due to resource limitations). There should be a combined effort by the Board and state and local agencies to increase the education and outreach effort with consumers and the public.
3. Needs more funding for lobbying purposes

4. Stop wasting resources on DUI violations! The focus should be on BBS issues, not DMV issues!!!
5. Needs more resources/research to develop new regulations, etc.
6. Need funding and education.

Social Worker Title

1. More work is needed to advocate for the use of "Social Worker" by licensed Master level professional only.
2. The board needs to be more involved in title protection. No one in CA should be able to call themselves a social worker without a degree or passing a licensing exam.
3. Social workers need title protection. The board need to push so that "social workers" profession is not confused with other professional disciplines.
4. I would like to see title protection for social workers.
5. I think the board needs to move towards title protection for social workers
6. Needs to do a better job protecting social work profession and people out there who call themselves social workers but have no degree or license in school work.
7. Why do social workers still not have title protection? Why doesn't the board advocate for this?
8. It would be helpful for "social worker or LCSW" roles to only include those that hold a masters degree in social work.

Specific Regulations

1. Go after legislation that modernizes processes, including allowing on-line applications.
2. Same as prior complaint. No peer review section for unethical (not illegal) complaints.
3. I really don't understand why the clock only starts ticking on clinical hours applied towards the 3,000-hour requirement after graduation. I earned a lot of hours during my in-school practicum and those don't count? Why? Also, why can't students work in private practice? This makes it so challenging to find a site and it also means that health insurance will not have to pay interns for providing healthcare, which is not how it works with medical interns. There are so many problems that reinforce systemic inequality and prevent minorities and underprivileged people from becoming counselors in this state especially. Also in terms of procedures: Why can't we submit applications online? It's 2021. The internet has been adopted for everything for 20 years now. Kinda ridiculous.
4. For those with past convictions, there seems to be no consideration of time passed since the conviction occurred and the fees/cost associated with obtaining a probationary license are ridiculous and make it VERY difficult for an associate to become licensed. There also seems to be no individual consideration, but more of a "one size fits all" program.
5. Providing more credibility for LMFT's and reputation regarding more equal access to pay especially regarding reimbursement with insurance companies.... as well as not letting employers/agencies take advantage of AMFT's with low or NO pay in order to accumulate hours for licensure. It cheapens the credibility of the profession. Also lack of equality with MFT's not being able to work in some areas (VA) even though training and

experience is often commiserate with and exceeds other licensed mental health professionals.

6. Legislation and Regulation hasn't been reviewed and rebuilt through the lens of systemic racism. Until this is done, good practitioners will be kept out due to past offenses that disproportionately mark them as unsuitable for the field.
7. Payment and insurance issues
8. Failure to properly screen therapists
9. Since I trained with LCSWs I don't understand why they are able to see Medicare clients and I am not. I'm equally prepared if not more so to help elders.
10. How is the Board allowing agencies like Kaiser Permanente to make mental health records accessible to patients without therapist oversight?
11. When these policies and regulations mean that a clinician needs extra training, this costs the clinician more money, and sometimes might be hard to access location or time-wise.
12. There is very little recourse for minor infractions and ethical faux-pas for supervisors and associates. Such as dual relationships in supervisor/supervisee relationships where the owner is the supervisor of an associate and the associate is the office manager/administrative assistant to the owner. Supervisors have no training in how to supervise, nor is there any protection for associates when confronted with poor supervision/threats from supervisors/culturally inappropriate supervision/or unsafe group supervision.
13. Clinical supervision waivers are limited to ASWs in nonprofit settings. It would be nice to have a more inclusive clinical supervision waivers.
14. The professional regulations are good, but increased regulations around reporting violence are needed for professionals. Illegal activity and violence by any person should be a mandatory report, as a way to protect society.
15. Regulating and legislating a candidate's immigration status and immigration documentation to work in our state.
16. It needs to address the unfair advantages that some licenses have over others regarding the ability to accrue hours, cost and double standard for education requirement regarding who can serve which populations
17. The current ability for associates to be volunteers is exploitative, and it leads to still too many opportunities where associates are expected to work for free. This is onerous, especially after paying for an expensive master's degree. It should be a requirement to pay associates - full stop.
18. Please get rid of coamfte stipulations for employment
19. The board overregulates LPCCs and under-regulates social workers. LPCCs are trained to provide therapy. Social workers are authorized by the board to provide therapy without necessarily having the training or competency to do so. There needs to be more fluidity applied between professions or more rigorous standards across the board, not just for LPCCs.
20. Needs to take a stand on racism. Make licensure more affordable and accessible.
21. limiting LCSWs to 3 supervisees is a policy which hinders ASWs from getting licensed as there are not enough supervisors to go around

22. There is an over emphasis on smacking down hard if for example a CEU requirement was not fully met, and less effort for those who do harm like sleep with their patients, or are otherwise unfit. If there could be a way that the "rules" really did promote our taking care of each other by understanding and implementing law and ethics, that would be really great.
23. LCSW licensees typically have less clinical training than LMFT licensees, yet are allowed to practice with a background in organizational social work, followed by a clinical internship. I believe either LCSW licensees should be limited by training or the two licensees should be merged.
24. If newly trained professionals are prevented from entering this field of work, it is not an effective thing to do.
25. BBS needs to advocate for parity laws, better access to care, and funding for agencies who bring students in for training as well as better pay for clinicians so we can support our families while doing this difficult and taxing work
26. I must admit I'm not up on current activities in legislation and regulation, but I'd sure love to see the AB 5 problem solved for AMFTs who can no longer contract
27. Poor response/feedback/viable options. Flexible options needed for those whose life/life circumstances deter them from following the MFT Licensing established timely path of achieving hours within a specific time period and testing annually within a specific time period. One size does not fit all anymore.
28. Need to make lifts eligible to take Medicare.
29. I dont see any real social work issues pushed effectively in the legislator. In the past the Board did nothing to promote a social workers request for support in furthering a social workers ability to find extra employment.
30. Some of the things we hold confidential shock me at times but I move on.
31. Need to collaborate with private and public insurance panels as the "accreditation" so there are not duplicate measures by insurance (including MediCal) to provide services as needed. We need more advocacy for the board to be sufficient to join insurance network and have people provide services if qualified.
32. I am uncertain whether this falls under "regulation." The board has clarified exceptions to how rural therapists in small towns may experience dual relationships. I'd recommend the board include a regulation that allows this flexibility to therapists in organizations who are the only therapist of a specific gender, language, ethnicity, specialty, etc., because the similar considerations apply to these therapists in that their exposure to clients becomes smaller and more likely to experience dual relationships even in rural settings.
33. Allow for supervision for associates to be completed via secure video conferencing. Access is key to our profession.
34. Allowing the patient access to medical records to pass has caused a lot of distress for patients who are lay people and are reading their medical notes.
35. Maintain virtual clinical supervision as this has allowed for flexibility in finding LCSW Supervisors.
36. Being able to barter with clients would open up access to clinical services to those who could not otherwise obtain them.

37. In my opinion, the BBS should be at the forefront of changing legislation around human trafficking, as this harms more people in my community and in the world than we can count.
38. I think the board needs to stop dancing around the topic on unionization and actually endorse and support their values and ethnics. Social workers are severely underpaid and overworked and our licensing agency should not be quiet.

Stakeholder Input

1. asking for feedback upfront
2. I would like the board to solicit and publicize comments on pending legislation. It could be useful to have a "pros and cons" publication similar to that on election ballots.
3. The board may benefit from focus group/polling licensees in order to obtain a more balance view of the difficulties in collecting hours, receiving proper supervision and making a livable wage. There is an dramatic imbalance of power and ability to make a living wage between associates and licensees.
4. More can be done to solicit input from stakeholders on law and regulation changes.
5. The BBS needs to reassess the additional educational requirements (beyond the degree) to ensure they are still relevant. . The stakeholders won't necessarily be sufficient to know what should be included.
6. The discussion of potential legislation can be dominated by a certain group that has stronger representation at meetings. The board or P & A committee could invite more input from stakeholders, other than those who are present at meetings. Many are unable to attend due to work commitments, but would have valuable input.

Strict/Interpretation

1. Consequence of strict legislation and regulation accidentally weaves out practitioners who are unable to complete application process do to financial hardship, access to resources, and language barriers and navigation of the system challenges. The application process seems to be changed and updated frequently and is always adding more to the Application which accidentally deters clinicians from vulnerable populations themselves.
2. Some rules feel overly rigid with little room to accommodate entities that do not fit the boxes.
3. The stringent expectations limit the potentially qualified practitioners. SHAME ON CA BBS.
4. Legislators tend to push for CEU hours to include one time required topics. But there is not enough clinician input to clarify how to best implement these broad mandates.
5. The board overreaches often and actually, it should stay within the confines of the law. The board typically uses personal interpretations.
6. Could use more flexibility.

Telehealth

1. Explore was to make it legal to see clients when they need to travel for work or pleasure and still want therapy.

2. we need to see some movement around providing continuity of care for clients who are temporarily in CA and/or outside of CA. CA should be joining the effort to make a national telehealth license so clients can move freely and continue their care. In L.A. we have so many clients who are gig workers and they move locations for the projects they are on. It isn't fair to them to have to stop therapy each time they take a job in a different state and is unreasonable to think they'll connect with a new therapist in that state (especially for short period of time!)
3. Needs to advocate for therapists to treat clients while they travel out of state; collaborate CAMFT and DMHCS to improve access to therapy for consumers (many clients cannot get therapy covered by insurance due to poor reimbursement rates for MFTs and insufficient provider networks)
4. despite being written in modern times. Current law treats all forms of telehealth the same, requiring identification of client and client's location address at start of each session. If the person presents from the same location via video, exactly how is it unprofessional to not ask the person's address or full name in the second to nth telehealth video session? Why not simply state "Clinician must confirm the identity of the client and the address of the client's location"? Further, with respect to asking the client's full name at the start of each telehealth session, exactly who's file are we recording a note in? Last I checked, I don't enter a note without the client's name. What about telehealth with collateral persons, billed under regulations for CPT 90846? If a person presented via audio/telephone or text, then an address is a moot point if the person on the other end isn't the client or the client moves to another location. Why does the law not also include a statement that the client cannot be in a moving vehicle during a telehealth session? A stationary vehicle wouldn't be any different than a person being at home, so regulating that seems pointless, though likely would be added to the law given the logic followed by the current law. It would make sense to obtain the location as well as vehicle markers (or is the BBS only legislating/regulating for suicide risk, for which telehealth isn't appropriate, doesn't the failure to adequately assess fall under another legal requirement to be and maintain adequate training to provide service?). Another challenge with asking a location is that anyone could give an address that is inside California? The law seemed to only account for clinicians who couldn't adequately assess risk due to the now needed requirement to be educated about suicidality. If the telehealth waiver during the pandemic did not result in statistically significant increase in risk or harm to clients, then perhaps the BBS could capitalize on the experience of pandemic and edit the law to reflect realistic application of telehealth, acknowledging that obtaining a full name and address does not actually lower risk or harm to a client (because telehealth isn't to be provided when that risk could be present), rather than upon original telehealth assumptions that most telehealth was via telephone by those not trained to assess risk, and doesn't in any real way account for telehealth platforms that provide mental health via text. Hold on, someone is calling on my rotary.
5. Like any regulating body, change takes a long time to occur. Telehealth will be a major place to begin to look at updating regulations.

6. For example, having an address for a telehealth meeting ignores the fact that a lot of folks are getting treatment over a cell phone - they could be anywhere.
7. Given the advanced technological era in which we live, the requirement that both clinician and client live in the same state all the time does not match the way people actually live and work.
8. TOTALLY RESTRICTIVE RE TELEHEALTH when it comes to associates. We need to be able to do telehealth and have virtual supervision in this new post pandemic world. PLEASE PLEASE do not revert to the old rules requiring in person services and in person supervision.
9. Telehealth regulations and waivers have been extended only on the last day before they would be invalid.
10. There needs to be an easier way to follow the rules of telehealth with regard to the new environment.
11. For example, telehealth video face-to-face supervision should be allowed across the board depending on the clinical supervisor's judgment.
12. Furthermore, the BBS needs to update the telehealth requirements, which I understand is happening now. More people are doing this work, and I would encourage the BBS to consult with experts in the fields of counseling, MFT, and social work before making these changes

Timeframe

1. Oh man. Its so expensive and such a long process!
2. Take time I guess but all legislator and regulation takes a lot of time
3. It takes excessively long to update outdated regulations, such as the rules around reporting consensual sexual activity between minors.
4. Could be faster in response and meeting current needs.
5. Slow process to discuss bills, really no a weakness just scheduling issues

Updating Stakeholders

1. You do need to let licensees know about changes in a more timely manner.
2. Poor communication of regulations to incoming licensees
3. Communication around legislation and regulation could be improved
4. Better communication about new rules/regulations
5. It is hard for me as an LMFT to keep up with the ever changing legislation and regulation and how that effects my license, those I supervise and my profession.
6. There needs to be an easy to way to be informed of these.
7. last minute notification of important waivers (i.e., provision of supervision via telehealth) create obstacles for therapists to do their jobs
8. Needs to distribute that information as it takes effect, not wait for some other organization to provide information (CAMFT)
9. Better communication of upcoming changes to Legislation and Regulation
10. It's hard to catch all the different updates and changes. But that's the life
11. If anything perhaps communicating with license holders when new laws pass.
12. Would be great to get an e blast when there are changes.

13. More can be done to communicate succinctly and clearly law changes to providers.
14. The speed of dissemination of information from the BBS and the pace with which this stays current with changing events needs to be changed. Perhaps creating and staffing an entire branch of the BBS responsible for dissemination and keeping up with what needs to be in place (e.g, changes with the pandemic) would be good.
15. The board does not notify stakeholders of new legislation and regulations in a timely manner.

Up-to-Date/Alert

1. Some of the regulations are old and outdated and do not fit the needs of all settings. Especially when it comes to supervision requirements. This needs to be looked at and revised.
2. This is a weakness because the board is not with current trends on how mobile the population is and as a result, client care suffers or clinicians need to make decisions for treatment that are technically violations of regulations.
3. I don't think the board is at all caught up with the times.
4. Don't really feel like they know what is going on on the ground.
5. Obsolete
6. Not caught up with the times , telehealth, and more laws should protect therapy providers. A significant reason I hear why providers do not pursue working in crisis centers or with severe mental illness is due to therapists private information being online for anyone to see. We have to make this profession safer for providers and protect them too
7. Some laws seem outdated and need re-examining.
8. The rules are either old or COVID centric but we are past both generally.
9. Move forward into the 21st century. Move the laws and regulations forward too. Things like in-person inky group supervision.
10. I think some of the regulations should be updated.

No Comment/No Weaknesses/Unknown or N/A

1. Again, I have no real idea how they do this?
2. don't know of these statutes and polices
3. None that I can think of.
4. I do not have a comment on this.
5. I don't have enough information or experience in this are to provide feedback.
6. Can't think of any at this time.
7. I haven't heard of any problems.
8. No experience.
9. No Comment
10. Not aware of any.
11. Nothing to describe
12. I don't know
13. I am not too familiar with legislation and regulations.
14. I have nothing specific to offer

15. Nothing
16. Not enough information or experience to provide.
17. This is tough to evaluate from a consumer/licensee perspective.
18. Unsure.
19. Cannot comment; insufficient knowledge
20. N/A (11)
21. None (8)
22. Unknown at this time.
23. unknown

Board Staff

Consistency

1. Statutes and regulations for each license type is completely different.
2. Board is going through law-book to try to make requirements consistent across all license types.
3. Educating other units in the consistent implementation of the law.

Data Availability

1. Availability of data, dedicated position for data mining and creating statistical reports.

National License

1. Need to pay attention to national conversation about licensing.

Out-of-State Experience

1. The Board needs to revamp the statutes that govern earning supervised experience overseas.

Outreach

1. Communication and outreach.
2. Identify more stakeholder groups to communicate law changes. Currently communicate with MFT consortiums, but could branch out.

Verbiage

1. the verbiage is hard for consumers and applicants to understand. some verbiage is confusing and can be understood in more than one way.

Board Members

Expanded Standards

1. Standards for therapy for people in other states need to be expanded.

Legislation/Regulation Process Time

1. Regulation process takes a very long time.
2. Changes to Regulation takes a long time, better educating the stakeholders on the regulation process.
3. Could streamline the legislation process to alleviate the time spent during board meetings discussing.

Stakeholder Needs

1. Not current on needs with stakeholders.

Telehealth

1. My only suggestions on areas of improvement relate to statutes and regulations regarding telehealth and ensuring that consumer safety is regulated efficiently and effectively.

Organizational Effectiveness Strengths

Stakeholders

Board/Representation

1. Having consumers and clinicians on board.
2. No idea why there aren't actual business people on the board.
3. The board is made up of people who care and spend long hours working.

Communication

1. Communication seems effective and quick.
2. It is helpful that the board sends out updates regularly and highlights them on the front page. The board has a lot of helpful information on the steps that need to be taken for licensure and access to forms that are needed on the website.
3. all communication to me from the BBS allows me to believe that the organization is run very well and professionally
4. you know that you will get a response, even if it is in a couple weeks
5. Communication is a strength.
6. Sharing of Board agenda, actions, invitation to participate
7. Good at disseminating information and keeping meetings public.
8. You have a great web page.
9. I appreciate efforts to keep me informed
10. obvious effort to reach out and engage; use of various forms of engagement and communication
11. What I get I get from the magazine which is usually clearly defined
12. Always available to answer questions, hold conversations re: examinations and licensure

Email Communication

1. The BBS is regularly communicating by email.
2. I appreciate being on your email news list.
3. Email updates are good
4. email
5. email communication when used is a strength

General

1. seems fair
2. I don't understand the board's internal resources.
3. The Board is effective overall as an organization, serving its purpose
4. I think you do what you can with the resources you have.
5. The board is effective in management of the organization, and the attendance of board members at smaller professional societies and associations is very helpful since it provides direct access to answers.
6. It's doing the best it can
7. This area is almost to much.

8. Usually run effectively.
9. Follows all state requirements for open meetings
10. Overall competence
11. I barely know the Board is their outside the exam process
12. I have been fortunate to have no problems with this area
13. I have no doubt the intention is to offer responsible governance and I believe that for the most part that part of the system works well.
14. Works well enough
15. Seems to be working well.
16. Identify as part of consumer affairs.
17. It seems like the board works closely with CAMFT.
18. For the level of staffing, they do okay, but I often feel they are understaffed.
19. Inflexible rules reinforced.

Improvement

1. I think the board has come a long way from what I've seen in the last 10 years.
2. They've improved from where they were a year ago with staffing levels and onboarding/training new employees
3. Getting better and more resources for members
4. I feel like the tides are starting to turn but we are really behind the curveball when it comes to other states.
5. I believe the board has improved since I was initially licensed.
6. It has improved

Organizational Structure

1. BBS is well structured
2. The Board is well organized and has formed important committees to help it accomplish its mission. It provides a good orientation and training for its volunteer leaders.
3. Members appear to be organized and doing their best.
4. very organized
5. LPCC Department seems more organized
6. The board has a hierarchy in place.
7. Well structured and organized.
8. You have great informational set up!
9. I believe the board has streamlined their process in an organized and efficient way.
10. Structured agency that manages a range of professional licenses and tracks application requirements in preparation for examinations, and regulation.

Social Media

1. Facebook updates.
2. Social Media was a great avenue to reach someone when I couldn't do so by calling.
3. Recently, I hear that through Facebook, applicants and licensees can get answers to their questions.
4. Use of Facebook to communicate

5. Using the BBS Facebook for weekly live question and answer sessions is a main strength!
6. "FB meetings during Covid were very helpful.
7. Email response is decent"
8. Facebook meetings are very helpful.

Staff

1. Very professional staff once you see someone in person, very helpful.
2. The one person they had for a while seemed to try their best.
3. The leadership and organization seem knowledgeable, dedicated, and responsible.
4. Line staff are key.
5. Management staff have good leadership and administrative skills.
6. My interaction with Board employees has been positive. They are knowledgeable and respectful.
7. It's about perspective. I've had colleague discuss experiences with effective, communicative and wise BBS staff which shows an organizational cohesiveness.
8. My interactions with the board members themselves (and the Executive Officer(s)) have mostly been positive.
9. Whenever I've called, I've spoken with well informed people who have been able to see to my needs in a short amount of time.
10. The members of the Board have been invested in the leadership
11. The Board was strong under Ms. Madsen. I look forward to seeing Mr. Sodegren take on this new role!
12. Kim Madsen was the epitome of a great leader
13. Members of the board and staff work well together and care about problem solving
14. Very effective leaders.

Stakeholder Input

1. Seeks feedback from constituents.
2. Well thought out and invites input
3. This survey
4. elections, feedback, publishing of intended changes and open to comment

Timely

1. Ok, you send our license renewals in plenary of time.
2. When I have had questions people get back to me very quickly.

Transparency

1. Transparency. (2)
2. Honest

Website/BreEZe

1. The recent shift to online platforms that allow for renewals and documents to be completed electronically.

2. The website, staff, and Breeze are all good resources. The website and alerts have come a long way!
3. Web use
4. Enhanced online information and features in the past few years.
5. The website
6. The ability to locate LICENSEE information is excellent.
7. The strengths: you have telephone numbers given out to people to call.
8. the online presence is very helpful
9. The website has improved and that has helped with completing tasks online and getting information so that you don't have to speak to a real person.
10. website
11. The website has improved dramatically over the years.

Unknown

1. Unknown (2)

None/No Comment or N/A

1. Again, not really sure from the outside how to even gauge this
2. N/A (6)
3. I am not what the board does for organizations - other than having a process for licensure.
4. I really can't speak to how organized the BBS is as a whole.
5. I don't have enough information or experience in this area to provide feedback.
6. No personal experience
7. No Comment
8. Not sure
9. No opinion
10. Do not have enough information to comment
11. Haven't found any.
12. Don't know
13. I have nothing specific to offer
14. None.

Board Staff

Communication

1. The board does communicate, so any issues are resolved fairly quickly
2. Board is willing to listen to employees and gather viewpoints on possible structural changes i.e. How the units are set up.
3. Listen to suggestions for processes to make them more efficient.
4. Really good communication from the top-down and vice versa.
5. All Staff/Management meetings held after the board meetings to discuss decisions made in the board meeting.
6. If there are concerns, always able to get an answer.
7. Communication and customer service.
8. Good relationships with stakeholders.

Flexible

1. Willingness to be flexible with board staff members, public needs, and changing technologies.

Leadership

1. Good, supportive leadership
2. we have some strong managers and two new great ones.
3. Managers and leaders ensure that all staff members are properly trained in respective positions and trained to offer positive customer service.
4. EO is very responsive both to management and employees.
5. Executive Officer has open door policy, can speak with him about any issues or concerns and he actually listens.
6. Management is allowed to manage in ways that they see fit.

Social Media

1. Outreach has improved a lot in the past year, due to Lisa's work with updating the website and social media accounts.
2. Creation of position to coordinate the Board's social media accounts. Has helped create better rapport with stakeholders.
3. Do really good job with social media.
4. Improved a lot with website outreach and doing FAQs for stakeholders and licensees.

Staff

1. Adaptable to changes.
2. Staff retention is great.

Value Staff

1. The Board is good at making new and existing staff feel welcome and valued.
2. Good environment for staff – the staff feels empowered and like their jobs.

Misc.

1. Organizational Effectiveness is outstanding

Board Members

Board Members

1. Board members bring wide array of expertise.
2. Confident in leadership of the board to guide the board. Knows the board and board members well.
3. DCA Board Member Training – a lot of the leadership training can apply to the board members.
4. Effective Leadership – leads diplomatically and listens to the board. Pulls the board together well.
5. Board Chair and Co-Chair – multidisciplinary team approach.
6. Those in the organization/leadership have been there for a while and are good at what they do. Makes serving on the board as a board member seamless.
7. One board member is extremely strong.
8. The board and leadership is very organized.

Communication

1. Communication and accessibility for board members, staff is always there when needed.
2. Transparency with the public
3. Very responsive and transparent.

Customer Service

1. Quality improvement with application processing times. Having someone that applicants can speak to with questions or needs with their applications.
2. Follows through on reports that they get, either from complaints from the consumers or reports from law enforcement.
3. Provide any information requested board members, consumers, licensees, etc.

EO

1. Experienced EO who has been trained by the previous EO.
2. Previous EO did a really great job setting up and training the current EO.
3. Strong leadership
4. Leadership is available/accessible to all staff to address concerns or ask questions.
5. Legacy of previous EO and selection of current EO.
6. Relationship with EO and the Board. Mutual respect.
7. Responsiveness and collaboration.
8. The relationship and effectiveness of the Executive Officer with the Board is excellent.
9. Great collaboration between board and EO. Great culture between board and EO.
10. New EO is very humble and open to conversation and critiques.
11. New EO is doing great job answering questions for new board members.

Meetings

1. Frequent open meetings – committee meetings and enforcement reviews – showing that the board is always moving.

Staff

1. Staff are open to suggestions and change as needs evolve.
2. Office staff have been streamlined in regards to pandemic – teleworking, etc.
3. Very good staff
4. Dedicated media and internet position for consistent messaging to stakeholders.
5. Having sufficient positions within the board to support the needs of stakeholders.
6. Doing great job of honoring board staff and appreciating work board staff does.
7. Board staff is engaged and happy with the work they do.
8. Do their job well to license people who take the correct coursework and degrees.
9. Good discrimination of what complaints need to be investigated.
10. Staff works very hard and are very efficient.
11. Staff work really hard to ensure that the board has everything they need to make decisions.

Misc.

1. Strategic Succession planning was implemented.
2. Kept up regular updates for strategic plan objectives.
3. DCA counsel is great.
4. Collaboration with similar agencies across the nation.
5. Excellent in terms with Organizational Effectiveness.
6. Very impressed with organization as a whole.

Organizational Effectiveness Weaknesses

Stakeholders

Board Representation

1. Have more consumers, advocates, and clinicians who have practical experiences.
2. Board is under-represented by diversity and by actual clinicians.
3. Board needs more diversity
4. I have joined the BBS listserv and still do not know the proper Board governance, effective leadership, and responsible management. Other than reading the leadership profiles on the website, I do not know a lot of these people by face or name. I just remember Kim Madsen as the last Exec. Director because her name was on my and all of my colleagues MFT license. One time someone from BBS came to give our clinic a presentation. It was normal stuff we already know as a MFT-intern, nothing insightful or ""how the BBS can help be pro-clinician throughout the intern-licensure process."" We all thought that was a waste of time for the presentation and never asked for BBS to return the following years. It would help for BBS to employ MFT's to work at the Sacramento BBS office. When I looked at the BBS jobs, specifically in the BBS office in Natomas, a lot of them were clerical jobs. These are clerical people making decisions on a MFT's career/job because of a DUI/stealing, etc. It is very backward; my dentist was employed by the dental board in Sacramento to work full-time doing variety of tasks defending the profession. I know this exists on the Medical Board as well where my MD colleagues took jobs working for the board to advance their profession. Or Board of Psych to do the same.
5. Diversity? Breadth?
6. The board is made up of non clinical members and most serve in high positions. These people do not have a background in clinical psychology therefore decisions being made do not reflect actual circumstances that take place as a clinician. The board also lacks full representation of cultures and background from what I've observed at several board meetings.

Communication-Accessibility

1. It's really difficult to reach an actual person on the phone. I actually have to drive in to get anything done. No response to emails either.
2. I only heard about this survey through word of mouth and then had to find it hidden on your FB page. The BBS needs to get far better at communicating effectively with their members. Regular and clear emails maybe? I only usually hear about BBS updates through CAMFT or TrackYourHours, not the BBS itself.
3. the board is often unresponsive to emails and phone calls. It is next to impossible to get information or questions answered unless you have a case and a representative assigned to your case or are using the facebook group. This is unacceptable.
4. There is no phone number to contact and only contact BBS by email. Although sometimes, BBS responded within a week. It would be easier if BBS provides a normal phone line to answer questions.

5. It has been my experience that I have not been able to reach BBS for support when needed regarding important information. Phone calls were never answered. Please focus on having that component of organization clear. Whether by low staff available or any other excuse, not hearing back from the regulating agency can look like irresponsible management and does not create a sense of trust.
6. Not responsive via email or phone
7. the phones never get answered, emails never get responded to.
8. I do not know how to find out about the board's organizational structure or processes. There seems to be no way to contact the board to get any such information or to provide input.
9. Unable to answer phone calls.
10. Communication is nearly impossible should issues or concerns arise. It is very difficult to obtain information re BBS board and staff members.
11. Again, lack of accessibility to get questions answered, confusing forms, , and no where to check in status updates
12. somewhat effective, but it's difficult to get access to live people who have knowledge pertaining to different licensure/enforcement/compliant/procedural questions.
13. It is often challenging to find information on the website. And even more challenging to find someone to speak to for detailed questions.
14. Having access to speak with people working at the BBS as opposed to automated responses would be helpful. It may be helpful to make on call wait list and following an order for this so people can get assistance.
15. Ways to contact BBS on licensure processes.
16. Email response is very poor. It is difficult to get someone on the phone.
17. Contacting a live person is difficult.
18. The wait times, communication, and accessibility of the board is quite poor. It causes a lot of anxiety and stress for clinicians trying to meet the deadlines or who might have questions.
19. I'm not getting any response about helping with test writing for 2021. I am an SME and see the BBS is recruiting more when I have offered to help with some dates and have not received a response.
20. I've also found that getting a hold of a live person can be difficult and sometimes that's needed.
21. When I was an AMFT, I had many questions regarding the process & I needed guidance when I was getting ready to submit my hours. It wasn't easy to reach someone. The voicemails would direct one to another extension over & over. One could never reach a live person.
22. I'm NEVER able to get ahold of anyone with questions.
23. the increase in fees is inappropriately high and can present a barrier. It's virtually impossible to reach a person when needing to discuss a question or concern.
24. Once listened I could not get any information on what was required in my private practice paperwork, what standards there were for my private practice, etc. No one ever returned my calls or emails. After licensure there was zero follow up and no

direction or guidance. There is a huge gap in making this information streamlined and accessible so that practitioners can remain compliant.

25. Difficult to communicate with an actual person,
26. Accessibility to answer questions from licenses, supervisors, and consumers.
27. Board appears to vary in its efforts to support the activity of expert consultants. There is very little communication between the Board and consultants on their written submissions and testimony in hearings.
28. There is no one therapists can call or email to discuss issues or ask questions
29. Never answer or respond to phone calls
30. I personally have had to call and email multiple times to get information on one simple matter.
31. Trying to talk to someone with questions is essentially impossible.
32. Again it feels Like no one is accessible there.
33. I feel it's a little impenetrable. It's hard to know what's going on with it.
34. The steps toward licensure were complex and hard to navigate with all of the different agencies involved and websites to navigate.
35. Even before the pandemic, it was very difficult to get a question answered from the Board
36. Sometimes lack of response to question can be challenging, but well COVID times:)
37. Difficult to reach anyone in the bbs when questions arise.
38. There would not-- be such a URGENT issue in this POOR communication crisis between future LCSW applicants and the BBS. Pls WHERE IS MY LICENSE?
39. Responsiveness to inquiries from licensing applicants is terrible. Most professional have to rely on CAMFT because they cannot get questions answered by the board.
40. Responses are limited
41. BBS is not user friendly both online, website or phone. There is NO communication from BBS when you to use the methods of communication. Serious revamp needed
42. It is hard to get in touch with a person at BBS.
43. Most consumers as well as licensed staff have little contact with the BBS
44. Right now, the only way for clinicians to find out where their licenses will be posted and whatnot is through fb. There might be a better way to communicate. If there is another way, it is not clear to me where else
45. Pick up a [redacted] phone or answer a [redacted] email
46. No one answers the phones. When you finally get to enter the number the corresponds to the issue, you don't get to speak to a person. Then you think you can leave a message, the mailbox is full. It is a shame. If you write an email message you get a message stating to wait six weeks for a reply and the reply never comes.
47. Pre pandemic it was always very difficult to get a hold of a real person to speak with and get answers from. Since the pandemic started I have not had any emails or letters responded to. I sent a form with a check, my check was cashed but I never received confirmation that the task I requested was completed.
48. it is almost impossible to get a hold of anybody
49. There is no apparent customer service element. There is little ability for licensees to get questions answered directly.

50. Sometimes it is hard to get hold of you. Perhaps instead of focusing on DMV issues like DUI's focus on real complaints against lousy therapists! That would help our clients a lot more!
51. Again getting in contact for clarification or connecting in any way is currently subpar.
52. The Board's accessibility to licensees and those applying for licensure is poor. If it's inadequate staffing, then I hope this survey will help with adding personnel.
53. Communication and efficiently
54. It is impossible to get a human on the line.
55. It is hard to get ahold of anyone when trying to contact the board.
56. However, could have done more to respond to telehealth changes more quickly and using mail in addition to email to tell therapists about major changes
57. I think that managers should be able to talk to any staff member that is in the office on their day. I think that supplies have been lacking in the office and we need a procedure to be communicated to all staff on what we can order and what supplies are going to be ordered by the person doing supplies. Communication. Paper big issue we need it.
58. difficulty communication outside of Facebook (not everyone has facebook shockingly so it's very frustrating to have crucial info re: wait times communicated via Facebook)
59. Receiving communication through website, email or phone is challenging and near impossible. For this reason, I believe there is poor leadership and management for if it were better, these issues would not arise.
60. Use of email or phone to communicate
61. Limited availability, and complex process to communicate with and submit paperwork to the BBS.
62. Would be nice to talk to a live person.
63. They can't even respond to simple emails.
64. When one has questions it is almost impossible to get in touch with someone at the BBS, so I stopped trying.
65. Even before the pandemic it is impossible to actually speak to anyone there. With COVID forget it.
66. Seems very inbred the board meetings are very long and pretty inaccessible
67. The board members not reachable. The phone at the BBS office is not answered. If a business were run the way the BBS is run it would have gone out of business years ago. There is absolutely no customer service. More employees are needed to meet the needs of applicants and licensed professionals.
68. as a student, the information and processes are difficult to understand and locate.
69. Difficult to actually get on touch with someone when you need help and have questions.
70. Poor customer service. Very difficult to get someone to help.
71. Communication with our contact at BBS can be problematic. At least once per year, we need to interact with a person there and getting to the right person is not always as easy as one would think.
72. Perhaps management is good and the funding is just perennially too low, but it is hard to reach a person and there are lags in the licensing process.
73. Pick up the [redacted] phone or answer a [redacted] email

Communication Demeanor

1. I think it is strange that when I call the BBS, IF I am lucky enough to actually get a real person, they seem kind of rude! This has happened twice! I used to teach customer service. Customer service is the way of the future, and the model for service ONLY does good. I recommend you get training in the customer service model. Your 'interface' is not good, which lets me know that internal structures must be poor as well.
2. Unfortunately, sometimes the responses I've received via email are very vague or seem "dodgy"... like people are trying to avoid giving specific answers. This just creates more frustration and confusion, vs. if a person were to say "let me seek clarification and get back to you next week."
3. If you do get a hold of someone they seem irritated that you've called.
4. The person that runs the Facebook page feels very cold and rude.
5. Poor communication with applicants
6. Could improve on attitude towards clientele. Attitude that caller is an interruption or burden is evident.
7. Personality of some (at testing sites) employees need a more caring, supportive, encouraging personality
8. Only 2 evaluators for LMFT applications, rude responses from BBS staff when applicant is desperately trying to resolve issues with them
9. Many steps to take up even find contact information, and when you do, you either don't get a response, can't speak to someone on the phone, or receive responses that basically tell you to figure things out on your own.

Enforcement

1. There has been regulation around allowing those with criminal citations or histories to provide service. Any past criminal activity in the previous 7 years should be listed beside their license, it will both enhance for some, and deter for others, the likelihood of reaching out to the clinician for service.
2. The enforcement process is ineffective, poorly socialized, outdated, and toxic.

General

1. More automated processes may help the board members.
2. I just don't see it as an excellent organization
3. I mean what agency and company can't improve on organizational effectiveness?
4. Inefficient and ineffective.
5. I barely know the Board is their outside the exam process. It appears that they rely on our professional associations to handle this. I'm not satisfied with that.
6. The Board is not Leading with innovation to help consumers get greater access to more providers. There are people throughout the state walking around calling themselves Coaches meeting with consumers needing actual mental health care. There are clear inequities with how mental health professionals are paid, but the Board decides to increase rates during a pandemic. There are people working in hospital settings, community settings who cannot get adequate supervision - some even taking alternate jobs in other fields. One lady told me, after completing her Master's degree, she went to

go work for Uber as a driver to make ends meet while she waited for Board stuff to go through so she could apply for a job. The Board needs to have a better/smarter balance between consumer protection and the real-life needs of mental health professionals and their careers.

7. So, you wouldn't allow a person to just start providing counseling without training, but running a professional association- well clearly no one needs any business training for that.. Do you actually think you are helping the profession by sending out lists of people who are bad actors? WT heck? How does that improve quality?
8. Definitely needs more support/help. Advocate for LMFT compensation. Along with hiring enough personnel to work with LMFTs
9. Perhaps more input from clinicians not on the board
10. might need more evidence of direct involvement with private company and governmental agency leadership who will reinforce the value and resources of BBS
11. I have heard many grievances regarding the BBS Board and how things have been handled. This is of concern to us practitioners who rely on the Board to not only manage us but to protect us as well. For example, the Board should be backing us for better pay rates from the insurance companies who do not care about paying us fair compensation.
12. Needs to improve in 2021
13. I don't know too many people that would describe the Board as effective in anything
14. Better than it used to be but can still improve.
15. I can't comment on internal processes, but I can say this needs some work from the outside.
16. Overall, the board has a lot reputation and notoriously poor follow through.
17. Poor
18. We should have more professional events.
19. It is only as strong as the people in charge
20. I think there is always room for improvement and we have Steve as the EO now we are seeing where he is going to take the Board.

Integrity/Transparency

1. The Board doesn't operate with the same level of accountability and integrity that they expect their licensees to.
2. BBS needs to be more visible to the public in general as even some license holders or associates do not understand the role of the board.
3. Little transparency about who is on the board and very little known access to them
4. The organization appears to be a figure rather than a system that effects meaningful change.
5. I feel the organization lacks transparency.
6. I recall a point a couple years ago when the pass rate on the MFT clinical exam plummeted and the BBS blamed this on "lower quality of candidates". Really. I recall Ben Caldwell bringing this to the attention of the BBS in meetings and the board's refusal to acknowledge the legitimacy of the issue, and refusing to even discuss it at all one point--and then you held closed-door meetings about it and never disclosed your

findings--this lack of accountability was appalling. The stress this caused those preparing to take the exam (including me, at the time) was unbelievable. It was made clear in that moment to all of us the BBS is not only not on our side (you are protecting the consumer--we understand this), but is in fact, out to discourage and make life miserable for therapists. Let me ask you this--do you actively prosecute life coaches engaging in psychotherapy without a license? I have not heard of this happening, yet it is *rampant* in California; convicted felons are calling themselves life coaches and are doing great harm to many, yet the BBS seems happy to turn a blind eye. How is this acceptable? If the BBS cannot protect the consumer from dangerous, unlicensed life coaches, this is an organization which is failing in its mission. Your job is to protect the consumer--so do it. Go after life coaches with no therapist credentials. They often charge more than therapists, and have literally no qualifications whatsoever, sometimes not even a high school diploma. Is my \$100K education and eternal student loan debt a joke? Apparently. How about a Life Coach license process which is a rigorous and as torturous as that MFTs are made to complete?

7. perhaps a lack of transparency
8. Need to produce a BBS Board report to consumers and licensees.

Licensee Needs

1. Specifically, with regard to Medi-Cal, if the BBS is in fact committed to protecting consumers, increasing access, and ensuring high quality treatment, then the BBS needs to address the unnecessarily burdensome Medi-Cal system. Most requirements are not in place for the benefit of the patient and often create barriers for patients who have to sign multiple forms that they do not care to read or get an understanding of so that they can get their care started. Many, including myself, have stopped working at a Medi-Cal site for this reason amongst others. For example, the CANS is a misguided tool that has not lived up to its overblown promises and instead further burdened a severely taxed system. The documentation requirements are notoriously cumbersome and outdated, with more requirements added annually. Furthermore, these additional requirements are a primary reason that counties and contracted sites are stuck with inefficient and flawed electronic health records - few vendors want to deal with having to make frequent changes on an annual basis. It is shameful that with the amount of mental health needs in our state that the state refuses to address problems like this. Additionally, it is unfortunate that this board has a process by which to review references for potential board members, yet refuses to act upon information that it receives if a reference declines to endorse the individual's ability to be a good fit. There is one case in particular with a current board member who did not receive a recommendation from a recent reference based on managerial experience with that candidate. Feedback was shared that the candidate lacked professional boundaries with their clients and does not follow through on commitments. If this board is serious about their charge, they will sound the alarm loudly and often that the state's Medi-Cal system for behavioral health is in desperate need of review and revamping to benefit recipients of care and to support the longevity of providers.

2. It can difficult for a organizational manager to supervise an intern for the Board and the agency. I would like to see some guidelines for this double duty.
3. The Board does not appear to support rural services, and the limitations it puts on therapists in those areas make services very difficult to provide, including services from private agencies. The Board is not supportive of smaller practices that serve rural counties.
4. An effective organization is one that can address the needs of its stakeholders efficiently, which the BBS does not do.
5. The board can appear to be removed from those of us in the field this might be remedied by targeted information and connection from the board to members.

Licensing

1. Coming in from another State, it was so difficult to get licensed here in CA. Confusing also. I am LCSW with 22 years experience
2. "The master program, actual process to get license and exam are TWO different words. Ask the providers who created the exam study material and ask workers in field collecting hours. I am open to provide additional input and how to make these to process (Master program and process of getting license unified) because right now its not. Personally, I would not recommend my career to my children due to requirement process NOT Matching the pay compensation.
3. "If the mission is for CE requirements, I feel that the course
4. work is not necessarily applicable to all & that the courses asked for should be individualized - not all need all"
5. As mentioned previously, the increase in licensing fees in a year when financial constraints are significant, is irresponsible

Logic/Openness

1. I've attended board meetings and was amazed at the level of assumptions made, rather than reliance upon statistical data. So, no, I can't say that I have been impressed with the Board or its committees, unless in knee-jerk reaction to a headline.
2. Leadership seems at times unwilling to hear public comments in an effective way or consider all sides of what will help the public, including helping the people they oversee.
3. When following state's open meetings requirements, the board does it in a way that requires the clinician to spend an hour on the website to determine if the topics to be discussed are relevant enough for them to take the time and attend (or call their professional org and express a concern.) The board is often perceived as unfriendly and intimidating to clinicians who attend to express a concern.

Organization/Management

1. Management is poor. Many challenges and barriers for associates.
2. Sometimes committees are formed without clear goals and objectives.
3. Lack of up to date softwares/programs
4. seems like there's not much organization that doesn't take a very long time.
5. The overall perception is that the board is largely unorganized and non-responsive to its constituents the majority of the time.

6. We don't get to see the internal workings of the BBS, so this feels like an impossible Q to answer. But it's definitely not organized or running smoothly. We can't know why because you don't tell us why.
7. As an organization, the priority of the board does not seem to be that of ensuring a level of competence and professional preparation as it once did. It seems rather overburdened with many tasks and bogged down in regulations that don't always directly pertain to public safety.
8. I believe an improvement could be moving toward more use of technology rather than needing to mail documents.
9. I'm not sure exactly what the systems they work on are, but I know that the way they are organized now are ineffective.
10. As an outside observer, I noted that it was easier to get a hold of employees during covid and work from home hours. To me this suggests that the in-office processes were poorly managed and resulted in workers being less productive in person.
11. Does not seem organized at all
12. Not well organized when I have a licensing question. Very difficult to get a hold of my phone. Very difficult to renew license through the mail in a timely manner. Where to get a new copy of the same license.

Performance Quality

1. Too often are people frustrated with the BBS misplacing documents submitted by mail or in person.
2. Please work on your management and leadership. Diversity, compassion. Please do better.
3. At times, there is inconsistency in responses
4. You have not given me a solution to my individual issue with my Associates license
5. . and/or respond with lack of clarity . See this with associates experiences.
6. Mixed messaging. Limited English fluency.
7. Some weaknesses I've heard are poor BBS case managers/Handlers who don't appear to know anything about the particular profession scope nor seem to care about efforts made during a pandemic. Documents lost from a handler who left, newly assigned handlers who don't communicate to the people's case they are managing needs to seriously improve as this is reflective on organizational training, communication tracking alongside effectiveness.
8. Administration seems weak possibly. For example: I received a letter stating I'd been approved as a subject matter expert. I have heard nothing since then. The letter was 5 years ago
9. The meeting notes hinted that we may get up to 6 supervisees, but it has been a year without clarification. It has been a very rough year!
10. Accountability. Letting people know when their status is Abandoned- or in jeopardy there of. Making it crystal clear that Law and Ethics Exams must be taken Every Single Year Like Clockwork until passed. We all knew this about the MFT Clinical Exam however when the L & E Exam was created and served up as a new requirement to take it was not made abundantly clear that it had the same requirements as the MFT Clinical, to be

taken and retaken and retaken every single year- exactly every 12 months- no more- until passed. Fast food restaurants have accountability in that they know how the amount and status of their food supplies on a daily basis... McDonald's, Del Taco, Jack in the Box, KFC. Yet the BBS doesn't know/doesn't keep up on the status of its own clients nor let them know when they are in jeopardy of missing a mandated requirement. Can you imagine McDonalds serving fast food daily without monitoring the status of their food supplies on a daily, monthly basis? Not letting their vendors know when their supplies are getting low? Imagine relying on the vendors to always know if McDonald's has the right amount of supplies without McDonald's communicating with them first. Furthermore, effectiveness in working with individuals with unexpected life circumstances deterring the established MFT timeline pathway, offering other viable options... processing anything ... returning phone calls... acknowledging emails... answering emails... keeping testing/registration costs down... keeping track of the status of the students, associates, registrants, the licensed, and letting this information be known/available/updated weekly or monthly with updates sent out via email, perhaps breaking this information up alphabetically with assigned alphabetised supervisors we can contact or who can contact us when there is an issue or concern.

11. Additionally, I have experienced errors on the part of the BBS (misreading of transcript, failure to mail license) that take longer than necessary to rectify.
12. Leadership does not align in terms of effectiveness of processing paperwork to uphold standards
13. Feel inconsistent around timing and communication.
14. loss of paperwork, outdated systems

Resources

1. Not enough infrastructure
2. Could be better, but this could be due to the CA budget and where money is allocated.
3. It is likely that lack of resources translates to the impression of disorganization at BBS
4. Much is limited by budget concerns.
5. -it seems as if everything is streamlined, limited funding and support for responsible management as evidenced in lack of communication, and generalized response rather than respecting each individual license type
6. There's not enough resources
7. Use resources to listen a little better.

Staff

1. Line staff seem burnt out, inaccessible, and overwhelmed. Help them out.
2. Poor staffing,
3. not enough staff, needs to recruit more clinical staff
4. It possible, increase hiring to assist with influx of applications to be organized and effective.
5. Not enough employees to provide assistance to licensed professionals

6. response times for inquiries are typically quite slow as well. It is very obvious to providers when the Board is understaffed, which has been a regular topic among my colleagues and myself throughout the years.
7. The board needs more paid positions.
8. The amount of people, who are still people who need breaks and self-care, that are getting bombarded with questions and demands about applications is too small.
9. I believe that hiring more application reviewers could expedite the waiting process.
10. I think the Board is under-staffed and could legitimately use several more full time employees.
11. Again, the BBS needs to hire more competent employees to handle the volume of work. Also, this will eliminate extraordinary wait times in processing applications.
12. The Board simply doesn't have enough staff to manage the amount of licensees in this state. The presence is not large enough and there are not enough human resources at the BBS to effectively govern, lead, and manage.
13. It is understandable that this might be due to low staff rates, but this is also an issue.
14. Lack of staff members
15. Doesn't recruit at all
16. The hierarchy is insufficient, as more support needs to be in place to handle the amount of associates, licensed individuals, consumer concerns/complaints, and regulatory governance for all parties that the board needs to be concerned with.
17. Empty positions within the board for last 10 years since I have been in the field. Never seems that we have a full staff to depend on.
18. More staffing and more people who can answer questions/provide direct customer service to licensees and applicants. Having one person reply to Facebook comments on the Board's Facebook page is incredibly helpful but not nearly sufficient, and not enough licensees/applicants know that that resource exists.
19. Understaffed.
20. not enough staff
21. Need more staff.
22. it feels like there should be more people employed so there are quicker turnaround times and response times
23. Consistently understaffed
24. Staffing customer service and turnaround times for applications and licensing decisions
25. Not much staffing, feels pretty basic.
26. No leadership.
27. No advocacy for licensees, confusing process to obtain licensure, long wait times due to lack of staff
28. Additional staffing needed to process applications
29. Staff issues
30. Understaffing
31. always seems short-staffed
32. I think the board is likely understaffed.

Timeliness

1. It takes too long to get things accomplished and changed
2. long wait to hear back when there are concerns or issues.
3. sometimes, the email transferred to another department and takes a long time to find out one simple question.
4. Too slow ,
5. If you can not figure out ways to process paperwork in a timely manner than you are failing your stakeholders. I've lived here since 2014 and it's practically the same as it was in 2014 and that's quite unfortunate.
6. Everything takes forever to process
7. Some processes seem quite slow (see earlier comments)
8. I think "responsible management" would be deploying resources to automate this and bring apps online, AND there would not be an 8-week delay before Associates applications are processed.
9. The process of most this relating to licensor take a long time .
10. Application processing times, paperwork requirements that seem to constantly change and the fees, fines, etc. all make it very difficult for applicants to become licensed in a timely manner.
11. Processes have been slow but the board has been transparent
12. slow processing times
13. also VERY delayed responses.
14. The time it takes to process requests and licenses is still far too long. The time it takes to get a response from a human being is incredibly long and difficult.
15. As of now I hear many clinicians frustrated on waiting weeks for a short response back via email and then not having access to discuss a concern.
16. very slow to respond to inquiries- phone messages or emails
17. delayed response times
18. However, emails are not replied as frequently.
19. Could respond quicker to emails and phone calls
20. Too slow to respond to questions and guidance
21. delays on processing applications while associates are working for very low pay
22. Slow
23. Most therapists cannot get any type of timely response from BBS when they have a question they seek an answer to.
24. Get the hours approved to licensing test time reduced to 30 days or less.
25. The amount of time it takes to have hours reviewed for licensure is ridiculous. We paid more in registration fees to increase this and while it helped overall, the wave of applications in December should have been anticipated and accounted for. The delays in licensing exams delay associates from moving on in their careers and cause financial and emotional strain.
26. Timeliness of response to online inquiries
27. The turn around times are ridiculously long.
28. timelines with the board and communication overall with associates and licensees needs improvement

29. From an Outsider looking IN, the Board takes too long in processing applications. One person told me they waited 6-months of their lives to make it through the process.
30. It often takes too much time to receive confirmation of materials received, etc.
31. There is a huge backlog of applications, both for Associates and for those who have completed their hours. It should not take months for these applications to be processed.
32. I can only discuss significant delays affecting people's employment, income and lives
33. Long response time for questions. Long turn around time
34. anything that involves the BBS often takes a really long time
35. Things take a long time to change
36. The board is ALWAYS behind months and it impacts our jobs to be able to renew and take exams in a timely manner
37. Slow response time when licensees and applicants have questions or problems.
38. More could have been done during the pandemic to get licenses issued on a timely manner or waivers issued if unable to do so, I received a 40% pay cut due to license not being processed on a timely manner and no waiver's were issued when there should have been a waiver for ASW's obtaining a 2nd number as a requirement for employment.
39. Application processing time for registration and licensure are constantly in flux, often bordering on unprofessional for how long they take and very little is offered in the way of updates or estimates for the applicants. This is extremely grueling, particularly for new members who often cannot get hired for most jobs in their field unless they have their registration or license # on hand.
40. effectiveness is poor based on experience of wait times,
41. Timeliness of processing initial applications for ASW & subsequent licensure; understaffed
42. slow communication,
43. Everything takes too long for the board to process.
44. Wait times are ridiculous to get questions answered and for processing of paperwork!
45. The board is slow, archaic, and does not provide any real quality service to associates. You guys are basically a giant hurdle that get in the way of good therapists providing quality therapy to the community.
46. I can only guess at a weakness, as the turn around time for phone calls, messages, emails, etc is absolutely dismal.
47. Applications are processed WAY too slowly. I waited over a year!
48. Extremely slow response time. Way too slow to deal with requests for Associate Registration and acceptance of hours. Ineffective.
49. Would be nice to get materials more than a day or two before meeting.
 - a. more timeliness in processing applications.
50. The Board seems very effective at slowing down progress and delaying professionals from starting their careers.

Unclear

1. As Educators, we are not informed of changes in BBS regulations and we have to regularly check ourselves.

2. I feel there is a protocol in place but not very well known.

Website/BreEZe

1. Lack of clear feedback & processes.
2. again, I think the website needs some work to make it more user-friendly and easy to navigate
3. The website could still be easier to navigate.
4. the website sometimes is difficult to navigate.
5. The website and some regulations are quite vague and at times it's difficult to clarify specific questions.
6. The website needs an overhaul
7. System to gain my credential has been cumbersome at best .
8. Not much. Biggest weakness along with information clarity and user friendliness of website.

Unknown

1. Unknown (2)

No Comment/None or N/A

1. I do not have a comment on this.
2. I don't have enough information or experience in this area to provide feedback.
3. No personal experience
4. No Comment
5. Same as above.
6. Not sure
7. No opinion
8. Do not have enough information to comment
9. Not explained enough to the various licensees
10. See previous comment
11. I do not know that I am informed in this area either.
12. Seems to be working well.
13. Dont know
14. I have nothing specific to offer
15. none
16. No idea
17. N/A (2)

Board Staff

Board Members

1. Board members expect too many personal opinions to be carried out by board staff and management.
2. Board leadership needs to maintain focus of direction for the Board.

Board Processes

1. Educational materials
2. Making sure that processes are completely documented.
3. Making sure workflow processing is as effective as possible.

Communication

1. More communication between the managers of the board to ensure what's happening in various units.
2. Staff is not notified of when supply comes in. There could be better communication from admin staff in regards to RPAs, mail, supplies, etc.
3. Internal communication could be improved.
4. External communication/responsiveness to stakeholders could be improved.
5. Communication

Consider Staff Input

1. Management does not seek staff input when making major changes, even when staff have useful input that would make those changes smoother and more effective.

Delays

1. Things are sometimes placed in incorrect areas, causing delays in processing
2. In past year, mail is not being open in a timely manner. Impacting other units. Delaying timelines.

Management

1. admin manager lacks a lot and needs to take control over the unit and learn and assist with duties just as other managers do with their units.
2. Holding managers accountable for things that should be done – more check ins.
3. Documenting and reporting board staff performance and accomplishments.

Poor Planning

1. The Board is very poor at planning and executing changes to its operations.

Staff

1. Outreach could still be much improved. It would be nice to have another individual dedicated to outreach.
2. Board is going through transitional phase, some staff are comfortable to change in processes, but others are not. State of limbo.

3. Board staff needs more direct interaction with each other – have board staff meeting where everyone attends at least once a month.
4. Some staff members do not know duties of other staff members.
5. Phone roster does list what overall duties are for each staff member.
6. Lack of knowledge of who does what.
7. Hiring process needs to be improved. It takes a long time to submit the RPA (Request for Personnel Action)
8. Partially due to COVID, no cohesiveness, everyone working independently.

Board Members

Board Member Training

1. Training of board members – partly in due to COVID. No opportunities to build relationships among board members and get newer board members up to date.
2. More training on etiquette and treatment of board members, for board members, especially in leadership positions.
3. More training to allow people to be more comfortable in their roles and allow for better and more effective communication.
4. Condensed history of the board – including the history in the onboarding of new board members or available for the public to view.
5. I think it would be helpful to learn more about some of the nuts and bolts of organization work at BBS, and perhaps have a tour of the facility at some point.
6. Learning curve for new board members can be very steep.

Improved Culture

1. Improved culture between board members to be more progressive.
2. Board members are not allowed to talk to each other outside board meetings, need professional relationship outside board meetings to share general knowledge. No ability to network.
3. Coming up with creative way to do team-building and unify the board members.

New Board/EO

1. Newness of board members and EO.
2. Getting through the growing pains of a new board.
3. Losing people who terms are expiring and losing institutional knowledge.
4. How to work cohesively with a new board.
5. Make sure board members are clear on expectations.
6. Recruitment for AEO position, make sure that candidate has balancing skillset for EO to help advance the organization.
7. In regards to brand new public members, hard to keep up to date between board meetings, sometimes feel they cannot contribute as much. Would like to see more opportunities to learn.

Resistant to Change

1. Staff need to be open to change when new systems are being implemented and are deemed ineffective.

Stakeholder Needs

1. Lack of awareness of needs of gender-diverse populations.
2. Board is difficult to reach to address stakeholder needs, concerning licensees questions regarding processes, processing time, etc.

3. Better communication with all the licensees licensed in CA and get feedback on how to best help them with new trends of doing therapy caused by the pandemic (i.e. telehealth). It is affecting their ability to treat patients.
4. Huge need for more therapists

Technology

1. With advent of more technology, the board needs to be ahead of the curve. Only recently caught up with the curve.
2. Telehealth has completely changed the way therapy is done.

Misc.

1. Salary level of AEO to EO level is too close.
2. Vote for new chair on a yearly basis.
3. Policy and Consumer Advocacy may be able to take over some responsibilities of some of the other sub-committees.
4. Implement an overarching permanent committee, not just sub-committees.
5. Diversity of board members.
6. Gaps in equity in reimbursement process for board members. Issues in accessibility.
7. Need to fill positions to keep up the standard.

Outreach and Education Strengths

Stakeholders

Accessible

1. Information is easy to access
2. Board does a good job to fulfill its mission of protection and yet provide access to licenses attainment.

Board Activities/Meetings

1. Regular Board meetings that are open to providers are definitely a strength. Particularly during the current health crisis, meetings that were held virtually have been most welcome, as they allowed me to attend when I typically would have not been able to due to travel time during the workweek.
2. I appreciate the listserv. I hope that meetings can continue on Zoom permanently in order to make them more accessible I appreciate that members of the Board make themselves available to CAMFT and CALPCC.
3. Board meetings,
4. posting board meeting notifications
5. Open board meeting and taking questions and comments
6. emails of board meetings, policy updates, etc are very helpful.
7. I like the fact that the Board notifies licensed clinicians of activities the Board has coming in the future.
8. Good at publicizing regulations and meetings
9. I value being notified of meetings and being able to participate, at least somewhat, when circumstances permit.
10. emails, public hearings
11. Board meetings and public forums are published and conducted
12. Having meetings on Zoom has been great. Even though my schedule usually conflicts, it's good to know that I could be involved if I wanted to be.
13. Always invites stakeholders opinions at board meetings

CAMFT

1. Clearly the BBS works closely with CAMFT who then communicate with professionals.
2. The Therapists,
3. The Therapist magazine is a great resource

Communication

1. I have seen an improvement in communication since COVID.
2. Timely communication is appreciated.
3. good communication
4. the mailing lists are good
5. The board regularly communicates changes in law and policy.
6. Board communicates needs around outreach and education effectively
7. Constant communication

8. Many modes of communication
9. Good communication.
10. I have received continuous updates and communication regarding all aspects of practice.
11. Routine communication through distribution list. Communications are clear.
12. Communication
13. There are volumes of communications. If you want to know, the answer is out there.
14. Consistency of communication
15. variety of communication type: readily available and affordable
16. Communication of board activity is consistent and thorough.
17. communicates openly
18. I see the BBS attempting to communicate frequently, especially through COVID.
19. I have been able to receive communication through several channels
20. Great communication and updates in regard to updates

COVID-19

1. Have appreciated regular email updates about waivers during Covid 19.
2. I appreciated BBS staff's efforts to be more accessible during the pandemic lockdown of 2020.
3. The board did well during the pandemic, providing information about changes in regulations.

Email Updates

1. BSS sends emails with updates to those in their mailing list
2. I receive updates regularly via email.
3. good email communication
4. I like that I receive email notifications of the latest updates.
5. Emails with updates are helpful.
6. If you are signed up to receive email communications you are well informed.
7. emails are sent
8. Regular emails to professionals with updates of Board processes/changes
9. Offering email blast that stakeholders can subscribe to
10. email regarding upcoming changes, legislation, waivers is very helpful
11. Using email to communicate
12. If one knows to sign up for emails, info is provided effectively.
13. consistent emails keep me informed of updates
14. I often receive emails from the Board.
15. Regular emails
16. Regular emails sent out
17. E-mails are sent out to all stakeholders who sign up to receive them.
18. I'm signed up and receive notifications by email with updates and changes to licensure
19. I find the update emails from the BBS very helpful.
20. Email messaging is timely and informative.
21. Get frequent informational emails

22. List-serve emails
23. Now that I know there is an email list, I feel much more informed.
24. Appreciate the on-going emails and written communications from the board
25. send lots of emails
26. There have been improvements since email updates arrived. Thanks!
27. Emails are timely
28. I receive emails from you.
29. Emails are provided consistently with updates.
30. email communication
31. Subscriber List emails keep stakeholders informed.
32. I get updated emails monthly which is nice.
33. Great e-mail communication. Everything can be found in the website. Great guidance for licensure and for associates.
34. Email notifications
35. Email updates are frequent and well-detailed.
36. email is used
37. Emails are sent out to keep us up to date.
38. I do see many efforts here, and that should be acknowledged. There have been really, really helpful emails about some issues (e.g, the 90 day rule for AMFTs was great!)
39. Fairly consistent emails and other notifications

FAQs

1. Updates via web/FAQs, etc. are invaluable.
2. As an educator participating in the LA MFT Consortium and the Central Coast MFT Consortium, I appreciate the BBS making a representative available to us to update and answer questions. I also appreciate the FAQs, though I think there is room to expand them or provide more information on the website for less common questions.
3. Again, the board has a wonderful website with a FAQ

Good Relationships

1. The Board has good relationships with professional associations that permit it to use their membership and networks to communicate policy and regulations.
2. Good relationships with professional organizations
3. Visits to schools, participation in MFT Consortium, the new brochure about MFT licensure are all examples of excellence. Good reorganization of website.

Helpful

1. When someone does come out they are helpful.
2. I received a quick and helpful response when I submitted a particular question through email.

Improved Outreach/Education

1. Improving but needs more help.
2. I think this has begun to improve over the last few years.

3. improving lately
4. There should be a "neutral" option. There are more education materials than there used to be, that is good.
5. Really improving until COVID. Continue teaching out to consortiums and associations.

Informative

1. Once I learned I could sign up to be more informed, the information I receive is helpful.
2. helpful licensure reminder emails
3. I find the website to be very informative.
4. general information is good
5. When you are ABLE to speak to someone, or when you get information from the BBS, it's full of knowledge.
6. Information provided by the board is simple to access and clearly communicated.
7. Keeps constituents informed, updated information provided.
8. The website has a lot of information
9. Regular emails and easy to read info posted on the web site.
10. The Board has lots of information on the web.
11. I like that the board sends out updates and info on a regular basis
12. Has information on website
13. It sends out information about what courses are needed each year
14. info is available in one spot
15. Puts out consistent info about action taken against licensees
16. I think that the outreach is somewhat good. LCSW informing supervisees about the opportunities and online resources having a lot of trainings for therapist to take.
17. Provides information relevant to each field and responds to questions

Newsletters

1. Good newsletters
2. Myself and colleagues always discuss BBS news, updates, we review violations posted, newsletters and announcements which are quite helpful keeping us updated.
3. I appreciate the emails letting me know about upcoming legislative changes, the newsletters, and meetings.
4. Frequent newsletters and announcements.
5. Newsletters with upcoming law changes, COVID policies and extensions
6. Newsletters content is great.
7. Newsletters are EXEMPLARY and incredibly helpful
8. I like the newsletter
9. The BBS does a great job with outreach and sending information through the newsletters.
10. Very thorough reports in quarterly newsletters.

Provide Updates

1. Provide government changes and legal changes.
2. Very good at providing updates

3. Provide great updates.

Social Media

1. Facebook live streaming has been very informational in keeping associates up-to-date with changes. Very much appreciated as sometimes, responses from emails may not be provided in a timely manner.
2. it seems like the facebook group is becoming a great source for information and answering questions
3. The communication process through Facebook messenger has been prompt & accurate in my experience.
4. The Facebook group is great outreach for those people on that platform
5. I appreciate the outreach through Facebook and the consistent communication taking place in this format.
6. I appreciate the BBS will occasionally go LIVE on the social media platforms. It helps make you more approachable.
7. Added Facebook platform
8. The emails, social media posts, and Board representatives at various meetings is appreciated! I attend the MFT Consortium for the Central Valley and always appreciate the report from the Board member. The website is accessible and informative. It serves as an outreach and educational tool, as well.
9. Good publications; great participation on Consortium meetings, etc. Facebook page is awesome
10. Electronic mail (e-mail), to be a little flip given the past example of telehealth law--the board has been good about posting information on social media and via email.
11. I appreciate the weekly Facebook Q&As that have been happening throughout the pandemic. The email communications also seem to be more frequent.
12. I appreciate the website, social media and emails about information, updates etc.
13. excellent communication via listserve and facebook page.
14. During COVID, using social media such as Facebook Live has been extremely helpful. But many people were unaware of the weekly live FB event.
15. I like the Facebook live Q/A weekly.
16. In response to the COVID-19 pandemic, the increase social media presence of the board has facilitated greater ease of access to real time information from the board. The board has increased its responsive and engagement which I hope will continue beyond the parameters of the pandemic.
17. The communication with Lisa via sick media has been helpful. Without her, this section would be rated poorly.
18. Good use of social media
19. Good postings via email and social media
20. Having a Facebook is A HUGE assistance; great move.
21. The Facebook, Instagram and YouTube resources are amazing.
22. Facebook Lives have been helpful
23. Increases use of social media has been a strength

24. Regularly meets with organizations and is successful in with social media (Facebook Fridays)
25. . I appreciate the attempts to be more transparent through Twitter and FB.

Survey Participation

1. Appreciate outreach efforts = emails regarding changes, this survey as examples.
2. This is one of the first surveys I have received to participate in a stakeholder opinion and I am signed up for all email notifications.
3. This opportunity to participate in the current survey is a strength.
4. This survey
5. I received this SurveyMonkey, I suppose this is a good thing. Asking for feedback and input. More of this should be happening.
6. This survey is a good example.

Website

1. The BBS does an excellent job of keeping the website updated with the most current news
2. updating the BBS website
3. Website is clear and easy to navigate. It remains current.
4. Provide timely information through email and on the website.
5. BBS website is a good tool to provide information.
6. I saw the recent change in "resources" that has been published on the BBS website, it is helpful but the resources are very state-focused. This is helpful for a clinician but not consumers/patients. For example I know that NAMI is a state chapter but is broken down to local chapters, I don't think consumers know about it.
7. A website is good.
8. I feel that BBS does a good job of keeping the website & breeze up to date.

Misc.

1. there are opportunities for education
2. Continuous requirements requested from clinician to micro manage.
3. I th8nk knowing there is a need and has attempt to do so outreach and education is good
4. Ok.
5. I see the State doing this but I have not seen the board connected to stakeholders.
6. I appreciate that at least my transcripts and LiveScans could be submitted electronically.
7. Audits of graduate programs
8. I think the board has come a long way more efficient than before frequency in taking exams is helping compared to the times it was once a year, a lot of time has been wasted.
9. I have had great experiences with education and outreach over the years.
10. There are many CEU providers.
11. Good
12. Regular outreach

13. The updates on disciplinary actions are appreciated.
14. Increased dialogue would be helpful.
15. LB
16. Engagement is available to those who want it.
17. Clear
18. Rules are in place
19. effective
20. Notifications re: new education requirements, upcoming licensure renewal dates, etc
21. This is an area of strength.
22. Inclusion of all licensees and community stakeholders in communications. Fairly transparent process
23. I appreciate the updates BBS provides re: regulations and policy changes.

N/A or None

1. N/A (6)
2. No Opinion
3. Nothing
4. None (4)

Board Staff

Board Meetings

1. Teleconferenced board meetings have allowed for more participation from consumers.

Committed

1. I believe that we are very good and committed to educating our applicants, licensees, and those seeking licenses in the future

Communication

1. Created email notification where if anyone wants to be updated on certain aspects (licensing, enforcement, leg/reg, etc.) to be notified.
2. Go out to colleges and encourage students to sign up for the notifications.

Consortiums

1. Pre-COVID participated in MFT consortiums on law/reg changes and answered MFT questions.
2. Great job reaching out to FMT stakeholders. Participate in consortiums and have gotten a lot of feedback on how helpful that is.

Education

1. Board tries and (mostly) completes open education. Everything is open and discussed in environments where interested parties can join and participate.
2. Yearly law updates

Highly Effective

1. The Outreach and Education is highly effective, awareness is always provided to the highest level to accomplish its goals
2. There is very limited weaknesses in the area of Outreach and education, as Board make sure they are reaching the are of young people.

Outreach Events

1. The Board regularly attends the semi-annual conferences and job fares sponsored by the professional associations the Board regulates.
2. Great doing outreach, lots of positive feedback from outreach events
3. Outreach events to schools

Social Media

1. Facebook Live events have been received very well by consumers and industry.
2. Using Facebook in general has gotten a lot of engagement. Lots more participation online.
3. Getting lots of information out there using social media.
4. Person responsible for doing the social media pages does a great job getting information on the other platforms.

5. Social media person has done a great job and using that as a great tool to educate associates. Lots of great feedback on social media.
6. Facebook and social media
7. Website

Board Members

Collaboration

1. Relationships with associations, (CALPCC for example).
2. Great communication and collaboration.
3. Relationship with stakeholders
4. Do really well with working with stakeholder groups and communicating with them. Making sure that information is getting to the stakeholders.

Communication

1. Staff are very experienced with giving the participants information.
2. Newsletters are really polished.
3. Emails and website updates are valuable as well
4. Great resources available.
5. Staying connected to affiliate organizations.
6. Online platform. Website is easy to navigate and have lots of information. Questions can be answered on the website.

Current Trends

1. Publications address rising issues and are relevant to current trends.

Education

1. Regularly looking at continuing education to keep licensee skillsets relevant.

Diversity

1. Plans to diversify the board members and health care providers to increase outreach to diverse demographics.
2. Board is on the right track of making changes.

Outreach Events

1. Previous EO has done excellent job regarding outreach events and getting the information out there and answering stakeholder questions.
2. Previous EO went to great lengths to do outreach in various groups.

Participation

1. Staff are more available to participate in stakeholder and university events.
2. Pandemic has allowed for more people to be present at board meetings.

Social Media

1. Staff has done a great job with social media to reach out and educate licensees and registrants.
2. Facebook Fridays are very valuable
3. Efforts to upgrade online resources.
4. Social media – do provide a significant amount of information for applicants.

5. Use of social media for communication.
6. Has improved tremendously in the passed few years. Can continue to improve.
7. Made an attempt to increase outreach more – facebook group.
8. Outreach through social media has been good.
9. Website has information about new laws, programs, or changes.
10. Doing great job with social media – stakeholders responding well to Facebook Live events where questions are answered from licensees and stakeholders.

Outreach and Education Weaknesses

Stakeholders

BBS Support to Licensees

1. The board does not effectively demonstrate that it cares about professionals in the field.
2. It would be nice to see the BBS be more supportive towards licensees. Educating the public about the benefits of therapy and how to choose a therapist.
3. I rate poor because BBS seems to focus mostly upon regulation and very little upon practice, unless it is to regulate the practice, lacking positive perspective with respect to building/enhancing knowledge, skill, and ability (this is also evident in the testing process, which only tests knowledge and some aspects of skill, yet nothing of ability). Ergo, a knowledgeable therapist isn't an able (or effective) therapist.
4. Feel the board could assist licensed members for improved standing with the ins. companies. become a part
5. We don't feel like stakeholders - we feel like 'subjects'
6. I have even met BBS at the CAMFT annual conference and the conversations were dry. There was nothing striking for me to ask other than pick up the freebies. Beyond the freebies at the BBS booth, it is because I have never felt BBS to be "pro-clinician" or "clinician friendly".
7. Most of the information is from the standpoint of 'power over' us rather than as a leadership organization that represents the profession. Are all of the board members actually good clinicians based on modern metrics? Likely not. You just like each other.
8. I feel very little support and I am a person who subscribes to the newsletters and follows the website closely.
9. Goes back to my previous comment re: letting ppl know how the board is here to HELP us in our careers, rather than just be a barrier. Cross-license connection info would be great. Being able to actually get in touch with the board would be AMAZING.

Better Advertising/Marketing

1. It's getting better thanks to the woman on Facebook, but the board should advertise a mailing list or other methods of spreading information throughout BrEZe and the BBS website.
2. This area needs improvement.
3. I can't think of any examples of what they do. Better marketing needed.
4. Newsletters need to have better more relevant content. Board meetings need to be better advertised. Interactive content with mixed media of video, printables, interesting clinical findings for the community.

Better Education

1. Often the educational material is not clear
2. I never hear about education opportunities, only about CEUs and changes in policy. The focus is not on enrichment of the profession, just on what is required

3. barriers to getting questions answered and the requirements for licensure can be confusing as to what counts, supervision and the 6 year limit.
4. There does not appear to be a heavy emphasis on increasing competent preparation for licensing and thus ensuring public safety.
5. The Board should provide free, effective test prep.
6. Needs to offer more continue education without high cost on the associate or new license mft
7. Need better communication from evaluators throughout the registration and licensing process. Process is very lengthy and applicants are not appraised of status on a regular basis.
8. Educating stakeholders on the history of using associations because “they need their hours” mentality. Pay associates accordingly. Educated stake holders of the trend of community mental health, high risk clients, over worked and underpaid associates working in these facilities. Are we really providing best work/best practices to highest risk populations?

Board/Committee Meetings

1. explaining what happens at Board meetings
2. As mentioned before, the e-mails that announce upcoming board meetings do not adequately highlight what will be discussed. Also, you have to find the number and call to determine when what you are interested in is likely to be discussed.
3. Increased advanced communication about time/date of committee meetings is recommended.

Build Relationship

1. The BBS does not seem connected to other major organizations that can facilitate the dissemination of new and changing information.
2. opportunity to increase connection to social service data use, identification of outcomes for various social work settings; dynamics research sharing related to profession.
3. In general, the BBS has a branding problem. Folks are scared of ya'll and see the organization as a bureaucratic nightmare. The truth is, you do good work - but you are not good at connecting personally with your stakeholders. More can be done to build bridges with the educational institutions. Educators set the tone for new professionals. Hold a conference for educators in each of the discipline where you can train them deliberately. Support the educational institutions and they will help your mission.

Concise Information

1. Emails and Newsletters just pollute my email. Information needs to be concise and written in a format that can be understood by someone without a law degree.
2. The information isn't always complete or helpful. It can be vague or even contradictory at times, depending on whether it's a board member/Executive Officer or staff member who's answering the question.
3. Providing clarity about information (e.g. this is the previous practice and this is the modification) with specific dates

Consistent Language

1. The use of legalspeak language
2. I have also noticed that I receive a variety of answers to a singular question depending on which BBS staff member I ask (department email, BBS facebook, memos information, Breeze).

Difficult to Navigate

1. Sending out unformatted emails with raw links that go to a page where you have to then search through information trees to have to guess at what the right link might be to find the information you were alerted to... is not good.
2. Even when going to the BBS website, I sometimes am unable to get clear answers or the information I need.
3. Difficult to find specific contact information on the BBS website, as well as clear and findable links regarding recent or upcoming policy changes.
4. Website is not very user friendly in regards to finding up to date info.
5. how about better communication about how to navigate through proper channels-- whatever they may be and to keep the website updated with current information? How about education of the staff so they give correct information?
6. Information on the website is sometimes difficult to find. It should be easier to find current doctrine regarding Covid-related extensions, modifications, etc., for example
7. Doesn't even let you know what continuing education companies are approved
8. There are volumes of communications. If you want to know, good luck finding what you need.
9. The bbs website is not good and does not flow well. Also, regular and well designed emails would be really helpful.
10. Would be nice if the website were clearer to read, navigate, and use.
11. Too technical and confusing at times. Simplify.
12. The BBS could construct an easier way for folx to look up requirements by topics, like an index. For instance, I would like to search on LPCC supervision, and get all information on that topic. Or I may want to search on LPCC educational requirements. Right now, it's a bit clunky.

Diversity

1. The racial and ethnic makeup of CEU providers and licensees does not represent the racial diversity of our consumers.

Email List

1. I get BBS emails to an old email address and am unable to update this contact information despite numerous tries.
2. I'm not sure on how to get updates from the BBS. I signed up for the email list but haven't received any notifications
3. I've been licensed almost 30 years and didn't know until last year that there was an email list!

4. Perhaps, everyone who has signed up through BBS gets some sort of a newsletter? Maybe automatically so we don't have to navigate the awful website?
5. You should send email communications to everyone once they register with their board. They can opt out if they choose.
6. Email notifications should be automatic for any registered or licensed professional, to get the basic regulation updates and stakeholder opinion surveys.
7. Unless signed up with BBS for emails, info is easy to miss.
8. Opt-in model for newsletters and legal updates means many clinicians never see it. An opt-out model would improve effectiveness of newsletters and legal update distribution.
9. Communication seems marginal. Every licensee should receive the monthly newsletter by default. It would then be an individual's prerogative to opt out.
10. Unless you are enrolled for updates. Licensees would not know about changes to requirements.
11. Stakeholders that don't sign up under the subscriber list often don't know necessary information. For example; licensees are still confused about when they need suicide CE units and many have not been knowledgeable about July 2020 Notice to Consumers information.

Improved Outreach/Education

No leadership or ambition to create effective outreach.

Generally, there could be improvement in this area.

In-Field Experiences

1. Ethics and Law exam as well as the Licensure exam need to reflect true "in field" experiences. If this is not done due to a conflict between established laws and protocols and the true nature of the profession in the field, then more needs to be done so that laws and protocols reflect our true lived professional experiences.
2. There needs to be more and have a better information about what it is like out in the field

Licensees Not Updated

1. Persons within the profession do not receive written notice (by mail or email) regarding the changes and expectations of the department. One must look to the website for information which may cause a delay in implantation and compliance.
2. The board can improve on this by automatically enrolling anyone with an associate or license number into updates rather than individual providers needing to locate how and where to sign up for board updates and other board matters.
3. Sometimes document titles and info are unclear. Would appreciate more targeted license-specific updates. Also, not everyone in my discipline seems to be getting the info. A monthly update with very basic info may be helpful.
4. I don't remember receiving advance notice of any kind that the coursework requirements for out-of-state licensure applicants would be changing as of 2020, either.

Notification emails that board meetings are happening are also not nearly as effective or helpful as emails summarizing decisions or policy changes made by the board.

5. Develop more effective ways to keep each profession informed of changes or other updates.
6. I receive no notification of the organizational requirements for a nonprofit to request Live Scans. Trainees were required to get them from employers prior to graduation, but employers were not notified about what they needed to do to register with the Department of Justice.
7. I was not aware of all that was required of me to get licensed when I started my Master program. The process of how long it takes and what is required in detailed is not inform to students when enrolling into program.
8. Emails of major changes should do better in describing what the changes are about. Emails tend to just say "here's something from the BBS" and makes you click on the link, it would be nice to have a summary and then a link for more info
9. There's a gap in communication when it comes to notifications about board meetings when significant changes are being made. This could improve greatly.
10. I wish the board can provide updates to MFT programs on a regular basis - specific to any changes.
11. We need weekly or biweekly email/fliers about changes, the BBS is making or plans to make. That would be super helpful!
12. We are not informed of changes in the regulations.

Licensee Only Guidance

1. As a MSW student we received one presentation from the BBS and most people left because the panel takes about who was on the BBS board, not anything having to do with our immediate needs and what BBS needs from us. It was odd.
2. Sometimes the guidance only applies to licensed and does not clarify if pre-licensed or student interns are effected.
3. Interns often do not know important information that can affect whether their hours of experience are accepted. It can be difficult to find the necessary information at the website.
4. As an ASW have never received communication from the Board other than a response to license application.

Live Responses

1. Talking to an actual person is at times nearly impossible.
2. Far too difficult to contact someone in order to get questions answered.
3. Getting to actually speak to someone is near impossible.
4. There isn't anyone available to answer the phone should we have questions.

Limited Education/Engagement/Outreach

1. Not enough outreach to fellow licensees.
2. There is limited stakeholder engagement in meaningful forums (outside of stringent and highly agendized committee meetings).

3. Never been outreached or contacted for engagement. The Bbs seems separate entity to the clinician actively practicing. Focuses seem to differ. Requirements for educational courses for all applicants could not be relevant to the focus of the individual clinician. Field work should count for education courses.
4. Not enough communication with stakeholders
5. Other than the information on their website, they don't seem to do much outreach or education.
6. Never seen much
7. there should be opportunities for education
8. I have not seen much outreach or education...
9. The weakness is probably people not participating
10. Very little effort devoted to outreach and/or effective communication with important constituents. Board appears preoccupied with itself.
11. I am signed up to receive the BBS email updates but the information tends to pretty vague and non-descript (with the exception of the notifications that have ben released in the past year specific to COVID updates).
12. I don't think poor is the right description but rather average is a better word to describe in Outreach. The fact that you don't have average as an option makes my point.
13. Engage?
14. not sure how engaging they are
15. They don't provide enough outreach or education opportunities
16. I feel very little engagement and I am a person who subscribes to the newsletters and follows the website closely.

More Public Outreach

1. I feel like the BBS should position themselves in the public more. Perhaps fairs at universities, agencies, set up workshops. I have had many co-workers or new hires come up to me and they have no clue about what the bbs does. I walked in blind trying to figure things out.
2. Needs more
3. Could use more.
4. May not be as available as needed.
5. Would be nice to occasionally receive info about workshops/seminars, etc. that would reflect changes in field.
6. Using more interactive media methods of communication with the public and the licensees
7. Could be more communicative regarding trends in the profession overall
8. Communications via email could be more regular and provide more informal updates like the facebook page

No Contact Info

1. Email updates do not contain contact information if someone has a question.

2. The BBS' phone numbers are a state secret. It is a challenge to find the right person to answer a question about an upcoming board meeting's agenda and schedule for the day.

No Outreach

1. Almost no outreach whatsoever.
2. Online communication great but I have never been outreach to until this survey and I've been registered since 2007
3. This survey is the first engagement I've come across; given it is on the BBS website, itself, one could hardly call it outreach.
4. Even before the pandemic, there were no in person outreach efforts at local universities or other events that I was aware of.
5. I have yet to see any form of outreach
6. Very poor, I have never seen or heard of BBS doing outreach. Like I previously mentioned, my clinic was curious so one time we had someone from County ask BBS to send a presenter to give a presentation about the MFT-intern process. The BBS presenter spoke more about the clerical logistics only and it was nothing informative, as the MFT-interns already know that info. After this, we have never asked BBS to present again and have asked the Supervisor to do presentations on the internship requirements instead.
7. Other than that, I don't get any outreach or education. By the way, giving CEU authority to CAMFT for example was a bad move that consolidates power inappropriately with that agency. It should not be blended with the BBS that way. Total separation needs to be returned. You won't do it because it "saves money" but it is harming the profession due to various forms of nepotism and favoritism.
8. I often don't get new information from the BBS
9. I don't think I've ever received any outreach communication from the BBS.
10. I never get information on outreach an education from the board

Outdated

1. very old system. why are you using facebook? why not try multiple avenues like businesses use? twitter, ig, facebook, website etc. confusing website
2. Again-- the board does not make use of current technology and communication trends.
3. Obsolete

Poor Communication

1. Poor communication and outreach
2. Zero communication
3. Communication via phone has at times resulted in navigating conversation w/ folks who have been condescending. Email communication at times has been delayed. Recognizing that when professionals accessing the BBS are doing so because they too would like to ensure quality services to the consumer (through doing their due diligence) would be very helpful.

4. I have not been engaged with BBS; have not seen the need. No communication from BBS.
5. Better communication with licensees would be helpful.
6. Difficult to get individual problems/questions resolved
7. The Board could improve on communications.
8. There's no communication
9. You don't communicate very much.
10. More communication and being able to answer the phone or return calls. Or respond to emails in a timely manner.
11. messages to stakeholders could be more forthcoming with the purpose of the message and less cryptic
12. Confusing constant communication
13. Inconsistent communication
14. It would be great to communicate more frequently and earlier on with changes/ updates to current regulations, including FAQ pages as part of it, in addition to what's posted on the website
15. What communication?
16. Communication is limited it is really hard to reach anybody there to get any specific information

Poor Wording

1. The information sent out (esp via email) could have a more polished, professional look.
2. Almost all memos provided by the BBS are convoluted, and can be confusing in their wording and expectations.

Public Visibility

1. Limited visibility to the general public
2. Very few members of public know how therapists are licensed and regulated.

Response Times

1. As mentioned previously, response times for inquiries is a frequent frustration for applicants and licensees alike who are trying to get an issue resolved or seek clarity or guidance.
2. I believe that hiring more application reviewers could expedite the waiting process.
3. Never respond. When they do respond, responses are vague. Only reactive responses not proactive responses are provided.
4. It takes a long time to hear from Board and some of the questions are relatively simple to answer. In addition, when I've asked questions, they often say read the "xyz" and I did, that's why I still have questions. Then I have to wait again for an answer.

School/Student Outreach

1. BBS needs to improve its presence with schools who train potential licensees
2. I'm not sure if this is something that is still being done, but when I was in grad school, there was a person who came and spoke to our cohort about the licensure process. I

don't see anything advertised anywhere on that, but it would be helpful and easy to do via Zoom or other virtual platform.

3. Never at schools or community
4. May want to consider and be in touch w/the universities in how BBS can collaborate ongoing, so that grad students understand the focus of how/what BBS does for one's applicant status from start/intern to end/licensure.
5. Communication with students, interns, associates poor/informing testing requirements time periods for newly created tests such as Law and Ethics Exam.
6. Reaching out to students might be another area to consider but honestly the communication with universities/programs seems perfect at the moment.

Sought Out Information

1. Often new forms, etc come out and there is no way to be notified unless you just happen to come upon it on the website. Not sure if there is an email blast available or some other way to reach licensed personnel in the masses.
2. It would be great to expand outreach to schools, and to those licensed that are supervising people. I feel I have to constantly go to the website to answer questions of people I supervise but it is often difficult to find answers to my questions besides going through the long manual of regulations
3. It has been my experience that the professional must seek this information out rather than the organization communicating said information to consumers.
4. Signing up for newsletters and board information wasn't automatic or easy to know about. It required some searching.
5. Sometimes information of regulation changes aren't "advertised" and those seeking licensing, for example, aren't aware of the changes unless they actively regularly check the BBS website.
6. I have to sign up with BBS and go searching for information.
7. There is no shared information or communication about compliance in paperwork or practice. We shouldn't have to investigate codes and laws to determine compliance. There should be a published streamlined guide including paperwork templates.
8. If I don't search for information or changes to requirements or mandates, like the covid requirements for LCSW's, I would not have known about them.
9. A lot of the requirements are easy to miss unless you stay on top of things
10. Sometimes don't always receive updates, need to research directly

Stakeholder Input

1. Please have more surveys like this one. Have open meetings with mental health providers to hear their perspectives. There seems to be no communication between the BBS and providers it regulates. Please make a space for dialogue.
2. I do not see enough communication to consumers but then again, I'm a licensed clinician so I'm only seeing through my viewpoint.
3. This function is not obvious, I would not know how to direct consumers toward involvement or providing feedback
4. First time in 35 years of license that I've been asked for input.

5. Need to have more information on how to get involved with outreach and education of mental health professionals.
6. Identify other venues for collecting stakeholder perspectives.
7. Before making changes to how clinical supervision / supervised experience is governed or tracked or regulated, the BBS should seek feedback from clinical supervisors, registrants, and trainees. A lot of the decisions don't seem to be made to address a specific problem.
8. Send surveys to clinicians to engage them in mental health regulations

Transparent Communication

1. This is my biggest issue. As a licensed therapist, who has signed up for your emails and is skillful about using the internet, it's a challenge to find transparency and explicit communication about CEU requirements, extra educational requirements, changes in those requirements, etc. Even the recent expectation to provide clients with info about making complaints, that came through a listserv I'm on and happened to see. I don't understand why the communication of explicit legal requirements is so difficult.
2. More transparency.
3. Lack of transparency about who actually works at BBS and is in control of applicants' futures

Unaware of Outreach/Education

1. opportunities are not widely known
2. I have not heard anything about outreach or education
3. I have not been aware of such efforts. But it has only been recently that I signed up for regular newsletters/emails.
4. I'm not aware of the Board engaging stakeholders in outreach and education.
5. I don't get clear information about what they are working on, and I consider myself a stakeholder v
6. In my experience I did not know that BBS did Outreach and Education
7. I've never heard anything from the BBS on this topic.
8. "Poor" only for the sake that I am not aware of any outreach attempts
9. I'm not aware of any outreach conducted by the Board, and I have been an MSW for 22 years, as well as a field supervisor and professor.
10. I've been registered and/or licensed with the Board since 2006. This is only perhaps the second time I've been contacted in 15 or so years as a stakeholder to provide input.
11. It's not clear what the board does in terms of outreach or education.
12. I don't know what's going on with the BBS.
13. When does the BBS do any if this?
14. I'm not aware of any education opportunities from the board, and have not experienced outreach
15. I have not received many outreach opportunities to provide input
16. I've not seen evidence of this in my area, perhaps I'm missing something?
17. I didn't know this was an interest of the Board's which seems to me to be a significant weakness.

18. Unaware of educational resources/programming that BBS offers to meet licensing requirements; no resources, that we are aware of, on licensing prep or new content areas required for licensure
19. I wouldn't say poor, but I can't say effective either. I don't think I ever receive any communication from the board unless it is renewal time.
20. I'm not sure, I've never received anything when it comes to this.
21. I've never heard anything from the BBS on this subject.
22. I don't know of much outreach besides this.
23. I am unaware of events the board puts on to educate or reach the public.
24. Don't know
25. There is outreach?
26. Don't know about this and many of the other things you asked about. I don't follow.
27. ?
28. I am unaware of them doing outreach and education.
29. I have no information about the board's outreach and education and do not know how to access this information.
30. Don't know (2)

Understaffed

1. Please hire more staff.
2. Not enough staff/resources to inform stakeholders (students, pre-licensees, supervisors) about upcoming problems. Latest example: the very predictable back log of applications for MFT experience approval--Board should have known everyone would try to cram in with Option 2, with deficiencies, and not allow it if they couldn't staff up for it.

Unresponsive

1. No phone #, lack of responses & lack of clear communication processes
2. Lack of responsiveness to individuals/providers regarding specific questions.
3. The information does not pertain to everyone. There is no one who helps or returns emails/messages.
4. When questions about the board's policies and expectations arise, it's often very difficult for licensees to reach board staff who can provide effective responses.
5. It is nearly impossible to get answers to questions from licensees.
6. I hear many complaints about reaching people by phone and/or email

Video Supervision

1. I need to know if I can see my supervisor virtually or not but never know until the week I may have to see in person or not.
2. I hear so many of us supervisors want secure video supervision to remain post-pandemic.

Word of Mouth Communication

1. I guess my last answer is more appropriate for this section: I only heard about this survey through word of mouth and then had to find it hidden on your FB page. The BBS

needs to get far better at communicating effectively with their members. Regular and clear emails maybe? I only usually hear about BBS updates through CAMFT or TrackYourHours, not the BBS itself.

2. there should be a much easier and more proactive way that information is disseminated. We find out about updates through our professional organizations (CAMFT, NASW) rather than the board itself.
3. I would have preferred to read a notification from the BBS (electronic is fine) about the new Suicide Assessment mandate rather than having to read another publication of The Therapist (very unequal) in order to stay up to date.
4. I have to find out through word of mouth what regulations have changed. It should be in an email update feed.
5. Little to no outreach to student population. We rely heavily on CAMFT to fill this role.
6. Where was the outreach on this survey? I accidentally discovered it. Board needs to more effectively monitor continuing education. Many do not do it and never get caught.
7. Communication has to be filtered through CAMFT or other prof associations just to be understood.
8. I found myself relying on other social media Pages for information.
9. Many times, changes to laws and regulations is through word of mouth. Most of us have no time to check a website regularly.
10. It took contacting several friends/colleagues to discover that I was required to do additional suicide training before renewing my license in January. I could find this information nowhere on the BBS website. I just had a vague sense that someone had spoken about it somewhere.
11. I don't find out about new laws, etc. except through other sources
12. All BBS related info comes from CAMFT

Misc.

1. With tens of thousands of licensees and registrants it's hard for the Board to reach everyone given resource limitations. With more resources, the Board should consider expanding its social media footprint in an attempt to reach more stakeholders.
2. Notifications to prospective students of audits of programs
3. This is simply a question that I have had for sometime: I wonder why so many ASWs and MFT trainees show up on the enforcement list related to practice (not DUIs and such).
4. I think because of COVID this year there wasn't a lot of outreach.
5. do not get much information about telehealth regulations and multi-state licensing work in progress. want to see more openness ease in practicing everywhere and with telehealth. want this organization to advocate more and police less.
6. Doesn't help with CEU identification
7. The FAQ needs to be clearer or support can be put in place to answer questions in a timely manner. If a question has been asked and answered, have an archive in which individuals may seek the answer given or an opportunity if the question has not been answered to present it to a support team.

8. Allowing candidates who do not pay tuition in our State to become licensed versus American citizens and veterans who pay tuition for their education.
9. The previously cited example of the BBS holding closed-door meetings about their (refusal to acknowledge their) failure to design fair tests was a disappointing eye-opener. Leadership failed everyone in that moment. Such meetings absolutely should be open to the public, and the BBS held accountable for their failure.
10. Not a lot of help in this area.
11. -as previously mentioned, the only regular communication is to publish names and license types of those who have managed their license and professional behavior poorly
12. Medical MD, NP, RN, etc need Yearly continuing education in this area!
13. Look into offering group health insurance to therapists. Purchasing individual health insurance makes more expensive and depending the price you pay, the quality of health care changes. Please look after your members to offer basic needs:health care. Current system: therapists relaying their health insurance on their partners hinder non-married therapists. We need to change this business model. We are health care workers and nobody looks after hour health.
14. Effective Training for the Law & ethics test should be a reasonable cost for non-profit employees.
15. You only take action when an offending practitioner's practices gain media attention and then only briefly respond until the coverage dies down.
16. Probably insufficient overall
17. I do not think that public comments are addressed or the public is not notified when they area
18. I never see the Board take a stand on political issues
19. would like to see more emphasis on retired licensees and category for volunteering
20. No focus on rural mental health providers: an overworked and underpaid group. No representation in rural areas.
21. The BBS should take all the extra money from increased fees to get a website that has a friendly user interface.
22. Barely kept informed
23. Poor

None or N/A

1. NA (8)
2. I don't really see opportunities for out reach but the community boards on Facebook are definitely helpful.
3. None that I can think of.
4. No opinion
5. I have no relevant comment.
6. I don't think I get information that I can use from the BBS
7. Not always relative
8. There are no areas of weakness that I know of.
9. None noted
10. Nothing to offer

11. There is outreach
12. I feel what is in place is enough haven't felt I missed anything yet.
13. No idea: not a part of my role or interface
14. No Comment
15. No idea: not a part of my interface
16. Unknown
17. None (2)

Board Staff

Dedicated Staff Member

1. This has improved a lot, but so much more could be done with outreach if we had another person dedicated to coordinating and conducting it.

More Outreach

1. The Board should do more to do outreach in the schools
2. Possibly increasing how often outreach events happen.
3. Due to COVID, not doing as much or any Outreach right now.
4. Reach out to other consortiums.
5. Could do a better job of outreach and education that may not be on social media. Those who call the office.
6. Outreach to the consumer and students considering a career in mental health
7. Outreach to other mental health organizations
8. Better system to collect and address hot topics
9. Partnering with other mental health agencies

Online Outreach

1. Develop the tools to do more online outreach.
2. Looking at success in terms of engagement in social media and how to keep that moving forward.

Board Members

Accessibility

1. Limited access to rural communities.
2. Better outreach in non-traditional and rural communities such as limited-English speaking populations, disabled communities, and tribal communities.

Communication

1. Better communication with all the licensees licensed in CA and get feedback on how to best help them with new trends of doing therapy caused by the pandemic (i.e. telehealth). Affecting their ability to treat patients.
2. Response time to licensees (i.e. Waivers, mask wearing, wait times, etc.)
3. Better communication and soliciting feedback from the schools who provide potential licensees on the new trends in mental health care. Need to know what works and what doesn't work.
4. Figure out how to re-engage post-COVID with stakeholders. Resuming in-person engagement, post-COVID.

Diversity

1. Ensuring that there are more prevalent faces for BIPOC, LGBTQ+, and disabled representation in the board's social media presence and board's outreach.
2. Limited diversity in licensee pool and board members.

Expansion of Topics

1. Continue to expand topics and attract more participation.

Education

1. Allow for more awareness and educating the community on licensing requirements, how to attend the board meetings, etc. Pairing public members with licensed members.
2. Getting the resources to the right people.
3. Not having platforms to share the resources/information.
4. Dissemination of the materials.
5. Reevaluate educational requirements and CE requirements for students/licensees. Other knowledgeable skillsets. Ongoing audit of CE.
6. The board members had the opportunity present at different conventions, however this has been paused due to COVID.
7. Newer Board members may not be aware that they can participate in these outreach events.

Increased Participation

1. Could continue to grow the number of participants
2. Consumers and stakeholders need to be more aware of the board meetings to allow for more participation.

3. Encourage more participation from other associations during board meetings and being involved with the board.
4. Only as valuable if getting out to the people who need it. Not enough people know about Facebook Fridays.
5. Mass emails to all the universities and other stakeholders.

More Outreach

1. Board members should all be required to make a presentation – for a university or community presentation.
2. Concerns outreach events for new EO may not be as prevalent as previous EO.
3. Continued need for outreach activities with educational institutions.
4. Relationships with training programs.

Relationships

1. Building stronger relationships with accreditations, colleges, and boards to collaborate on relevant educational standards.

Social Media

1. Need more and more opportunities in media to allow feedback. (Currently twitter, facebook, Instagram) Stay focused on what platforms are amenable to BBS.
2. Understanding of current online trends for outreach and education.

Tele-communication

1. May see more tele-communication for outreach events over in-person events. May need to think of different sell to the board members.

Misc.

1. The board has not done anything with the pass/fail rates data.
2. Look at the universities that have lower pass rates and try to do more outreach and education to help raise the pass rate.
3. Looking in the board's role in the workforce pipeline in recruiting.

Appendix B – Opportunities and Threats

This appendix contains the qualitative data relating to trends affecting the Board collected during the surveys and interviews.

The comments in this appendix are shown as provided by stakeholders. Comments that appear similar or on a specific topic have been organized into categories. Comments that were repeated multiple times are grouped with the amount shown in parentheses. The comments have not been edited for grammar or punctuation to preserve the accuracy, feeling and/or meaning the stakeholder intended when providing the comment. Profane language and confidential information in the comments were redacted.

Opportunities

Stakeholders

Professional/Industry Trends

1. Telehealth (18)
2. Supervision settings need to be reformed and revised to meet the current mental health needs of the community.
3. Tele health- need to update to allow for this more easily
4. Championing LMFT s and their scope
5. Developing the governing board to reflect the population being served.
6. cultural competence trainings
7. TELEHEALTH for continuity of care
8. Mental health is becoming more and more recognized as a vital part of health and is less stigmatized in more and more social groups.
9. Show leadership
10. Centering equity in policy and practice
11. mental health agencies in Los Angeles abuse and over work interns who need hours
12. Be more inclusive
13. Expanding Portability
14. Life coaches seem to be doing mental health care; how can we regulate life coaches versus licensed clinicians ?
15. More therapist in the school settings
16. EMDR and Trauma Focused Care.
17. Telehealth, efficient electronic health records, streamlined documentation, technology innovations
18. . Increase use of virtual meetings and on-line applications
19. Work on getting LMFTs approved to take MediCare, VA money, etc.
20. Use of psychedelic substances to aid in therapy
21. Clinical supervisors need more accountability. Among MFT trainees & AMFT's I see misinformation, intimidation, & unethical practices from supervisors—& there seems to be no outlet for reporting these concerns.
22. Advocating for better consumer access to psychotherapy
23. Community Mental Health should have sub-specialties with COACHING or LIVE Supervision
24. Due to Covid-19 Telemedicine has risen and huge opportunities to grow this industry is necessary
25. Pandemic has forced (with success) increased Telehealth
26. While in person services are preferred in some cases, the industry and consumers have adapted to virtual services.
27. As the need for mental health clinicians grows so will the need for growth in building communities, especially with people of color.
28. Schools are hiring , more communities need more people with mental health background

29. BLM, social justice, dismantling systems of oppression
30. Telehealth and virtual meetings. More providers are now more comfortable with these platforms.
31. License portability for LPCs across states.
32. Pursue and advocate for title protection.
33. Telehealth. I'd like to see students have opportunities to continue to work in telehealth and receive specific training for it. But we also need some real clarity from the BBS about acceptable parameters.
34. Hybrid job mix-non-profit, 3rd party Telehealth, private practice
35. EMDR
36. Recognition/ instruction in intersectionality
37. Guided psychedelic psychotherapy emerging as another viable treatment method.
38. Social media, updated policies/procedures
39. I think Board should be more active in educating hospitals they are required by Title 22 to have an LCSW directly responsible for the social work department, not just have LCSWs reporting to a nurse in charge of the social work department.
40. Having licenses transfer more seamlessly between states (regulating licensing standards/requirements among states) - national licensure
41. Increase need for mental health services
42. To be more accessible and responsive to licensees.
43. Telehealth, macro systems impact on mental health
44. Intergrated care
45. Growing needs for multicultural therapist but not enough therapist.
46. Working with law enforcement to respond to mental health crisis
47. Focus on Telehealth and cross licensure with other states.
48. With telehealth expanding now would be the time to post and provide greater resources about this budding treatment modality and guidelines and policies around that.
49. collaborating with other sectors/organizations/fields as needed, such as due to the pandemic
50. more portability for LMFTs to practice in other states either if teletherapy across state lines and for transferring license to other states
51. Support increased need public health for mental health care by offering additional assistance to those attempting to be licensed
52. school-based counseling/mental health
53. Provide CEU opportunities that highlight industry trends
54. To keep growing professionally
55. Transgender therapy
56. Greater awareness if and hopefully funding for mental health treatment presents potential opportunities.
57. Unk
58. Telehealth/across state lines
59. Social justice issues; trauma informed/resilience care and standards; standards that do NOT replicate/promote white supremacy culture

60. mobile therapists/therapists taking their degree to other states or countries to work
61. Online clinical care - more guidance and training opportunities
62. There are more private practices opening up and hiring than large corporations
63. Licensing across state lines
64. low percentage of minorities completing the licensure process. English as a second language test takers struggle to pass.
65. Community more interested in mental health right now
66. Moving to online and creating more opportunity for services
67. Professions and mental health in demand
68. Licensure Portability for Military and all SWs moving forward; COVID accommodations/extension offerings; BBS Policy & Advocacy Committees;
69. EMDR
70. virtual service
71. Telehealth trends, I need her laws and regulations around sharing electronic information. Sometimes it limits what can be shared and the work that can be done when certain things are limited
72. Global reach
73. Opportunity to protect the consumer by developing proper curriculum, testing, and licensure of life coaches.
74. More availability of online/ telehealth services, with expanded access due to Covid. Opportunity to build on this to increase access for consumers in rural areas, with transportation limitations, disabilities/ health issues, etc.
75. Collaborate more with CAMFT!
76. We are moving towards tele-health and I would like to continue seeing that expand.
77. CalAim
78. Tele-health as an important means of providing services, including video/email/texting, etc.
79. LGBTQ outreach, education and normalization of gender identification
80. Stronger title protection for social workers
81. telehealth and provision of supervision to prelicensed therapists via zoom, doxy, etc
82. Telehealth, practicing across state lines.
83. becoming more connected with growing businesses like Type A, and making a case for wider access to mental health care in other domains
84. I would like to see more trainings for pre and post licensed therapists to update training on therapeutic techniques, as an addition to supervision
85. Moving more toward telehealth.
86. Title Protection
87. Shift to online enables more coverage in remote /underserved communities
88. Increase in access brought to light by the pandemic.
89. Supervisors for hire
90. Mire crisis, more clt's with SUD, homelessness, chronic mental illness, conservatorship
91. Standards for licensees' responsibilities for maintaining clinical experience records (to protect the supervisor and profession).

92. Portability of licenses at the national level -- across states in the U.S. I have many clients who are moving for school or jobs, and following them is cumbersome, expensive, and literally impossible in some states.
93. The whole industry converted to video therapy.
94. Access to MH care across state lines due to lack of availability or for continuity of care
95. wider access to trainings and updates via online webinars etc. (can attend conferences and trainings w/o travel expenses
96. supporting telehealth - creating structure for practice
97. Need for training in the field due to trend of retirements.
98. Title protection
99. Teletherapy/Telemedicine
100. There should be reciprocity between states for LCSW
101. Telehealth,
102. Incoming students are more diverse than the currently licensed and experienced workforce. Issues of cross cultural supervision need to be better understood.
103. More information/ trainings on providing legal & ethical services via telehealth including HIPAA and engagement and working through telehealth burnout
104. Diverse counseling communities...black, trans, etc. My client base has exploded because of more compartmentalized treatment.
105. Telehealth has become a normal option.
106. The reduction in the emphasis upon theoretical constructs and applications in the exam actually rewards ineffective, poor trained, and dangerous therapists. PLEASE rethink this trend!
107. telehealth! it is the future, make it permanent to be able to provide telehealth services just like in-person
108. More workshops
109. Create jobs that tailor specific to MFT and employed full-time in BBS office/departments
110. The board should lead the way toward consolidating M.A. level psychotherapist licenses in the various states in preparation for single payer health care.
111. Opportunity to use license nationally because of the greater use of telehealth
112. The need for across state support to clients who move away from provider during pandemic. A more mobile workforce overall which is not reflected in mental health industry. License reciprocity is needed to address this.
113. Other states are crossing state lines to provider the much needed to help but CA is restrictive in nature to this movement.
114. Mental health has been more visible since the pandemic.
115. Trauma treatment
116. Align licensure requirements with other states
117. Getting MFTs into military and government jobs as only LCSWs get hired
118. Telemedicine requirements have opened up new ways to think of license reciprocity between states
119. Telehealth ...
120. Training programs

121. Possibly allow cross licensure for military lcsw's
122. Post-COVID Transformation
123. More trauma based and crisis intervention
124. More mental health parity laws increasing psychotherapy opportunities.
125. There should be a national compact
126. Telehealth is here to stay. New regs required.
127. More cultural competence reqs
128. telehealth as well as companies that rely on telehealth like Better help.
129. Online counseling, feedback informed treatment
130. making everything accessible online. having a chat box for people who need to chat instantly
131. Shorter test/ realistic test
132. Virtual conferences, workshops for CEU's
133. Mindfulness and Certified DBT ACT
134. Increased utilization of teletherapy.
135. license portability
136. This old style MBA inquiry is outdated. Please use new methodology to identify issues and solicited new ideas.
137. CA could take a coordinating/leadership position in facilitating relationships, streamlining processes, improving the experience of clients and other community stakeholders across state lines!
138. To provide greater clarity in areas of clinical practice involving telehealth.
139. Telemedicine
140. The expansion of resources for professionals to receive continuing education and CEU's
141. Would like to see movement toward easier cross-state access since TeleHealth has become so widely used.
142. Awareness of recognition of racism
143. more and more clinicians are working in a health plan setting. There is very little information/support exposure to this side of
144. "Medicare" for all master levels; Whole person Care by including MH in primary care and hospital setting. Telehealth as dominant model of service delivery for more equity.
145. create a NATIONAL license or FULL licensing reciprocity between states.
146. Ongoing Training, solidarity and advocacy with diverse communities.
147. Wondering about whether it will become legal to see clients out of state via teletherapy.
148. The pandemic has thoroughly tested telemedicine and it's use should be formally codified.
149. Comprehensive insurance coverage that fairly reimburses our professional organization
150. Easier to transfer live se

151. Any movement towards national standards for MFTs, where California would not be its own separate entity, would allow for flexibility, growth for licensees and better service to consumers.
152. LMFTs are needed now more than ever.
153. Greater collaboration in consultation
154. National licensing, facilitating the process of obtaining CA licensure for out of state practitioners
155. using technology to provide virtual services
156. The regulation of therapy apps. is a big topic, trying to become dually licensed (in more than one state) is difficult, can't do therapy out of state
157. Interstate provision of services
158. Trauma informed care
159. non-traditional therapy settings
160. virtual care for patients
161. More telehealth sessions (people appreciating not having to drive in traffic, pay for parking, spend extra time.).
162. use of volunteers with retired license
163. Mfts and msws forming a union together. Also group healthcare.
164. online online transitions
165. Reduce the professional/credibility gap between Psychologists and LMFTs. MFT need to have more access and education regarding clinical diagnoses, psychopharmacology and psychological testing protocol and standards.
166. Collaborate with insurance panels to simplify processes for license mental health practitioners to provide services and to take the lead in eliminating duplicative processes that impact access to care created by all insurance panels.
167. video therapy
168. NOT SURE HOW TO RESPOND
169. medicare billing
170. Telehealth! nationwide licensing advocacy initiatives which address barriers to client services - we have a national exam it's absurd not to have a national license. and money for BBS cannot be the sole decision making factor on this point
171. Explore post COVID possibilities
172. Clearly Telehealth
173. Reciprocity in continuity of care via Telehealth for consumers who travel outside of CA or stay outside of CA for short term period (90 days?)
174. Provide CEUs free of charge for certain requires courses.
175. Many online training opportunities and webinars that are free or low cost
176. More online Zoom groups
177. Distinguishing counseling from coaching/mentoring which typically falls into the peer realm.
178. guidelines for virtual therapy/therapists
179. The board could help support us in having licensed marriage and family therapist have access to parity with social workers.
180. Create opportunities for telehealth across state lines

181. Increasing and normalizing use of telehealth, even post pandemic.
182. Need across the US licensing
183. Continued understanding and addressing importance of inclusivity regarding mental & relational health as well as the damage from racism and violence
184. Tele Mental Health
185. Video Sessions and challenges with practicing across state lines
186. Address racism without relying on critical race theory and bringing in voices of different political persuasions.
187. We need to make sure we have enough clinicians to handle the post-covid mental health issues that linger
188. Interstate licensing pacts
189. Somatic therapy and interventions
190. Drug Medi-Cal, telehealth
191. More somatic based therapies
192. Online conferences and other CEU opportunities
193. Telehealth, cross state collaboration
194. Culturally competent, anti-racist psychotherapy
195. Telehealth!
196. have MFTs do the investigating into MFT complaints, LCSWs to investigate LCSW complaints, etc.
197. Growing requirements, including 3k hours do not necessarily positively impact client outcomes. These requirements are expensive.
198. Licensure Portability due to increased need for telehealth
199. Telehealth Clinical Supervision for hours
200. Expansion of MFT license scope
201. Therapists are interested in and receiving advanced training in exciting modalities that I hope the Board supports like psychedelic assisted psychotherapy
202. Helping therapists determine the difference between (pros and cons of) the MFT vs. LPC pathways
203. interprofessional practice
204. To continue to give guidance on telemental health since more practices are using this resource, and I assume will continue to grow even post-COVID.
205. Potential for increase in associates and licensees as COVID leads to people making career changes
206. DSWs returning; need doctoral licensure
207. Telehealth is the future. The approving telehealth every 60 days for trainees is exhausting.
208. Telemental health, trauma informed care, directly addressing the mental health needs, including access to services for BIPOC
209. Please review the requirements of other states and do the best you can to make our degrees portable.
210. Telehealth and license portability.
211. We need to educate more LPCC's as the need is increasing, especially due to COVID.

Technological Trends

1. Telehealth (36)
2. Telemedicine (2)
3. Teletherapy (4)
4. Video Therapy (2)
5. Virtual Sessions (2)
6. Tele health sessions
7. Focus on making permanent Telehealth options for therapy
8. Improving the processing of Associate applications- streamlining
9. I believe the Board needs to consider the continuation of the utilization of Telehealth for clinical supervision in private practice.
10. email communication to registrants and licensees
11. Continuing to embrace online therapy as a modality (I was glad to see regulations updated for license requirements during the pandemic, for example) and the nuances of working this way and ensuring regulations are adapted and not slow to catch up.
12. Telehealth.Become more popular. Ease of connecting to a therapist with busy lifestyles. Would like to see thought for state licenses to transfer across from state to state such as an LPCC
13. Remote therapy taking precedence over in person
14. Due to the Covid-19 experience, I hope you are able to allow us to meet our technology needs. We need good technology that is private and protected. As a mother of a virologist, I can assure you that Covid was expected 15 years ago, and more like it will eventually occur as well.
15. telehealth being used more dominantly which helps accessibility
16. Make it a one stop shop and allow everyone to submit documents electronically.
17. same as above. making it easier to provide this service. It's important for accessibility as well.
18. Telehealth offers some really great ways to avoid burn-out as I was able to work away from my spouse who was seeing people with COVID. I honestly think working from home can make burn out less prominent across the field. It can also allow folks in more remote areas to benefit from the experience and expertise of folks in more urban areas they may not be able to find in their smaller towns/.
19. Automate systems for continuing ed, connecting clinicians, etc.
20. Telehealth growing
21. Telehealth allowances and flexibilities
22. Improve presence
23. Medical documentation has been required to share with patients; need education on documentation suggestions.
24. Video-based sessions, passive measurement tools and devices
25. Pursue legislation to make telehealth mandatory coverage from insurance companies
26. Make website more user friendly.
27. Telehealth/work remotely
28. Engaging clients through Telehealth and supervision through Telehealth

29. With over a year of virtual services due to the pandemic, new methods of service should be further explored.
30. Telehealth regulations stipulated and enforced in the future for the protection of client(s) and clinician.
31. Greater access to people needing mental health services at a lower cost is a plus.
32. Automate systems that reduce paper applications that result in significant delays including initial licensure after passing licensing exam
33. Virtual platforms for Board meetings and Telehealth.
34. Allow telehealth for all counselor training and supervision permanently, not just as a covid accommodation
35. make things more streamlined
36. I think it would be helpful for the Board to consider expanding laws and permissions related to telehealth, as well as increase information to members on laws
37. utilize technology to help the application process go quicker.
38. Telehealth - pros & cons, long term consequences
39. Online therapy, video game therapy
40. Doing away with paper applications and reports; utilizing a web-based system to document hours, supervision plans, etc.
41. Figure out how to use Tech to monitor continuing education requirements! This is critical, especially in Law and Ethics.
42. Absolutely incorporate telehealth - a must in to provide more service and to stay competitive within the evolving field, this starting at the Associate level.
43. Social media, online submission tools
44. Electronic application and payment process
45. More flexibility around tele-health going forward.
46. Telecommunication
47. Great weekly updates in Facebook....do more of this to get to more people.
48. BBS needs to place forms/applications online as not to depend on snail mail for primary communication.
49. Intergrated charting
50. Need for HIPAA compliant recording platform as a training tool for Trainees and Associates providing telehealth services.
51. More information regarding telehealth services
52. Breeze system
53. Telehealth, On-line, Zoom counseling
54. Automating processes, applications, not requiring checks
55. Use of telehealth and marketing on a variety of platforms
56. considering current technology to be up to date (while offering what has worked, i.e., in person)
57. Teletherapy is vital for clients/the public
58. Decrease in use of paper forms in favor of electronic forms. Decrease in in-person meetings in favor of live web conferencing.
59. Guidelines for telemedicine
60. Offer more updates on Telehealth requirements and perhaps reflect in testing questions

61. Provide opportunities to learn about technological trends
62. To incorporate zoom and other apps to reach out to clients that cannot leave the house for whatever reason
63. Loosening up of telehealth strictures to allow more platforms, ease of use and access etc is largely a good thing.
64. better web interface
65. need for more assistance with secure websites to enable easy but HIPPA compliant communication
66. Zoom/Online therapy
67. Online clinical care - more guidance and training opportunities
68. Multi-modal
69. The pandemic afford therapist to utilize technology more
70. Updating telehealth laws within the state and outside state lines
71. Virtual platforms
72. Better Telehealth regulations
73. Pop-up online therapy that is cheaper (around \$100 a half hour) 4 times a month
74. Allow more electronic platform opportunities to conduct therapy
75. Covid-19 allowed telehealth flexibility for client care
76. Telehealth and Electronic Health Record portal options; NASW email groups and TedEx talks.
77. Telehealth; for providers, not needing specific approval for it
78. Ability to provide Tele Mental Health services to out of state clients.
79. Telehealth training is needed. QA on telehealth as needed. Are there rules about working for various Telehealth companies?
80. Embrace telehealth! Make it simpler and easier for people to attend telehealth sessions. As access to technology and internet services improves, people are more likely to engage in telehealth sessions from remote locations, and should not be prohibited from seeing their therapist virtually if they are travelling outside the state (we often have to suspend therapy when my TV/film clients are on location in Georgia or elsewhere for 1-4 months--this is ridiculous!).
81. Please, please allow supervision to remain via electronic means even after covid. It is so much easier and not in any way less effective via Zoom, etc.
82. Telehealth increases access to services. Cloud storage for improved record-keeping.
83. Make zoom supervision of associates or practicum students a permeant option.
84. Inter-state licensure portability with regard to providing telehealth!!!!
85. The world is relying more on technology to conduct business.
86. growth in electronic medical records, use of computers to provide services (tele-social work) and the ability to reach more clients in remote areas not traditionally served by office based clinicians
87. Update statutes and regulations with telehealth in mind, both for working with clients and in attending supervision!
88. Allowing supervisors to see supervisees remotely
89. Ongoing availability of telehealth
90. Tele-health, moving towards this (similar to above).

91. use of telehealth for therapy instead of just psychiatry
92. Streamlining regulations on tele-health, and not going back to archaic rules and regulations. Continued use of HIPAA compliant telehealth platforms to protect privacy.
93. Telehealth, training for helping professionals, interactive activities, engagement
94. Keep telehealth supervision for private practice
95. the current increase in use of Telehealth will need clarification, as there are already a lot of questions--out-of-state/cross state and billing, etc.
96. Video conferencing - ability to be more flexible on face-to-face requirements.
97. Ensuring telehealth can continue post pandemic and to protect acces by ensuring telephone only care remains covered.
98. using web development and software advances to promote more mental health access and design a user-friendly system for providers
99. Continued telehealth
100. Moving more toward telehealth.
101. Tele health
102. Cross-border therapy
103. Increase in access to mental health delivery of care through new telehealth opportunities.
104. It seems obvious to say, but telehealth practice skyrocketed during the pandemic. I think focus on providing education and support for this is necessary.
105. Make an app
106. Using of telecare
107. Given that technology has arrived, the BBS should take leadership in what comes next re: regulation and integration of this mode in our work
108. Telehealth & telesupervision
109. More telehealth
110. Used to telehealth for associates to count as face to face therapy
111. Increased online CEU partnerships
112. Advocate for use of tele- health to be reimbursable by insurance companies even post covid-19 pandemic
113. Ability to register hours earned online to protect both licensees and supervisors, in turn the consumers.
114. Telehealth accessibility needs to continue. HIPAA compliance is a nightmare when the available tools force LCSWs to create a patchwork of ways to connect with clients. The Board could help to advocate for seamless sharing of information.
115. telehealth represents an important opportunity for the Board to set standards for regulation and enforcement
116. Safety, laws, and ethics with texting, google numbers, etc
117. With the current COVID pandemic, there has been an obviously dramatic shift to providing client services and supervision via technological means. Further clarification on the appropriateness and effectiveness once the state and communities move beyond the imminent public health crisis would be very helpful. There is a push by many administrators in my public-funded agency to keep services and supervision virtual permanently. I do not personally agree with this but think that clear guidance will be

needed from licensing bodies in addition to professional associations as communities move beyond the pandemic and could technically safely return to in-person treatment and supervision services.

118. can reach professionals more easily to facilitate all aspects of the licensing process
119. how to best provide and support a move to on-line predominant session work
120. telehealth makes it easier for clients to access services
121. The novel COVID-19 pandemic forced people in the profession to learn technology, which appear to have positive outcomes.
122. More social media information
123. Strong social media presence
124. Doxy.me is an excellent way to safely conduct Teletherapy. It's HIPPA compliant
125. ongoing telehealth options
126. Zoom sessions should be allowed across state lines
127. Digital therapy, chat therapy
128. A significant amount of clients have used Telehealth and find it useful. Clear guidance on how agencies can provide face-to-face, Telehealth and hybrid models is needed.
129. Tele health seems in demand
130. Online therapy/Supervision
131. Better, safer telehealth platforms
132. Texting is requested by many clients; I believe clients asking for texting are better served by texting guidance than by 'don't do it'.
133. telehealth!
134. Information about how to provide HIPAA compliant sessions on line and more.
135. Breeze is a very easy way to pay dues online, please keep this ongoing.
136. Loosen regulations in Telegraph permanently.
137. Make everything set you can submit everything electronically instead of using mail.
138. Use of telehealth technology for therapy services
139. The board should establish it's own software for interns to track their hours so that they don't have to pay a vender for this service.
140. Telehealth, using zoom and other digital platforms
141. License reciprocity across states or even nationwide to make access to care easier and for therapists' work to remain relevant.
142. We should be leading the way as state in this area. But we still often fall behind with current trends in tech.
143. The use of tele-health for both medical and mental health has been widely accepted.
144. Videoconferencing for appointments with clients
145. Allow online exams and as much self serve online services as possible for the application and licensing process.
146. Telehealth due to covid

147. Given that within the past 10-15 years (Covid notwithstanding) people are traveling more for work and living in multiple locations, the requirement that both client and clinician must live in CA is outdated.
148. Telehealth and Teleconference
149. Telemedicine requirements have opened up new ways to practice nationally
150. Telehealth as an ongoing option for Clinical Supervision
151. Use of IT / telehealth/ security and privacy issues
152. Telehealth, texting, social media
153. providing zoom or phone therapy
154. Improve safety and confidentiality
155. Tele-Health
156. Remote therapy. Self therapy on the internet
157. More acceptance by healthcare companies of Telehealth as a viable accepted platform of psychotherapy due to Pandemic. BBS Could issue approvals/registrations/ ratings for Telehealth Platforms
158. Please automate licensing. It should not take months for endorsement
159. Better use of technology for exam preparation, etc. I like the way that people can prepare on line for the DMV tests these days. We can learn from this.
160. Telehealth and developing more cross state opportunities to practice
161. As professionals we are now seeing patients/clients via telehealth and we are now being supervised through video platforms, please show your support and do not terminate this valuable tool. Why should I drive an hour for supervision, put extra pressure on the interstate roads to accomplish the same thing? Additionally please accept digital forms of verification of supervisory hours, to include docusign or platforms that verify a signature.
162. social media like tik tok. Ai therapy apps
163. What technology strategy does the board actually have to recognize that business including health care has been online and using technology for 20 years. Where have we been?
164. texting as a way of treatment
165. zoom, going paperless, virtual tests and meetings.
166. More virtual use
167. implementing telehealth/telecounseling after the Covid emergency has passed
168. Virtual Reality and Remote therapy
169. Online learning makes counselor/therapist education more accessible.
170. Telehealth standardization
171. Application based interactions with Registrants
172. The ability to utilize telehealth platforms has improved the availability to provide care to many more people
173. More focus on TeleHealth resources and pressure on insurance industry to continue to support it.
174. Allow 100% telehealth services and supervision. Update online service model to parallel medical model of service delivery.
175. Telehealth policies, ethics, and standards. Online examination.

176. More flexibility with telehealth options after going back to "normal"
177. Continue to support remote contact including across state lines
178. I think that the board can be perceived as a massive machinery where it's impossible to talk to a human. A chat where clinicians could ask a person questions would be so appreciated.
179. Increasing use of telehealth
180. Covid has taught us that Zoom and other online resources can be made to work effectively with clients.
181. Therapy apps
182. Streamline application processes.
183. Telehealth can be expanded to remove barriers to participating in therapy
184. ALLOW TELEHEALTH and REMOTE SUPERVISION TO REMAIN IN PLACE for associates
185. providing therapy virtually
186. Telehealth, EHR's,
187. Interstate provision of services
188. Increased use of telehealth platforms
189. Online mental health services is here to stay due to the pandemic. We need to advocate for national licensing.
190. virtual care for patients
191. Continuing telehealth access long term
192. Zoom
193. Electronic payment availability
194. zoom and other online platforms
195. Open up more options for telehealth counseling out of state and for patients seeking short notice 1-time counseling or crisis intervention.
196. get with the times and do a deal with track your hours - will save you money and time
197. More guidance on telehealth
198. More therapists are presenting on social media. Perhaps, guidance on how to present oneself on social media as a professional
199. Continued development of telehealth services. Does research support this as an evidence based/effective method of treatment. Ethical considerations of providing services via computer or other technology, i.e. how to handle clinical crises
200. telehealth is here to stay
201. Explore post COVID possibilities
202. Better accessibility, quicker responses, actually email replies to licensees.
203. Secure video conferencing for supervision and support of secure video testing options.
204. add ways to electronically apply and submit documents to expedite process. Include allowing supervisors to sign electronically through a system.
205. Is there a BBS phone app?
206. The use of telehealth
207. text organization, text for crisis or various events

208. Telehealth is here to stay. Promoting it would be a good idea.
209. Telehealth is more accessible.
210. regulated means of digital communication for virtual therapy
211. tele-medicine
212. Use of telehealth and tele Clinical Supervision
213. Telehealth and being able to work in this environment.
214. Increased access to care via use of telehealth platforms has facilitated an increase ease in access to care.
215. Ability to complete HIPAA compliant documentation, signatures, and telehealth services.
216. Telehealth good for some therapies but not all.
217. Telehealth has provided more opportunity for treatment of mental & relational health & well being
218. Video chat sessions
219. Please get modernized and make all forms available to be submitted online, instead of using snail mail.
220. Getting insurance to appropriately cover/reimburse remote services
221. Applications should be electronic not paper - it's 2021
222. Telehealth (BetterHelp, etc)
223. Zoom and other online "sessions"
224. Wider acceptance of teletherapy
225. Telehealth, outreach and CEU options
226. Continued use of Telehealth, allowing us to NOT rent office space. Need to change requirements for insurance, NPI requiring an office address (they don't allow PO Box).
227. great online CEUs and videos!
228. Telemental health is a problem for low SES individuals and communities, including psychotherapists from those communities. Having technology that works effectively and training is a big problem.
229. I think the waiver for remote clinical supervision in private practice and corporation should continue after the waiver expires.
230. Telehealth Supervision for licensure hours
231. COVID provided the opportunity for more clinicians to engage in telehealth which ultimately gives more access to consumers.
232. Making online supervision a permanent option, regulating online therapy apps
233. Much of paperwork can now be done digitally, including signatures
234. keep working on the website - it is a critical source of information!!!
235. telehealth/telemedicine
236. Resources for telemental health have been available to provide more services in rural areas.
237. Telehealth as an opportunity to increase access to mental health services and potentially to decrease disparities (if certain steps are taken)
238. Emerging platforms in which to conduct HIPPA compliant telemental health services

239. More reach and accessibility.

Economic Trends

1. Telehealth (4)
2. Promising in the Bay Area
3. out pace what the profession pays
4. Projecting more funds will be allocated towards mental health post COVID due to increase in need.
5. Increased funding for mental health and homelessness
6. Increase use of virtual meetings and on-line applications
7. Work towards universal health care, single payer, mental health parity
8. psychotherapy and physical therapy receive very poor insurance reimbursement compared to most other types of health care.
9. Potential opportunities to build mental health departments with reallocated funding from law enforcement. Etc
10. Some kind of regulation for fair wages for AMFT's would be ethical & just.
11. Medi-Cal and Medicare accessibility, insurance accessibility
12. Policy and legislation continue to be introduced to develop single payer systems in the hopes of reducing costs for consumers.
13. There are so many changes that could be made to reduce/eliminate systemic inequities and support BIPOC interested in becoming counselors.
14. LMFT's still being underpaid and not considered for same jobs as LCSW's, etc.
15. Widespread poverty
16. Economic shift/lack of access to funding for licensure
17. Need to continue to advocate for better pay for MFT's both licensed and unlicensed. More equitable reimbursement from insurance companies and medical/care
18. Job market currently is creating more national moves. Must accept the National exam
19. education of counselors and financial tools to help families..how can outreach be provided indicating there is also financial benefit to fostering refugees.
20. The needs for therapist has increased but income for therapist is still under the economic needs
21. Allow LMFTs to be paid through medicare and Medi-Cal
22. Covered mental health access
23. collaborating with other orgs/entities to provide affordable services to consumers and low income communities
24. Increase in popularity of online therapy platforms such as BetterHelp.
25. Obtain additional monetary resources from state government instead of charging more fees from licensees as they tend to be very underpaid
26. Opportunity to provide services to people who cannot attend sessions in person and charge for them.
27. flat income against rising living and academic costs; has been an issue, exponentially worse now
28. Required insurance - negotiate better terms for mental health coverage for public option health insurance

29. Low income treatment
30. highlights of mental health need and needs for service providers
31. More specific scope of practice learnings to expand skill set; How student loan debt is stratified across the socioeconomic spectrum
32. Pandemic related issues
33. As payment by credit/debit card becomes the norm, it is time to allow therapists to recoup credit card processing costs. I have not taken cash or a check from a client in YEARS, and have incurred thousands of dollars in CC processing fees. Also, predatory lending and absurd student loan policies are a serious hinderance to the profession. While we are not all working in government-funded DMH roles, etc., any MFT should be allowed loan forgiveness. We are all in the helping profession, and for-profit graduate schools charge an absurd amount of money for education. Why should only those who are willing to endure the horrors of DMH agency work be offered loan forgiveness? (Those people also need to be paid a LOT more.)
34. The world has less poverty and is in a better economic position.
35. including economic reimbursement for services, importance w. all ins. companies. and maybe lobby for us
36. Need to improve parity in terms of reimbursement for direct services
37. More therapists are moving into private practice and accepting insurance. How is the BBS advocating with insurance panels?
38. Increased difficulty in stabilizing food, housing and educational access and improvements
39. lobbying for more financial support either subsidized or from venture capitalists by means of illustrating financial benefits to having mental health care accessible
40. Greater work with insurance companies to get better pay
41. LPCCs are charged more than the other professions for licensure. It is discriminatory.
42. Therapy is becoming more affordable
43. Polarization in consumers ability to pay
44. People are broke! The overhead of having offices is too much for a lot of clinicians, as is the cost of commuting.
45. Standards for quantifying the extensive nature of clinical supervision for those inside and outside the profession.
46. The development of sites like Open Path Psychotherapy Collective allows for a rational way to offer a sliding scale. I've seen many clients drop in income in the past 2 years. The Board could help in serving as an information source for innovative, ethical ways to provide sliding scale services.
47. Pay based on level of education
48. MFTs NEED TO BE ALLOWED TO BILL TO MEDICARE. WE UNFAIRLY LOSE BUSINESS TO SOCIAL WORKERS AND PSYCHOLOGISTS WHO CAN ACCEPT MEDICARE CLIENTS.
49. Cost of wages low but demands of the field high (suicide assessments/identify and treating complicated problems).
50. Fair wages
51. Need a streamlined insurance panel application system
52. Not enough providers, open this up to a national license to support the shortages

53. Nonprofit agencies that provide mental health services have been impacted since the 2009 Great Recession. Some are requiring associate registered clinical social workers to find and pay for their own clinical supervision. This is fraught with consumer protection concerns. Agency Directors would abide by requirements to promote quality mental health services by needing to provide pre-licensed clinical supervision in house.
54. Pay varies across the field
55. Pay equity between in person and telehealth
56. The insurance payments do not support California urban living. I believe there is opportunity in addressing this to better serve the general public and the therapists.
57. telehealth- copays are being waived
58. Need to track MFT trends in regards to economic growth/jobs/wages in CA.
59. Fair payment from insurance
60. Licensing for other mental health providers i.e doctor of behavioral health for integrated care
61. It is definitely more cost effective in the use of tele-health esp. on prevention and education.
62. Continued poverty in the country
63. Fees are getting too high.
64. Telemedicine has increased service to historically poorly served communities, and has enabled rural practitioners to access higher income clients living in other areas
65. We need to be Medicare Providers. Period.
66. Reimbursement by third party payors (government, commercial)
67. Online payments
68. interaction with insurance companies
69. Keep wages high
70. Social Workers Pay is Very Low
71. Insurance companies and their unethical practices
72. Increased services provided in 2020 due to pandemic calling attention to the importance of mental health.
73. Better advocacy for transparency with pay
74. Again, an important purpose of a strong association and board is to lead the political and lobbying work to raise the price of what we do just like physicians did in response to managed care. But us? No. There is no effective leadership on the board.
75. increase need for mental health treatment
76. making everything accessible online through credit card
77. Use of insurance for mental health care
78. Take a position on living wage across all disciplines
79. Push reimbursement for mental health services to exhibit parity w/ reimbursement for physical health services-field of mental health has access to more funding than in the past.
80. Economic equity
81. More programs to assist those without access to mental health resources

82. County mental health is moving toward combined dual diagnosis (physical health)/ co-occurring treatment (substance treatment); mild/moderate services under Insurance payment model; Fair and equitable payment scale
83. Ongoing advocacy for underrepresenting and low socio economic communities, and professional level wages.
84. Paid internships and better insurance reimbursement
85. Health plan payment issues
86. how can we support clinicians who chose to continue using telehealth only?
87. People need therapy to be financially accessible.
88. Managed care continuing
89. More POC's need access to paid positions during grad school and in training. working for free makes the whole endeavor prohibitive.
90. issue with out of state therapy and clients traveling or moving, costs of dual license in different states, insurance issues
91. Due to the cost of living in urban areas of California, the pay/compensation for mental health providers needs to be adjusted. We need help from the BBS in order to assist us with garnering the same respect and pay as medical professionals.
92. gynamic understanding of data connection to funding
93. government spending in the area of treatment
94. Better standard pay rates and option for AMFTs in CA.
95. More funds being allocated for self-care
96. insurance is covering telehealth
97. Advocating for fair and adequate compensation.
98. Free courses, free exam guides, free test prep
99. LGBT, BIPOC
100. suggested fees
101. Telehealth services can reduce overhead costs for clinics, possibly allowing more therapy during such an expensive time to own or rent an office space for private practice.
102. Video chat sessions
103. Getting licensed costs too much and takes too long.
104. Financial parity among insurance payers.
105. Possibility of grants to fund therapy for private pay therapists to give low income clients better access.
106. If Medicare for All becomes the law of the land, this will affect the monies which can be earned.
107. I'm seeing complaints about the cost of counseling and mental health services, yet psychotherapists are often under-paid.
108. Lower cost for testing
109. I wish CAMFT and the Board would work more to raise awareness around making therapy affordable for more consumers.
110. post COVID economic recovery; reduce licensure costs and/or extend license renewals for one year
111. Third party reimbursers may be interested in telehealth

112. sliding scale payment
113. Preparing for the aftermath of COVID, especially for those communities that have been disproportionately impacted.
114. Paying through contactless methods

Social Trends

1. Social Media (2)
2. Advocating for telehealth as a norm
3. Remote therapy is taking over as the mode for therapy vs. in person--people don't want to drive to appts.
4. Social justice, trauma recovery, mental health advocacy for all
5. More and more folks are talking about mental health
6. The increased awareness around mental health issues must be noted and systems should be developed accordingly.
7. Licensed clinicians using social networking to educate public and share anonymous patient stories; does this go against ethics?
8. Emphasis needed in anti racist trends
9. Black Lives Matter.
10. Reduced stigma of mental health
11. Adopt resolutions to support marginalized groups
12. Apps
13. Trauma and anxiety
14. Creating a we vs us/them
15. More and more consumers are getting education and sometimes help through social media platforms such as Tik Tok, Instagram, Twitter, etc. There are opportunities here for new modalities to serve consumers.
16. BLM, social justice, dismantling systems of oppression
17. Increased awareness of mental health, PSAs and discussion trying to reduce stigma
18. Communicating through social media
19. maybe more interaction on a social platform like Instagram
20. I think it would be wise of the Board to actively tap into the opportunity of social justice awareness happening in our communities. Possibility offering additional information for licensees, maybe revising CE requirements to include courses in diversity and equity, etc.
21. Continue using social media for updates and lives.
22. Social media's porous boundaries and how it can leave therapists more vulnerable
23. Pansexual, video games
24. Social justice/racial inequality
25. The board is full of outdated policies that takes no account of the social trends such as racial injustice into consideration
26. I think social workers need to rebrand themselves in terms of what we can do.
27. telehealth
28. course work specific to suicide

29. Increase in number of people seeking therapy. Increase in general understanding of the need for trauma informed care.
30. We need more specialization is needed
31. Equal access to mental health services
32. offer relevant and timely trainings/opportunities for professionals to be up to date
33. Increase in interest in/awareness of mental health needs of the public
34. Assist mental health professional address growing division in the country (political, racism, etc) and economic inequality
35. Social justice issues; trauma informed/resilience care and standards; standards that do NOT replicate/promote white supremacy culture
36. therapy will be less stigmatized
37. PC culture, effects of racism
38. Cultural Justice and inclusion of ethnicities, gender, race within the field
39. more advocates for mental health
40. Podcasts & SM professional groups offering collaboration, brainstorming innovation & informing students what they can expect to learn during school/when working in the field;
41. Continue to support the growing need for social justice in treatment and access to. Continue to support gender-affirming therapies and treatments (the opposite of what AK just did)..
42. More societal openness to discussing mental health, esp since the pandemic.
43. Greater shift toward and preference for telehealth with the effects of the pandemic
44. People have more awareness of issues that afflict others such as suicide, bullying, harassment, etc.
45. More therapists want to move into unconventional territory (e.g., "walk and talk" therapy). Take this into account when reviewing statutes and regulations.
46. Multicultural, diverse clinicians
47. more community awareness of MH needs and normalizing
48. Increased isolation and decreased positive face to face social engagement
49. more FB Q&A, more active presence on social media to education providers
50. make use of influences of social media to promote the BBS and mental health
51. Normalization of drug usage and homelessness as a priority is not in the best interest of people affected by addiction, when you remove the uncomfortable reality of the disease, you have enabled the disease to run a longer course and perhaps be responsible for their of.
52. Cultural humility training
53. Need to make therapy available across state lines.
54. Need for good cross-cultural therapists
55. Also seemingly obvious, racial reconciliation and women's equality continue to be important topics that impact the profession and are an area of healing and growth within the general population even as it brings painful experiences to the surface.
56. More people are seeking therapy, especially those in marginalized communities. But these same people don't have enough clinicians who can understand and connect to them due to

57. Lines are being blurred between politics & clinical work; should remain separate/neutral/non bipartisan
58. Availability of therapy via video, telephone, text, and even email is an important need. The Board should be advocating for more accessibility.
59. Internet safety
60. increased perceived need for licensed professional in areas of mental health, opportunity to anticipate and respond quickly
61. A need to provide more education for greater awareness in kindness and tolerance.
62. More telehealth and out of state information
63. Behavioral health is becoming more mainstream
64. Mental health is gradually losing stigma, and more (especially younger) people are looking for help earlier.
65. Increasing utilization of mental health services in the private sector
66. telehealth- people don't want to drive to their appointments anymore but would rather log in from home for a video session
67. Keep up with and change the hate crimes. Confront White Supremacy in the country.
68. Social media is popular, but it is a double edged sword.
69. Homelessness
70. Given that within the past 10-15 years (Covid notwithstanding) people are traveling more for work and living in multiple locations, the requirement that both client and clinician must live in CA is outdated.
71. Continued use of technology
72. People are aging. Medicare.
73. DEI, LGBTQ, Pandemic Recovery
74. effectively dealing with cultural and economic differences
75. Speak up about universal health care
76. We need more social justice training for all Social Workers, and professionals; more LGBTQ training as well.
77. Suicide at an all time high—especially among minors
78. Increasing discussions about diversity, may be good timing for a mandatory CE period on timely Diversity subjects
79. Couples are coming in into therapy younger.
80. Social justice
81. Social justice issues within the profession itself, Asian American, Black American
82. Look around. COVID_19 portends a watershed of demand for our services. What are you doing to create more pathways for licensing, elevate the value of our work, and the unmet need? What I see is that you do nothing but act like professional police.
83. Social media , quick information on mental health treatment through social media such as tik tok .
84. using social media as a form of communication
85. Mental healthcare is beginning to lose the stigma and gain acceptance as a legitimate form of healthcare.
86. Increased acceptance of therapy
87. Racial and economic justice is changing our clinical work for the better.

88. Decreasing stigmatization against seeking mental health services.
89. Social justice
90. Continue current engagement
91. underserved population now includes the aging population as people live longer; political differences causing therapist and client rifts;
92. younger population using services more minorities engaging in services
93. Strong support of school needs and access
94. structural racism and how it effects conducting therapy.
95. More web based “ therapy “ provided”
96. zoom type groups for therapy
97. Impact of COVID on families and therapy
98. expansion of gender -affected therapy needs.
99. Use of social media and google/webcmd has boosted the popularity of receiving mental health services. We need to incorporate non-traditional practices into mental health in order to keep with the times.
100. Therapy is losing some of its stigma in some communities, and becoming more acceptable in the business sector
101. moving into social media for advertising treatment services
102. More acceptance and less stigma associated
103. telehealth, mental health is "popular" and destigmatized on social media platforms
104. Create a larger social media presence.
105. Easier for voices challenging the racist and colonial structures of therapy to be heard.
106. quarterly meetups
107. utilizing cell phones for services
108. LGBT, BIPOC
109. DEI
110. Telemedicine
111. Getting on social media
112. Tik Tok - already introducing mental health discussions to younger generations, can provide more information regarding access to therapy in this format
113. more acceptance in general about benefits of mental health
114. Video chat sessions
115. Need for DEI initiatives within the board and better recruitment for marginalized groups.
116. More people engaged in activism in recent years
117. Therapy is being talked up.
118. MFTs need a better name. Like Child, Couple, Family Therapist (CCFT?).
119. More people seem to be interested in psychotherapy. our terms are being used in the social lexicon. That could be a double-edged sword.
120. accessing services through telehealth
121. People want more privacy and less government interference
122. Social justice! Consumers are more interested in therapy than ever before!

123. Publish pass rates for BIPOC populations
124. Social justice is growing in importance after the killing of George Floyd and the protests in summer. The BBS may want to consider how to decolonize the way in which we provide psychotherapy, including letting go of some theoretical orientations that may harm BIPOC communities. Programs should be teaching through a Black feminist or womanist lens, and programs should be educating students more effectively on how to be a social justice advocate for clients (similar to values in the recovery oriented models).
125. racial bias
126. Impact on mental health as it relates to social media, including misinformation propagated through social media
127. People are more mobile and therefore move out of state more often than they have in the past.
128. increasing diversity and inclusion
129. COVID has impacted many of the needs in our society for increased counseling.

Educational Trends

1. Trauma informed care (2)
2. offering of trainings, updates on school site programs
3. Use of psychedelic substances to aid in therapy
4. Provide more education. Or anything really that benefits us.
5. social justice and power/privilege requirements
6. Make it easier to access continuing ed requirements. Update requirements to match trends in our field
7. Improve information about BBS role in schools
8. Education on advanced cared planning, advanced directive, wills, and end-of-life focuses since covid this has been a huge focus for medical social workers
9. Encouraging LMFT to achieve PsyD
10. Increased diverse student population
11. Broad social issues such as racism and police violence are being recognized in educational programs
12. Educational opportunities for the profession are endless right now during the COVID pandemic (e.g. classes via Zoom or similar, podcasts, Facebook, other social media,)
13. Encouraging CEU development that relate more to these matters identified. I do many trainings i don't get credit for that inform my practice way more than the ones I do.
14. Require antiracism training as part of licensure. Allow remediation of the marriage/family/child education requirements so someone with a Master's in Counseling can still fill in gaps to use that master's to become an LMFT.
15. Increase variety in therapy modalities taught in colleges & universities so people are more well rounded
16. Increase in young professionals accessing therapy career
17. more stringent requirements at the graduate school level ensuring higher quality educational programs and better trained clinicians.

18. course work specific to military suicide in Master's programs; including research based response strategies for all family members to have an approach for response to SI, especially child to parent and sibling to sibling.
19. Increase in need for quality training programs
20. Examinations has to be meaningful I believe experimental questions had to be removed from the exam time. Education has to remain education not not a political games.
21. Training on telehealth
22. An LCSW/LMFT supervisor database to link new grads with supervision
23. Require programs to invest more time into note-taking skills and the business side of being a therapist
24. provide affordable training educational opportunities to professionals
25. More communitcaiton with grad schools
26. Reach out to University's to assist them in preparing graduate students on the process to follow to become licensed
27. Provide CEU opportunities that provide further education
28. Social justice issues; trauma informed/resilience care and standards; standards that do NOT replicate/promote white supremacy culture
29. Psycho education from younger ages and older generations
30. Better regulations to protect the health of our profession. More self care taught in schools and regulations to support that.
31. influx of additional CSW + MFT in California
32. Trauma informed care in the school setting; Secondary Traumatic Stress in Behavioral Health, Child Welfare & Homeless Shelters
33. Reducing anxiety related to the 'new normal'
34. teach the word "anosognosia" to the ACLU so mentally ill people can be helped
35. I STRONGLY suggest admission to MFT masters or doctoral programs have a mandatory prerequisite of a BA or BS in psychology from an a qualified school. There were people in my psychology MS program with liberal arts degrees from University of Phoenix (or other low-grade, pay-to-play schools) who had absolutely NO CLUE about psychology prior to beginning their MA program. These people did not even know who Maslow was! These people were woefully unprepared and typically struggled mightily. I feel strongly a BA/BS in Psychology from a strong school is essential for success in a psychology MA program.
36. Students are so incredibly confused. Continue to publish easy-to-understand, easy-to-find-on-the-website documents that outline the licensure process from start (day 1 of an MFT program) to finish.
37. Emdr
38. Ideally, can requirements to be a therapist be folded into the graduate education, rather than additional CEU's or coursework after the Masters' degree.
39. Decreased progress and engagement in special education and resources for lower performing students.
40. offer free webinars to address legal / ethical issues
41. develop more effective means of dissemination of information on mental health in a relatable fashion

42. Need to offer courses
43. Need for better support to adolescents from stress/academic pressure
44. Put out some of own CEU courses
45. More children with IEP, developmental needs, autism
46. Increase in graduate degree recipients
47. In school services and appropriate ratios for therapists and students, in order to provide ongoing services
48. Increase understanding of what is happening at colleges and internships to
49. A need to provide more education for greater awareness in teaching kindness.
50. There are more ways than ever to get CEU's and I appreciate that.
51. development of social work classes in community colleges
52. Integrative care, resilience building
53. Unpaid student internships are where essential integration of theory and practice occur. But current students are burdened by undergraduate student debt and are challenged by the need to work long hours without pay. About trauma and its neurology gives direction for how to prevent serious mental health problems.
54. difficulty getting licensed due to economic disparities and disparities in opportunities for education
55. Keep up with the latest news.
56. Need to continually highlight each university's enrollment and licensure pass rate.
57. The board should disallow virtual-only master degrees, as this profession requires in-person relationship learning.
58. Charter schools
59. Diversity, Equity, Inclusion course requirements.
60. Availability of training sites for grad students, post grad employment --> supervised experience --> timely licensure
61. We're going to need a lot of support moving forward once we reopen.
62. More cross cultural education and dna understanding
63. Keep adding more educational requirements
64. More emphasis on the bio in the biopsychsocial assessment
65. Wow, where to begin. I am a in program where I had to learn about Dr. Eagan. Thanks for the time warp. His context is irrelevant for a modern world.
66. learning about mental health inequalities for BIPOC community
67. ability to upload CEU's or transcripts online
68. More ethics training
69. Increased therapy in schools
70. CACREP and COAMFTE accreditation support a national standards.
71. Access to online degree programs allow a more diverse range of people to enter the profession.
72. more mental health in educational systems
73. Move beyond the historical therapeutic theories; EMDR; DBT, Somatic, Trauma informed care
74. triadic clinical supervision is a terrible thing that shortchanges the supervisees.
75. Advocacy for diverse types of learning and supports for students.

76. Better support for paid internships
77. Competency-based clinical supervision advances
78. We need to add more specific subsets of training to licensure
79. The costs of education to become licensed,
80. Education for mental health professionals should include medical billing/coding and business courses for mental health professionals (along with legal and ethical issues)
81. More media coverage of info regarding mental health
82. Continue to build upon increasing best practice codes for suicidal cases. Both for education and to what extent clinicians can and should be held accountable.
83. More people pursuing masters level education
84. Balancing educational opportunities with employment trends. Are there sufficient graduates for professional opportunities. Too many or too few people entering the field for the consumer needs.
85. telehealth
86. Continued collaboration with stakeholders in educational institutions
87. Allowing private practice's to host academic interns.
88. Help MSW school teach curriculum that meets prelicensure criteria.
89. A list of supervisors and group supervision
90. LGBT, BIPOC
91. Therapists and clients are posting on Tik Tok answering questions about therapy, providing tips and tricks, and sharing first hand experiences with a personal dx
92. more emphasis education and training regarding ethics
93. Not really clear on CE use that are available
94. LMFTs and LPCCs need to be educated in case management.
95. Education is growing more and more expensive--which will limit low SES folks from becoming psychotherapists. I also have some concerns about whether all of the hours we require are really effective in preparing psychotherapists who
96. Update educational learning needs
97. interprofessional
98. Trauma informed care, working with BIPOC, racialized trauma
99. COVID will undoubtedly alter the way education is delivered. It is yet to be known exactly how, or how much.
100. I believe there are increasing needs and opportunities for LPCC's in the field.

Political Trends

1. Address radicalization through politics as a threat
2. Racial injustice concerns
3. requiring applicants to undergo some sort of social justice training or prove they have in curriculum to ensure that all licensees are working in support of client's equity and not using our position and power as mental health workers for harm.
4. It would seem we have a long way to go for the Parity Laws to be fully applied by the insurance industry.
5. BBS needs to take a stance when systemic and discriminatory policies are in place
6. Mental health stressors caused by new media, social media, etc.

7. HR432 - Medicare needs MFTs!
8. Adopt standards to support marginalized groups
9. Work with DMHCS and other agencies to enforce ACA parity.
10. Mental health professional staffing within law enforcement
11. Inclusive language and openness to life outside the gender binary
12. BLM, social justice, dismantling systems of oppression
13. Increased attention to mental health, prioritizing this need, increasing access and reducing stigma.
14. Identifying ways that the licensing process, often including years of unpaid work, leaves out people with less financial resources, particularly people of color, whose presence is direly needed to meet the needs of our population.
15. Black & white thinking; lack in ability to compromise; more clients politics into their sessions
16. High suicide rates. Are SW equipped to deal with this ? Are they missing cues, are they avouding 5150s?
17. Increase in mental health funding
18. More opportunities to expand access to opportunities in the VA etc.
19. Preparation for an uptake in unique foster care needs in California/Western US as opportunities to foster South American refugee children come online.
20. The current state administration seems to recognize the need for mental health services and value the services we provide.
21. Ah my favorite. Throughout the years it is very obvious to me that board is keeping up with the political views in the exam questions, gender, religion family units. Let's stay with what examination is suppose to do test our knowledge.
22. There are never enough mental health employees in schools or other government institutions. MFTs would be less expensive to employ than psychologists in these areas: military, education, police, jails and prisons, fire department, etc.
23. Being more vocally against acts of hate that impact mental wellness
24. keep professionals up to date and continue to provide timely updates regarding this sector
25. Address/test on how to effectively wotk with growing divide (nonviolent communication, etc)
26. If the BBS had a newsletter or some other form of communication to help us stay informed on political news or advocacy opportunities it would be helpful.
27. To advocate for clients especially during COVID crisis
28. efforts toward national licensure
29. Social justice issues; trauma informed/resilience care and standards; standards that do NOT replicate/promote white supremacy culture
30. Receptive CA Governor's team
31. Policies in support of mental health funding
32. State child welfare FURS program, mental health response with law enforcement, Mediation efforts for violence against racial/ethnic classes;
33. Medicare for all

34. We MUST continue to fight the good fight, politically. The abject failure of the previous federal administration to address the needs of the people underscores the need for political advocacy for mental health access equality and access.
35. Hopefully more money will be geared toward mental health services with the new administration, and recognition of the mental health impacts of the pandemic.
36. Provide oversight and greater emphasis for cross-cultural issues in counseling and advocacy for ethnically minoritized clients
37. There special attention to serious matter that involves underserved populations
38. Lowering of Medicare age.
39. lobby and pressure for greater support from politicians as well as encourage involvement into politics of professionals as to bring greater attention to mental health
40. Continued political push for mental health understanding
41. Democrats more open to innovation.
42. Greater political awareness of mental health issues
43. More advocacy for licensees
44. Abolition - decarceral social work & decolonized therapy, especially
45. It's interfering too much with a space that should remain neutral
46. Increase in graduate degree recipients
47. Information on political trends and the impact on the profession as well as the consumer.
48. Support for LGBTQ clients and low income clients will continue to be challenging. The Board can keep an eye on potential restrictive legislation and work with professional organizations to disseminate information.
49. Support and protect elements required for professionals to work utilizing well researched and training rather than responding to political trends
50. The current president and his wife are advocates of education.
51. Increasing funding for early intervention
52. Advocacy for trans health
53. Racial trauma ,
54. There are more politicians with a Darwinian attitude that it is good for society if people with expensive health and mental health needs (homeless, elders, people with schizophrenia) die from COVID.
55. Keep up with and change the hate crimes. Confront White Supremacy in the country. BLM
56. Publish legislative efforts that are MFT specific and have this "niche" available on the BBS website.
57. It gets more and more extreme. It's very difficult to understand some of the political views from our law makers.
58. Parity with health care
59. Shifting values depending on which party leads
60. Medicare
61. Support universal healthcare
62. Too Much Regulation, Not Enough Smart Regulation
63. Basic mental health care should be available to all

64. Politics impacted therapy more significantly than ever before this last year, consider adding to graduate school curriculum "psychotherapy and politics" section, if not it's own class, as an adjunct to Ethics or with in diversity training to help new clinicians.
65. Where is the board in leading the national conversation about the rising demand for mental health services? Does anyone read the CDC reports that say things like 25% of young people have thought of suicide. since COVID started. What has the board said or done to step. into a leadership role on our behalf? Nothing.
66. Mental health and Gun violence
67. Increasing access to the field for marginalized populations without lowering standards. How to make reparations to marginalized populations without lowering standards.
68. There is increasing interest in a single-payer healthcare system, which will be important for the BBS to endorse.
69. Mental health as public health
70. Current administration is interested in raising tax revenues.
71. A focus on community based mental health
72. The divided county; divided household and conflicting values bet clients and therapist
73. Supporting LMFT's to provide services for Medicare
74. Not in favor of political parties
75. I strongly wish LMFT's could accept medicare patients, such a high need population is limited in the care they can get by not allowing LMFTs to be allowed to accept medicare
76. Keep politics out of therapy.
77. Not being able to work at the VA anytime soon as an MFT because of the slow pace of changing their system to delete the COAAMFT
78. Cultural Competency is a hot topic that is very relevant to clinical work in today's day and age
79. Board should be more vocal. Should have taken a stand when another state sought to diminish s.w.
80. collaboration social welfare
81. making some headway with treatment, however evidence-base is slowing in appeal
82. There is a serious need for trauma-informed clinicians to work with and alongside law enforcement. Both for providing education about mental health, trauma and the brain and deescalation tactics, and on-scene care and treatment for officers and civilians.
83. more federal level programming
84. Increase the number of AAPI therapists to meet the growing needs of the AAPI mental health needs.
85. More advocacy on the part from the general public
86. LGBT, BIPOC
87. Cultural competency is becoming increasingly important, and should be become a mandatory training for all therapists to ensure responsivity rather than invalidation
88. Need money and awareness
89. Good therapy should NEVER be political!
90. DEI
91. Too divisive, conservatives are excluded from the profession.
92. Pro-socialist incoming licensees

93. supporting human rights, equal rights, freedom from [redacted] of all types
94. To make it easier to practice across state lines.
95. Concern for getting LMFTs and LPCCs recognized as Medicare providers. We need it!
96. stay away from fads and pushing agendas that take away from the practitioners discernment.
97. We are becoming a more inclusive society, however structural issues, such as some of the new laws and policies are not keeping pace and often are not based on positive client outcomes.
98. Be neutral as you are
99. Get away from it
100. federal administration's commitment to improve educational and health/health care access
101. State and federal legislators are interested in telehealth
102. bridging the gap between perspectives in politics
103. Addressing the current AAPI hate crimes, BLM, violence against women, LGBTQI+ violence and prejudice and how politics evokes hate language that further fuels hate against marginalized communities
104. The current administration in Washington is much more favorable to increasing dollars for counselors.

Stakeholder Trends

1. Telehealth (2)
2. Broader focus toward care of licensees
3. Licensees should have way more resources through the BBS. It's basically like we just pay so we can keep a certificate.
4. inviting more feedback from stakeholders like this survey and making invitations very public! providing more opportunities for forums and conversations so that it feels collaborative that as licensees and associates we influence our own licensing process and regulations.
5. More meaningful spaces for dialogue outside of the committee meetings
6. Telehealth
7. More requirements deter clinician from applying for licensure. Licensure official takes significantly long for basic required paperwork.
8. CAMFT - scope of practice refresh
9. Increase use of virtual meetings and on-line applications
10. Pursue legislation to protect privacy and safety of stakeholders
11. consumers in areas like Oakland experience severe difficulty finding a therapist that accepts insurance - especially Kaiser clients
12. Expedited license track during pandemic due to high volumes of psychological needs
13. Adding MFTs to provide mental health services under Medicare.
14. Consumers more willing to engage MH services through non-traditional means: telehealth, text-based, apps, etc.
15. Be more applicant-friendly in processes and technology
16. Need to take a more wholistic view of what serves each stakeholder

17. FQHCs
18. Should gangsters get less time incarcerated because of the horrific violence they place upon themselves? They are very much our consumers. How are we addressing the violence they purport with knives? Should a violent person have to have that information registered like Megan's law?
19. Job openings at most agencies. Job openings for Clinical Supervisors.
20. Stay with education and knowledge and protect families
21. More outreach and committee opportunities to serve
22. continue to obtain information/feedback
23. Provide more communication to licensees in changes in law and be responsive to requests for assistance
24. Aside from CAMFT, I think the BBS could do a lot more to support us and engage us in conversations. I'm glad this survey was sent out.
25. telehealth
26. include wider and more diverse stakeholders
27. consumer orgs, e.g. NAMI
28. Staffing opportunity to address delays
29. consumers seeking additional support through MediCal
30. Support for AB93, AB1436 Bergman/Levine, AB2968 & AB2083; Implementation of ACES training;
31. Interstate compacts offering access to out-of-state clinicians for clients with limited access/ resources have been very helpful during Covid. Opportunity to extend this to cont. meeting needs of underserved communiites.
32. Collaborate more with CAMFT!
33. develop more centralized means of licensure to become more accessible and less confusing
34. Becoming more aware/discerning; more cooperation cross-border between regulators
35. Disabled consumers and (aspiring) practitioners
36. Simplify and use plain English.
37. Licensees
38. Access to bilingual therapists
39. Consumer groups are more organized and vocal about their needs.
40. The burden on interns to spend years of training should not be further extended by unnecessary delays from the board processing paperwork
41. License reciprocity
42. Information based on science are shared by all stakeholders, and transparency is important.
43. I'm 72 and can't see people my age. Ridiculous. Medicare!
44. improve individual response to inquiries.
45. Increased consumer expectations
46. residential rehab should be more regulated
47. Increased interest in multi-state licensure, California could "pair-up" with local states to increase access to mental health to neighboring states and it could increase income for the Board in additional licensing fees

48. What a bunch of nonsense. Outdated, bureaucratic processes, hoops to jump through and a continuation of these practices because "its what we have always done".
49. Need legislation protecting prelicensed therapists
50. Payors of Therapy Services - county, private insurance
51. Increase outreach, communication, and involvement.
52. The dilution of the LMFT brand as subsets of the license are issued such as LPCC, LCSW and Coaching. Many involved in those professions attempt to do the same work as an LMFT without equivalent training.
53. Stop focusing on DMV issues like DUIs and focus on BBS related issues... what a waste that is outside the scope!
54. We need to advocate for national licensing.
55. technology engagement of stakeholders
56. are conforming to a broken, status quo behavior
57. Improve BBS application processing times please.
58. telehealth
59. Educators, clinical directors/supervisors, licensees, consumers, CAMFT reps, state legislature
60. Do marketing campaign to educate consumers about social workers can do. For example, working in mental health, hospitals, and various facilities.
61. Access to legal support, case consultation, counseling
62. LGBT, BIPOC
63. Telehealth can allow therapists to be licensed in the state of CA without residing in the state of CA, to increase availability of therapy services for CA residents
64. continued involvement by professional organization to have a voice in the education, training, & necessary experience for licensee
65. Well make it easier to get a license
66. provide educational resources for meeting new requirements, provide licensing prep support
67. The increased need for counseling from consumers is quite profound due to COVID.

Relationship Trends

1. Strengthen contact and make it easier to have a conversation with a BBS member
2. Ongoing good relationships with CAMFT
3. working with other states licensing boards to create more cohesion around providing remote services.
4. Group telehealth and supervision
5. Life coaches
6. Other professional boards
7. Collaborating with the mental health providers the BBS regulates.
8. CAMFT; DMHCS
9. The mental health field has opportunities to collaborate with mental health professionals in countries of origin for immigrants, undocumented children and asylum seekers.

10. Collaborate with Catherine Moore, with Social Workers, Rise! to increase your community reputation
11. Removing sense of fear from using resources set up to help making sure we all are playing by the same rules is best way for competition to remain fair in nature
12. Epic and the EMR systems
13. Families are a band of people who love and live with one another.
14. Protect families and children. It is crazy what is going on with politicians and celebrities these days it's our role to save the innocent
15. Collaborate more with NASW and CAMFT on multiple levels and committee stakeholders
16. Advocate for licensees and the value they bring to society--both in societal cohesiveness and long term benefit to the economy
17. cooperation with insurance regulations
18. with other states to provide better reciprocal working ability
19. Professional associations
20. Trauma Informed Integrative care, changes in Child Welfare, Aging Residential, Co-Occurring SUD/MH and Medical Healthcare.
21. NASW
22. Collaborate more with CAMFT!
23. On-line therapy apps
24. Continuity with other state boards
25. Need to develop business relationships w/National Assoc. of Social Workers and Board of Psychology. BOP is more friendly but NASW is another beast thinking MFT's are their competition.
26. The board should lead the way for all states to cooperate in reciprocal licensing standards
27. Keeping the dialogue open is important.
28. better partnerships with schools of social work to host events and activities.
29. Partnerships with organizations specializing in the mental health of POC, the Loveland Foundation & assisting victims of racism & hate crimes
30. Work with military and states to support lcsw's
31. Insufficient Amount of Collaboration with the NASW, CAMFT
32. Including more mental health teams and supervisors with law enforcement services; agencies could have to register with BBS (and pay a nominal fee) when they hire CA Licensee verifying they understand and will support clinician's legal and ethical responsibilities.
33. More NASW Collaboration.
34. How to protect clinicians and insure they are paid well when they are expected to respond to police calls.
35. Interstate licensing pacts
36. Better understanding of the similarities between social workers and Marriage and family therapy
37. competition is more in line with cookie cutter approaches and large Tx agencies are shunning effective anecdotal approaches

38. More bridges are needed between the MD and Mental health fields. The more psychological and physical health professional can share office space and patients, the better.
39. telehealth systems, SimplePractice, Zoom, working WITH these type of platforms to gain trust in HIPAA procedures
40. LGBT, BIPOC
41. Increasing telehealth services within private practice or community clinics can help meet the new expectations and trends set by online companies such as BetterHelp or TalkSpace
42. Continue to strengthen relationships with diverse communitiies.
43. More socialable, modern. Rest of the medical field is moving away from offices new need to also
44. foster greater interprofessional engagement across the professions that BBS oversees
45. continued collaboration with professional organizations to increase communication with stakeholders

Other Trends

1. A licensing body that actually has deep understanding of the field and a commitment to move it forward would be so much better than what we have in the board of behavioral sciences. Basically we have the DMV.
2. Licensed practitioners to collaborate with community partners as a liaison to navigate healthcare system to even access mental health care; partnerships can provide a road to access to mental health care in vulnerable populations
3. A paper application is ridiculous. And horrible for BBS staff.
4. advocate for better oversight by DMHCS with insurance plans and consumer access to therapy
5. Unaccompanied minors and asylum seekers present new opportunities to develop new service modalities.
6. Where is the activism? Agency? Accountability to ensure the system is just?
7. Get involved in college internship job fairs, create CE courses in marketing and business skills for opening a private practice
8. Hire more people who are effective in their jobs.
9. I think it would be helpful to make the website a bit more intuitive/user friendly.
10. saving the environment; continuing the virtual work as can be done is a huge step
11. Develop statement on best practices to maintain physical safety in therapy offices that includes whether or not air purifiers are recommended? Vaccinations? Can we chose not to see someone in person if they're not vaccinated?
12. Get more people to be available for questions and concerns.
13. allowing for more virtual platform support
14. Issues about Pedophilia has to be addressed more openly there has to be education about this, and actually why is it so outrageously common with rich and famous and religious people.
15. improve financial compensation

16. Rural agency Child Welfare & Community Partner integration during COVID-19; TEAM Drug Court & Alternative Models; Revisit AB 2138 (Chiu/Low) as recovery is a process and criminalization shouldn't be absolute unless actively unsafe, without 30 day Rehab/52 wk Offender or SUD Counseling CADAC program proof. Having a very dark, multiple offense criminal record should revoke a license without fail.
17. Californians are still generally unaware of the LPCC, not realizing that it is the more popular license in other states.
18. MH Advanced directives for people with Mental Illness to be proactive with obtaining help if they go off their medication and have a mental break the advanced directive could get them help even if they don't want it when they're ill and unable to make a life saving choice
19. This is IMPORTANT: Therapists must be allowed to make proof of vaccination against Covid-19 mandatory to attend in-person sessions. This is a top priority to ensure the safety of therapists and their clients.
20. Collaborate more with CAMFT!
21. Surveys like this provide a great and convenient way for people to provide feedback to the BBS.
22. resume oversight of CEU provider approval - very confusing currently
23. If you are going to continue to require more education which CA is already well beyond the national standards you should be offsetting the cost of renewal and licensure.
24. Mental health advocacy
25. Create policies for therapists to practice across states, during the pandemic huge need to provide services and not enough providers available.
26. Great impact of novel COVID-19 Pandemic unknown at this time.
27. The board has ignored the purpose of the MFT licensing exam as preparing clinicians for PRIVATE practice, not public sector work. And that is supposed to be the purpose of the exam. And don't tell me that there are more clinicians in the public sector. That is patently a lie. Besides, the public sector has it's own checks and balances in place.
28. Advocate for CAMFT to have some presence on the BBS website, and present website to be more "pro-clinician" (publish topics on self-care).
29. There is no perfect opportunity, it always carries the threat of the opposite. Just have to keep an open mind to watch out for constructive as well as destructive forces.
30. BBS CE Services as additional income; Read the BBS Website Updates for Units, pay a fee and Take a CE Test
31. Great opportunity for telehealth options for clinical supervision
32. Disband and get the heck out of the way of innovation.
33. The opportunity is to fix what you have in place and make it work before branching on to other areas. Branching to other areas where it can create confusion and overload because then you wouldn't have the staff to man it Fix the now first.
34. I foresee some dismantling of some of our systems to get the at might Impact jobs. The "social welfare industrial complex." How do social workers remain relevant once we lose the justice system port of entry for many of our patients?
35. Equal access to state jobs and federal jobs
36. Reform managed care.

37. Psychiatric social workers need a new less depression era name
38. Invest in smaller private practice agencies
39. Support for those working with criminal cases and under cover work
40. Videotherapy is safer. In Santa Rosa an MSW was killed by an 18 yo with schizophrenia in her group home last year. Prior to that 3 providers died in Yountville.
41. Badly needed: an oath of office similar to Drs.
42. Restructuring and rethink what Psychotherapist and Social work really is
43. CA should follow other states' examples with multi-tiered licensure, eg in LICSW, LASW, LMSW, LBSW, LSW

Board Staff

Awareness

1. Increased awareness for greater mental health workforce and possible collaboration with other state organizations.
2. Conversations about mental health are increasing exponentially.

Collaboration

1. Collaborate with professional associations

Diversity

1. Diversity – in board members, board staff, licensees, etc. Some groups do not feel as if the Board members are being as inclusive.

Doctorates Degree

1. lots of people getting out of state degrees or want their degree to work for other license types also want to use doctorates when they do not have a masters

Increased Licensees

1. more and more getting licensed

Job Market

1. hard to find jobs or supervision in california

National Licensure

1. Interstate licensure – COVID has pushed the issue of people wanting to practice across state lines. Heading towards a national license

Outreach

1. Educational - use in outreach programs to reach out to candidates through educational programs.
2. increase regular outreach to stakeholders

Paperless

1. Electronic online application processes
2. most people are going paperless

Rural Area Access

1. Providing better access to rural communities.

Social Media

1. Ease of communication through social media from the board to the public.
2. Expand social media reach
3. people are using social media

Technology

1. Technological – improve technology we use
2. Technological

Telehealth

1. Telehealth (3)
2. Telehealth – look at how to make this happen without putting consumers at risk.
3. Telehealth can increase access
4. Pushed limits of the law on telehealth, due to COVID
5. Telehealth - we need to stay current on this.
6. Telehealth--the pandemic has increased the availability of telehealth, which benefits consumers.

Board Members

Accessibility

1. Changing processes, efficiencies and procedures that were developed due to COVID that make sense to continue post-COVID.

Collaboration

1. Collaborate with different stakeholders through technology
2. Collaboration on a national level.
3. Educational Institutions teaming up with the board – Educational Consortia
4. County mental departments – team up with them. OSHPD and Mental Health Services act – offer MFT stipends to enter behavioral health positions.
5. Work with various departments of mental health throughout the state in setting up an ambassador program.
6. Work with the county to set up an ambassador program.
7. Collaboration and outreach with 3rd party partnerships to help with licensing.

Confronting Racism

1. There is an opportunity here for BBS to confront historic and systemic racism, and its effect upon consumer protection in mental health.

Committees

1. Overarching committee work

Cultural Competence/Diversity

1. Education on cultural competence, engaging stakeholders for expansion of more educational opportunities.
2. Diversity

Current Administration

1. Current political climate in DC is beneficial to CA.
2. New Attorney General
3. Political – new administration could speed up the process of strategic plan

Education

1. Opportunity to educate the public on importance of mental health services
2. Offering more free educational opportunities for stakeholders.
3. Educational – Making sure that licensees/applicants have access to knowledge
4. Increase the number of qualified licensees – talk to college students in different parts of the state about what the job entails.

Increased Need

1. Post-COVID mental health needs.
2. Lead on engaging the profession in responding to the mental health crisis.

License Reciprocity

1. License reciprocity

Outreach

1. More outreach with consumers with technology – allow for more education.

Population

1. Population changes within the state of CA

Progressive Politics

1. Progressive politics to combat social and systemic racism that impacts consumers and those providing services to the communities.

Stakeholder Feedback

1. Licensees – providing input to the board, better engagement with licensees.
2. Continued relationship with stakeholders.

Social Media

1. Social Media/Technology – get messages out to people who are getting them.

Telehealth

1. Telehealth – being able to reach more consumers who may have not had access to mental health support.
2. Telehealth as a primary practice.
3. Telehealth (3)
4. There is an opportunity for BBS to develop new enforcement protocols based on ensuring PLATFORMS for telehealth are complying with existing law.
5. There is an opportunity for BBS to lead the way in legislation and regulation regarding new telehealth principles, and ensuring that consumers are kept safe with distance mental health services.
6. Technological – Telehealth brings remote regions in contact with services
7. Telehealth - More efficient or streamlined way to quickly get their waivers to practice for out of state.
8. Telehealth – more accessible for the clients, not intrusive on their lives.
9. Telehealth – very thorough and the service should be expanded for behavioral sciences. Ability to reach more people who normally don't have access.

Trauma Treatment

1. Opportunity to educate the public on importance of mental health services, especially in relation to trauma.
2. Expand trauma-informed care from leadership (Board Chair) to licensees and stakeholders

Underserved Communities

1. Loan reimbursement and scholarships in underserved areas to allow for more people to enter the field.
2. This can include BBS reaching out to rural and underprivileged communities, and eradicating barriers to licensing for non-traditional applicants.

Threats

Stakeholders

Professional/Industry Trends

1. Coaching (2)
2. Highly punitive actions toward licensees that are often too difficult to comply with
3. I see a trend in the industry overall to be working towards more reciprocity among local states (PsyPact for example) and also see other professional associations pushing for similar. I hope that our board will advocate for similar so we keep up with other areas.
4. Not having enough staff to meet the needs of licensees
5. We must be very careful I believe because many tech start ups are posturing to become the one company that has big enough data bases of therapists and consumers they become the de facto unavoidable middle man we all end up paying without ever being able to negotiate as a collective.
6. Government
7. Life coaches
8. Unlicensed individuals using titles such as coach to do what is effectively psychotherapy work.
9. Not having a dialogue with mental health providers.
10. Move toward more innovative and easier to access behavioral health systems (two chairs, better help, etc)
11. Not having MFT licenses be nationally recognized
12. Telemedicine growth, monitoring and assuring confidentiality and ensuring competent treatment
13. The healthcare industry continues to degrade mental health services in order to cut costs (such as limiting individual care and referring consumers to group care).
14. Lack of protection for potential unsubstantiated allegations made against therapists regarding social issues.
15. Clinicians' graduate education has become more generalist in nature and not focusing on theoretical orientations. The quality of clinical skills has eroded.
16. I was already aware that a great many clinicians practice across state lines without awareness of legal ramifications. I think this has gotten much worse and will be hard to reel in after the pandemic is past.
17. A consistent, rising need for mental health providers over the past year requires an increase in the efficiency and timeliness for applicants to be licensed in order to provide care as soon as ethically possible.
18. Lack of equity in all communities of color and orientation
19. Social media advice replacing real therapy, associates becoming admin resulting in bulk of practicing therapists being associates
20. Lack of distinction between LMFT, LCSW and LPCC. People appear to believe they are the same. Which is false.
21. "Coaches"
22. Raising fees to ridiculous amounts

23. Not enough therapists or enough training programs to meet need.
24. Families are at risk, our children are at risk, that makes our future generation at risk of more mental illnesses that hasn't even identified yet.
25. Therapists who've never gotten their own therapy project their own issues onto their clients.
26. Working with law enforcement to respond to mental health crisis
27. Non profit organizations needs to be held accountable on their abilities to support registrants. Some of these organizations do not comply with supervisor-supervisee ratio that board has mandated. Some school based therapist providers are not complying with CA state minor consent codes and is there a way for board to hold organizations and associates accountable?
28. You alienate the future generation of therapists when you do little to support them, i.e. being adaptable during a pandemic
29. isolating/working too independently
30. Complexities involved associated with interstate compact and licensing reciprocity
31. lack of reciprocity with other states
32. Not enough Board & Care Facilities (especially for Older Adults) and the need for more long term placement beds
33. Continued overinflation of Evidence Based Practices and short term therapies (beloved by insurance companies and non-profit agencies alike) which seems to be motivated less by the evidence and more by the economics, as well as by insecurity of our profession and its practitioners. The actual evidence seems to indicate that the 'common factors' are what drive healing and that therapies of depth (and duration) support lasting change. But those are harder to study, don't have the lobby and financial resources of the training and certification institutes that charge exorbitant fees which are then used to fund the research and marketing to push them.
34. lack of awareness of white supremacy culture, patriarchy, capitalism, etc...
35. watering down of standards to meet demands
36. Services offered in an ap. Ap's which offer mental health, which are not overseen by clinical providers.
37. telehealth
38. Online Clinical Care - potential for misuse
39. Social Workers
40. It is hard for APCC to find community health settings/hospitals willing to work with them
41. Develop and facilitate Clinicians being able to serve across state-lines so that they can help out in disasters, man-made or natural
42. Telwhealth might not be effective for severely mentally ill clients
43. Non licensed professionals causing harm—coaches, pastors etc.
44. Trainees / Associates - underpaid or not paid
45. Problem of unlicensed masters of social work student/employees while working in Govt or exempt settings, billing as "psychotherapists" because of improper agency oversight by CDSS/DHCS or lack of capacity "work-arounds" agency is doing on the sly. SW Title protection - NASW Reprofessionalizing-Child Welfare SW 1 & 2 should be eliminated due to lack of critical connections between training, competency, and quality of care.

46. national standardizations/streamlining licensing standards between states
47. Privacy is an increased threat with the internet provision of service
48. Digital companies disrupting conventional therapy services
49. Life coaches are a direct threat to the consumer and the therapy professions. They MUST be regulated.
50. Cures Act
51. It's easier to become a "life coach" than it is to become a therapist... how is the BBS working to make the process easier for graduate students who have a genuine desire to enter the mental health field?
52. difficulty hiring and retaining qualified staff in county MH system - many leave when they get licensed
53. lack of clarity re telehealth and working across state lines
54. Not enough paid associateship opportunities to increase the workforce at a fast enough rate
55. Lisc portability.
56. Poor practices
57. Hard to take exams or prepare for them. It's not our faults that exams keep getting rescheduled. And that causes anxiety on an already anxiety provoking event
58. Companies are turning towards "rapid symptom reduction" only and not looking at the long term impact of under treatment
59. Lack of support for and availability to achieve clinical supervision.
60. For all of the following, the threat is that the Board will be too slow to act and too cumbersome to help providers to be agile.
61. In my work setting there are licensed psychiatrists and licensed/ pre-licensed psychologists as well as licensed/ pre-licensed LCSW, LMFT, LPCC. There is a strong deference in my agency toward what the American Psychological Association and Board of Psychology say, and little about BBS or the respective professional bodies (NASW, CAMFT, etc.). I think there is room for BBS to play a more prominent role in setting clinical and supervision standards for the mental health professions.
62. insurance companies not paying an equitable rate
63. Insurance not covering Telehealth
64. Individuals in the field are retiring.
65. Companies like "Talkspace" abuse clinicians by under compensating them. A clinician's license is in jeopardy because this company never has a real person call or answer questions. They should be investigated by the government because they are unethical at times and this puts a clinician at risk for losing their license. Please look into this.
66. we need to create more of a distinction from MFTs, "Life Coaches", etc
67. The shift from using terms like "mental health" and "non-profit" to "behavioral health" and "not for profit" reflect an attitude aware from caring for clients to processing billable hours.
68. I've heard from a number of clients that they called several offices and never heard back from those therapists. Our entire clinic is hearing this. Absolutely falls short of the standard of care
69. Lack of solid standards for the delivery of virtual delivered services

70. Telehealth, being pandemic (future emergency) ready and having the communication necessary to immediately address it.
71. Need to come down harder on life coaches; limit career counselors from engaging in therapy (ie LPCCs)
72. The trend toward "evidence-based" therapies is a distortion of science. When therapy has to be standardized in order to be used in clinical trials, then the only "evidence-based" therapies are those that are standardized. But there is evidence that unstandardizable attunement in the therapeutic relationship is one of the most important elements in positive outcomes. ie. the main factor that makes therapy work is one that cannot be easily tested. This calls into question the whole notion that "evidence-based" therapies are any more effective than any other therapies.
73. Need for license reciprocity nationwide to provide much needed access to care. Increased need for care means some agencies are overloading clinicians resulting in burn-out. Push for "quick fix" behavioral interventions which are not effective at addressing deeper issues resulting in revolving door therapy.
74. isolation instead of join other states we share borders with.
75. Lack of understanding about social work
76. labeling the profession as an industry rather than a social service implying the primary goal is to make money rather than serving the poor and disenfranchised and working to eliminate racism, classism, mysogeny etc
77. Lack of reciprocity, although improving.
78. Dogmatic clutching to rejection of national licensing
79. need title protection
80. Blended "coaches" and licensed therapists Brainspotting taught to ANYONE
81. Pipeline of trained clinicians
82. Once Covid ends, many of us will remain either exclusively doing telehealth or at some level. Most of us gave up our expensive offices. Many will not want to go back. There's nothing in place to regulate this long term. I'm not accepting new clients because I don't even know how to safely send or receive paperwork.
83. Lack of support for NASW org
84. Over-Regulation by BBS
85. Unlicensed therapists being accepted by insurance panels during the pandemic, insurance companies not paying reasonable fees and individual clinicians having difficulty advocating against insurance policies alone. Insurance companies doing BEFORE PAYMENT file audits and taking months before issuing payments.
86. When you make endorsement difficult situations like the pandemic are harder to respond to. It is present in all fields my husband who is an RN in another state but got his BSN in CA has been in the endorsement process for months
87. online counseling
88. I need some assurance that you are going to share back major themes from this survey honestly with the community. You are supposed to represent us not the other way around.
89. AOD, Associates giving up and become life coaches

90. Threat of losing good potential MFT's lost due to inflexible yearly testing requirements when life circumstances interfere here and the BBS directs the candidate to do all the hours/supervision all over again. Threat of losing good MFT's who work with non profits/including criminal population for licensing hours which takes years and years longer to build up and complete due to the risks, vulnerability, and often challenging life style of these populations.
91. Once licensed there are no measures to ensure quality care is being provided.
92. False reports of expertise and experience
93. More telehealth means more mental health practitioners outside the jurisdiction may be working with consumers in CA.
94. There is no relationship with other states that negatively impacts the ability of therapist to engage with out of state clients
95. Insurance starting to pay less for TeleHealth
96. Due to inequality of pay scale for master level education, therapists are increasing their caseload in order to make more income; agency continues to increase weekly billable hours. Consumers may not receive optimal level of care.
97. Increased need for providers. Burnout, Compassion fatigue, vicarious trauma.
98. National Health providers offering telemedicine across state lines. This impacts the smaller independent practitioner as well as agencies based in CA.
99. Difficulties with health insurances to continue telehealth services as an option
100. Lack of understanding of our profession
101. influx of more and more different licensures, effectively glutting the market
102. You need to start listening to consumer complaints and enforce the standards you purport to hold.
103. Licensure in a single state does not make sense for the overall trends of society, for several reasons. There needs to be a change to make moving your license more seamless. Therapists feeling we do not earn enough to continue to practice where we live (particularly in California)
104. amount of paperwork needed to meet legal requirements for providing therapy
105. Lack of knowledge about different types of professionals, coaches calling themselves therapists
106. social work productivity measurements based on work RVU's. social worker primarily & effectively collaborate with other patient providers outside of/beyond face to face care with patients. unfortunately, non-face to face time has significantly lower work RVU value than face to face encounters. However, non face to face time is the primary way that social workers are able to work the system in which our patients live. that is, non face to face time is how social workers positively change our patient's environments.
107. There are big trends in insurance plans requesting pre-claim or post-claim payment documentation, clawing back money or refusing to pay claims (even for services provided by out of network providers) if the provider's documentation is not perfect. Therefore, we need to be doing better at training therapists in documentation and insurance billing -- including facts like that just giving a client a superbill opens treatment up for review by an insurance plan. As an insurance industry expert, if you

want to speak to me directly about this trend, contact me [Name Redacted]
www.theinsurancemaze.com

108. Coaching, low pay in social service agencies
109. engaging in evidence-based cookie cutter approach, concerned about meeting quota & numbers rather than people
110. Shortage of mental health professionals
111. not able to bill medicare
112. red tape that slows the hours-to-license pipeline when we need social workers now more than ever!!
113. NEED TO UNIFY A NATION-WIDE SYSTEM OF TREATMENT!!!
114. The development of services like "Better Help" and "Talkspace" that promote themselves as affordable but really seem to me to be enabling dependency and/or lack of investment in one's own therapy (easy to change therapists at any time)
115. Cost to get trained
116. Systemic racism and microaggression towards
117. Online therapy is not professional and should not be allowed.
118. There is not parity between social workers LCSW and LMFT's.
119. Life coaches and unlicensed counselors are able to practice across state lines, and the flexibility they offer takes business from licensed professionals
120. CAMFT can continue presenting information on how clinicians adapted to working with clients during the COVID pandemic of 2020-21.
121. Crisis management in a virtual world
122. Critical race theory--Ibram X. Kendi Anti-racism training one perspective, but only one spoken of --consider conservative black voices.
123. MFTs having limited access to state and county jobs
124. Insurance companies limiting payment to mental health professionals and limiting number of sessions allowed.
125. Job encroachment with life coaches etc
126. Disconnected CEO's to social matters that directly effect the staff that work for them and the communities they serve.
127. Declining pay, lack of raises, especially for people working with underserved populations / community mental health
128. Lack of available Clinical Supervision
129. License portability
130. The increasing prevalence of coaching. Consumers who ordinarily would have gone to licensed therapists are now going to unlicensed, untrained coaches. In addition, there is a widespread falsehood that as long as an unlicensed person calls himself a coach or a spiritual director, that they are safe from being investigated as a non-licensed person doing psychotherapy
131. Telemental health is a risk area since many practitioners may work in silos, which would increase their chances of burnout and making poor decisions that harm clients.
132. Non-regulated careers - coaching as an alternative to therapy
133. I have a concern regarding the proliferation of "coaches" without psychotherapy training acting as "therapists".

- 134. trends moving faster than rules and regulations
- 135. Telehealth and license portability
- 136. Need increased visibility for LPCC's.
- 137. Diversity issues
- 138. I don't feel the board has been as effective as they could be to represent our needs as therapists.
- 139. You make it harder and harder for students with no clear explanation. Everything is ok in terms of practice styles. From a business standpoint this means, 'nothing actually works'. Thus, insurers keep our rates low. Sure here's 5-10 sessions for \$35 after rate reductions. It is the board's and the professions fault not the insurer
- 140. Non licensed coaches

Technological Trends

- 1. need for set up/standards for remote therapy that includes location of client at time of each session in case of need for 911 call
- 2. We need to have more ways to support our clients via telehealth across state lines
- 3. Not being able to submit documents electronically. DocuSign exists.
- 4. not utilizing remote therapy/telehealth options to provide accessibility and continuity of care. not updating requirements for supervision to reflect this as well.
- 5. I'm concerned about others accessing confidential information via website
- 6. Government
- 7. Hacking patient information on softwares, etc. need suggestion for cyber security to protect patient information
- 8. Text based therapy
- 9. For some consumers and families, technology continues to be expensive and difficult to obtain.
- 10. Therapy is trending toward online and phone-I think valuable information is missed using these platforms and safety could be jeopardized.
- 11. Rapid changes in technology and Therapists are left to fend for themselves in how to best respond.
- 12. The cat's out of the bag on clinicians using tech such as payment apps. We need a lot more BBS input and clarity, as well as compliant options.
- 13. The Board has not yet approved telemedicine supervision for private agencies - this is a threat to the provision of services in rural areas.
- 14. App based therapy
- 15. Increase in the use of telehealth
- 16. In-person or videoconferencing sessions getting out of balance.
- 17. More and more organizations are utilizing paperless systems for applications, verifications, etc. It speeds up many processes and makes them more efficient.
- 18. Paper mail in applications, mail in payments
- 19. Compromised confidentiality with unplanned telehealth
- 20. All processes should be electronic. Most people under 30 don't have a printer so submitting forms is challenging
- 21. Recording devices, phones, Alexa

22. Telehealth
23. Maintaining confidentiality in therapeutic relationship while using using video and other ways of having sessions when there is always the threat of hacking.
24. need better website management
25. Computer is a threat
26. Telehealth Hacking
27. CEUs in telehealth and technology and ethics should be mandatory, based on NASW code of ethics and purple technology ethics book.
28. Use of telehealth and marketing on a variety of platforms
29. Poor state trainings on how to use Anastasi
30. That there will not be a lot of in person visits
31. BBS lack of understanding and forethought with telehealth as we move toward VR
32. hacking of personal information
33. Zoom/Online therapy
34. Aps for everything.
35. Concern regarding therapy by television.
36. so called counseling apps that have no depth
37. Online Clinical Care - potential for misuse
38. Security risks
39. Very little guidance as to ethical, moral, and mental health best practice for consumers and therapists
40. Develop greater flexibility in the area of video counseling, especially in a disaster
41. Not all clients have the ability or finances to engage in telehealth services
42. telehealth risk for practitioners providing care across states
43. Security & Confidentiality threats due to increased hackers and use of WhatsApp, Twitter or FB to directly communicate with clients (boundary & confidentiality issues no practitioner should engage in);
44. clarity on telehealth and video health standards
45. Secure tech storage abilities are increasingly essential for therapists?
46. Text and telehealtj
47. I'm concerned about some of the online telehealth services that have sprung up this past year. Not sure what oversight and quality controls exist for these services.
48. This pandemic illustrated how the BBS needs to start accepting electronic records/signatures. The BBS could potentially work with TrackYourHours to integrate the process of earning hours with the process of getting approved for licensure.
49. Text based therapies are concerning. They seem to have no insight around a therapeutic frame or basic psychology and seem more interested in giving someone immediate gratification. This is not therapy.
50. Fast changing world of technology and how it impacts the Board and psychotherapists. Lack of knowledge by people about what is risk with tech. and making regulations that may not be accurate.
51. Online and text therapy
52. Silicon Valley therapy startups (better help, talk space) doing lower quality therapy via texting

53. Cross-border therapy
54. BBS doesn't seem to be keeping up with technology trends
55. Cyber security threats
56. NTional counseling organizations that aren't client focused but\$ driven -
57. Too many regulations and laws to consider when providing services to clients. Impacts quality of care
58. Virtual supervision standards and capability in the future.
59. how to safeguard privacy
60. misuse of telehealth could impact client outcomes
61. Forcing Sole Practitioners into electronic records
62. Need to incorporate technology to enable all clients to benefit/access professional services.
63. Ongoing services using Telehealth after covid should continue
64. Compromised telehealth
65. Electronic medical records appear to be created more for health Practitioners than mental health practitioners, and for billers more than clinicians.
66. Not catching up to what's happening in digital teletherapy
67. Totally online therapy
68. Online counseling platforms
69. On line/ digital therapy. Is texting a responsible way to deliver therapy?
70. Being pro tele-health and how to prepare the profession.
71. Continuing to permit videoconferencing supervision after COVID would make our profession more accessible to supervisors and associates with physical disabilities.
72. Huge concerns about formation of Bot therapy and online "therapy apps," which provide low quality care and safety risks.
73. Confidentiality of records and telehealth
74. Stalkers misusing Yelp reviews, for example
75. Use of assistive devices for clinical interventions
76. We have a laughable set of rules, hastily cobbled together during the early days of Covid to guide us thru telehealth protocol. They're a joke. The BBS needs to get with the 21st century & deliver policy that makes sense.
77. Yes improve safety
78. Over-Regulation
79. Simple Practice and other EHR platforms and safe guarding pt. information in the long run. The news reveals companies being hacked all the time. How is this not going to be a problem? How will these factors be regulated over time?
80. privacy considerations with telehealth
81. use of texting as counseling
82. Easy access online or text therapy with minimal qualifications
83. Online learning could be a threat to quality of education and practicum experience. This makes inter-state education a challenge with varying licensure requirements.
84. More telehealth means more mental health practitioners outside the jurisdiction may be working with consumers in CA.

85. "Robo" therapy or programs that people can "text" to get mental health treatment provides a false sense of therapeutic support
86. Online "therapy" is a threat to consumers and puts them at risk for harm. It is also disruptive to the licensed psychotherapy economy.
87. Tech can be a challenge to therapists who are less technical savvy
88. Jurisdiction issues around telehealth are unnecessary and turn many practitioners into violators.
89. Cost of secure tech application
90. Limits to using virtual platforms for therapy and supervision
91. Therapy apps
92. Telehealth is both an opportunity and a threat. Very hard to regulate.
93. Telehealth rules being too restrictive and unrealistic, particularly with seeing clients who travel or move out of state
94. finding platforms that are hipaa compliant for people of all socio economic strata
95. Lack of high speed internet in rural areas
96. with so many emerging telehealth platforms, rates a extremely low and therapists are not paid adequately for their work
97. Telehealth
98. Therapists need a lot more help understanding HIPAA and how to choose compliant platforms, email servers, etc
99. funding for up to date computers and software
100. telehealth concerns
101. NATIONAL CERTIFICATION
102. The digital divide
103. lack of insight/experience with benefits of technology
104. Not keeping up with technology
105. Clinicians need continued support and training in Zoom groups and Telehealth with video sessions.
106. Tik Tok - many people are sharing personal experiences with their dx, increasing others awareness and wonderings about their own possible dx (increase in self-dx)
107. Internet access
108. Companies like Better Help offering services that are not regulated and not ethical.
109. Hard to reach, find ways to be more available with technology
110. BBS web resources utilizing a website from the 90s
111. NPI and Insurance do not allow us to use a PO Box address, so we have to use our home address or rent office space even if we only do Telehealth!
112. Falling behind the technological curve.
113. I worry about large firms like Better Help and Talk Space having a negative impact on the field
114. Online therapy apps
115. increased unemployment and poverty, per COVID = less access to technology
116. Telehealth may exacerbate disparities
117. not being progressive

118. Breeze is slow and ineffective.
119. Not insuring the safety of the technology being used.
120. The use of computer is making communication easier but too many red flags.

Economic Trends

1. Poor staffing which results in slow associate processing
2. Companies like BetterHelp and Talkspace are gaining a lot of traction which is theoretically good, but they pay their therapists terribly. There needs to be more effective ways for therapy to be covered by insurance in a way that is actually fair for the clinician as well
3. Government
4. Insurance companies not paying for services; projected many clinicians will rework billing to a subscription model with add-ons versus paid for session.
5. Potential recession due to COVID.
6. Counties passing burdens onto contracted programs rather than making internal improvements
7. Insurance companies and their lobbying; student loan debt
8. Wage gap, classism
9. It's increasingly difficult to afford the education, experience and supervision to obtain licensure.
10. Changes in treatment options, increased insurance control, increased requirements by insurance companies.
11. cost of living in California being a threat to interns being able to support themselves.
12. It is WAY too expensive to become licensed. This PREVENTS those without privilege from pursuing it. Not just all the fees and requirements, but the way the system is set up here where internships are unpaid means that many many people of color and other marginalized populations will never seek out this career.
13. Widespread poverty
14. Possible government budget crisis as the national debt becomes unmanageable.
15. poor regulation of agencies in the state that allow for the continual low or no pay of MFT's and using them as free labor in order to get hours.
16. Low salary benefits for social workers
17. Low pay for profession. A lot of time in school for very little pay out in the end.
18. Fraud
19. Low pay for prelicensed professionals
20. People can't afford therapy out of pocket and insurance reimbursement can be a headache. The wealthy have more access to services than others do.
21. Therapists continue to be underpaid and overwhelmed
22. DMH and affiliates pay ridiculously low wages to both associates and licensed.
23. raising costs/fees for professionals that are working with lower income populations
24. Glut of clinicians
25. Low pay
26. Mental health professionals continue to be drastically overworked and underpaid, most significantly in nonprofits and the County contractors that handle much of the social

burden of mental illness. Thus results in the near penury of those new to the field with the student debt of a Master's degree, as well as near universal rapid burnout and immediate flight from the public sector once licensing is achieved, resulting in constant turnover. This is bad for not only our field but for those most in need of help who are left with inexperienced clinicians new to the field who leave just as they start to develop into mature and sophisticated professionals, or who stay on completely burned out and overwhelmed by the crushing workload of agency service. At least until they leave for Texas or Arizona where they can actually afford to live...

27. flat income against rising living and academic costs; has been an issue, exponentially worse now
28. lack of awareness of white supremacy culture, patriarchy, capitalism, etc...
29. insurance vying for cheapest counseling rates
30. Increasing prices
31. We are not paid enough across the board. While to world looks to use for help, support and guidance, it takes a masters degree, a year of practicum services, and the 300 hours, just to get licensed- and we still don't make what we desire .
32. Public health insurance - high deductibles and co-pays for mental health which can be a barrier to seeking quality care
33. Low pay when telehealth coprs extort therapists
34. Insurance had been paying license clinicians in our industry extremely low rates for the intense work we do.
35. Providers are underpaid for work provided
36. If significant number of refugees then we must have the apartments and colleges ready to provide for them. Homelessness is such a threat to the unprepared for adulthood
37. Insurance companies should be permanently mandated to cover telehealth.
38. Becoming (and staying) licensed is becoming more and more expensive, along with the cost of living in California. Payment plans for associates who can't pay the full amount upfront, and can't write off their fees as business expenses?
39. more legislation and regulatory requirements coming down with no funding attached
40. Low cost of insurance reimbursement in relation to the requirements to be a psychotherapist. Too many regulations beyond what other professions have to face as they practice as a business in the medical field.
41. Cost of grad school and living - associates cannot work for free!
42. the low income that is provided to the vast majority of professionals in the Bay Area and California makes it difficult for professionals to focus on client care considering a major pressure from finances to get by
43. Polarization in consumers ability to pay
44. Wildfires in CA threaten everybody and everything.
45. lack of funding
46. insurance/managed care companies are paying lower and lower fees to therapists making this profession highly undervalued and therapists underpaid.
47. more people losing jobs and cant afford services
48. Poor insurance reimbursement
49. Disparity that may challenge fulfilling licensing process.

50. Talkspace takes advantage of the consumer and the clinician. I believe they are probably breaking many laws.
51. We need high quality internet access in impoverished areas for tele mental health and hybrid models to facilitate better engagement with difficult to reach clients.
52. Not enough therapists. Wait lists are huge and so many practices are full.
53. Cost of living and the related cost of therapy inhibits full use of these services.
54. Social work jobs don't pay well
55. Disparity of access to mental health services by income; increased cost of therapy and decreased reimbursement by insurance
56. Group practices creating consultant-like positions-- fee for service-- which undermines clinician's ability to make a living.
57. Serving those living in poverty
58. California if poorly run, is affecting us!
59. Poor pay
60. Unclear path for parity
61. There's no clear mandate for how we can safely bill or receive payments through 3rd parties like Square, Stripe, Venmo, etc.
62. Insurance coverage
63. Keep wages higher
64. Decreasing Wages in the Profession
65. Insurance companies requesting extensive therapy records just to compete for government insurance marketplace money, requests that compromise confidentiality for companies financial gain seems completely unethical.
66. Continued difficulty with everyone having access to affordable care .
67. Therapy is unaffordable to most in the state
68. Very low pay and therefore people don't want to study these careers
69. pandemic
70. Closing of affordable private practices by government (local, county, state, federal) overreach and neglect
71. It is extraordinarily difficult to afford the education and training needed to do this work. This is especially true in the non-profit realm.
72. Low income
73. insurer driven policy including compensation and time limitations, etc.
74. Depreciation of service under telemedicine frame that should not be devalued.
75. Pandemic related issues related to equitable salaries
76. The therapists who has the "right" location, presentation, connection who is able to make a higher standard of income tend to come from higher socioeconomic background. Most first generation master level therapists struggle with loan repayment, high caseload, more severe mentally ill population. Working conditions is higher risk, less support and higher stress and make less than 60k/yr for master level degree
77. Poor reimbursement
78. Wealth gaps

79. Movement towards peer-providers, who are less expensive, and increasing reliance of agencies on the free labor of students gaining hours---->harder to regulate and maintain standards.
80. We must increase access to therapy by people with limited means.
81. Therapists are not paid nearly enough by insurance. Insurance does not cover anywhere close to enough mental health costs. Therapists do not make enough to survive in certain areas.
82. Lots of people need therapy at an affordable rate.
83. finding ways to pay therapists what their skills are worth while keeping therapy affordable for people of all income levels
84. Loss of jobs due to COVID but increase demands for mental health
85. Migration of \$\$\$ to the top economic % reduces therapy opportunities for the remaining population.
86. Job loss and insecurity due to the impacts of Covid-19
87. Lack of funding for non profit work, lack of equitable compensation from insurance companies.
88. money in the wrong modalities
89. folks have less money, fewer jobs, social workers need more pay
90. Insurance companies and startups have too much power to make providers work harder for less money. The board and CAMFT do nothing to help providers survive financially.
91. Economic incentives to be a social worker do not seem to draw people to this profession.
92. Cost of counseling services
93. Systemic racism and microaggression towards
94. Some salaries do not reflect cost of living in CA.
95. More clinical supervisors are needed. State grants can be increased for supervisors to travel to rural counties where clinicians are in short supply..
96. Cost of living continues to increase - therapy services can become out of budget for many consumers (often considered a luxury rather than something on-par with medical care)
97. limitation placed on the providers ability to care for clients through financial and availability of care due to "market forces" by large "healthcare" (for profit driven) organizations
98. Increase in all fees for Nader paid profession
99. Lack of affordability to enter this profession
100. Very low pay, especially in community mental health
101. Threat of companies like Better Help lowering hourly rates.
102. Underpaid and overworked associates.
103. Higher costs of living for therapists
104. Extremely high rent for office space.
105. Help us with insurance companies! Central Coast Holman Co. handles CenCal (MediCal) and hasn't paid bills from October ! They "lost" paperwork, twice.
106. post COVID economic recovery = loss of employment

107. The economy is hurting, and once the recovery starts, we'll likely have interest rates go up. These financial challenges may hurt the budget for the BBS.
108. Third party reimbursers may limit growth of telehealth post-COVID
109. Persistent pay inequity for SW
110. COVID has greatly affected people's livelihoods, businesses, and access to treatment.

Social Trends

1. Suicidal ideation - lack of hope
2. If the public wants something they'll donate; consumer support and funded services due to charitable campaign for a series of mental health session for specific vulnerable population patients.
3. Stigma against psychotherapy
4. Mental health scapegoated for gun violence
5. App-based therapy
6. Racism, conspiracy theories
7. Unrest, desire for change
8. The drive for quicker responses to crises is outstripping the resources and capacity to meet the needs.
9. Very concerning how to appropriately respond when unjustified allegations arise (eg. called a racist when asking for clarity).
10. The Board is not yet supportive of telemedicine services, ongoing.
11. Too large of caseloads at agencies leading to poor quality of care and clinician burnout
12. Racial justice
13. Texting only therapy
14. I wonder if therapists in private practice will choose to return to in-person sessions following this season of needing to pursue other options.
15. Serious social issues when all the children who have been subject to human trafficking and sexual abuse become adults
16. Effects on mental health because of social media and isolation after pandemic restrictions
17. Life coaching
18. Little respect - poorly paid - unrealistic case loads
19. Excessive focus on race and ethnicity rather than our shared humanity; constantly messaging our Black and Brown youth that America is out to get them and they can never make it due to institutional white supremacy. As one of my wisest, older African-American clients said "I do not need white folks permission to succeed".
20. lack of awareness of white supremacy culture, patriarchy, capitalism, etc...
21. Suicide. I work in a school based clinical program, and this is the most difficult trends I have seen in my career. This generation seems to use suicide as an option in their decision making or thinking. Its an epidemic and needs to be addressed.
22. Clinicians have a need for protection in a sue-happy over-zealous culture. Clinicians have a constant fear of being sued or complained about. Fearing that the BBS is not on the side of clinicians

23. Marijuana-how has it impacted relationship? How has it changed our profession?
Should a therapist be able to show a medical marijuana card to a client? Yes!
24. This is IMPORTANT: Therapists must be allowed to make proof of vaccination against Covid-19 mandatory to attend in-person sessions. This is a top priority to ensure the safety of therapists and their clients.
25. Increased use of social media by young people, may result in folks seeking non-professional support from people/ groups who may not be licensed clinicians. In some cases, these supports may be helpful and appropriate, but consumer education is probably needed.
26. the idea that MH can solve the homeless problem alone
27. We need more diversity in the field of psychology - the requirements are too high and too expensive, disincentivizing more marginalized populations from entering the field.
28. Increased racism
29. Does the profession serve the Poor and disenfranchised effectively? Money is elsewhere to be made in order to survive in high cost living areas.
30. Cyber security threats
31. Text therapy
32. The novel COVID-19 pandemic has resulted in homelessness, decrease in cognitive skills, suicide ideation, post traumatic stress, anxiety. Greater need to support individuals experiencing adult transition (adult with learning disabilities). Autism prevalent. Dyslexia prevalent but not being identified unless the professional is trained to identify problem. The trend is individuals are suffering educationally but often have not been given accurate description of their learning problems until middle or high school, such as dyslexia (which impacts an individual ability to read and learn, & self-esteem).
33. social media usage--inappropriate at times and there needs to be more discussion of this
34. Persistence of taped police violence, despite our being able to see it with our own eyes, develops cynicism and distrust. We need to help society come up with better strategies—especially with people suffering mental illness or addiction.
35. Not enough therapists, huge wait lines or not able to see people weekly. It's shaping up to be a bad first experience for many who are new to therapy . Therapists should have a federal nationwide license not be state by state to meet the need especially in this unprecedented crisis
36. Social media
37. Black lives matter: microaggressions
38. Cost towards licensure and to maintain licensure continues to go up but jobs don't pay well
39. Disparities of access to mental health services (by race/class/education/technology access)
40. As the world reopens how do we keep ourselves & our clients safe? Just like with keeping our files, what would the "reasonable" therapist do? Where's the guidance here?

41. Social Media Groups and Reddit platforms that therapists interact and sometimes may disclose "too much information" in an attempt to collaborate. Monitors on these forums are frequently deleting posts with "too much information"
42. Social media
43. People want to meet a therapist more socially and not in a office
44. Substance Abuse increase
45. Advocating for desired outcomes at the expense of violating the rights of others
46. Social media platforms where professionals/paraprofessionals call can provide therapeutic interventions or information that are not correct/dangerous
47. Increase in depression and anxiety due to induce symptoms with isolation and quarantine
48. Systemic changes are needed to make licensure more accessible to low income communities, people of color, and other historically excluded from participating in our professions.
49. Increasing rates of addiction, suicidality brings up questions about the efficacy of mental health services to impact society in a meaningful way.
50. Social justice has become more important than professional standards
51. Anti Asian issues nationwide
52. The socioeconomic divide among therapists; the income gap among therapists.
53. Misunderstanding of mental illness
54. Lack of Multicultural, diversity clinicians
55. Gen Z tend to want to receive therapy like it is fast food, lessens quality of therapy
56. More risky behaviors combined with an attitude of denial
57. Increased use of therapy as "venting space", similarly sites like better help, talkspace
58. homeless allowed to camp anywhere
59. Equal opportunity
60. social media continues to lead to bullying, copycat risk bxs, "simplifies" mental health
61. The downside of the increased advocacy for mental health alternatives is that there is no coherent development pipeline for future mental health workers, there is no consideration given and no support for workers to have livable incomes nor support for vicarious traumatization. With increased mental health support there needs to be ongoing effective training.
62. Use of online schools might not be as effective as in person school. If social workers are supposed to work with people, we should be around people.
63. not enough connections to other systems - police and law
64. Systemic racism and microaggression towards
65. Mental health issues are still stigmatized.
66. pressure to over-identify with "woke" trends
67. Cancel culture is prohibitive for clients and clinicians in speaking their minds. Two of my internships encouraged group think in political matters. I did not feel comfortable when the rest of the staff talked about politics.
68. Focus on self diagnosis
69. No funding that can be used by private pay therapists to treat lower income clients.
70. Large industry telehealth encroaching and causing low pay

71. Human rights and equality
72. Increased isolation affecting mental health
73. With the rise of social justice awareness comes the rise of white supremacy (as a system, not individuals), and there may be huge backlash in 2024 that might try to restrict any social justice awareness (as the Trump administration tried to do). This can harm our clients. Our field needs to maintain respect and dignity for all clients.
74. Telehealth may lead to licensees leaving the state while still serving CA populations
75. Social issues getting into therapeutic relationship
76. COVID has greatly increased difficulties with social interactions.

Educational Trends

1. I find the cost of education, the fact that much of internship/associate work is unpaid, and the cost overall from education to licensure HUGE barrier to building diversity and enhancing inclusion in our field. I'd like to see the board offer reduced fees based on income levels or some other solution.
2. If you're going to charge us more, provide more resources to either help people get licensed (like study guides) or CEU's
3. Personally I regret my grad school taught their philosophical version of psychology/psychotherapy which was disconnected from both the real clinical world and the need to pass the exam. I would encourage schools stick more closely to that curriculum.
4. Continuing education credits online
5. Reduction in standards and quality of graduate education
6. The definition of evidence-based being defined solely by RCTs, which don't effectively measure effectiveness of therapy; organizations who spend money on RCTs claiming that their therapy method is more effective than others, based on this limited way to measure effectiveness and very weak results (often no better or less effective than placebo.)
7. Not sure what is going on here, I supervise Associates who seem to be lacking in the information required to practice effectively.
8. Misinformation about healthcare
9. Greater needs for mental health support identified through educational systems
10. Health care is getting more expensive and mental health services continue to have a lower priority.
11. Not coming fast enough.
12. Too many low quality graduate schools that do not want to deny admission or deny educational continuation.
13. Other states are tending toward a more COAMFTE-oriented curriculum requirement, which is leaving our MFT's under-educated for other states. I dislike COAMFTE rather passionately, but wonder if our state requirements should nonetheless align better for the sake of license portability.
14. Entirely online masters programs
15. Lack of good ongoing training to address an increase in societal/systemic issues e.g. racism, sociality, anxiety, depression and PTSD.

16. Oversturation of licenses will ultimately end this field. Limit how many programs can provide the education. Limit how many licenses to give out per year.
17. Online only classes
18. Not enough grounding in theory and systemic thinking.
19. Less community work during practicum
20. Not enough trained professors to staff universities. Need for qualified clinical supervisors.
21. We need more education about how to treat individuals who have been subject to human trafficking
22. Graduate school tuition and student loan amounts skyrocketing limit who can afford to seek this career
23. Cheap CEUs
24. raising fees to maintain registrations/licenses in disproportionate ways
25. More training on Telehealth needed
26. lack of awareness of white supremacy culture, patriarchy, capitalism, etc...
27. Online MSW programs - potential for lower quality instruction and college way to lure students; standards and quality should be monitored
28. Graduate Schools should include effective interventions for telehealth platforms
29. Use of unlicensed individuals in rural elementary and secondary schools;
30. Increase skills as stated above in opportunities
31. Continuing to allow mediocre schools to accept applicants into MFT MA/MS/PsyD programs without an undergraduate degree in psychology leads to less-qualified, poorly educated therapists. An undergraduate psychology degree should be mandatory for admission to ALL psychology master's programs.
32. online masters programs that don't provide adequate internship experience
33. 3 license categories (LCSW, LPCC, and MFT) with fairly similar but different supervisory requirements, and a wish for national licensure and a simplified supervisory process for agencies.
34. lack of social work schools in comparison to other professions
35. Rising cost of grad school - what are less expensive ways to offer the same quality of training?
36. Educational system strained in resources
37. could educate the public regarding need for mental health parity
38. more lcsw and lmft employed in school
39. Training poor in the universities. Reflected in skills and performance in the field.
40. Increasing higher educational costs is already prohibiting many from entering the field.
41. graduating MSW students who are not qualified
42. Agencies have little to no access to professional journals that would give guidance on evidence based practices. University programs have liberal access, but focus elsewhere.
43. Need to really firm up online learning.
44. Virtual-only educational programs are inadequate preparation for this career
45. Online graduate school - level of rigor
46. weakening of the profession with the removal of the orals and with the addition of even less rigorous professionals such as LPC etc

47. Support civics in education
48. Confusion with licensees how to confirm organizations that are valid CE providers for BBS because they have to check multiple spots to know they are okay to take from a provider. No longer one master list because BBS isn't approving providers directly.
49. We have not kept up with the trends in Education - it is very difficult to figure out how to provide education to staff, even within large establishments.
50. lack of discussion about diversity and treating diverse populations.
51. People are going to life coaching
52. Demanding students complete more and more work within the same 17 week long semester and eventually leading to exhaustion
53. Difficulty accepting the reality of facts and science
54. Adoption of CACREP and COAMFTE accreditation around the country by state legislatures makes education and licensure reciprocity/portability challenging for those with a California degree. They also widen the gap between the master's level professions.
55. More online degree programs means more quality control challenges.
56. Schools are caving to social justice no longer basing many programs on research
57. Prep for LCSW \$325.00 is too high 7 should reflect the ability of non-profit employees
58. Needs to have more rigorous instruction
59. Limits to virtual supervision
60. More education is needed in areas like neurological/brain based responses to trauma, court involved therapy, how each families unique experiences impact functioning.
61. Therapists, even in private practice who charge a premium rate, struggle to pay back the high costs of education, particularly in areas with a high cost of living. In these areas, it is also an extreme drain financially to complete most of the 3,000+ hours at an extremely low pay scale, or as in many cases with no pay at all. We are forced to have multiple jobs and the process is expensive and time consuming.
62. cost of student loans and the need for more forgiveness programs
63. downward
64. Not enough solid career options for AMFTs in schools and other educational settings, where the need at the moment is almost as great for mental health professionals as it is for teachers.
65. Equal opportunity
66. "learning" via social media posts instead of getting adequate mental health services
67. dumbing down requirements
68. Systemic racism and microaggression towards LGBT, BIPOC
69. Costs are exorbitant, leaving many in debt.
70. CAMFT can assist university psychology departments to place trainees and AMFTS in internships so as to gain clinical hours.
71. more emphasis education and training regarding ethics
72. Developing clinical skills as a tele mental health provider
73. Professionals choosing to be coaches instead of therapists
74. Too strict on CEU providers.
75. Barriers to access CEUs or supplementary education if degrees earned out of state

76. I believe that there are too many private schools accepting too many people into the field without adequate screening.
77. Online coursework for MFTs should be closely regulated as it is a relational profession
78. given COVID's impact, less ability to afford higher education and licensing
79. Economic trends will likely harm a number of programs who may not be able to train therapists at the volume we have historically had.
80. Focus on evidenced based treatments ignores the foundational aspects of psychotherapy. Research shows that the most curative factor in psychotherapy is the relationship, but the only forms of treatment/theoretical base that provides a deep understanding of the relationship - psychodynamic and psychoanalytic - are not considered evidenced based, even though there is research to support them. So new clinicians are not taught the basics of how to understand a therapeutic relationship and use it in treatment, (transference and countertransference.)
81. Many students are finding it difficult to find placement sites to conduct their PCC hours.
82. Schools closing due to high costs and low enrollment when we need more MH professionals

Political Trends

1. Clearly the GOP has made a stand against healthcare for poor people. If they become the political majority again nationally we will have a much harder time bringing our services to the people who need them most since states will be fighting an uphill battle against the federal government.
2. Reallocation of funds for mental health allocated elsewhere. People losing employment leaves them without health insurance and unable to access healthcare after a life crisis transition. Inability to bill previous employer for services and public program assistance due to many people not qualify for medi-cal/medicaid.
3. Racism.
4. Economic inequality
5. Government overreach, leaning too far to the right or left
6. Extremism on both ends.
7. Some politicians are passing laws to limit needed and important services to groups such as transgender people and undocumented populations.
8. disconcerting how these rapidly changing trends will impact ability to respond...always reacting to changes.
9. Recent increases in state and local government developing bills and proposals to limit LGBTQ rights
10. Republicans
11. Possible politisation of the field of psychotherapy with resultant conflict within the field.
12. Continued splintering between political groups that pose challenges on how to navigate issues in therapy sessions.
13. We need to advocate to get rid of dirty filthy politicians
14. Insurance companies forcing MFTs to earn less and less fees.
15. Miss use of mental illness for racial and mass shooting perpetrators
16. Title protection

17. Growing polarity in the country - increasing gap between poor and rich
18. Going too far in being "politically correct" and reacting to current trends instead of studying them and determining the best course.
19. lack of awareness of white supremacy culture, patriarchy, capitalism, etc...
20. MH is getting a great deal of attention, however it only seems to be things go wrong. Unlike medical condition, MH stigmas needs to change, and this has to be part of our political system. Talked about and addressed normally and without a negative tone.
21. Living in America
22. WOKE movement, METOO movement, hyper-sensitivity
23. Not valuing conservative opinion
24. Mid to Rural counties are laxidactical re: Social Work Reinvestment Act regarding a transparent analysis of issues facing social work workforce trends, low salaries, cultural diversity.
25. We need a solid plan to address violence and illegal activity in immigrants; this would be anticipatory treatment, actual education on things to do to avoid becoming violent for the newcomer
26. medi-cal and enormous amount of paperwork
27. Commercial Ins gobbling up \$ that should go to the clinical provider that rendered the service.
28. Moving back to pre-covid ways, not allowing telehealth to be accepted by insurance or widely practiced.
29. Polarization
30. The dilemma boils down to two competing societal forces: Profit as driving force in the US and CA vs. assistance of the weak, who can not afford services.
31. The complexity of navigating in a political environment where tribalism has greater hold on the stories people hear and believe , and then emotionally or psychologically react to coupled with the profession's commitment to advocacy for marginalized populations threats, to a greater degree than before, to put mental health matters into a "liberal" silo. While this has always been at least somewhat the case, it feels more imminent, now.
32. as above, public announcements regarding need for mental health as well as mental health parity
33. Lack of representation. Lobbyists needed for profession.
34. Social workers should have opportunities to be paid right out of graduate school and not be expected to work for free
35. Trans health prohibition
36. Aftermath , trauma from covid. We don't have enough providers
37. Anti-LGBTQIA Trends
38. Advocate for MFT's to be of equal weight to LCSW's when it comes to employable opportunities.
39. Prepare for single payer health-care, medicare for all.
40. Voter suppression
41. Psychologists should never become prescribers
42. Medicare

43. Apply Hatch Act to licensed persons....all!!!!
44. Re-Traumatization in our communities, and we need professionals trained on this, micro-aggressions, and other things of this nature.
45. lumping gun violence and mental illness together
46. Keep politics out of Board actions as much as possible. Stick with what the professionals know.
47. You are too deep into politics, this is turning people off from therapy
48. Democratic and Republican majority government agencies invading client's private homes and property for the sake of "protecting" them/us from their own mental health concerns
49. The bill that was passed to take mhsa money and put towards homeless housing
50. Inability to observe dialectic and creating dichotomy and families in the system and individually- being unable to tolerate discomfort in any means even opposing views
51. Need to reach out to more conservative and technologically deficient populations to assure and support.
52. Creating a society where people want to be a victim where it becomes a political status rather than a disfunction
53. Fake news.
54. Too political with issues such as gun control
55. Voter suppression
56. Keep politics out of patient care.
57. VA still not moving to allow all MFT's
58. We need help advocating for interstate telehealth licensing or compacts. It is ridiculous that we need to check with the other state to see if I can see a client who is traveling there.
59. wrong people making policy
60. Social program have been sorely underfunded
61. telling people how to vote and not supporting self determination
62. Debt
63. Hate crimes towards LGBT, BIPOC
64. partisanship
65. I find it odd that a regional CAMFT organization would advertise that they support environmental issues. My MFT program did not have courses in Environmental Studies. Hence, I could not join that particular regional CAMFT chapter.
66. I have observed recent political divisiveness impact therapists work with clients and colleagues - many clients are now asking for clinician's political affiliation as part of exploring good fit, as shared earlier, increased cultural competency and social awareness can help in combating this. Unfortunately I have seen several professional therapists expressing invalidating and harmful stigma toward a variety of marginalized populations who are in need of mental health care, further creating a divide between mental health access and need.
67. interference of political & partisan manipulation regarding access to care
68. Defunding the police could lead to defunding other systems, if ours is viewed as predatory.

69. Uncertainty about the future
70. Creating codependency on social supports
71. CALifornia is not participating in agreements with other states for reciprocity.
72. proposed federal educational assistance limited to state schools

Stakeholder Trends

1. Rejection of need of the official licensure of clinician can just practice on own and charge self pay due to complicated and long application process with bbs and it does not show evidence that clinician income will increase
2. AMA standing in the way of MFTs adding "diagnose" to their scope of practice - this dramatically impacts the role that MFTs play in providing care, finding employment opportunities, and decreases access.
3. As previously noted, the health & safety of licensed providers is at risk by the Board's policy of publishing the addresses of licensed individuals.
4. Honestly I have considered moving out of CA because of how difficult it is to become licensed here compared to states like OR and WA.
5. Consumers do not know or understand requirements of therapists
6. Lack of stakeholders due to inability to complete hours, find work, find mental health support & complete clinical hours while attempting to survive
7. We need title protection
8. Save families
9. Expected increase in applicants seeking licensure.
10. Loss in faith in the system by licensees - is state licensing really worth it in this economy and the liabilities one faces
11. This is the first time I have received a survey, and its long overdue. We are the ones on the ground, doing the work, so you should hear from us. The good and the bad.
12. Need for a sense that the BBS is on our side
13. Ethics Risk management; Standards and policies for child welfare practice that are promulgated by the Child Welfare League of America and NASW recommend that child welfare administrators & supervisors have a master's degree in social work (MSW) or equivalent Human Services degree & that direct service workers have at least a BSW degree. These Child Welfare standards are off with scope of practice which effects consistency, retainment and quality of care to families/individuals. Hospitals require a Masters, why does Child Welfare (Merit MSS job system requirements) expect less than a degreed person?!
14. Substance abusers-reserach how regulated marijuana is working
15. Overregulation
16. Hard to take exams, how do your prepare for something that continues to be rescheduled?, you cant
17. Push for MFTs to have presence and leverage in legislation; legislations are very LCSW focused so when laws pass they are very pro-LCSW and MFT-absented.
18. LMFT license not equally respected and not accepted by MediCal and Medicare and by Military.

19. There are not enough clinicians to support the need in the community. Additionally, insurance companies endorse the brief therapy model and apply to all cases, whether or not this is in the best interests of the client. DBT is a much-needed intervention, but it is rarely, if ever, covered by insurance.
20. Would like to see better reciprocity carve outs. This would be especially desired in states on the west coast or with contiguous borders. CA should not make it easier for out of state licensees to practice in CA if that same path is not available in their state of origin.
21. No able to pay back school loans due to poor reimbursement
22. The pandemic created challenges on every level of society, it would have been more helpful to have waivers in place when BBS was notified of a problem. My employer contacted BBS on my behalf regarding my 2nd ASW and was told that Covid 19 did not impact processing the applications that the delays were due to graduation applications, while BBS replied to my post on facebook that several factors contributed to the delay in processing applications such as promotions before the pandemic that made it difficult to fill during the pandemic, graduation applications, and working from home due to Covid 19, processor and evaluators were only able to go to the office once a week and ASW/LCSW Evaluators only had 1 or 2 staff to evaluate/process applications which caused a delay. When I emailed BBS why a waiver was not issued and to please state this in an email in which my supervisor was included on the evaluator refused to state what had been posted to me on facebook so I keep my job, in which I had to take a 40% pay cut in addition to a 10% state employee cut because my 2nd ASW number could not be issued in time, and no waivers had been issued for the delay nor could an email from BBS explain this to my employer in order to say my job
23. Burnout among providers
24. not enough recovered addicts heard
25. Thank you in keeping us informed of legislative matters pertaining to our clients and to ourselves as clinicians.
26. Increased BBS dues, testing costs, and cost of study material in combination with increased cost of living can deter professionals from moving through the licensing process.
27. Poor representation when reaching out and high wait times
28. Increased costs of getting and maintaining licenses
29. Lack of diversity due to the long road to licensure.
30. Again, how can CAMFT affect insurance companies' tactics to avoid legitimate payment? How do we get investigation of insurance companies? Their actions hurt therapists who have provided the service, and the clients who are left with a bill when they ostensibly have coverage.
31. Lack of social work participation in BBS board meetings and committees, as compared with other professions.
32. There needs to be increased publicity regarding the efficacy and legitimacy of LPCC professionals.

Relationship Trends

1. Life coaches, holistic nutrition coaches, nurse case managers

2. Guided psychedelic psychotherapy emerging as another viable treatment method. Different professional licences competing for exclusivity and/or inclusion.
3. The board has a duty to fight for human decency
4. Life coaches
5. LMFT are just as qualified as LCSW and I'm tired of the bias against us. This is and always has been unfair but yet allowed and expectable.
6. Develop a kindness, instead of carrying a big stick
7. Dual-Relationships in small counties and boundary issues; SWs/MFTs are encouraged by county agencies to engage in self-care to avoid burnout, however, the agency mgmt finger wag and do write-ups for staff who take 1-2 self-care days off so when will policy be enforced by the State to mitigate to reduce agency turnover?
8. macro level-Mexico marriages, coparenting
9. managed care and the bifurcated treatment system is bad for consumers and confusing for providers
10. On-line therapy apps
11. The political trends and the fact that the profession is regulated by politics seems most relevant for threats, here.
12. "Life Coaches" as a potential competitor
13. Performative allyship
14. CAMFT and the BBS need to divorce, nicely of course.
15. Distancing increasing isolation and loneliness social anxiety and possible developmental impairments with young children who are taught that other people are unsafe and possibly a threat
16. MFT's are not supported by community due to poor relationships with hospitals and law enforcement not considering the capability of our able to assess
17. Insurance companies
18. no real team work, each agency is dictating rather than collaborating
19. "coaching" is very popular and has very blurred lines with psychotherapy potentially leading to therapy being devalued overall
20. I think it is unfair for trainees and AMFTS from other states can come here and compete for limited internships.
21. Poor relationship with exam vendor
22. Educating the mental health effects on work environments that are not supportive of staff.
23. Higher costs of living for therapists

Other Trends

1. Forcing people to return to the way things were when people aren't quite ready nor is Mother Nature.
2. Other professions not understanding differences in licenses and its importance and the differences in licenses to mental health field.
3. the BBS not collaborating with the providers it regulates.
4. Unaccompanied minors and asylum seekers are suffering additional trauma with government policies designed to detain them and hold them at the border.

5. Clinicians who are acting as activists instead of therapists is concerning. Therapists who reject to treat certain populations because of their difference in political, racial, sexual, or other "hot topics."
6. White supremacy, police state, policing through hospitalizations, racism, sexism, cisgenderism
7. Climate change and its impact on housing, increase in need for mental health services
8. There are some really poorly managed training sites. This affects trainees in so many ways. Trainee mental health is poor because of lots of these issues.
9. Widening income inequality and access to licensed therapists
10. Not enough people handling all that the BBS has to handle.
11. Not enough protections for clinicians - personal safety as well as litigious clients.
12. No indication of collaboration with DSS. I have witnessed and reported therapists working in STRTPs who are violating ethical and legal principles and DSS refused to pass reports along to the board.
13. Lack of in person continuing education
14. Black and white thinking. Us vs them.
15. Get more people to be available to answer questions or concerns.
16. What we are faced today we have never been faced before and our media is silence.
17. Lack of education between MFT's, SW's and psychologist as to how each field respectively adds to consumers success (i.e., How does each profession differ and when to best to utilize one instead of another)
18. increasing costs for renewal
19. It can take a new graduate 3 or 4 months to get their registration number. This is outrageous. As a Clinical Director of a school based program, we hire over the summer, right after many therapist graduate. However, I have had to turn down way to many candidates, due to this process taking entirely too long. This is not fair to agency's, the therapist of the community. Please make some changes. We have to be more respectful to this field and profession. What does it say to the world, treating us this way.
20. The "ism's" are still present with covert discriminatory practices in place, against minorities, age, religion, and gender
21. Online education seems to have poor training and less demands than an in person participation. Therefore, the newly graduates lack skills and even full understanding of what is expected of them in the work force.
22. Due to Rural county provider serious lack of funding and resources, rehab or crisis shelters have refused to continue accepting individuals suddenly faced with homelessness, addiction or mental health challenges exacerbated by COVID-19.
23. This is IMPORTANT: Therapists must be allowed to make proof of vaccination against Covid-19 mandatory to attend in-person sessions. This is a top priority to ensure the safety of therapists and their clients.
24. Lack of curiosity with current teaching of "manualized" treatments
25. associates discouraged to report supervisors for inappropriate behaviors or not adequate supervision due to the fact that they will lose their hours approved by them. So certain supervisors continue doing a disservice to associates and future clients.
26. Wildfires and other climate related threats, earthquakes, tsunamis.

27. Burnout to the profession
28. Social workers should fight for body autonomy, and this includes not mandating vaccines. It should continue to be a personal choice. It is not trauma-informed to tell someone that they are going to not have a choice in what they put in their body.
29. covid-19 crisis
30. Fatigue
31. Relying too much on internet for interviewing and provision of services
32. Lack of regulation with personal coaches, nutritionists, and dietitians teetering into psychotherapy turf. Personal Coaches should be licensed (Outlining what is in and out of their scope) and have to pay for the license which will allow them to be regulated and extra income for the BBS.
33. COVID-19
34. Referring to our profession as an "industry" and licensees as "stakeholders". Build professional atmosphere - not a trendy one. Trends come and go.
35. Burn out in Community Mental health is Real and Unspoken about. Its like the secret of the field.
36. Mainly economic...too little pay and lack of respect for our profession
37. Managed Care.
38. Need more individual responsibility training for clients and clinicians
39. Natural disasters in California, fires, earthquakes, flooding, etc., is a constant threat. Perhaps, LMFTs can work with county emergency programs to help people prepare for disasters before they happen. I am happy to have the opportunity to be a Disaster Counselor when the need arises. Educating the public to have a week's supply of necessities will reduce anxiety and depression. Clinicians are in a position to work with county emergency departments in educating the public to be prepared.
40. Current licensing exam has nothing to do with the realities of therapy work
41. The processing time is insane. This is our way of making a living and months to be processed is just wrong
42. Student loans
43. It is too easy to pass the tests and become licensed. Bring back an oral test.
44. Budget cuts if California recovers too slowly. The BBS needs to anticipate this and make plans to improve efficiencies.
45. CACREP representative has stated that California and New York are the most difficult states to work with. Why is that and can it be remedied.

Board Staff

Education

1. lots of people getting out of state degrees or want their degree to work for other license types also want to use doctorates when they do not have a masters

Emotional Support Animals

1. Emotional Support animals – some licensees creating websites to provide credentials for an emotional support animal for people who are not their clients.

Entertainment Industry

1. Entertainment industry is promoting/conditioning licensee/client relationship. Licensee/client relationships should be strictly professional.

Job Availability

1. hard to find jobs or supervision in California

Job Encroachment

1. Unlicensed individuals – Life coaches, spiritual advisors, etc.

Lack of Accessibility/Diversity

1. Diversity – in board members, board staff, licensees, etc.
2. Some groups do not feel as if the Board members are being as inclusive. Some stakeholders not feeling represented by their groups and thus not seeking care.
3. Access to mental health for underserved communities.

Mental Health Crisis

1. Mental health crisis created by COVID-19
2. Perception of mental health

National Licensure

1. Interstate licensure – COVID has pushed the issue of people wanting to practice across state lines. Heading towards a national license. How does BBS evolve with this and still do their job in public protection?

No Board Collaboration

1. Lots of consumers will try to go above the board to get their way. Consumers look up/threaten enforcement staff or licensees

Politics

1. Political – laws that have been pushed that do not protect consumers
2. feel less about consumer protection when it comes to convictions. Convictions could be serious in nature but cannot take action against the licensees/applicants because the convictions get dismissed right away.

Social Media

1. people are using social media for information instead of website or listening to what others say

Staff Retention

1. The Board is not doing enough to retain qualified and experienced staff. Turnover in the licensing units in particular is routine.
2. Board is facing lots of retirements and could lose institutional knowledge.

State Legislation

1. State legislation that is outside of our control can pose a threat when we are forced to issue a reg/license to individuals we would otherwise deem as not safe to practice without oversight.

Telehealth/Technology

1. Telehealth--more standards needed for telehealth (e.g., confidentiality, recording of sessions, screenshots of sessions, hacking, etc.)
2. Telehealth – look at how to make this happen without putting consumers at risk. Questions about providing psychotherapy over electronic devices.
3. Telehealth
4. spam, hackers
5. Technological – Pushed limits of the law on telehealth, due to COVID. Board needs to accommodate with laws otherwise there'll be more law violations.
6. Telehealth may increase unlicensed practice. Hard to monitor.
7. Ensuring proper supervision of registrants with the increase use of telehealth.

Board Members

Barrier to Entry

1. Educational - Barrier to entry – internships are expensive. Less BIPOC applying due to financial burdens.

Budget

1. Budget constraints

Committees

1. Piece-Mealing a multitude of committees. Policy and Consumer Advocacy may be able to take over some responsibilities of some of the other sub-committees.

Competitive Forces

1. Competitive forces that hold down licenses that the board is responsible.
2. Online therapeutic health apps and companies.

Demand

1. The demand for mental health services and need for more licensees, especially in underserved communities.

Lack of Accessibility

1. Access to care

Lack of Cultural Competence/Diversity

1. Cultural competence – Board needs more of this.
2. We must also understand that the system of consumer protection is closely entangled with systemic racism and inequity and be mindful that in tackling these highly complex issues, we move carefully but not

Legislation/Regulation

1. Regulation or Legislation that comes to the Board is required to implement.

Mental Health Crisis

1. Post-COVID mental health needs.

National Licensure

1. What happens nationwide in the counseling field – push for CACREP accreditation.
2. Changing regulations in many other states requiring CACREP accreditation. Licensees cannot get licensed in another state because they do not have the CACREP accreditation.
3. CACREP and VA that don't allow PCs and MA s to advance.

Online Education

1. Online education may affect quality of graduates entering the profession.

Pandemic

1. Another pandemic or continued waves of COVID
2. COVID-19 Pandemic – mental health impact on consumers, licensees, and stakeholders. Stakeholders have financial hardships

Politics

1. Political – new administration could change priorities for the board, such as in budgets.

Retirements

1. Retiring/change-over of leadership in stakeholder groups

No Stakeholder/Board Collaboration

1. Stakeholders leaving BBS out of the conversation for seeking out legislative authors.
2. Severed relationship with stakeholders will negatively affect the board.

State Population

1. Population changes within the state of CA

Telehealth

1. Telehealth – not having the ability to provide as much oversight
2. Telehealth (3)
3. Need to settle the conversation regarding telehealth
4. We must be careful not to stifle telehealth in our zeal to ensure consumer protection. Telehealth is critical for rural and underprivileged populations, as well as people who are forming new forms of therapeutic relationships.
5. Platforms may be resistant to regulatory control.
6. Telehealth – limit the relationship between licensee and client, limit other actions of intervention.
7. Cloud access to client information
8. Telehealth – does need lots of supervision and guidelines to ensure competency.

Unqualified Licensees

1. Unqualified licensees reflecting poorly on the board.

Appendix C – Objectives

This appendix contains the qualitative data relating to Board objectives collected during the surveys and interviews.

The comments in this appendix are shown as provided by Board members and Board management. Comments that appear similar or on a specific topic have been organized into categories. Comments that were repeated multiple times are grouped with the amount shown in parentheses. The comments have not been edited for grammar or punctuation to preserve the accuracy, feeling and/or meaning intended when providing the comment.

Board Management

Licensing Objectives

1. Board to move towards a paper-less licensing process.
2. Increase number of positions.
3. Consistency of implementation of the law across all license types.
4. Dedicated position to respond to questions.
5. Look for ways to streamline the application and evaluation process.
6. Completing the process of putting more applications online and offering more online capabilities for applicants.
7. Review and decide what to do with school approvals. Should we rely on the accreditation agencies approval?
8. Creating and publishing more educational materials including instructional videos.

Examination Objectives

1. Look for alternative communication methods to inform exam candidates regarding processes.
2. Could benefit from a dedicated position to answer questions.
3. Consider using the AMFTRB national exam for the LMFT Clinical.
4. Communication to candidates regarding their exam eligibilities.
5. Working with NBCC and ASWB to make the transfers of eligibilities easier.
6. Making sure that exams are culturally sensitive.

Enforcement Objectives

1. Better educate licensees/stakeholders/consumers on aging of cases.
2. Streamline the Expert Witness report process.
3. Review the uniformed standard requirements to ensure they are assisting the board appropriately.
4. Review disciplinary guidelines and make possible changes.
5. Review the current process for accusations and stipulated settlements.
6. Begin to compile better statistics on board enforcement decisions.

Legislation and Regulation Objectives

1. Continue with process to clean up technical and consistency issues with statutes for different license types.
2. More expertise in data mining.
3. Clarification of the law regarding the exam process.
4. Implement statutes and regulation that fully address telehealth.
5. Continue the conversation on how to strengthen supervision of registrants.
6. Gain increased participation in board meetings from a wider group of stakeholders.

Organizational Effectiveness Objectives

1. Work on aspect of Team vs individual desks. Cross-training/educating each of unit. Create cohesiveness among all staff.

2. Focus on positive direction regarding consumer needs, licensee needs, and staff member needs.
3. Having a dedicated person to do more outreach and external communication, not just social media but to individual customers.
4. Data mining – who are our stakeholders?
5. Explore ways to reorganize staff positions to increase upward mobility.
6. Devise a standardized reporting feature to ensure management, staff, and board members are aware of board functions and effectiveness.
7. Pursue going green – paperless.
8. Consider ways in which the board can ensure equity, cultural sensitivity, and non-biased decision making in licensing process.
9. Consider ways to re-organize current processes to ensure efficient workflow.

Outreach and Education Objectives

1. Outreach programs are good opportunities to educate future applicants on licensing process.
2. Reach out to other consortiums.
3. Could do a better job of outreach and education that may not be on social media. Those who call the office.
4. More expertise in data mining, dedicated position to create statistical reports.
5. Increasing outreach to consumers and underserved populations
6. Implementing a better system to address hot topics
7. Create a more robust consumer and licensing education through videos and social media campaigns.
8. Highlight accomplishments and work of our licensing population
9. Make sure our publications are cultural sensitive and inclusive

Board Members

Licensing Objectives

1. Maintain open communication with training, consumers, stakeholders, etc with the trends in mental health and how to evolve as a board.
2. Working to align and include all 4 license types in statutes and regulations.
3. Ensure that there is consistency between over the different license types, but making sure that educational requirements are still unique enough for each license type.
4. Focus on how to educate consumers on differences between license types.
5. Update the practice acts for each license type.
6. Continue to explore reciprocity/out-of-state licensure and continue discussions on the national level in terms of telehealth.
7. Continue exploring telehealth in terms of consumer protection.
8. Overhaul of CE requirements to keep current with the needs of the consumer communities.
9. Evaluate and revise current laws and regulations relating to telehealth to increase consumer access to mental health care.
10. Need to assess guidelines and standards for telehealth.
11. Clarify the licenses.
12. Creating stronger outreach to assist new therapists through the pathway of licensure. Including community outreach, aligning better with school programs, and meeting with communities leaders to find out the needs of their communities.
13. Building increased diversity in the pool of licensees and assess how to diversify the workforce.
14. First, I believe that BBS should support, as strenuously as possible, the elimination of barriers to BIPOC students and applicants for mental health licensing throughout California. This includes vigorous and active outreach to underprivileged, rural and nontraditional applicants, and partnering with organizations which connect with these populations even if they may not be specifically tied to mental health. It is also important to recognize the influence of historical trauma on communities when considering how mental health and clinicians affect them. In addition, it is important to consider how multiple minority stress and intersectionality affects the ability of communities to advance in the profession of mental health. I also believe BBS should support the inclusion of systemic racism and bias in licensing and education for clinicians.
15. Additionally, I think the Board should also consider advancing its efforts in therapeutic jurisprudence and treatment in consumer protection, and looking to how we can ensure that Californian's are protected with the most advanced treatment modalities available for licensees who are subject to the Board's jurisdiction.
16. Make ability and times to get testing as efficient as possible.
17. Ensuring greater and continued increase in diversity in licensees.
18. How to get more licensees into the profession while also ensuring public protections are in place to meet increased demand for mental health services brought on by the pandemic. The board needs to respond quickly.

19. Seek feedback from licensees about best practices to enhance the licensing process. Other types of testing or accreditations to make licensing process better and easier.
20. Examples for supervisors or assistants.

Examination Objectives

1. Continue to streamline the application and examination process to support the applicants by making examination materials as accessible as possible to meet the needs of the applicant. Reflect on the changes from covid-19 restrictions when streamlining the process.
2. Explore possibilities of utilizing national exam for MFT.
3. Maintaining the level of effectiveness of the current examination program.
4. Offering more accommodations, such as online exams or longer test times.
5. Re-examining and re-evaluate the AMFTRB national examination. Is it better to have a national exam due to the urgency of out-of-state licensure?
6. Need to assess guidelines and standards for telehealth.
7. Separate exams are specific to the license type. Scope of practice is very identifiable in the law and ethics exam.
8. Work with stakeholders to re-evaluate the tests to address more real-world situations including understanding of race, sexual orientation, gender identity, religious communities, and socio-economic status.
9. Evaluate the pass/fail rate in the underserved communities and how to help support them. Racial and Cultural demographics.
10. Look for ways to better collaborate with the schools to support the students.
11. Sending out surveys and engaging stakeholders with their experience with the current vendor. ADA accommodations, frequency of testing opportunities, testing locations, experience when they arrive at the testing center, etc.
12. Accessibility and non-traditional applicant pathways to licensure
13. Look at online exam proctoring and how to incorporate.
14. How to accommodate people from out of state wanting licensure in CA without sacrificing public protection. How to handle military members or family of military members wanting licensure in CA without sacrificing public protection.
15. In-person testing is the best way to ensure consumer protection and safety.
16. Uniformed standards within licensing – ensure that most of the testing was similar in nature but unique to the license type.

Enforcement Objectives

1. Review uniformed enforcement policies to reflect the changes in law – focus on rehabilitation not punishment.
2. Re-examine the timeline of the petition process and identify areas to make more effective for the petitioners and the board.
3. More focus on rehabilitation over punitive measures.
4. Research ways to view mental health records in the disciplinary hearings to allow board members to make more informed decisions.

5. Progress needs to be made on punishment vs rehabilitation. Promote more rehabilitation.
6. Number of years on probation and cost of probation needs to be reassessed to better serve underserved communities. Scale years/cost to how much probationers make.
7. People need more representation in court to allow for more equal and just outcome.
8. Working on streamlining the enforcement process, coming up with additional guidelines for various offenses.
9. Working more effectively with DOJ to streamline process.
10. To create a defense fund or support team for people going through the enforcement process.
11. Exam the punitive nature of current enforcement standards.
12. Focus on growth, not punishment when making enforcement decisions.
13. Reassess affects on communities of color and low socio-economic status.
14. Making a diverse board to advocate and make equitable enforcement decisions.
15. Assessing and reviewing statutes and regulations that may disproportionately impact licensees/associates who have past infractions or criminal backgrounds. How to continue equitable enforcement decisions.
16. Providing education and resources for petitioners for legal representation during their hearing.
17. How does unauthorized and incompetent practice occur over telehealth, and how are we enforcing regulations against providers who BBS may not be aware of? Is it more useful to enforce against telehealth platforms by engaging them in discussion?
18. Are we capturing substance abuse primarily, or are we also capturing domestic violence and other crimes committed by therapists?
19. It may be prudent to have a discussion on SB 803 enforcement as well, although Peer Specialists are not within our mandate.
20. Revision or review of standard terms of probation.
21. Ensure that documentation to the board contains complete information/description and probationary terms recommended are clear and understandable.

Legislation and Regulation Objectives

1. Continue doing great work.
2. Further explore regulations for telehealth and ensuring competency of licensees for consumer protection.
3. Supervision and telehealth regulations.
4. To work more effectively with stakeholders on legislation and regulation focus.
5. Looking into the board's role with implementing legislation and regulation with the need for associates and licensees to have skillsets in many current trends (implicit bias, COVID pandemic and isolation with shelter-in-place affects on mental health, impact of racism, underserved communities, etc.)
6. Telehealth. This is an area which requires more regulation without stifling it, and ensuring that rural and vulnerable communities can access care.
7. Put more emphasis to create more access to the profession to reduce barriers for participation.

8. How to work with legislature to improve access to mental health care, in general and particularly due to the pandemic.

Organizational Effectiveness Objectives

1. How to maintain and improve the effectiveness and efficiency of communication with board members, stakeholders, licensees, applicants, and consumers.
2. Education of new board members about the board's mission, roles, and responsibilities.
3. Update standards for nomination of Board Chair.
4. Getting through the growing pains of a new board. Losing people who terms are expiring and losing institutional knowledge. How to work cohesively with a new board. Make sure board members are clear on expectations.
5. Condensed history of the board – including the history in the onboarding of new board members or available for the public to view.
6. To examine and survey all collateral materials for cis-gendered and hetero-normative language-ing.
7. To implement trainings to better prepare staff to work with diverse communities.
8. Assess and determine areas where current EO can grow and develop and provide resources to help him do his job.
9. Ensuring diversity in terms of management structure, organization, etc. Range of interests represented in terms of management.
10. Conduct a review of staffing and span of control and make sure that the board is where they need to be and explore ways to address any gaps.

Outreach and Education Objectives

1. Target the educational institutions to give early information of application process and reiterate the ethical and lawful practices in terms of consumer protection.
2. Continuing to collaborate with stakeholders, especially with retirements.
3. Educate the consumers about the standards and competency of telehealth.
4. Increase the number of outreach and educational events that the board participates in.
5. More board members should be invited/required to participate in events throughout the year. Encourage for board members to attend events to educate them on the profession.
6. Board members keep current and educated with new and current trends. (Example: substance abuse problems)
7. Board needs to provide more outreach and education on rehabilitation over probation/punishment.
8. Board needs to provide more education on preventative measures to protect consumers.
9. Have guest speakers during board meetings to give the board more awareness on what's impacting certain communities. More trauma-informed.
10. Looking at ADA accessibility in every board meeting. ADA compliancy for board members and stakeholders.
11. Get the word out on the different resources that the board provides.

12. Be creative in how to get the resources and information to the underserved communities.
13. Develop programs to connect to rural communities.
14. Explore/address needs of marginalized populations.
15. Educate within the board itself on marginalized populations.
16. Looking in the board's role in the workforce pipeline in recruiting.
17. Reevaluate educational requirements and CE requirements for students/licensees. - Other knowledgeable skillsets, Ongoing audit.
18. Building the type of diversity we want to see in our profession. Under-represented/underserved communities.
19. Focusing on better outreach in non-traditional and rural communities such as limited-English speaking populations, disabled communities, and tribal communities to better capture these communities in the licensing population.
20. Ensuring that there are faces for BIPOC and LGBTQ+ representation in the board's social media presence and board's outreach.
21. Look into dedicated staff person for social media outreach.
22. Continue and increase social media outreach.
23. Putting together (virtual or in-person) event to convene multiple agencies with stakeholder groups and see how to effectively respond to mental health crisis.
24. Explore opportunities to increase the diversity of licensees and board members.
25. Better representation.

Appendix D – Data Collection Method

Information for this survey was gathered by surveying external stakeholders, Board members, and Board staff to assess the strengths, weaknesses, opportunities, and threats the Board is currently facing or will face in the upcoming years. The following methods were used:

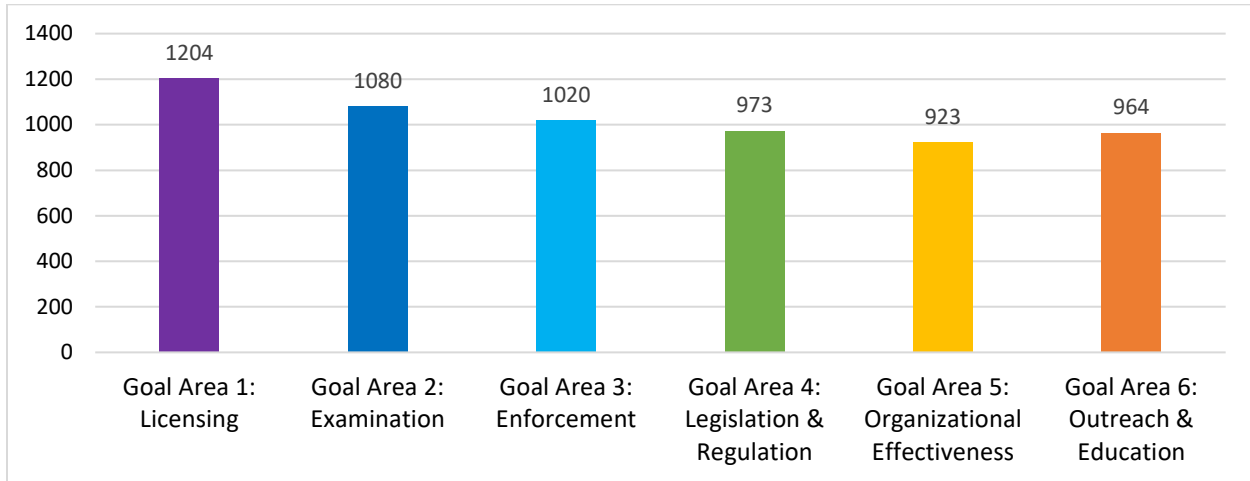
- ◆ Interviews were conducted with all thirteen members of the Board, as well as the Executive Officer, and six members of board management were completed during the month of April 2021.
- ◆ An online survey was sent to the Board’s staff members during the month of April 2021. Eleven Board staff participated.
- ◆ An online survey was shared on the Board’s social media platforms and sent to a Listserv of external Board stakeholders in April 2021. One thousand nine hundred and seventy-six stakeholders completed the survey. The table on the following page shows how stakeholders identified themselves in the online survey.

Stakeholders Breakdown	Number	% of Total
Licensed Educational Psychologist	21	1.06%
Licensed Professional Clinical Counselor	133	6.73%
Associate Clinical Social Worker	43	2.17%
Associate Professional Clinical Counselor	23	1.16%
Associate Social Worker	33	1.67%
Student	87	4.40%
Professor	89	4.50%
Educational Institution	54	2.73%
Professional Associations	61	3.09%
Consumer/Member of the Public	42	2.13%
State/Federal Agency	12	0.61%
Other	72	3.64 %
TOTAL:	1976	

Appendix E – Survey Data Reliability

A total of 1,976 responses were received. Participants can skip questions; thus, each question has its own response rate. Survey data reliability per question is detailed below.

Overall Responses



Goal 1: Licensing

Based on 1,204 external stakeholder survey responses regarding Licensing, we can be 95% confident their opinions represent all California stakeholders plus or minus 3%. For example, 75% of external stakeholders rated the Board’s overall Licensing effectiveness as Very Effective or Effective. **Based on the response rate, we can be 95% confident between 72% and 78% of external stakeholders would rate the Board’s Licensing effectiveness the same way.**¹

Goal 2: Examination

Based on 1,080 external stakeholder survey responses regarding Examination, we can be 95% confident their opinions represent all California stakeholders plus or minus 3%. For example, 77% of external stakeholders rated the Board’s overall Examination effectiveness as Very Effective or Effective. **Based on the response rate, we can be 95% confident between 74% and 80% of external stakeholders would rate the Board’s Examination effectiveness the same way.**²

Goal 3: Customer Service

Based on 1,020 external stakeholder survey responses regarding Enforcement, we can be 95% confident their opinions represent all California stakeholders plus or minus 3%. For example, 90% of external stakeholders rated the Board’s overall Enforcement effectiveness as Very

¹ Source: University of Connecticut sample size calculator www.gifted.uconn.edu/siegle/research/samples/samplecalculator.htm

² Source: University of Connecticut sample size calculator www.gifted.uconn.edu/siegle/research/samples/samplecalculator.htm

Effective or Effective. **Based on the response rate, we can be 95% confident between 87% and 93% of external stakeholders would rate the Board's Enforcement effectiveness the same way.**³

Goal 4: Legislation & Regulation

Based on 973 external stakeholder survey responses regarding Legislation & Regulation, we can be 95% confident their opinions represent all California stakeholders plus or minus 3%. For example, 83% of external stakeholders rated the Board's overall Legislation & Regulation effectiveness as Very Effective or Effective. **Based on the response rate, we can be 95% confident between 80% and 86% of external stakeholders would rate the Board's Legislation & Regulation effectiveness the same way.**⁴

Goal 5: Organizational Effectiveness

Based on 923 external stakeholder survey responses regarding Organizational Effectiveness, we can be 95% confident their opinions represent all California stakeholders plus or minus 3%. For example, 67% of external stakeholders rated the Board's overall Organizational Effectiveness effectiveness as Very Effective or Effective. **Based on the response rate, we can be 95% confident between 64% and 70% of external stakeholders would rate the Board's Organizational Effectiveness effectiveness the same way.**⁵

Goal 6: Outreach & Education

Based on 964 external stakeholder survey responses regarding Outreach & Education, we can be 95% confident their opinions represent all California stakeholders plus or minus 3%. For example, 63% of external stakeholders rated the Board's overall Outreach & Education effectiveness as Very Effective or Effective. **Based on the response rate, we can be 95% confident between 60% and 66% of external stakeholders would rate the Board's Outreach & Education effectiveness the same way.**⁶

Data reliability calculator: <https://www.surveysystem.com/sscalc.htm>

To help improve data integrity, the online survey did not provide a neutral option when asking about overall effectiveness. Instead, stakeholders completing the survey chose between a positive choice (Very Effective or Effective) and a negative choice (Very Poor or Poor). This allows the Board to better understand whether stakeholders have a positive or negative view of the Board in various areas.

³ Source: University of Connecticut sample size calculator www.gifted.uconn.edu/siegle/research/samples/samplecalculator.htm

⁴ Source: University of Connecticut sample size calculator www.gifted.uconn.edu/siegle/research/samples/samplecalculator.htm

⁵ Source: University of Connecticut sample size calculator www.gifted.uconn.edu/siegle/research/samples/samplecalculator.htm

⁶ Source: University of Connecticut sample size calculator www.gifted.uconn.edu/siegle/research/samples/samplecalculator.htm